



## EMS Program Report

2025 Quarter 1, Published April 2025

*Data Timeline: January 1, 2025 – March 31, 2025*

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### **Contact Us:**

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971-673-0520

## **Manager's Update**

Spring is in full swing, and our teams continue to drive hard towards the summer. It is “all hands on deck” as we prepare for the new EMS Advisory Board and committees’ second quarter meetings in early May.

The period to renew over 10,000 licenses for EMT through paramedic opened on April 1 and will remain open through June. If this renewal applies to you, don’t forget to get your application in before June 1 to avoid the late fee.

We are currently in the process of interviewing for our last staff vacancy and plan to have this Program Analyst up and running before the end of April. Our hope is that we gain much needed positions as they relate to HB 3572 *EMS Modernization Part 2*, which is still alive and well as it works through the second half of legislative session.

I will leave you with some background on our three new team additions that are now up and running with vigor. Special thanks to all those who helped with recruitment and onboarding.

Kavish Shah is a data scientist dedicated to leveraging innovative data tools to tackle complex business challenges. With a bachelor’s degree in business and a master’s degree in data analytics from Northeastern University, he brings a solid academic foundation and practical expertise in implementing data-driven solutions. Kavish is currently helping our data team on quality and linkage projects involving statewide data systems.

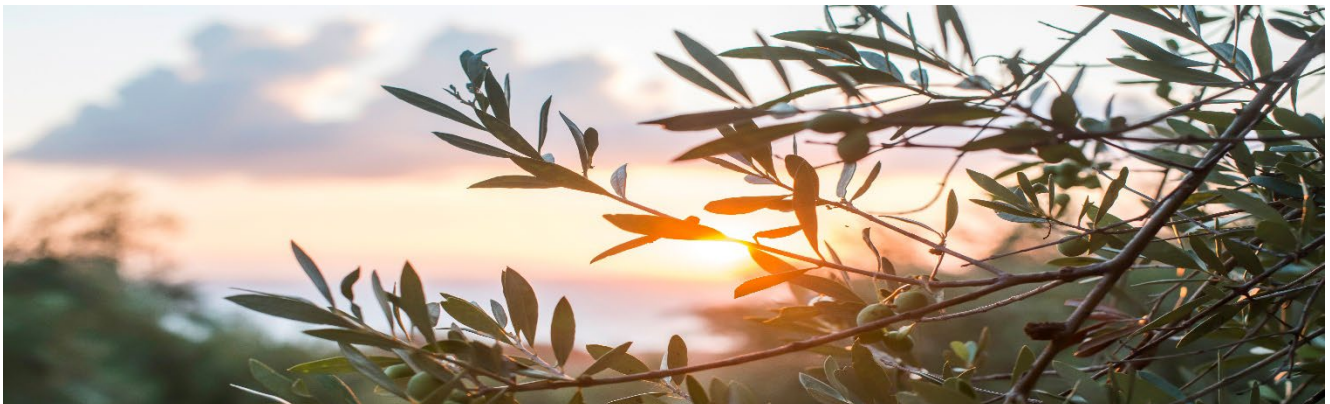
Alex Alpert is an administrative specialist supporting several teams in the office as well as developing processes that streamline operations. Alex has a unique background as a funeral director and holds a bachelor’s degree in public health. Alex spent her upbringing in Oregon and is ecstatic to be working at the Oregon Health Authority serving the people of this state.

Sarah Coley is a dedicated EMS professional and public health advocate. Currently studying public health at the University of North Carolina, Greensboro, Sarah focuses on health policy analysis, emergency preparedness, and health equity. Sarah’s career includes roles as a paramedic, training officer, and healthcare administrator. She is excited to be joining the Professional Standards Unit and to be calling Oregon home.

Have a safe spring, all!

Sincerely,

***Adam P Wagner, MSc, Paramedic (he/him/his)***  
Emergency Medical Services Program Manager  
Health Care Regulation and Quality Improvement  
OREGON PUBLIC HEALTH DIVISION



## **EMS Modernization**

Implementation work continues for EMS Modernization ([HB 4081 | 2024](#), [OL Ch 32](#)) — see the Committee Information section of this report for updates.

EMS Modernization Part 2 is under consideration in the 2025 legislative session, [HB 3572](#) — see the Legislative Update section of this report for additional information.

## **Professional Standards Unit (PSU)**

Investigations opened: 34

Investigations closed: 28

Actions:

- Letter of concern issued: 20
- No action taken / background cleared for approval: 4
- Letter of reprimand: 1
- Closed inactive: 1
- License revoked: 1
- Stipulated surrender: 1

Investigations pending: 73

Licensees currently on probation: 9

### **PSU Projects:**

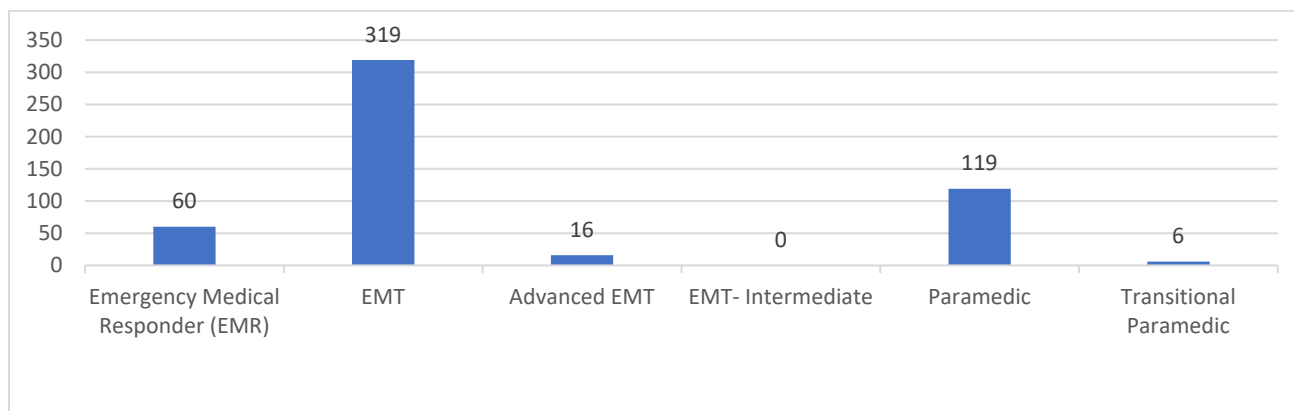
The PSU team is very excited to welcome our newest compliance specialist, Sarah Coley, who joined the EMS team in late February. Sarah will be assisting with initial licensure, renewal, and investigation intake. Sarah will also be developing and implementing the petition process for license determinations as required by the passage of [SB 1552](#).

