

Chapter 682

2017 EDITION

Regulation of Ambulance Services and Emergency Medical Services Providers

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

682.015 [Formerly 823.010; renumbered 682.051 in 2003]

GENERAL PROVISIONS

682.017 Rules. The Oregon Health Authority shall adopt rules in accordance with ORS chapter 183 that include, but are not limited to:

(1) Requirements relating to the types and numbers of emergency vehicles, including supplies and equipment carried.

(2) Requirements for the operation and coordination of ambulances and other emergency care systems.

(3) Criteria for the use of two-way communications.

(4) Procedures for summoning and dispatching aid.

(5) Requirements that ambulance services report patient encounter data to an electronic emergency medical services data system managed by the authority. The requirements must specify the data that an ambulance service must report, the form and frequency of the reporting and the procedures and standards for the administration of the data system.

(6) Levels of licensure for emergency medical services providers. The lowest level of emergency medical services provider licensure must be an emergency medical responder license.

(7) Other rules as necessary to carry out the provisions of this chapter. [Formerly 682.215; 2009 c.595 §1063; 2011 c.703 §2; 2017 c.229 §1]

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 a 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 a person, governmental unit 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) “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 prescribed by a licensed physician or naturopathic 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. “Emergency care” does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(4) “Emergency medical services provider” means a person who has received formal training in prehospital and emergency care, and is licensed to attend any person who is ill or injured or who has a disability. Police officers, firefighters, funeral home employees and other persons serving in a dual capacity one of which meets the definition of “emergency medical services provider” are “emergency medical services providers” within the meaning of this chapter.

(5) “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.

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

(7) “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.

(8) “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 or naturopathic physician licensed under ORS chapter 685, 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 or Oregon Board of Naturopathic Medicine in the course of providing prehospital care.

(9) “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.

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

(11) "Prehospital care" means care rendered by emergency medical services providers as an incident of the operation of an ambulance and care rendered by emergency medical services providers as incidents of other public or private safety duties, and includes, but is not limited to, "emergency care."

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

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

(14) "Supervising physician" means a physician licensed under ORS 677.100 to 677.228, actively registered and in good standing with the Oregon Medical Board, who provides direction of emergency or non-emergency care provided by emergency medical services providers.

(15) "Unprofessional conduct" means conduct unbecoming a person licensed to perform 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 services provider'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; 2011 c.703 §3; 2017 c.356 §90; 2017 c.409 §29]

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 ambu-

lance 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 prohibited.

(1) A person or governmental unit may not:

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

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

(2) A violation described in subsection (1) of this section is also grounds for denial, suspension or revocation of a license under ORS 682.220. [Formerly 682.255; 2009 c.595 §1066; 2011 c.703 §4]

682.030 [Renumbered 677.815]

682.031 Local ordinances regulating ambulances and emergency medical services providers. (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 services providers may 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 services providers, 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 county governing body shall make the determination of whether the ordinance is in compliance with the county plan. [Formerly 682.275; 2009 c.595 §1067; 2011 c.703 §5]

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 State Emergency Medical Service Committee is established within the Oregon Health Authority. The committee must have at least 19 members. The Oregon Health Authority shall appoint at least 18 voting members as described in subsection (2) of this section. The chairperson of the State Trauma Advisory Board established under ORS 431A.055, or the chairperson's designee, shall be a non-voting member.

(2) The authority shall appoint members to serve on the State Emergency Medical Service Committee, including:

(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 services providers whose practices consist of routinely treating emergencies, such as cardiovascular illness or trauma. At least one of the providers must be at the lowest level of licensure for emergency medical services providers established by the authority at the time of appointment. Emergency medical services providers appointed pursuant to this paragraph must be selected from lists submitted by each area trauma advisory board. The lists must include nominations from organizations that represent emergency care providers in this state.

(c) One volunteer ambulance operator.

(d) One person representing governmental agencies that provide ambulance services.

