

Chapter 682

2009 EDITION

Regulation of Ambulance Services and Emergency Medical Personnel

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OCCUPATIONS AND PROFESSIONS

682.010 [Amended by 1961 c.248 §1; 1969 c.276 §1; 1981 c.339 §6; 1983 c.486 §59; renumbered 677.805]

GENERAL PROVISIONS

682.015 [Formerly 823.010; renumbered 682.051 in 2003]

682.017 Rulemaking generally. (1) In accordance with ORS chapter 183, the Oregon Health Authority may adopt and may when necessary amend or repeal such rules as are necessary for carrying out this chapter.

(2) The authority is authorized and directed to establish appropriate rules in accordance with the provisions of ORS chapter 183 concerning the administration of this chapter. Such rules may deal with, but are not limited to, such matters as criteria for requirements, types and numbers of emergency vehicles including supplies and equipment carried, requirements for the operation and coordination of ambulances and other emergency care systems, criteria for the use of two-way communications, procedures for summoning and dispatching aid and other necessary and proper matters. [Formerly 682.215; 2009 c.595 §1063]

682.019 Receipt and disbursement of federal funds. The Oregon Health Authority may receive and disburse such federal funds as may be available for carrying out any of the provisions of ORS 820.330 to 820.380 or this chapter. [Formerly 682.295; 2009 c.595 §1064]

682.020 [Amended by 1961 c.248 §2; 1969 c.276 §2; 1983 c.486 §60; renumbered 677.810]

682.025 Definitions. As used in this chapter, unless the context requires otherwise:

(1) “Ambulance” or “ambulance vehicle” means any privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.

(2) “Ambulance service” means any person, governmental unit, corporation, partnership, sole proprietorship or other entity that operates ambulances and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.

(3) “Authority” means the Oregon Health Authority.

(4) “Board” means the Oregon Medical Board.

(5) “Emergency care” means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts

is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, “emergency care” does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(6) “Emergency medical technician” or “EMT” means a person who has received formal training in prehospital and emergency care, and is state certified to attend any person who is ill or injured or who has a disability. Police officers, firefighters, funeral home employees and other personnel serving in a dual capacity one of which meets the definition of “emergency medical technician” are “emergency medical technicians” within the meaning of this chapter.

(7) “First responder” means a person who has successfully completed a first responder training course approved by the authority and:

(a) Has been examined and certified as a first responder by an authorized representative of the authority to perform basic emergency and nonemergency care procedures; or

(b) Has been otherwise designated as a first responder by an authorized representative of the authority to perform basic emergency and nonemergency care procedures.

(8) “Fraud or deception” means the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact, or any other means by which misinformation or false impression knowingly is given.

(9) “Governmental unit” means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.

(10) “Highway” means every public way, thoroughfare and place, including bridges, viaducts and other structures within the boundaries of this state, used or intended for the use of the general public for vehicles.

(11) “Nonemergency care” means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board

in the course of providing prehospital care as defined by this section.

(12) "Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance vehicle or where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

(13) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.

(14) "Person" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose or organization of any kind and includes any receiver, trustee, assignee or other similar representative thereof.

(15) "Prehospital care" means that care rendered by emergency medical technicians as an incident of the operation of an ambulance as defined by this chapter and that care rendered by emergency medical technicians as incidents of other public or private safety duties, and includes, but is not limited to, "emergency care" as defined by this section.

(16) "Scope of practice" means the maximum level of emergency or nonemergency care that an emergency medical technician may provide.

(17) "Standing orders" means the written protocols that an emergency medical technician follows to treat patients when direct contact with a physician is not maintained.

(18) "Supervising physician" means a medical or osteopathic physician licensed under ORS chapter 677, actively registered and in good standing with the board, who provides direction of emergency or nonemergency care provided by emergency medical technicians.

(19) "Unprofessional conduct" means conduct unbecoming a person certified in emergency care, or detrimental to the best interests of the public and includes:

(a) Any conduct or practice contrary to recognized standards of ethics of the medical profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might impair an emergency medical technician's ability safely and skillfully to practice emergency or nonemergency care;

(b) Willful performance of any medical treatment which is contrary to acceptable medical standards; and

(c) Willful and consistent utilization of medical service for treatment which is or may be considered inappropriate or unnecessary. [Formerly 823.020; 1997 c.249 §208; 1997 c.637 §§1,1a; 2007 c.70 §308; 2009 c.595 §1065]

682.027 Definition of "ambulance services" for ORS 682.031, 682.062 and 682.066. As used in ORS 682.031, 682.062 and 682.066, "ambulance services" includes the transportation of an individual who is ill or injured or who has a disability in an ambulance and, in connection therewith, the administration of prehospital and out-of-hospital medical, emergency or non-emergency care, if necessary. [Formerly 682.043; 2007 c.70 §309]

682.028 False statements and misrepresentations regarding license or certification prohibited. (1) It is unlawful for any person or governmental unit to:

(a) Intentionally make any false statement on an application for an ambulance service license, ambulance vehicle license or for certification as an emergency medical technician or first responder or on any other documents required by the Oregon Health Authority; or

(b) Make any misrepresentation in seeking to obtain or retain a certification or license.

(2) Any violation described in subsection (1) of this section is also grounds for denial, suspension or revocation of a certification or license under ORS 682.220. [Formerly 682.255; 2009 c.595 §1066]

682.030 [Renumbered 677.815]

682.031 Local ordinances regulating ambulances and emergency medical technicians. (1) As used in this section, "political subdivision" includes counties, cities, districts, authorities and other public corporations and entities organized and existing under statute or charter.

(2) An ordinance of any political subdivision regulating ambulance services or emergency medical technicians shall not require less than is required under ORS 820.300 to 820.380, or this chapter or the rules adopted by the Oregon Health Authority under this chapter.

(3) When a political subdivision enacts an ordinance regulating ambulance services or emergency medical technicians, the ordinance must comply with the county plan for ambulance services and ambulance service areas adopted under ORS 682.062 by the county in which the political subdivision is situated and with the rules of the Oregon Health Authority relating to such services

and service areas. The determination of whether the ordinance is in compliance with the county plan shall be made by the county governing body. [Formerly 682.275; 2009 c.595 §1067]

682.035 Application of ORS chapter 682. ORS 820.330 to 820.380 and this chapter do not apply to:

(1) Ambulances owned by or operated under the control of the United States Government.

(2) Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance services of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.

(3) Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any highway through the property or grounds is involved.

(4) Vehicles operated by lumber industries solely for the transportation of lumber industry employees.