In Q1 2025, PSU and licensing staff prepared for the 2025 EMS provider, ambulance service, and ambulance vehicle renewal, which opened on April 1. Preparation included editing and testing applications, sending notifications to licensees, and updating information and FAQs on the [OHA EMS website](#).

Legislative staff, in conjunction with the PSU team, conducted several [Rules Advisory Committee \(RAC\) meetings](#) in the first quarter to update the Ambulance Service ([OAR 333-250](#)) and Ambulance Vehicle ([OAR 333-255](#)) licensing rules. These rule changes are scheduled to be finalized in late summer 2025. PSU staff also assisted with feedback during legislative session, providing insight for bill analysis and program impacts.

## **Provider Licensing**

### **Initial:**



### **Reinstatement:**

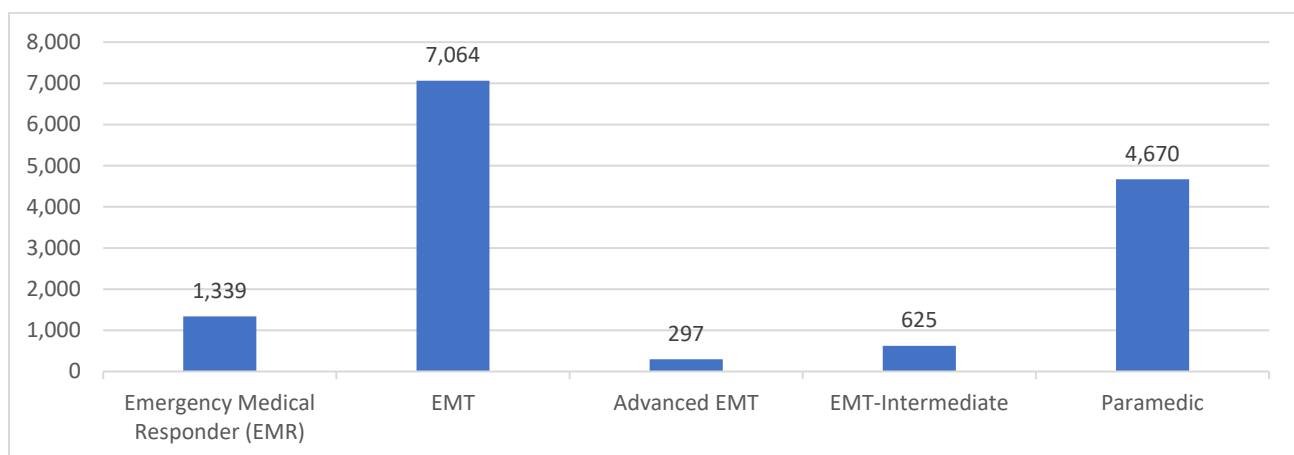
Continuing education audits completed: 6

Reinstatement applications received: 6

- EMR: 4
- EMT: 1
- AEMT: 0
- EMT-I: 0
- Paramedic: 1

Licensees reinstated: 6

### **Total Active EMS Providers:**



## **Medical Director / Supervising Physician Application Approval**

- **Mary Jo Laniewski, DO (DO166963):** Swisshome/Deadwood EMS (2043), Three Rivers Casino (2012)
- **Jonathan Brewer, DO (150512):** Hoodoo Ski Area (0909)
- **Christoffer Poulsen, DO (DO28664):** Western Lane Ambulance District (Western Lane Fire and EMS) (2003)
- **Benjamin C Murphy, MD (MD213443):** Sunriver Service District Fire Department (0907)
- **David Rosenberg, MD (MD25565):** Heartland Ambulance Service LLC (0924)
- **Marc R Houston, DO (DO25184):** High Angle Rapid Extrication Module Support Team LLC (H.A.R.T.)
- **Jonathan Jui, MD (MD10722):** Portland Street Response (2679), City of Gresham (2606)
- **Brian D Clothier, MD (MD28407):** Fire Mountain Medical (0210), Blackwoods Emergency Resources LLC (2065), City of Salem (2411), Willamette Emergency Medical Services (2415), Falck Salem (3451)

## **Service and Ambulance Licensing**

### **New Ambulance Services:**

- Initial ambulance service license applications received: 1
- Initial ambulance service licenses issued: 1

### **New Ambulance Vehicles:**

- Initial vehicle license applications received: 41
- Initial vehicle licenses issued: 33
- Exception documents reviewed: 10

### **Total Active Service and Ambulance Licenses:**

- Service licenses: 136
- Ambulance licenses: 858

**Total Active Non-Transport Services: 326**

## **Ambulance Service Surveys**

Initial ambulance service surveys conducted: 1

Routine ambulance service surveys conducted: 0

### **Corrective Action Plans:**

Licensed ambulance services that receive a deficiency letter after a routine ambulance service survey are required to submit a corrective action plan to OHA-EMS.

Deficiency letters issued: 0

Corrective action plans reviewed and approved: 0

## Waivers:

- There are three licensed ambulance services currently utilizing the rural staffing rule, per [OAR 333-255-0070](#) (4) and (5). The requirements of this rule are to be meant annually, if needed. Three more ambulance services have requested the documents to reapply.
- There is one volunteer ambulance service approved to respond to an emergency scene without a full crew, per [OAR 333-255-0070](#) (6).