(e) One person representing a private ambulance company.

(f) One hospital administrator.

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

(h) One representative of an emergency dispatch center.

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

(3) The committee must 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.

(4) Appointments are for a term of four years and must be made in a manner that preserves as much as possible the representation of the organization described in subsection (2) of this section. A vacancy must be filled for an unexpired term as soon as the authority can make the appointment. The committee shall choose a chairperson and shall meet at the call of the chairperson or the Director of the Oregon Health Authority.

(5) 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.

(6) The chairperson of the committee shall appoint a subcommittee on the licensure and discipline of emergency medical services providers, consisting of five physicians and four emergency medical services providers. The subcommittee shall advise the authority and the Oregon Medical Board on the adoption, amendment, repeal and application of rules implementing ORS 682.204 to 682.220 and 682.245. The decisions of the subcommittee are not subject to the review of the committee.

(7) Members of the committee are entitled to compensation as provided in ORS 292.495. [Formerly 682.195; 2009 c.595 §1068; 2011 c.703 §6; 2017 c.101 §31]

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 described 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) 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.

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

(4) 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.

(5) In addition to the penalties prescribed by subsection (4) 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; 2011 c.703 §51]

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

682.056 Patient encounter data reporting; availability of patient outcome data; use of data; rules. (1)(a) Ambulance services shall report patient encounter data to the electronic emergency medical services data system managed by the Oregon Health Authority for each patient care event in accordance with rules adopted by the authority under ORS 682.017.

(b) The authority by rule shall specify the patient encounter data elements to be transferred from the electronic emergency medical services data system to the Oregon Trauma Registry and shall establish the procedures for the electronic transfer of the patient encounter data.

(2)(a) The patient outcome data described in subsection (3) of this section about a patient who an ambulance service transported to a hospital, and that the hospital entered into the Oregon Trauma Registry, must be available to the designated official of the ambulance service that transported the patient.

(b) The authority by rule shall specify the method by which the patient outcome data will be made available to the designated official of an ambulance service.

(3) Patient outcome data includes:

(a) The health outcomes of the patient 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 patient was admitted to the hospital; and

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

(b) The patient's chief complaint, the diagnosis the patient received in the emergency department or other intake facility and any procedures performed on the patient;

(c) The emergency department or hospital discharge disposition of the patient; and

(d) Demographic or standard health care information as required by the authority by rule.

(4) Data provided pursuant to this section shall be:

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

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

(5) Data provided pursuant to this section may be used for quality assurance, quality improvement, epidemiological assessment and investigation, public health critical response planning, prevention activities and other purposes that the authority determines necessary.

(6)(a) A nontransporting prehospital care provider may report patient encounter data to the electronic emergency medical services data system.

(b) A nontransporting prehospital care provider that reports patient encounter data shall comply with the reporting requirements that apply to ambulance services.

(c) The patient outcome data described in subsection (3) of this section must be available to the designated official of the nontransporting prehospital care provider that provided care and reported patient encounter data about the patient.

(7) The authority may adopt rules to carry out this section, including rules to:

(a) Establish software interoperability standards and guidance to assist in reporting the patient encounter data required by this section;

(b) Specify the method by which the patient outcome data will be made available to

nontransporting prehospital care providers; and

(c) Define “nontransporting prehospital care provider.” [Formerly 682.037; 2009 c.595 §1072; 2011 c.703 §52; 2017 c.229 §3]

Note: Sections 6 and 7, chapter 229, Oregon Laws 2017, provide:

Sec. 6. Waiver of patient encounter data reporting requirements. The Oregon Health Authority may waive the patient encounter data reporting requirements of ORS 682.056 for an ambulance service that demonstrates to the satisfaction of the authority that the ambulance service is unable to comply with the reporting requirements of ORS 682.056. [2017 c.229 §6]

Sec. 7. Section 6 of this 2017 Act is repealed on December 31, 2021. [2017 c.229 §7]

682.059 Online publication of annual report. (1) The Oregon Health Authority shall make publicly available on a website operated by or on behalf of the authority an annual report of the data collected by the authority under ORS 682.056.