(5) Any person who drives or attends an individual who is ill or injured or who has a disability, if the individual is transported in a vehicle mentioned in subsections (1) to (4) of this section.

(6) Any person who otherwise by license is authorized to attend patients. [Formerly 823.030; 2007 c.70 §310]

682.037 [1997 c.208 §1; renumbered 682.056 in 2003]

682.039 State Emergency Medical Service Committee; qualifications, terms, duties and compensation. (1) The Oregon Health Authority shall appoint a State Emergency Medical Service Committee composed of 18 members as follows:

(a) Seven physicians licensed under ORS chapter 677 whose practice consists of routinely treating emergencies such as cardiovascular illness or trauma, appointed from a list submitted by the Oregon Medical Board.

(b) Four emergency medical technicians whose practices consist of routinely treating emergencies, including but not limited to cardiovascular illness or trauma, at least one of whom is at the lowest level of emergency medical technician certification established by the authority at the time of appointment. EMTs appointed pursuant to this paragraph shall be selected from lists submitted by each area trauma advisory board. The lists shall include nominations from entities including but not limited to organizations that represent emergency care providers in Oregon.

(c) One volunteer ambulance operator, one person representing governmental agencies that provide ambulance services and one

person representing a private ambulance company.

(d) One hospital administrator.

(e) One nurse who has served at least two years in the capacity of an emergency department nurse.

(f) One representative of an emergency dispatch center.

(g) One community college or licensed career school representative.

(2) The committee shall include at least one resident but no more than three residents from each region served by one area trauma advisory board at the time of appointment.

(3) Appointments shall be made for a term of four years in a manner to preserve insofar as possible the representation of the organization described in subsection (1) of this section. Vacancies shall be filled for any unexpired term as soon as the authority can make such appointments. The committee shall choose its own chairperson and shall meet at the call of the chairperson or the Director of the Oregon Health Authority.

(4) The State Emergency Medical Service Committee shall:

(a) Advise the authority concerning the adoption, amendment and repeal of rules authorized by this chapter;

(b) Assist the Emergency Medical Services and Trauma Systems Program in providing state and regional emergency medical services coordination and planning;

(c) Assist communities in identifying emergency medical service system needs and quality improvement initiatives;

(d) Assist the Emergency Medical Services and Trauma Systems Program in prioritizing, implementing and evaluating emergency medical service system quality improvement initiatives identified by communities;

(e) Review and prioritize rural community emergency medical service funding requests and provide input to the Rural Health Coordinating Council; and

(f) Review and prioritize funding requests for rural community emergency medical service training and provide input to the Area Health Education Center program.

(5) The chairperson of the committee shall appoint a subcommittee on EMT certification and discipline, consisting of five physicians and four EMTs. The subcommittee shall advise the authority and the board on the adoption, amendment, repeal and application of rules concerning ORS 682.204 to 682.220 and 682.245. The decisions of this subcommittee shall not be subject to the re-

view of the full State Emergency Medical Service Committee.

(6) Members are entitled to compensation as provided in ORS 292.495. [Formerly 682.195; 2009 c.595 §1068]

682.040 [Amended by 1961 c.248 §3; 1969 c.276 §3; 1973 c.827 §70; renumbered 677.820]

AMBULANCE SERVICES

682.041 Legislative intent regarding regulation of ambulance services. The Legislative Assembly declares that the regulation of ambulance services and the establishment of ambulance service areas are important functions of counties, cities and rural fire protection districts in this state. It is the intent of the Legislative Assembly in ORS 478.260, 682.027, 682.031, 682.041, 682.062, 682.063 and 682.066 to affirm the authority of counties, cities and rural fire protection districts to regulate ambulance services and areas and to exempt such regulation from liability under federal antitrust laws. [Formerly 682.315]

682.043 [Formerly 682.325; renumbered 682.027 in 2005]

682.045 Licenses; form and contents; future responsibility filing. (1) A license for an ambulance service or the operation of ambulance vehicles shall be obtained from the Oregon Health Authority.

(2) Applications for licenses shall be upon forms prescribed by the authority and shall contain:

(a) The name and address of the person or governmental unit owning the ambulance service or vehicle.

(b) If other than the applicant's true name, the name under which the applicant is doing business.

(c) In the case of an ambulance vehicle, a description of the ambulance, including the make, model, year of manufacture, registration number and the insignia name, monogram or other distinguishing characteristics to be used to designate the applicant's ambulance vehicles.

(d) The location and description of the principal place of business of the ambulance service, and the locations and descriptions of the place or places from which its ambulance is intended to operate.

(e) Such other information as the authority may reasonably require to determine compliance with ORS 820.350 to 820.380 and this chapter and the rules adopted thereunder.

(3) Except in the case of governmental units, the application shall be accompanied by future responsibility filing of the type de-

scribed under ORS 806.270. [Formerly 823.060; 2009 c.595 §1069]

682.047 Issuance of license; duration; transferability; display; replacement; fees; rules. (1) When applications have been made as required under ORS 682.045, the Oregon Health Authority shall issue licenses to the owner if it is found that the ambulance service and ambulance comply with the requirements of ORS 820.350 to 820.380 and this chapter and the rules adopted thereunder.

(2) Each license unless sooner suspended or revoked shall expire on the next June 30 or on such date as may be specified by authority rule.

(3) The authority may initially issue a license for less than a 12-month period or for more than a 12-month period not to exceed 15 months.

(4) Licenses shall be issued only to the owner of the ambulance service and only for the ambulance named in the application and shall not be transferable to any other person, governmental unit, ambulance service or ambulance.

(5) Licenses shall be displayed as prescribed by the rules of the authority.

(6) The authority shall provide for the replacement of any current license that becomes lost, damaged or destroyed. A replacement fee of \$10 shall be charged for each replacement license.

(7) Nonrefundable fees in the following amounts shall accompany each initial and each subsequent annual application to obtain a license to operate an ambulance service and ambulance:

(a) \$75 for an ambulance service having a maximum of four full-time paid positions;

(b) \$250 for an ambulance service having five or more full-time paid positions;

(c) \$45 for each ambulance license if the ambulance is owned and operated by an ambulance service that has a maximum of four full-time paid positions; and

(d) \$80 for each ambulance license if the ambulance is owned and operated by an ambulance service having five or more full-time paid positions.