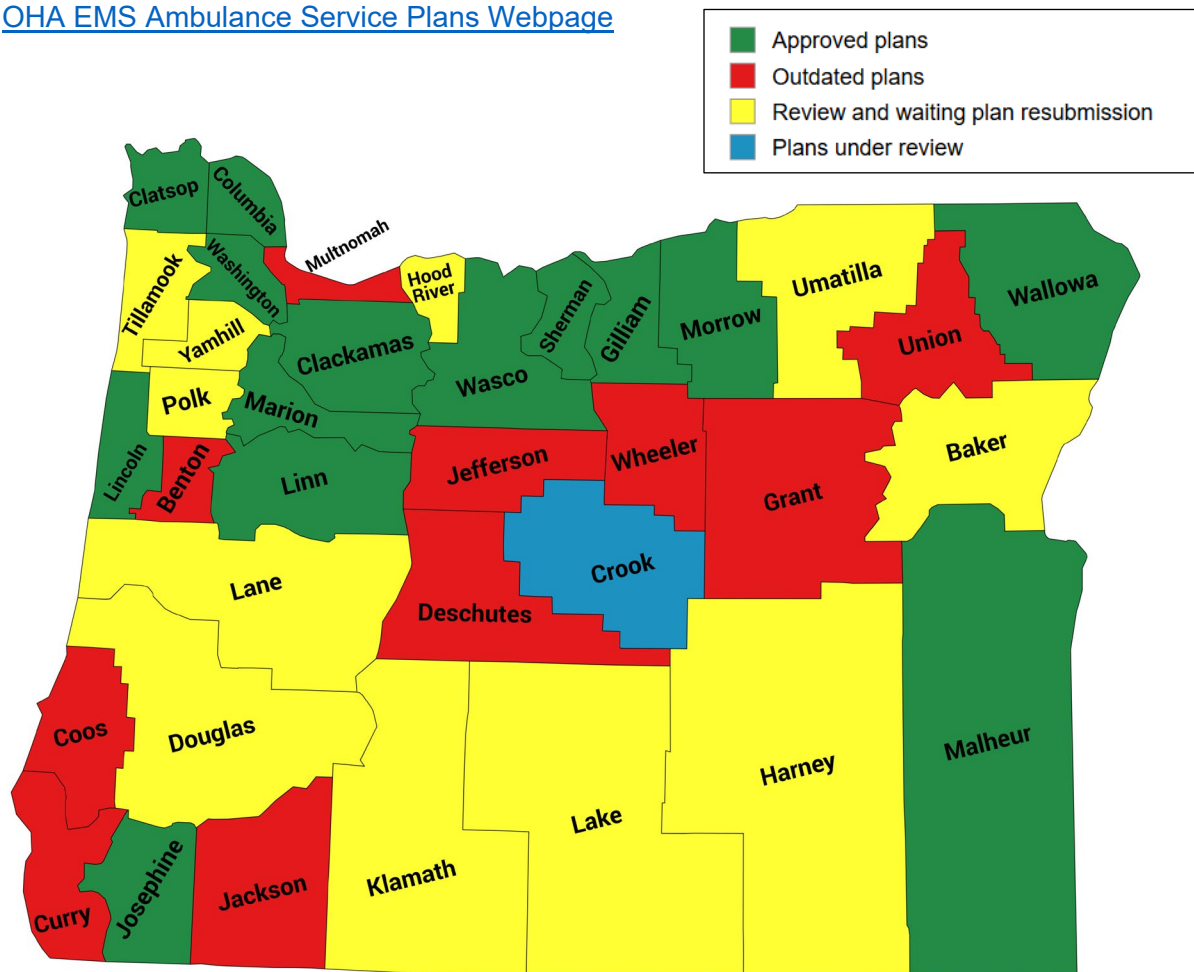
## Application and Form Updates:

- The Initial Ambulance Service License application is available by request in the License Management System.
- Survey checklists for ground and air ambulance services can be found on the [Ambulance Service Forms webpage](#).

## Ambulance Service Plan (ASP) Review

In accordance with [OAR 333-260-0020\(7\)](#), the OHA EMS Program reviews county Ambulance Service Plans (ASPs) for compliance with state regulations at least once every five years. The EMS Program is working with counties to ensure all ASPs have been determined to be compliant with state rules within the past five years.

[OHA EMS Ambulance Service Plans Webpage](#)



## **Education**

### **Course Activity**

EMR course applications approved during Quarter 1 of 2025: 9

College courses planned and approved for the remainder of the 2024-2025 academic year (spring and summer terms):

- EMT: 16
- AEMT: 2



### **Major Events and Projects**

OHA-EMS education staff developed a competency verification program for initial EMR courses that replaces practical skills testing (previously the psychomotor exam) as a component of state licensing. This program includes evaluation of student performance with isolated skills, application of skills and decision-making in scenarios, patient assessment and management. Multiple-choice testing for EMR has also been updated to evaluate knowledge in written scenarios.

Education staff can be reached by email at [ems.education@odhsoha.oregon.gov](mailto:ems.education@odhsoha.oregon.gov).

## **Committee Information**

In Q1, program staff conducted successful recruitment for several new committees under EMS Modernization. Thank you to all of the candidates who expressed interest in volunteering! All candidates who applied before March 26 have been notified of their selection status. New member rosters will be posted to the [Boards and Committees page](#) of the EMS Program website during Q2. Those interested in applying to an unfilled position, or in keeping an application on file for future vacancies, are encouraged to review the [Application Guide](#) and submit the [Application Form](#).

The new committees will hold their first in-person meetings in May at the Portland State Office Building (PSOB), 800 NE Oregon Street, Portland, OR, 97232.

- May 6, 0900-1200: Emergency Medical Services Advisory Committee ([Zoom](#))
- May 7, 0900-1200: Time-Sensitive Medical Emergencies Specialty Subcommittees for Cardiac Care ([Zoom](#)), Stroke Care ([Zoom](#)), and Trauma Care ([Zoom](#))
- May 7, 1300-1600: Time-Sensitive Medical Emergencies Advisory Committee ([Zoom](#))
- May 8, 0900-1200: Emergency Medical Services for Children Advisory Committee ([Zoom](#))
- May 9, 0900-1500: Emergency Medical Services Advisory Board ([Zoom](#))

For questions about joining the committees or attending meetings, please email [ems.program@odhsoha.oregon.gov](mailto:ems.program@odhsoha.oregon.gov).



## **Oregon Emergency Medical Services for Children (EMSC)**

### **Education Sessions**

[Registration](#) is open for the May 22 1200-1300 education session, *Best Practices in Pediatric Trauma Imaging*, and will be presented by Dr. Aaron R. Jensen. CME for physicians and CE for nurses and other medical professionals is available.

Check out the *Measles, Chickenpox, Pertussis! Oh My! Quickly Identifying Contagious Patients and Minimizing Exposures* recording and slides as well as over 50 other sessions that are posted on the Education page, [www.pedsreadyprogram.org](http://www.pedsreadyprogram.org).

### **Simulation-Based Team Training Events**

There are three simulation-based team training events scheduled for June 2025. Area EMS providers and hospital emergency department physicians and staff are encouraged to participate. These are opportunities to enhance critical thinking, technical proficiency, and teamwork skills with the focus on high risk obstetrical, neonatal, and pediatric emergencies. A procedural skills lab will precede the simulation to allow for practice of critical skills.