(2) The authority shall consult with the State Emergency Medical Service Committee to determine the data to include in the report required under this section.

(3) The report required under this section may not contain individually identifiable health information, as defined in ORS 192.556, or other information protected from public disclosure by state or federal law. [2017 c.229 §5]

Note: 682.059 becomes operative January 1, 2020. See section 8, chapter 229, Oregon Laws 2017.

Note: 682.059 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 must define the requirements for advanced life support and basic life support units of emergency vehicles, including equipment and emergency medical services provider 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; 2011 c.703 §7]

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)(a) 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 under ORS 820.330 to 820.380 or this chapter to any class of vehicles if the authority finds that compliance with the requirement or requirements is inappropriate:

(A) Because special circumstances exist that would render compliance unreasonable, burdensome or impractical because of special conditions or cause; or

(B) Because compliance would result in substantial curtailment of necessary ambulance service.

(b) Exemptions or variances granted under this subsection 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 authority:

(a) May receive the advice of the State Emergency Medical Service Committee; and

(b) In all cases, shall weigh the equities involved and the advantages and disadvantages to the welfare of patients and the owners of vehicles.

(3) Rules under this section shall be adopted, amended or repealed in accordance with ORS 183.330. [Formerly 682.285; 2009 c.595 §1076; 2017 c.101 §32]

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) Emergency medical services provider staffing is 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 emergency medical services providers 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 levels of licensure.

(2) As used in this section:

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

(b) "District" has the meaning given that term by ORS 198.010. [Formerly 682.305; 2011 c.703 §8]

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 poli-

cies 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 Authority 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 SERVICES PROVIDERS

682.204 License requirement; defense to charge of activity by unlicensed person; exemptions from license requirement. (1) A person may not act as an

emergency medical services provider unless the person is licensed under this chapter.

(2) A person or governmental unit which operates an ambulance may not authorize a person to act for it as an emergency medical services provider unless the emergency medical services provider is licensed under this chapter.

(3) A person or governmental unit may not operate or allow to be operated in this state any ambulance unless it is operated with at least one emergency medical services provider who is licensed at a level higher than emergency medical responder.

(4) 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 licensed emergency medical services provider and that the services of a licensed emergency medical services provider were not available or were not available in time as under the circumstances appeared necessary to preserve such human life.

(5) Subsections (1) to (3) of this section are 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 subsections 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 services provider. [Formerly 682.135; 2007 c.70 §311; 2011 c.703 §9]

682.205 [Formerly 823.180; renumbered 682.062 in 2003]

682.208 License from Oregon Health Authority; form and contents. (1) A person desiring to be licensed as an emergency medical services provider shall submit an application for licensure to the Oregon Health Authority. The application must be upon forms prescribed by the authority and must 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) A statement that to the best of the applicant's knowledge the applicant is physically and mentally qualified to act as an emergency medical services provider, is free from addiction to controlled substances, cannabis 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 for a period of time as prescribed by rule of the authority.

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

(2) The application must 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 services providers. A course approved by the authority must 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; 2011 c.703 §10; 2017 c.21 §72]

682.210 [Renumbered 677.880]

682.212 Application fee; examination fee. (1) An applicant for an emergency medical services provider license shall submit a nonrefundable application fee with the initial application. In addition, an applicant shall submit a nonrefundable examination fee for the following purposes:

(a) Emergency medical services provider written examination;

(b) Emergency medical services provider practical examination; and

(c) 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 an emergency medical services provider license.