(8) The fees established under subsection (7) of this section do not apply to an ambulance or vehicle described under ORS 682.035. [Formerly 823.070; 1997 c.316 §1; 2007 c.768 §46; 2009 c.595 §1070]

682.050 [Amended by 1953 c.525 §6; 1969 c.276 §4; 1981 c.339 §7; 1983 c.486 §61; renumbered 677.825]

682.051 Unlawful operation of unlicensed ambulance vehicle or unlicensed ambulance service; penalty. (1) A person or governmental unit commits the offense of

unlawful operation of an unlicensed ambulance or the offense of unlawful operation of an unlicensed ambulance service if the person or governmental unit advertises or operates in this state a motor vehicle, aircraft or watercraft ambulance that:

(a) Is not operated by an ambulance service licensed under this chapter;

(b) Is not licensed under this chapter; and

(c) Does not meet the minimum requirements established under this chapter by the Oregon Health Authority in consultation with the State Emergency Medical Service Committee for that type of ambulance.

(2) As used in this section, "governmental unit" and "person" have the meaning given those terms in ORS 682.025.

(3) This section does not apply to any ambulance or any person if the ambulance or person is exempted by ORS 682.035 or 682.079 from regulation by the authority.

(4) Authority of political subdivisions to regulate ambulance services or to regulate or allow the use of ambulances is limited under ORS 682.031.

(5) The offense described in this section, unlawful operation of an unlicensed ambulance or ambulance service, is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

(6) In addition to the penalties prescribed by subsection (5) of this section, the authority may impose upon a licensed ambulance service a civil penalty not to exceed \$5,000 for each violation of this chapter and the rules adopted thereunder. Each day of continuing violation shall be considered a separate violation for purposes of this subsection. [Formerly 682.015; 2009 c.595 §1071]

682.055 [1969 c.276 §6; renumbered 677.830]

682.056 Information regarding person who is subject of prehospital care event; use of information; confidentiality; fee.

(1) Upon the request of the designated official of an ambulance service as defined in ORS 682.051, a first responder as defined in ORS 682.025, the emergency medical services system authority in the county in which a prehospital care event occurred or the Oregon Health Authority, a hospital licensed under ORS chapter 441 may provide to the requester the following information:

(a) The disposition of the person who was the subject of the prehospital care event from the emergency department or other intake facility of the hospital, including but not limited to:

(A) Whether the person was admitted to the hospital; and

(B) If the person was admitted, to what unit the person was assigned;

(b) The diagnosis given the person in the emergency department or other intake facility; and

(c) Whether within the first hour after the person arrived at the hospital, the person received one or more medical procedures on a list that the authority shall establish by rule.

(2) Information provided pursuant to subsection (1) of this section shall be:

(a) Treated as a confidential medical record and not disclosed;

(b) Considered privileged data under ORS 41.675 and 41.685; and

(c) Used only for legitimate medical quality assurance and quality improvement activities.

(3) A hospital may charge a fee reasonably related to the actual cost of providing the information requested pursuant to this section.

(4) For purposes of this section, "emergency medical services system" has the meaning given in ORS 41.685. [Formerly 682.037; 2009 c.595 §1072]

Note: 682.056 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 682 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

682.060 [Renumbered 677.835]

682.062 County plan for ambulance and emergency medical services; rules.

(1) Each county shall develop a plan for the county or two or more contiguous counties may develop a plan relating to the need for and coordination of ambulance services and establish one or more ambulance service areas consistent with the plan for the efficient and effective provision of ambulance services.

(2) Each person, city or rural fire protection district within the county that provides or desires to provide ambulance services shall notify the county in writing if the person, city or district wants to be consulted prior to the adoption or amendment of a county plan for ambulance services.

(3) Prior to adopting or amending a plan under subsection (1) of this section, a county shall notify each person, city or district that notified the county under subsection (2) of this section of its desire to be consulted. The county governing body shall consult with and seek advice from such persons, cities and districts with regard to the plan and to the boundaries of any ambulance service areas established under the plan. After such consultation, the county shall adopt or amend a

plan in the same manner as the county enacts nonemergency ordinances.

(4) Any plan developed and any service area established pursuant to subsection (1) of this section shall be submitted to the Oregon Health Authority.

(5) The authority, in consultation with the appropriate bodies specified in subsection (1) of this section, shall adopt rules pursuant to ORS chapter 183 that specify those subjects to be addressed and considered in any plan for ambulance services and areas under subsection (1) of this section and those subjects to be addressed and considered in the adoption of any such plan. The rules shall be uniform, as far as practicable, but take into consideration unique circumstances of local districts.

(6) The authority shall review a plan submitted under subsection (4) of this section for compliance with the rules of the authority adopted under subsection (5) of this section. Not later than 60 days after receiving the plan, the authority shall approve the plan if it complies with the rules or disapprove the plan. The authority shall give written notice of such action to the county and, when a plan is not approved, the notice shall indicate specifically how the plan does not comply with the rules of the authority. The county shall modify the plan to comply with the rules and shall submit the modified plan to the authority for review under this subsection.

(7) The rules adopted under subsection (5) of this section shall be enforceable by the authority in a proceeding in circuit court for equitable relief.

(8) This section does not require a county to establish more than one ambulance service area within the county. [Formerly 682.205; 2009 c.595 §1073]

682.063 Requirements for adoption and review of ambulance service plan by counties. (1) In addition to the other requirements of ORS 682.031 and 682.062, when initially adopting a plan for ambulance services and ambulance service areas under ORS 682.062 or upon any subsequent review of the plan, a county shall:

(a) Consider any and all proposals for providing ambulance services that are submitted by a person or governmental unit or a combination thereof;

(b) Require persons and governmental units that desire to provide ambulance services under the plan to meet all the requirements established by the plan; and

(c) Consider existing boundaries of cities and rural fire protection districts when establishing ambulance service areas under the plan.

(2) When determining the provider of ambulance services upon initial adoption or subsequent review of a plan under ORS 682.062, a county shall not grant preference under the plan to any person or governmental unit solely because that person or governmental unit is providing ambulance services at the time of adoption or review of the plan. [Formerly 682.335]

682.065 [1969 c.276 §7; 1983 c.486 §62; renumbered 677.840]

682.066 Provision of ambulance services when county plan not adopted.

When a county plan is not adopted for a county under ORS 682.062, a person or governmental unit may provide ambulance services within the county. A city or rural fire protection district may provide such services within and outside the city or district boundaries in accordance with policies adopted by the governing body of the city or district, including operation in other districts or cities by intergovernmental agreement under ORS chapter 190. [Formerly 682.345]

682.068 Rulemaking with respect to minimum requirements for vehicles and services.

(1) The Oregon Health Authority, in consultation with the State Emergency Medical Service Committee, shall adopt rules specifying minimum requirements for ambulance services, and for staffing and medical and communications equipment requirements for all types of ambulances. The rules shall define the requirements for advanced life support and basic life support units of emergency vehicles, including equipment and emergency medical technician staffing of the passenger compartment when a patient is being transported in emergency circumstances.