- June 3-4: Bay Area Hospital and area EMS
- June 12-13: Harney District Hospital and area EMS
- June 17-18: PeaceHealth Cottage Grove Community Medical Center and area EMS

Questions? Contact Rachel Ford, [rachel.l.ford@oha.oregon.gov](mailto:rachel.l.ford@oha.oregon.gov)



### **Trauma Program**

In the first quarter of 2025, the trauma program completed one full trauma survey and two focused trauma surveys. For the remainder of the year, there are sixteen full trauma surveys to be completed and one focused trauma survey.

There are two Level IV facilities that have requested to be surveyed for designation and verification as Level III trauma programs, and one new facility has requested to be surveyed for designated and verification as a Level IV program.

There are also three American College of Surgeons trauma verification surveys that will be completed this year, two for Level I facilities and one for a Level II facility.

Trauma survey documents are undergoing updates. A new Pre-Review Questionnaire has been developed for surveys after September 30, 2025, to reflect the changes to [Exhibit 4](#), Oregon Hospital Trauma Resource Standards, that take effect on October 1, 2025.



## **EMS Data Team**

### **Oregon Trauma Registry Migration**

The contract with ImageTrend for its PatientRegistry system was finalized in early 2025. Preparations for the transition are underway, including legacy data review and migration, identifying reports in the current TraumaOne system, and auditing user accounts for transfer to the new platform.

We want to thank all hospitals that have submitted data and supported this work.

Our team has been meeting regularly with ImageTrend's implementation staff, and a project timeline has been developed and approved. We are aiming for full implementation, including the migration of legacy data, by October 1, 2025.

We will be hosting a series of data workgroup meetings in the coming months to address configuration needs such as form and report setup. Training sessions will also be scheduled to help users navigate the new system. Your participation and feedback are greatly appreciated.

### **Data Quality Monitoring Project**

In the first quarter of 2025, we welcomed two new team members, Nelly Tkachman and Kavish Shah, through a grant from the Oregon Department of Transportation's Traffic Records Coordinating Committee. Nelly and Kavish's work supports EMS agencies and trauma hospitals in improving data quality through better tools and resources, such as interactive dashboards.

The project's first phase focuses on building strong metadata foundations. We are nearing completion of updates to the following data dictionaries:

- 2024 Oregon Trauma Registry (TraumaOne) Data Dictionary
- 2025 Oregon EMS Information System Data Dictionary

Ongoing development of additional tools to support data quality improvement includes:

- A function to calculate completeness across data types (e.g., numeric, categorical, dates, free text)
- Creating a data structure to document denominator inclusion criteria for the completeness metric (for example, Transport mode descriptors only for transported patients)
- A function to pull out the current value lists, constraints and attributes of all EMS data elements from the Oregon state dataset

Beyond the technical work, we are engaging directly with agencies and hospitals to identify and resolve data quality concerns, including:

- Reviewing how other states handle data quality
- Creating a survey and a toolkit to help Performance Improvement projects
- Building a central hub with training materials and instructions for submitting complete records to NEMSIS

Some EMS agencies have already heard from Nelly about a problem with some ePCRs not being sent to NEMSIS. During Q1, the data team:

- Supported agencies to fix records that were not marked "Finished"

- Drafted clear guidance documentation for agencies
- Built a custom incident list in ImageTrend Elite so agencies can check for this issue on their own

Next steps include outreach to confirm that all agency-submitted ePCRs are being received in OR-EMSIS. Agencies can expect further communication from our office.

## Reporting

Development of the Oregon Trauma Registry Biennial Report is underway and is expected to be completed in Q2 of 2025.

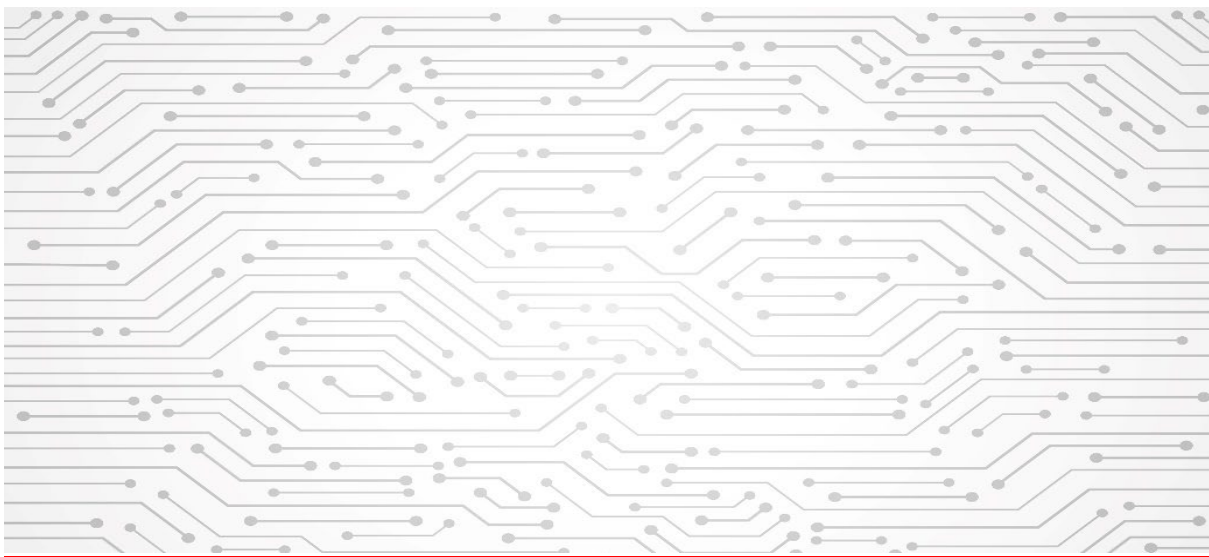
## Research and Partnerships

Albert Ramon is taking the lead on writing a quality improvement paper through the [Pediatric Pandemic Network](#) (PPN) [Quality Improvement Writing Group](#). This mentored project focuses on improving documentation of weight in kilograms for pediatric patients receiving weight-based medications ([National EMS Quality Alliance Measure Pediatrics-03b](#)). The intention is to publish findings from work conducted by the EMS for Children (EMSC) Program and supported by the EMSC Advisory Committee.

## Data Integration Projects

License Management System (LMS) Integration: The LMS Elite integration project continues at a consistent pace. Contractors are working on a new project timeline. 78% of transporting agencies and 80% of non-transporting agencies in LMS have been completed.

[Overdose Detection Mapping Application Program](#) (ODMAP) Integration: This integration will securely send a limited, deidentified set of EMS overdose response data to a mapping tool that shows spikes in overdose activity by time and location. We are finalizing the connection between our secure file transfer (sFTP) server and the Rhapsody server. We greatly appreciate everyone's patience as this project nears completion.

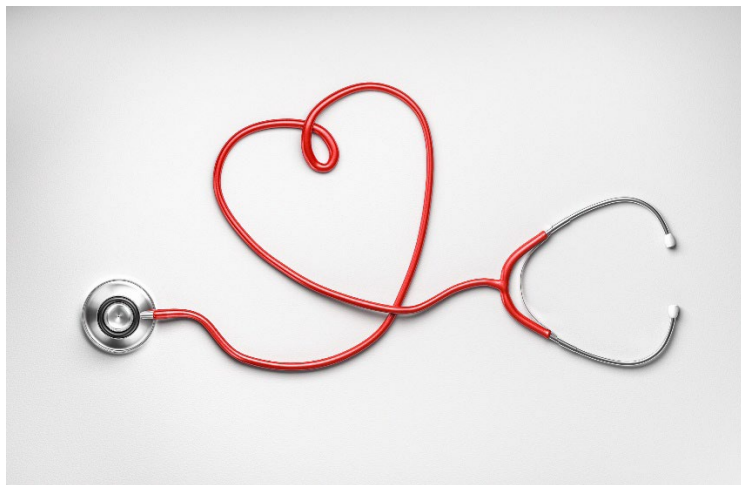


## **Cardiac Arrest Registry to Enhance Survival (CARES)**

April 1 was the deadline for submitting all 2024 data to the CARES Registry, and Oregon submitted 2,989 cases. Data presentations are scheduled to begin in May 2025, with agency-specific reports to be distributed by mid-May.

We're excited to announce that the implementation of the CARES linkage with OR-EMSIS will be moving forward. Our expert contractor, Josh Legler, is on board to support the implementation. The linkage will streamline the process by uploading qualified reports from the state EMS data system directly into the CARES registry, reducing reporting burden for agencies. Our goal is to have all Oregon agencies participating in the automated upload system by the end of 2026.

In the meantime, **please continue submitting your reports manually** until you receive official confirmation that your agency has transitioned to the auto-upload system. Thank you for your continued dedication and partnership in this important work.



## **Oregon Administrative Rule and Legislative Update**

### **Legislative Update**

The [2025 Oregon Legislative Session](#) began on January 21, 2025. A copy of the EMS Program legislative report is attached for reference. High priority bills include:

- [HB 3572](#): EMS Modernization 2.0 – Directs the EMS Program to develop and implement a 10-year strategic plan, creates the EMS Program Fund to provide funds to regional EMS advisory boards, and permits the Governor and the State Fire Marshal to order EMS resources and equipment be made available in response to an emergency. The bill passed out of the House Committee on Behavioral Health and Health Care and has been referred to the Joint Committee on Ways and Means.
- [SB 1161](#): Organ Vehicle Transport License – Directs the Oregon Health Authority to regulate and issue licenses for the operation of organ transport vehicles, sets qualification requirements for drivers, and grants privileges such as the use of lights and sirens for organ transport vehicles. The bill passed out of the Senate Committee on Health Care on April 8, 2025 and will be scheduled for a floor vote.

Helpful links and information relating to the Oregon Legislature:

- **Oregon Legislative Information System (OLIS):** Select the right-hand button labeled [OLIS](#) to access current and previous session bills
- **View legislative public hearings:** [Video and audio coverage](#) of scheduled and archived meetings
- **How Ideas Become Law:** [Step-by-step legislative process](#)
- **Sign up to receive email updates** on legislative news and other information through [Capitol e-Subscribe](#)
- **Find Your Legislator:** [Oregon Legislature map](#)

## Administrative Rules

Information on current and past rulemaking activity can be found on the [EMS Rulemaking Activity web page](#).

- The EMS Program convened a rulemaking advisory committee (RAC) to review proposed changes to the Ambulance Service and Ambulance Vehicle licensing requirements. The RAC met on December 9, 2024, and January 13, 2025. Copies of the agenda and meeting notes are available on the [EMS Rulemaking Activity webpage](#) under 'Rulemaking Advisory Committees in Progress.' The EMS Program is considering comments received from the RAC and will be proposing final rules for public comment in July 2025.

Interested in Serving on Rulemaking Advisory Committee? – Persons and communities interested in serving on future EMS-related RACs are encouraged to complete and submit the [RAC Interest Form](#). RACs are an important process that allow members of the public and communities who are affected by administrative rules relating to EMS regulatory functions to provide input. For more information, visit the [EMS Rulemaking Activity webpage](#) under 'General Interest in Participating in Rulemaking Advisory Committees.'

## Health Care Regulation and Quality Improvement EMS Program 2025 Legislative Tracking

Bill #	Priority	Bill Summary and Actions Necessary
<a href="#">HB 2939</a>	1	Hospital Closure Notice
Prohibits a hospital from closing or ceasing, reducing or relocating health services without first providing notice 275 days in advance. Requires the hospital to provide notice to the Oregon Health Authority, local governments, patients, employees and the public. Allows the authority to impose civil penalties for violations. <b>Referred to House Committee on Behavioral Health and Health Care. Bill died in committee.</b>		
<a href="#">HB 3085</a>	1	Emergency Behavioral Health Services for Children
Establishes the Emergency Behavioral Health Services for Children program in the Oregon Health Authority to promote timely delivery of behavioral health services to children who present to hospital emergency departments in behavioral health crises. Directs the authority to implement up to three pilot programs in three regions with one hospital per region willing to be a Regional Child Psychiatric Center. Allows a center to also open a Child Psychiatric Emergency unit within the pilot region with funding provided by the authority. <b>Referred to House Committee on Behavioral Health and Health Care. Bill died in committee.</b>		
<a href="#">HB 3221A</a>	1	Urgent Care Registry
Requires a person or government unit that is establishing or operating an urgent care center in this state to register the urgent care center with the Oregon Health Authority. Defines "urgent care center." Requires certain minimum health service capabilities for an urgent care center. Requires certain information to be posted on-site of an urgent care center. Requires an urgent care center to provide a patient with a clinical summary and copy of medical notes made during a visit. Directs the authority to establish and maintain a website to provide the public information on urgent care centers registered in this state. <b>Referred to House Committee on Behavioral Health and Health Care. Public hearing held on 1/28/2025. Work session held on 4/3/2025 and the -3 amendment adopted. The A-Engrossed measures has been referred to Ways and Means.</b>		
<a href="#">HB 3572A</a>	1	EMS Modernization 2.0
Directs the EMS Program to develop a state emergency medical services 10-year strategic plan. Directs the program to provide loan repayment subsidies to licensed EMS providers. Directs the program to subsidize the cost of obtaining an EMS provider license. Allows the program to award funding to each regional EMS advisory board for innovation proposals to improve emergency medical services within the EMS regions. Accepts specified EMS training programs and apprenticeships as sufficient for meeting certain EMS provider education requirements for licensure. Allows the Governor to assign and make available for use any emergency medical services resources and equipment in response to an emergency for which emergency medical services are required. Establishes the Emergency Medical Services Mobilization Advisory Board to advise the Governor on the mobilization of emergency medical services in this state. <b>Referred to House Committee on Behavioral</b>		