(2) The authority may waive any of the requirements imposed by this chapter in medically disadvantaged areas as determined by the Director of the Oregon Health Authority, or upon a showing that a severe hardship would result from enforcing a particular requirement.

(3) The authority shall exempt from rules adopted under this section air ambulances that do not charge for the provision of ambulance services. [Formerly 682.225; 2009 c.595 §1074]

682.070 [Amended by 1979 c.142 §2; repealed by 1983 c.486 §68]

682.071 Exchange of services agreement for ambulance and emergency medical services.

(1) A city, rural fire protection district or rural ambulance district providing transportation services through use of licensed ambulances that either individually or jointly accept prepayment from persons within their service areas for ambulance and emergency medical services, or

ambulance services only, but not for other health care services, and a for-profit or not-for-profit corporation that accepts prepayment for ambulance and emergency medical services, or ambulance services only, but not for other health services, operating within this state or in another state, may enter into an exchange of services agreement for ambulance and emergency medical services.

(2) Any public entity described in subsection (1) of this section may enter into an exchange of services agreement with another comparable entity, operating within this state or in another state, for ambulance and emergency medical services. [Formerly 682.355]

Note: 682.071 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 682 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

682.075 State Emergency Medical Service Committee and Oregon Health Authority to adopt rules regarding ambulance construction, maintenance and operation; compliance with rules required to obtain license. (1) Subject to any law or rule pursuant thereto relating to the construction or equipment of ambulances, the Oregon Health Authority shall, with the advice of the State Emergency Medical Service Committee appointed under ORS 682.039 and in accordance with ORS chapter 183, adopt and when necessary amend or repeal rules relating to the construction, maintenance, capacity, sanitation, emergency medical supplies and equipment of ambulances.

(2) In order for an owner to secure and retain a license for an ambulance under this chapter, it shall meet the requirements imposed by rules of the authority. The requirements may relate to construction, maintenance, capacity, sanitation and emergency medical supplies and equipment on ambulances. Such requirements shall include, but are not limited to, requirements relating to space in patient compartments, access to patient compartments, storage facilities, operating condition, cots, mattresses, stretchers, cot and stretcher fasteners, bedding, oxygen and resuscitation equipment, splints, tape, bandages, tourniquets, patient convenience accessories, cleanliness of vehicle and laundering of bedding. [Formerly 823.080; 2009 c.595 §1075]

682.079 Power of Oregon Health Authority to grant exemptions or variances; rules. (1) The Oregon Health Authority may grant exemptions or variances from one or more of the requirements of ORS 820.330 to 820.380 or this chapter or the rules adopted thereunder to any class of vehicles if it finds that compliance with such requirement or requirements is inappropriate because of special circumstances which would render

compliance unreasonable, burdensome or impractical due to special conditions or cause, or because compliance would result in substantial curtailment of necessary ambulance service. Such exemptions or variances may be limited in time or may be conditioned as the authority considers necessary to protect the public welfare.

(2) In determining whether or not a variance shall be granted, the advice of the State Emergency Medical Service Committee shall be received and in all cases the equities involved and the advantages and disadvantages to the welfare of patients and the owners of vehicles shall be weighed by the authority.

(3) Rules under this section shall be adopted, amended or repealed in accordance with ORS 183.330. [Formerly 682.285; 2009 c.595 §1076]

682.080 [Amended by 1971 c.621 §41; 1975 c.607 §45; 1979 c.114 §3; renumbered 677.845]

682.085 Inspection of ambulance vehicles and services; suspension or revocation of license. (1) The Oregon Health Authority or its authorized representatives may at reasonable times inspect ambulances and ambulance services licensed or subject to being licensed under this chapter.

(2) The authority may suspend or revoke a license if the ambulance service owner fails to take corrective action required pursuant to an inspection of an ambulance or ambulance service under this section. [Formerly 823.090; 1997 c.316 §2; 2009 c.595 §1077]

682.089 Replacement of one ambulance service by another. (1) When a city, county or district requires an ambulance service currently operating within the city, county or district to be replaced by another public or private ambulance service, the city, county or district shall provide that:

(a) Paramedic staffing shall be maintained at least at the levels established in the local plan for ambulance services and ambulance service areas developed under ORS 682.062; and

(b) When hiring paramedics to fill vacant or new positions during the six-month period immediately following the date of replacement, the replacement ambulance service shall give preference to qualified employees of the previous ambulance service at comparable certification levels.

(2) As used in this section:

(a) "Ambulance" has the meaning given that term by ORS 682.025.

(b) "Ambulance service" means any individual, partnership, corporation, association or agency that provides transport services and emergency medical services through use of licensed ambulances.

(c) "District" has the meaning given that term by ORS 198.010.

(d) "Paramedic" has the meaning given that term by ORS 682.025. [Formerly 682.305]

682.090 [Amended by 1953 c.525 §6; 1955 c.135 §1; 1965 c.47 §1; 1969 c.276 §8; 1975 c.697 §4; 1979 c.114 §1; 1981 c.339 §8; 1983 c.486 §63; renumbered 677.850]

682.095 [1975 c.697 §2; repealed by 1983 c.486 §68]

682.100 [Repealed by 1981 c.339 §19]

682.105 Proof of financial responsibility required to obtain license; amounts; form of proof. (1) In order to secure and retain a license under this chapter, the owner of an ambulance or ambulance service, other than a governmental unit, shall file and maintain with the Oregon Health Authority proof of ability to respond in damages for liability arising from the ownership, operation, use or maintenance of the ambulance, or arising from the delivery of prehospital care, in the amount of:

(a) \$100,000 because of bodily injury to or death of one person in any one accident;

(b) Subject to that limit for one person, \$300,000 because of bodily injury to or death of two or more persons in any one accident;

(c) \$20,000 because of injury to or destruction of the property of others in any one accident; and

(d) \$500,000 because of injury arising from the negligent provision of prehospital care to any individual.