<b>Health and Health Care. Public hearing held on 3/20/2025. Work session held on 4/3/2025 and the -1 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">SB 716A</a>	1	Urgent Care Registry
The introduced measure was replaced and the A-Engrossed bill now requires health insurers and the Oregon Health Authority to reimburse for services provided at certain types of urgent care centers located in rural Oregon at a rate 20 percent higher than at other types of urgent care centers. <b>Referred to Senate Committee on Health Care. Public hearing held on 3/20/2025. Work session held on 4/8/2025 and the -4 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">SB 1161A</a>	1	Organ Transport License
Directs the Oregon Health Authority to issue a license to an Organ Procurement Organization for an organ transport vehicle. Mandates requirements for drivers of organ transport vehicles. Requires organ procurement organizations licensed to operate organ transport vehicles to maintain prescribed minimum levels of insurance. Defines "organ transport vehicle." Provides exceptions allowing organ transport vehicles to use lights and sirens. <b>Referred to Senate Committee on Health Care. Public hearing held on 3/25/2025. Work session held on 4/8/2025 and the -1 amendment adopted. The A-Engrossed measure is awaiting assignment to a House Committee.</b>		
<a href="#">SB 800</a>	2	Occupational Licensee Tax Compliance Verification
Expands provisions requiring tax compliance as a condition of receiving a license to conduct a business, trade or profession or of entering into a contract with a state agency or political subdivision. Requires licensees and contractors to provide a tax compliance certificate from the Department of Revenue, unless a certain compliance rate is demonstrated by holders of the type of license. Applies to licenses issued, reissued, reinstated or renewed and contracts entered into on or after January 1, 2026. <b>Referred to Senate Committee on Finance and Revenue. Public hearing held on 1/27/2025. Bill died in committee.</b>		
<a href="#">HB 2222A</a>	3	MIH Registry
Directs the Oregon Health Authority to prescribe criteria for mobile integrated health care providers to enroll as providers in Medicaid. Directs the authority to provide technical support to mobile integrated health care providers and their employers in applying for enrollment. <b>Referred to House Committee on Behavioral Health and Health Care. Public hearing held on 3/6/2025. Work session held on 4/1/2025 and the -1 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">HB 2701</a>	3	Emergency Preparedness Capacity
Requires health care facilities, health care providers, local public health authorities and public and private safety agencies to maintain capacity, including sufficient amounts of certain supplies, to continue in normal operation for 120 days at a 25 percent mortality rate. Defines "25 percent mortality rate." Directs the Oregon Health Authority and health professional regulatory boards to report to the Oregon Department of Emergency Management. Directs the department to report annually to an interim committee of the Legislative Assembly related to emergency preparedness. <b>Referred to House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 3211A</a>	3	Nonopioid Healthcare Directive

Requires the Oregon Health Authority to develop and make available a nonopioid directive form. <b>Referred to House Committee on Behavioral Health and Health Care. Public hearing held on 2/25/2025. Work session held on 4/1/2025 and the -5 amendment adopted. The A-Engrossed measure has been referred to the Senate Committee on Early Childhood and Behavioral Health.</b>		
<a href="#">SB 13</a>	3	Experience in Lieu of Required Education
Requires a professional licensing board to consider experience in lieu of a high school diploma or an equivalent for licensure, certification or other authorization to provide certain occupational or professional services. <b>Referred to Senate Committee on Labor and Business. Public hearing held on 2/11/2025. Bill died in committee.</b>		
<a href="#">SB 476A</a>	3	Culturally Responsive Training/License Pathway Information
Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals. Allows the Oregon Medical Board to issue a provisional license to qualified internationally trained physicians and specifies criteria. Establishes the Internationally Educated Workforce Reentry Grant Program within the Department of Human Services to award grants to specified entities that provide eligible career guidance and support services to internationally educated residents of Oregon who are seeking to enter the Oregon workforce in certain professions. <b>Referred to Senate Committee on Health Care. Public hearing held on 2/27/2025. Work session held on 3/27/2025 and the -2 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">SB 493</a>	3	EMR/EMT Drawing up Short-acting Opioid Antagonist
Allows an emergency medical responder and an emergency medical technician to draw up and administer one or more doses of a short-acting opioid antagonist from a container that contains multiple doses of the short-acting opioid antagonist. <b>Referred to Senate Committee on Early Childhood and Behavioral Health. Public hearing held on 1/30/2025. Bill died in committee.</b>		
<a href="#">HB 2529A</a>	4	AEDs in Schools
Prescribes requirements for schools related to automated external defibrillators. Appropriates moneys to the Department of Education for distribution to school districts and public charter schools to assist in the implementation of the requirements of the plan. <b>Referred to House Committee on Education with subsequent referral to Ways and Means. Public hearing held on 3/24/2025. Work session held on 4/2/2025 and the -5 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">HB 3845</a>	4	GEMT Reimbursement Study
Requires the Oregon Health Authority to study Medicaid supplemental reimbursement for ground emergency medical transportation services. Directs the authority to submit findings to the interim committees of the Legislative Assembly related to health not later than September 15, 2026. <b>Referred to House Committee on Behavioral Health and Health Care. Bill died in committee.</b>		
<a href="#">SB 860A</a>	4	State Fire Marshal Authorities and Governor's Fire Service Policy Council
Grants certain authorities to the State Fire Marshal and the Department of the State Fire Marshal. Makes certain changes related to the Governor's Fire Service Policy Council. <b>Referred to Senate Committee on</b>		



<b>Natural Resources and Wildfire. Public hearing held on 2/4/2025 and work session held on 3/13/2025. The -2 amendment was adopted and included adding a representative from the OHA-EMS to serve on Governor's Fire Service Policy Council. Passed the Senate on 3/25/2025. The A-Engrossed measure has been referred to House Committee on Emergency Management, General Government, and Veterans.</b>		
<a href="#">HB 2531</a>	5	General Fund Appropriation to City of Salem for Fire, EMS, Police
Appropriates moneys to fund the provision of fire response, emergency medical and law enforcement and public safety services by the City of Salem. <b>Referred to House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 2573A</a>	5	Senior EMS Council
Modifies the requirements for the Senior Emergency Medical Services Innovation Program. Extends sunsets for the program and the prohibition on local government regulation of long term care facilities and residential care facilities. <b>Referred to House Committee on Behavioral Health and Health Care. Public hearing held on 03/20/2025. Work session held on 4/8/2025 and the -2 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">HB 2585</a>	5	Health Care Profession Scope of Practice
Directs the Oregon Health Authority to establish a process to receive and review scope of practice requests for specified health care professions. Requires the authority to report to the interim committees of the Legislative Assembly related to health care. Becomes operative July 1, 2026. <b>Referred to House Committee on Behavioral Health and Health Care with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 2653</a>	5	OHA to Study Maximizing Federal Funding for GEMT
Requires the Oregon Health Authority to study options to maximize federal funding for the ground emergency medical transport program. Directs the authority to submit findings to the interim committees of the Legislative Assembly related to health care not later than September 15, 2026. <b>Referred to House Committee on Behavioral Health and Health Care. Bill died in committee.</b>		
<a href="#">HB 2700</a>	5	Emergency Response Services Registry
Directs the Oregon Department of Emergency Management to create and maintain a registry of persons able and willing to provide services related to emergency response. Requires that the registry be accessible to emergency management agencies and emergency program managers. Directs the department to establish procedures for communicating with appropriate entities to gather and update registry information. <b>Referred House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Billed died in committee.</b>		
<a href="#">HB 2857</a>	5	Air Ambulance Services
Establishes an air ambulance readiness program in the Oregon Department of Emergency Management to provide subsidies to qualified air ambulance bases to offset the costs of operating air ambulances and air ambulance services. Requires the department to biennially report on the program to the interim committees of the Legislative Assembly related to health care. <b>Referred to House Committee on Emergency</b>		

<b>Management, General Government, and Veterans with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 2885</a>	5	Emergency Volunteers
Directs the Higher Education Coordinating Commission, Oregon Department of Emergency Management, Oregon Health Authority and Department of Public Safety Standards and Training to collaboratively plan and implement the creation of an interoperative, centralized electronic system to manage information about persons in Oregon who are available to serve as volunteers in case of emergency. Directs the Oregon Department of Emergency Management to administer and maintain the system, conduct outreach and training regarding the system, coordinate a workgroup for periodic review of the system and coordinate a workgroup to develop recommendations regarding statewide volunteerism. Directs the Higher Education Coordinating Commission to develop policies and procedures to incorporate the system into the activities and duties of the Oregon Serves Commission. <b>Referred to House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 2901</a>	5	Safe Haven Law and Newborn Safety Device
Modifies the safe haven law to allow a parent to anonymously leave an infant in a newborn safety device. Allows an authorized facility to install a newborn safety device. Prescribes standards for newborn safety devices. <b>Referred to House Committee on Early Childhood and Human Services. Public hearing held on 1/30/2025 and work session held on 2/18/2025. Passed the House on 2/25/2025. Referred to Senate Committee on Early Childhood and Behavioral Health. Public hearing held on 4/17/2025.</b>		
<a href="#">HB 3027</a>	5	Private Career School Enforcement
Permits the Higher Education Coordinating Commission to seek an injunction against a person or career school that is engaged, has engaged or is about to engage in any activity in violation of career school licensure requirements and standards. Specifies what an injunction may require. <b>Referred to House Committee on Higher Education and Workforce Development with subsequent referral to Ways and Means. Public hearing held 2/6/2025. Work session held on 2/13/2025. Passed the House on 3/4/2025. Referred to Senate Committee on Education.</b>		
<a href="#">HB 3237</a>	5	PSAP Consolidation
Directs the Oregon Department of Emergency Management to administer a grant program in support of projects to consolidate and modernize or upgrade public safety answering points. <b>Referred to House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 3243A</a>	5	Ambulance Billing
Prohibits balance billing for ambulance ground transportation services in certain circumstances and creates rules for health benefit plan coverage of ambulance services. Requires ground ambulance services to submit established local rates to the Department of Consumer and Business Services. Establishes a database of local rates for ambulance services and allows for penalties to be imposed for violations. <b>Referred to House Committee on Behavioral Health and Health Care. Public hearing held on 2/27/2025. Work session held on 4/8/2025 and the -3 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		

<a href="#">HB 3259</a>	5	PSAP Consolidation Grants
Directs the Oregon Department of Emergency Management to administer a grant program in support of projects to consolidate and modernize or upgrade public safety answering points. <b>Referred to House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Bill died in committee.</b>		
<a href="#">HB 3380</a>	5	Rural Volunteer EMS Tax Credit
Increases the tax credit allowed to rural volunteer emergency medical services providers from \$250 per tax year to \$1,000 per tax year. Requires the Office of Rural Health to annually submit to the interim committees of the Legislative Assembly related to health care and to the Emergency Medical Services Program a report that includes the number of taxpayers eligible for the tax credit. Extends the tax credit sunset to January 1, 2030. <b>Referred to House Committee on Behavioral Health and Health Care with subsequent referral to Revenue. Public hearing held on 3/20/2025. Work session held on 4/8/2025. The Introduced measure has passed out of committee and referred to House Revenue by prior reference.</b>		
<a href="#">HB 3616</a>	5	GF Appropriation to Western Lane Fire and EMS
Appropriates money to the Western Lane Fire and EMS Authority to fund the remodel of one of its fire and rescue stations. <b>Referred to House Committee on Emergency Management, General Government, and Veterans. Bill died in committee.</b>		
<a href="#">HB 3625</a>	5	Charging Fees for Overuse of Public Safety Services
Allows a public safety agency to charge fees to an entity that overuses the public safety services of the agency. Allows the public safety agency to request that the governing body of the jurisdiction in which the entity is located issue a notice to the entity about the overuse of public safety services. Requires the governing body to allow the entity an opportunity to cure the overuse. Allows the governing body to petition the Secretary of State to take action against the entity for failure to cure the overuse. Requires a public safety agency that imposes fees to annually report to the interim committees of the Legislative Assembly related to public safety. <b>Referred to House Committee on Emergency Management, General Government, and Veterans. Bill died in committee.</b>		
<a href="#">HB 3706</a>	5	Restraints, Seclusion, and Secure Transport
Modifies provisions regarding the use of restraint and involuntary seclusion on certain young people. Modifies provisions regarding investigations of abuse of certain young people. Modifies provisions regarding licensing of child-caring agencies including secure transport. Modifies provisions regarding out-of-state placements of children in care. Modifies provisions regarding older children in care. Prescribes procedures for parental admission of a minor child for inpatient behavioral health treatment. Modifies provisions regarding when minors may consent or withhold consent to treatment. Establishes the Oregon Institute for Youth Health Systems. Directs the System of Care Advisory Council to submit reports to the interim committees of the Legislative Assembly related to human services regarding implementation of provisions in this Act. Declares an emergency, effective on passage. <b>Referred to House Committee on Early Childhood and Human Services. Bill died in committee.</b>		
<a href="#">HB 3754</a>	5	Emergency Volunteer Registry
Directs the Oregon Department of Emergency Management to create and maintain a registry of persons who are able and willing to provide emergency volunteer services. Directs the department to develop and		