(2) Proof of financial responsibility under subsection (1) of this section may be given by filing with the authority, for the benefit of the owner:

(a) A certificate of insurance issued by an insurance carrier licensed to transact insurance in this state showing that the owner has procured and that there is in effect a motor vehicle liability policy for the limits of financial responsibility mentioned in subsection (1)(a) to (c) of this section designating by explicit description all motor vehicles with respect to which coverage is granted thereby and insuring the named insured and all other persons using any such motor vehicle with insured's consent against loss from the liabilities imposed by law for damages arising out of the ownership, operation, use or maintenance of any such motor vehicle, and that there is in effect a professional liability policy for the limit of financial responsibility described in subsection (1)(d) of this section insuring the named insured and all other persons engaged in the provision of prehospital care under the auspices of the licensed ambulance service against loss from the liabilities imposed by law for damages arising out of the provision of prehospital care;

(b) A bond conditioned for the paying in behalf of the principal, the limits of financial responsibility mentioned in subsection (1) of this section; or

(c) A certificate of the State Treasurer that such owner has deposited with the State Treasurer the sum of \$320,000 in cash, in the form of an irrevocable letter of credit issued by an insured institution as defined in ORS 706.008 or in securities such as may legally be purchased by fiduciaries or for trust funds of a market value of \$320,000. [Formerly 823.100; 1997 c.631 §521; 2009 c.595 §1078]

682.107 Form of insurance used to satisfy financial responsibility requirement; cancellation or termination; coverage; multiple insurers. (1) When insurance is the method chosen to prove financial responsibility, the certificate of insurance shall be signed by an authorized company representative and shall contain the following information:

(a) The date on which the policy was issued.

(b) The name and address of the named insured.

(c) The policy number.

(d) The amount of coverage in terms of the liability limits stated in ORS 682.105.

(2) The policy of insurance for which the certificate is given shall not be canceled or terminated except upon the giving of 10 days' prior written notice to the Oregon Health Authority. However, an insurance policy subsequently procured and certified to the authority shall, on the date the certificate is filed with the authority, terminate the insurance previously certified with respect to any owner or vehicle designated in both certificates.

(3) The vehicle policy need not insure any liability under any worker's compensation, nor any liability on account of bodily injury to or death of an employee of the insured while engaged in the employment of the insured, or while engaged in the operation, maintenance or repair of a vehicle nor any liability for damage to property owned by, rented to, in charge of or transported by the insured.

(4) The requirements for a vehicle liability policy and certificate of insurance may be fulfilled by the policies and certificates of one or more insurance carriers which policies and certificates together meet such requirements. [Formerly 823.110; 2009 c.595 §1079]

682.109 Bonds, letters of credit or certificates of deposit used to prove financial responsibility. ORS 682.111 to 682.117 apply to a bond, letter of credit or certificate evidencing deposit with the Oregon Health Au-

thority that is the method chosen to prove financial responsibility under this chapter. The dollar amounts required for the bonds, letters of credit or deposits shall be \$320,000. [Formerly 823.120; 2003 c.14 §433; 2003 c.175 §18; 2009 c.595 §1080]

682.110 [Amended by 1953 c.525 §6; 1969 c.276 §9; 1979 c.744 §55; repealed by 1981 c.339 §19]

682.111 Requirements for bonds. A bond used to comply with financial responsibility requirements under this chapter must meet all of the following requirements:

(1) The bond must be in the amount required by ORS 682.109.

(2) The bond must be approved by a judge of a court of record in this state.

(3) The bond must contain a provision that it cannot be canceled except upon the giving of 10 days' prior written notice to the Oregon Health Authority.

(4) The bond must be provided by either of the following:

(a) A surety company.

(b) Two persons who are residents of Oregon and who each own real property in this state having together equities at least of the value required for the bond under ORS 682.109.

(5) If the bond is provided by real property owners in this state, the bond must contain a schedule of the real property owned by each of the sureties that will be used to meet the financial responsibility requirements of this chapter.

(6) The bond must be conditioned to pay, on behalf of the principal, the limits of financial responsibility requirements under this chapter.

(7) The bond must be conditioned to pay, on behalf of the principal, judgments against a person for liability described in ORS 682.105 and must be subject to action under ORS 682.113.

(8) The bond is subject to any rules adopted by the authority relating to such bonds. [2003 c.175 §20; 2009 c.595 §1081]

682.113 Action against surety on bond by judgment creditor. (1) If a judgment rendered against the principal on a bond described under ORS 682.111 is not settled within 60 days after it has become final, a judgment creditor, for the judgment creditor's own use and benefit and at the judgment creditor's sole expense, may bring an action against any surety on the bond. An action brought under this section must be brought in the name of the state. An action under this section may include any action or proceeding to foreclose any lien established upon the real property of a surety under ORS 682.111.

(2) For purposes of this section, a judgment is satisfied when any of the following occurs:

(a) Payments in the amounts established by the payment schedule under ORS 682.105 have been credited upon any judgment or judgments rendered in excess of those amounts.

(b) Judgments rendered for less than the amounts established under ORS 682.105 have been satisfied.

(c) The judgment creditor and the judgment debtor have mutually agreed upon a compromise settlement of the judgment.

(d) The judgment against the judgment debtor has been discharged in bankruptcy. [2003 c.175 §21]

682.115 [1971 c.734 §126; repealed by 1981 c.339 §19]

682.117 Methods of satisfying financial responsibility requirements; use of deposit. (1) A person may satisfy the financial responsibility requirements of ORS 682.105 by depositing with the Oregon Health Authority the following:

(a) Cash;

(b) Legally issued general obligations of the United States, the agencies and instrumentalities of the United States and the States of Oregon, Washington, Idaho and California;

(c) Certificates of deposit or other similar instruments if the instruments are insured by the Federal Deposit Insurance Corporation; or

(d) Any combination of cash or instruments described in this subsection.

(2) The authority shall hold the deposit under terms and conditions that the authority designates by rule. The authority may deliver the deposit to the State Treasurer, who shall receive and hold the deposit subject to the order of the authority. The depositor shall reimburse the State Treasurer for any expenses incurred by the State Treasurer in mailing, insuring, shipping or delivering the cash or instruments in the deposit.

(3) The authority, by order, may authorize the State Treasurer to use the deposit as follows:

(a) To satisfy any execution on a judgment that is against the person making the deposit for any liability described in ORS 682.105 and that results from a cause of action that accrued after the deposit was made; or

(b) To release any or all of the deposit to the depositor or other person as the authority considers appropriate.

(4) While deposited with the authority, the cash or instruments in the deposit are not subject to attachment or execution unless the attachment or execution arises out of a judgment against the person making the deposit for any liability described in ORS 682.105 and that results from a cause of action that accrued after the deposit was made.

(5) The authority shall issue the depositor a certificate evidencing the deposit. [2003 c.175 §22; 2009 c.595 §1082]

682.120 [Repealed by 1969 c.276 §10 (682.125 enacted in lieu of 682.120 and 682.130)]

682.125 [1969 c.276 §11 (enacted in lieu of 682.120 and 682.130); repealed by 1971 c.734 §21]

682.130 [Repealed by 1969 c.276 §10 (682.125 enacted in lieu of 682.120 and 682.130)]

682.135 [Formerly 823.130; renumbered 682.204 in 2003]

682.140 [Repealed by 1981 c.339 §19]

682.145 [Formerly 823.140; 1997 c.637 §§2,2a; renumbered 682.208 in 2003]

682.150 [Amended by 1961 c.248 §4; 1969 c.276 §12; 1971 c.650 §31; 1973 c.289 §1; 1981 c.339 §9; renumbered 677.855]

682.155 [Formerly 823.145; 1997 c.751 §3; renumbered 682.212 in 2003]

682.157 [Formerly 823.150; 1997 c.637 §4; 1997 c.751 §4; renumbered 682.216 in 2003]

682.160 [Amended by 1953 c.525 §6; 1975 c.697 §5; 1979 c.114 §2; 1981 c.339 §10; 1983 c.486 §64; renumbered 677.860]

682.165 [1975 c.697 §3; repealed by 1983 c.486 §68]

682.170 [Amended by 1967 c.15 §2; 1969 c.276 §13; 1969 c.314 §83; renumbered 677.865]

682.175 [Formerly 823.160; 1997 c.637 §5; 1997 c.751 §5; 1997 c.791 §33; 1999 c.554 §1; 2001 c.691 §1; renumbered 682.220 in 2003]

682.180 [Repealed by 1969 c.317 §2]

682.185 [Formerly 823.165; 1997 c.637 §6; 2001 c.691 §2; renumbered 682.224 in 2003]

682.190 [Amended by 1953 c.525 §6; 1955 c.135 §2; 1957 c.700 §1; 1967 c.637 §30; 1969 c.276 §14; repealed by 1973 c.427 §22 (682.191 enacted in lieu of 682.190)]

682.191 [1973 c.427 §23 (enacted in lieu of 682.190); 1983 c.486 §65; renumbered 677.870]

682.195 [Formerly 823.170; 1997 c.660 §1; 1997 c.751 §6; 1999 c.1056 §7; renumbered 682.039 in 2003]

682.200 [Amended by 1961 c.248 §5; renumbered 677.875]

EMERGENCY MEDICAL PERSONNEL

682.204 Emergency medical technicians required to be certified; defense to charge of activity by uncertified person; exemptions from certificate requirement.

(1) On and after September 13, 1975, it shall be unlawful:

(a) For any person to act as an emergency medical technician without being certified under this chapter.

(b) For any person or governmental unit which operates an ambulance to authorize a person to act for it as an emergency medical

technician without being certified under this chapter.

(c) For any person or governmental unit to operate or allow to be operated in this state any ambulance unless it is operated with at least one certified emergency medical technician.

(2) It is a defense to any charge under this section that there was a reasonable basis for believing that the performance of services contrary to this section was necessary to preserve human life, that diligent effort was made to obtain the services of a certified emergency medical technician and that the services of a certified emergency medical technician were not available or were not available in time as under the circumstances appeared necessary to preserve such human life.

(3) Subsection (1) of this section is not applicable to any individual, group of individuals, partnership, entity, association or other organization otherwise subject thereto providing a service to the public exclusively by volunteer unpaid workers, nor to any person who acts as an ambulance attendant therefor, provided that in the particular county in which the service is rendered, the county court or board of county commissioners has by order, after public hearing, granted exemption from such subsection to the individual, group, partnership, entity, association or organization. When exemption is granted under this section, any person who attends an individual who is ill or injured or who has a disability in an ambulance may not purport to be an emergency medical technician or use the designation "EMT." [Formerly 682.135; 2007 c.70 §311]

682.205 [Formerly 823.180; renumbered 682.062 in 2003]

682.208 Certification from Oregon Health Authority; form and contents. (1) For any person to be certified as an emergency medical technician or first responder, an application for certification shall be made to the Oregon Health Authority. The application shall be upon forms prescribed by the authority and shall contain:

(a) The name and address of the applicant.

(b) The name and location of the training course successfully completed by the applicant and the date of completion.

(c) Certification that to the best of the applicant's knowledge the applicant is physically and mentally qualified to act as an emergency medical technician or first responder, is free from addiction to controlled substances or alcoholic beverages, or if not so free, has been and is currently rehabilitated and is free from epilepsy or

diabetes, or if not so free, has been free from any lapses of consciousness or control occasioned thereby for a period of time as prescribed by rule of the authority.

(d) Such other information as the authority may reasonably require to determine compliance with applicable provisions of this chapter and the rules adopted thereunder.

(2) The application shall be accompanied by proof as prescribed by rule of the authority of the applicant's successful completion of a training course approved by the authority, and if an extended period of time has elapsed since the completion of the course, of a satisfactory amount of continuing education.

(3) The authority shall adopt a schedule of minimum educational requirements in emergency and nonemergency care for emergency medical technicians and first responders. The authority, with the advice of the State Emergency Medical Service Committee, may establish levels of emergency medical technician certification as may be necessary to serve the public interest. A course approved by the authority shall be designed to protect the welfare of out-of-hospital patients, to promote the health, well-being and saving of the lives of such patients and to reduce their pain and suffering. [Formerly 682.145; 2009 c.595 §1083]

682.210 [Renumbered 677.880]

682.212 Application fee; examination fee. (1) A nonrefundable initial application fee shall be submitted with the initial application for emergency medical technician and first responder certification. In addition, a nonrefundable examination fee shall be submitted for the following purposes:

- (a) First responder written examination;
- (b) Emergency medical technician written examination;
- (c) Emergency medical technician practical examination; and

(d) A fee deemed necessary by the Oregon Health Authority to cover the fee charged by the national examination agency or other examination service utilized by the authority for the purpose of examining candidates for emergency medical technician certification.

(2) Subject to the review of the Oregon Department of Administrative Services, the fees and charges established under this section shall not exceed the cost of administering the regulatory program of the authority pertaining to the purpose for which the fee or charge is established, as authorized by the Legislative Assembly for the authority's budget, as the budget may be modified by the Emergency Board.

(3) All moneys received by the authority under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the authority account and such moneys hereby are appropriated continuously and shall be used only for the administration and enforcement of this chapter. [Formerly 682.155; 2009 c.595 §1084]

Note: 682.212 (formerly 823.145) was added to and made a part of ORS chapter 682 (formerly ORS chapter 823) by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

682.215 [Formerly 823.190; renumbered 682.017 in 2003]

682.216 Issuance of certificates; fees; provisional certification; indorsement certification; continuing education; renewal; rules; driver license requirement.