administer a statewide training program for emergency volunteers. Declares a policy of the Legislative Assembly that the Joint Committee on Ways and Means should dedicate a percentage of unexpended moneys in each biennium to emergency volunteer purposes. <b>Referred to House Committee on Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. Public hearing held on 4/1/2025. Bill died in committee.</b>		
<a href="#">HB 3830</a>	5	Occupational Licensure and Immigration or Citizenship Status
Prohibits a professional licensing board from denying issuance of an authorization issued by the professional licensing board to an individual based solely on the individual's immigration or citizenship status. Prohibits a professional licensing board from disclosing an applicant's or licensee's Social Security number, federal individual taxpayer identification number or federally issued identification number except for specific purposes. Provides that an individual may not be denied a state or local public benefit based solely on the individual's immigration or citizenship status. <b>Referred to House Committee on Commerce and Consumer Protection. Public hearing held on 3/27/2025. Bill died in committee.</b>		
<a href="#">HB 3835A</a>	5	Restraints, Seclusion, and Secure Transport
Modifies provisions regarding the use of restraint and involuntary seclusion on certain young people. Modifies provisions regarding investigations of abuse of certain young people. Modifies provisions regarding licensing of child-caring agencies including secure transport. Modifies provisions regarding out-of-state placements of children in care. Modifies provisions regarding older children in care. Directs the System of Care Advisory Council to submit reports to the interim committees of the Legislative Assembly related to human services regarding implementation of provisions in this Act. <b>Referred to House Committee on Early Childhood and Human Services. Informational meeting held on 3/11/2025. Public hearing held on 3/20/2025 and 3/25/2025. Work session held on 4/3/2025 and the -3 amendment adopted. The A-Engrossed measure has been referred to House Committee on Rules.</b>		
<a href="#">HB 3916A</a>	5	Workforce Development Funding (including MIH Coalition)
Directs the Oregon Health Authority to award grants to certain recipients for certain workforce development activities including the Oregon Mobile Integrated Health Coalition. <b>Referred to House Committee on Behavioral Health &amp; Health Care. Public hearing held on 3/25/2025. Work session held on 4/8/2025 and the -1 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">HB 3929A</a>	5	Peer Support for EMS Providers
Modifies provisions related to the confidentiality and admissibility of communications by certain public safety employees to a peer supporter. <b>Referred to House Committee on Judiciary. Public hearing held on 3/25/2025. Work session held on 4/8/2025 and the -2 amendment adopted. The A-Engrossed measure is awaiting assignment to a Senate Committee.</b>		
<a href="#">SB 161</a>	5	Workforce Development Funding
Directs the Oregon Health Authority to award grants to certain recipients for certain workforce development activities. <b>Referred to Senate Committee on Health Care with subsequent referral to Ways and Means. Public hearing held on 1/28/2025. Bill died in committee.</b>		
<a href="#">SB 628</a>	5	Informed Consent from Patient Having Medical Emergency

Requires a physician or physician associate to attempt to obtain a patient's informed consent for dismissal to seek emergency medical treatment or for transfer of care to another physician or physician associate. <b>Referred to Senate Committee on Health Care. Bill died in committee.</b>		
<a href="#">SB 778</a>	5	Medicaid Reimbursement for Air Ambulance
Requires the Oregon Health Authority and coordinated care organizations to provide reimbursement for air ambulance services provided to medical assistance recipients at rates in accordance with the national Ambulance Inflation Factor. <b>Referred to Senate Committee on Health Care with subsequent referral to Ways and Means. Public hearing held on 3/11/2025. Bill died in committee.</b>		
<a href="#">SB 835A</a>	5	REALD-T Data Collection
Directs the Oregon Health Authority, in collaboration with the nine federally recognized Indian tribes in Oregon, to adopt rules governing the collection, storage and use of data on tribal affiliation. <b>Referred to Senate Committee on Health Care. Public hearings held on 2/18/2025 and 3/27/2025. Work session held on 4/3/2025 and the -1 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">SB 837A</a>	5	SERV-OR Expansion
Modifies laws governing the emergency health care provider registry to allow a broader range of volunteer services and allow deployment of volunteers outside of declared emergencies. Requires the Oregon Health Authority to provide workers' compensation coverage for volunteers who provide services in other states pursuant to certain interstate agreements. <b>Referred to Senate Committee on Health Care with subsequent referral to Ways and Means. Public hearing held on 3/18/2025. Work session held on 4/1/2025 and the -1 amendment adopted. The A-Engrossed measure has been referred to Ways and Means.</b>		
<a href="#">SB 910</a>	5	Department of Education Guidelines on Cardiac Event
Prescribes requirements for sharing information, training and guidelines for student athletes related to symptoms of a cardiac event. <b>Referred to Senate Committee on Education. Bill died in committee.</b>		
<a href="#">SB 1113</a>	5	Restraints, Seclusion, and Secure Transport
Modifies provisions regarding the use of restraints and involuntary seclusion on certain young people. Modifies provisions regarding investigations of abuse of certain young people. Modifies provisions regarding licensing of child-caring agencies including secure transport. Modifies provisions regarding out-of-state placements of children in care. <b>Referred to Senate Committee on Human Services. Public hearing held on 3/27/2025. Work session held on 4/3/2025. Bill died in committee.</b>		