(1) When application has been made as required under ORS 682.208, the Oregon Health Authority shall certify the applicant as an emergency medical technician or as a first responder if it finds:

(a) The applicant has successfully completed a training course approved by the authority.

(b) The applicant's physical and mental qualifications have been certified as required under ORS 682.208.

(c) No matter has been brought to the attention of the authority which would disqualify the applicant.

(d) A nonrefundable fee has been paid to the authority pursuant to ORS 682.212.

(e) The applicant for emergency medical technician certification is 18 years of age or older and the applicant for first responder is 16 years of age or older.

(f) The applicant has successfully completed examination as prescribed by the authority.

(g) The applicant meets other requirements prescribed by rule of the authority.

(2) The authority may provide for the issuance of a provisional certification for emergency medical technicians.

(3) The authority may issue by indorsement certification for emergency medical technician without proof of completion of an approved training course to an emergency medical technician who is licensed to practice emergency care in another state of the United States or a foreign country if, in the opinion of the authority, the applicant meets the requirements of certification in this state and can demonstrate to the satisfaction of the authority competency to practice emergency care. The authority shall be the sole judge of credentials of any emergency medical technician applying for certification

without proof of completion of an approved training course.

(4) Each person holding a certificate under ORS 682.208 and this section shall submit, at the time of application for renewal of the certificate to the authority, evidence of the applicant's satisfactory completion of an authority approved program of continuing education and other requirements prescribed by rule by the authority.

(5) The authority shall prescribe criteria and approve programs of continuing education in emergency and nonemergency care to meet the requirements of this section.

(6) The authority shall include a fee pursuant to ORS 682.212 for late renewal and for issuance of any duplicate certificate. Each certification issued under this section, unless sooner suspended or revoked, shall expire and be renewable after a period of two years. Each certificate must be renewed on or before June 30 of every second year or on or before such date as may be specified by authority rule. The authority by rule shall establish a schedule of certificate renewals under this subsection and shall prorate the fees to reflect any shorter certificate period.

(7) Nothing in this chapter authorizes an emergency medical technician or first responder to operate an ambulance without a driver license as required under the Oregon Vehicle Code. [Formerly 682.157; 2007 c.768 §47; 2009 c.595 §1085]

682.218 Substitute for education requirements for certification by indorsement; rules. The Department of Human Services shall adopt rules to allow an applicant for certification by indorsement as an emergency medical technician, as defined in ORS 682.025, to substitute experience and certification by a national registry of emergency medical technicians for education requirements imposed by the department. [2009 c.523 §1]

Note: 682.218 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 682 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

682.220 Denial, suspension or revocation of license and emergency medical technician certificate; investigation; confidentiality of information. (1) The Oregon Health Authority may deny, suspend or revoke licenses for ambulances and ambulance services in accordance with the provisions of ORS chapter 183 for a failure to comply with any of the requirements of ORS 820.350 to 820.380 and this chapter or the rules adopted thereunder.

(2) The certification of an emergency medical technician may be denied, suspended or revoked in accordance with the provisions

of ORS chapter 183 for any of the following reasons:

(a) A failure to have completed successfully an authority approved course.

(b) In the case of provisional certifications, failure to have completed successfully an authority approved course.

(c) Failure to meet or continue to meet the physical and mental qualifications required to be certified under ORS 682.208.

(d) The use of fraud or deception in receiving a certificate.

(e) Practicing skills beyond the scope of practice established by the Oregon Medical Board under ORS 682.245.

(f) Rendering emergency or nonemergency care under an assumed name.

(g) The impersonation of another EMT.

(h) Unprofessional conduct.

(i) Obtaining a fee by fraud or misrepresentation.

(j) Habitual or excessive use of intoxicants or drugs.

(k) The presence of a mental disorder that demonstrably affects an EMT's performance, as certified by two psychiatrists retained by the authority.

(L) Subject to ORS 670.280, conviction of any criminal offense that reasonably raises questions about the ability of the EMT to perform the duties of an EMT in accordance with the standards established by this chapter. A copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(m) Suspension or revocation of an emergency medical technician certificate issued by another state:

(A) For a reason that would permit the authority to suspend or revoke a certificate issued under this chapter; and

(B) Evidenced by a certified copy of the order of suspension or revocation.

(n) Gross negligence or repeated negligence in rendering emergency medical assistance.

(o) Rendering emergency or nonemergency care without being certified except as provided in ORS 30.800.

(p) Rendering emergency or nonemergency care as an EMT without written authorization and standing orders from a supervising physician who has been approved by the board in accordance with ORS 682.245.

(q) Refusing an invitation for an interview with the authority as specified in this section.

(3) The authority may investigate any evidence that appears to show that an EMT certified by the authority is or may be medically incompetent, guilty of unprofessional or dishonorable conduct or mentally or physically unable to safely function as an EMT. The authority may investigate the off-duty conduct of an EMT to the extent that such conduct may reasonably raise questions about the ability of the EMT to perform the duties of an EMT in accordance with the standards established by this chapter. Upon receipt of a complaint about an EMT or applicant, the authority shall conduct an investigation as described under ORS 676.165. An investigation shall be conducted in accordance with ORS 676.175.

(4)(a) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, any health care facility licensed under ORS 441.015 to 441.087 and 441.820, any medical or osteopathic physician licensed under ORS chapter 677, any owner of an ambulance licensed under this chapter or any EMT certified under this chapter shall report to the authority any information the person may have that appears to show that an EMT is or may be medically incompetent, guilty of unprofessional or dishonorable conduct or mentally or physically unable to safely function as an EMT.

(b) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, an EMT certified under this chapter who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150.

(5) If, in the opinion of the authority, it appears that the information provided to it under provisions of this section is or may be true, the authority may request an interview with the EMT. At the time the authority requests an interview, the EMT shall be provided with a general statement of the issue or issues of concern to the authority. The request shall include a statement of the procedural safeguards available to the EMT, including the right to end the interview on request, the right to have counsel present and the following statement: "Any action proposed by the Oregon Health Authority shall provide for a contested case hearing."

(6) Information regarding an ambulance service provided to the authority pursuant to this section is confidential and shall not be subject to public disclosure, nor shall it be admissible as evidence in any judicial proceeding. Information that the authority obtains as part of an investigation into

emergency medical technician or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving emergency medical technician or applicant conduct is confidential as provided under ORS 676.175. Information regarding an ambulance service does not become confidential due to its use in a disciplinary proceeding against an emergency medical technician.

(7) Any person who reports or provides information to the authority under this section and who provides information in good faith shall not be subject to an action for civil damage as a result thereof.

(8) In conducting an investigation under subsection (3) of this section, the authority may:

(a) Take evidence;

(b) Take depositions of witnesses, including the person under investigation, in the manner provided by law in civil cases;

(c) Compel the appearance of witnesses, including the person under investigation, in the manner provided by law in civil cases;

(d) Require answers to interrogatories; and

(e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation.

(9) The authority may issue subpoenas to compel compliance with the provisions of subsection (8) of this section. If any person fails to comply with a subpoena issued under this subsection, or refuses to testify on matters on which the person may lawfully be interrogated, a court may compel obedience as provided in ORS 183.440. [Formerly 682.175; 2009 c.536 §31; 2009 c.595 §1086]

682.224 Discipline; purpose; civil penalty. (1) The Oregon Health Authority may discipline, as provided in this section, an ambulance service or any person certified as an emergency medical technician or first responder in this state who has:

(a) Admitted the facts of a complaint which alleges facts which establish that such person is guilty of violation of one or more of the grounds for suspension or revocation of a certificate as set forth in ORS 682.220 or that an ambulance service has violated the provisions of this chapter or the rules adopted thereunder.

(b) Been found guilty in accordance with ORS chapter 183 of violation of one or more of the grounds for suspension or revocation of certification as set forth in ORS 682.220 or that an ambulance service has violated the provisions of this chapter or the rules adopted thereunder.

(2) The purpose of disciplining an EMT under this section is to ensure that the EMT will provide services that are consistent with the obligations of this chapter. Prior to taking final disciplinary action, the authority shall determine if the EMT has been disciplined for the questioned conduct by the EMT's employer or supervising physician. The authority shall consider any such discipline or any other corrective action in deciding whether additional discipline or corrective action by the authority is appropriate.

(3) In disciplining an EMT or ambulance service as authorized by subsection (1) of this section, the authority may use any or all of the following methods:

- (a) Suspend judgment.
- (b) Issue a letter of reprimand.
- (c) Issue a letter of instruction.
- (d) Place the EMT or ambulance service on probation.
- (e) Suspend the EMT certificate or ambulance service license.
- (f) Revoke the EMT certificate or ambulance service license.
- (g) Place limitations on the certificate of the EMT to practice emergency or non-emergency care in this state or place limitations on the license of the ambulance service.
- (h) Take such other disciplinary action as the authority in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty or assessment of a civil penalty not to exceed \$5,000, or both.

(4) In addition to the action authorized by subsection (3) of this section, the authority may temporarily suspend a certificate or license without a hearing, simultaneously with the commencement of proceedings under ORS chapter 183 if the authority finds that evidence in its possession indicates that a continuation in practice of the EMT or operation of the ambulance service constitutes an immediate danger to the public.

(5) If the authority places any EMT or ambulance service on probation as set forth in subsection (3)(d) of this section, the authority may determine, and may at any time modify, the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public and for the purpose of the rehabilitation of the EMT or ambulance service, or both. Upon expiration of the term of probation, further proceedings shall be abated if

the EMT or ambulance service has complied with the terms of the probation.

(6) If an EMT certified in this state is suspended, the holder of the certificate may not practice during the term of suspension.

(7) If an ambulance service licensed in this state is suspended, the ambulance service may not operate in this state during the term of the suspension, provided that the authority shall condition such suspension upon such arrangements as may be necessary to ensure the continued availability of ambulance service in the area served by that ambulance service. Upon expiration of the term of suspension, the certificate or license shall be reinstated by the authority if the conditions for which the certificate or license was suspended no longer exist.

(8) Whenever an EMT certificate or ambulance service license is denied or revoked for any cause, the authority may, in its discretion, after the lapse of two years from the date of such revocation, upon written application by the person formerly certified or licensed and after a hearing, issue or restore the EMT certificate or ambulance service license.

(9) Civil penalties under this section shall be imposed as provided in ORS 183.745. [Formerly 682.185; 2009 c.595 §1087]

682.225 [Formerly 823.200; 1997 c.751 §7; renumbered 682.068 in 2003]

682.235 [Formerly 823.204; repealed by 1997 c.249 §209]

682.245 Rulemaking with respect to scope of practice of EMTs and first responders; qualifications of supervising physician. (1) The Oregon Medical Board shall adopt by rule a scope of practice for emergency medical technicians at such levels as may be established by the Oregon Health Authority and for first responders.

(2) The board shall adopt by rule standards for the qualifications and responsibilities of supervising physicians.

(3) The standing orders for emergency medical technicians and first responders may not exceed the scope of practice defined by the board.

(4) No emergency medical technician shall provide patient care or treatment without written authorization and standing orders from a supervising physician who has been approved by the board.

(5) The policies and procedures for applying and enforcing this section may be delegated in whole or in part to the authority. [Formerly 823.205; 1997 c.751 §9; 2009 c.595 §1088]

682.255 [Formerly 823.210; renumbered 682.028 in 2003]

682.265 Prohibition against misleading actions regarding qualifications. No emergency medical technician or first responder shall mislead any person as to the qualifications of the technician or responder. [Formerly 823.215; 1997 c.751 §10]

682.275 [Formerly 823.220; renumbered 682.031 in 2003]

682.285 [Formerly 823.230; renumbered 682.079 in 2003]

682.295 [Formerly 823.240; renumbered 682.019 in 2003]

682.305 [Formerly 823.250; renumbered 682.089 in 2003]

682.315 [Formerly 823.300; renumbered 682.041 in 2003]

682.325 [Formerly 823.305; 1997 c.637 §3; renumbered 682.043 in 2003]

682.335 [Formerly 823.310; 2003 c.14 §434; renumbered 682.063 in 2003]

682.345 [Formerly 823.315; 2003 c.14 §435; renumbered 682.066 in 2003]

682.355 [Formerly 823.320; renumbered 682.071 in 2003]

PENALTIES

682.990 [Renumbered 677.990 (4)]

682.991 Civil and criminal penalties. (1) Violation of any provision of ORS 682.028, 682.047 (5) or 682.204 is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

(2) Violation of any provision of this chapter is a misdemeanor. In any prosecution for such violation it shall be sufficient to sustain a conviction to show a single act of conduct in violation of any of the provisions of this chapter and it shall not be necessary to show a general course of such conduct.

(3) In addition to the penalties under this section, the Oregon Health Authority may assess civil penalties of up to \$5,000 per violation against any entity or person licensed under this chapter or subject to licensure under this chapter. [Formerly 823.990; 2009 c.595 §1089]

OCCUPATIONS AND PROFESSIONS