(2) Subject to the review of the Oregon Department of Administrative Services, the fees and charges established under this section may 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 to the authority and shall be used only for the administration and enforcement of this chapter. [Formerly 682.155; 2009 c.595 §1084; 2011 c.703 §11]

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 licenses; fees; provisional license; license by indorsement; continuing education; renewal; rules; driver license requirement. (1) When application has been made as required under ORS 682.208, the Oregon Health Authority shall license the applicant as an emergency medical services provider if it finds:

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

(b) The applicant meets the physical and mental qualifications 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 an emergency medical services provider license:

(A) Is 18 years of age or older if the applicant is applying for a license at a level higher than emergency medical responder; or

(B) Is 16 years of age or older if the applicant is applying for a license at the emergency medical responder level.

(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 license for emergency medical services providers.

(3) The authority may issue an emergency medical services provider license by indorsement without proof of completion of an approved training course to an emergency medical services provider 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 for licensure in this state and can demonstrate to the satisfaction

of the authority competency to practice emergency care. The authority is the sole judge of credentials of any emergency medical services provider applying for licensure without proof of completion of an approved training course.

(4) A person licensed under this section shall submit, at the time of application for renewal of the license 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 license. Each license issued under this section, unless sooner suspended or revoked, expires and is renewable after a period of two years. Each license 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 license renewals under this subsection and shall prorate the fees to reflect any shorter license period.

(7) Nothing in this chapter authorizes an emergency medical services provider 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; 2011 c.703 §12]

682.218 Substitute for education requirements for license by indorsement; rules. The Oregon Health Authority shall adopt rules to allow an applicant for licensure by indorsement as an emergency medical services provider to substitute experience and certification by a national registry of emergency medical services providers for education requirements imposed by the authority. [2009 c.523 §1; 2011 c.703 §14; 2011 c.720 §216]

Note: 682.218 was added to and made a part of ORS chapter 682 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

682.220 Denial, suspension or revocation of license; 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 license of an emergency medical services provider 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 a provisional license, failure to have completed successfully an authority approved course.

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

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

(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 emergency medical services provider.

(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 emergency medical services provider'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 emergency medical services provider to perform the duties of an emergency medical services provider 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, is conclusive evidence of the conviction.

(m) Suspension or revocation of an emergency medical services provider license issued by another state:

(A) For a reason that would permit the authority to suspend or revoke a license 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 licensed, except as provided in ORS 30.800.

(p) Rendering emergency or nonemergency care as an emergency medical services provider without written authorization and standing orders from a supervising physician

who has been approved by the Oregon Medical 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 emergency medical services provider licensed 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 emergency medical services provider. The authority may investigate the off-duty conduct of an emergency medical services provider to the extent that such conduct may reasonably raise questions about the ability of the emergency medical services provider to perform the duties of an emergency medical services provider in accordance with the standards established by this chapter. Upon receipt of a complaint about an emergency medical services provider or applicant, the authority shall conduct an investigation as described under ORS 676.165. The authority shall conduct the investigation 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 physician licensed under ORS 677.100 to 677.228, any owner of an ambulance licensed under this chapter or any emergency medical services provider licensed under this chapter shall report to the authority any information the person may have that appears to show that an emergency medical services provider is or may be medically incompetent, guilty of unprofessional or dishonorable conduct or mentally or physically unable to safely function as an emergency medical services provider.

(b) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, an emergency medical services provider licensed 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 emergency medical services provider. At the time the authority requests an interview, the authority shall provide the emergency medical services provider with a general statement of the issue or issues of concern to the authority. The request must include a statement of the procedural safe-

guards available to the emergency medical services provider, 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 is not subject to public disclosure or admissible as evidence in any judicial proceeding. Information that the authority obtains as part of an investigation into the conduct of an emergency medical services provider or applicant or as part of a contested case proceeding, consent order or stipulated agreement involving the conduct of an emergency medical services provider or applicant 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 services provider.

(7) A person who reports or provides information to the authority under this section and who provides information in good faith is not 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; 2011 c.703 §15; 2017 c.409 §30]

682.224 Discipline; purpose; civil penalty. (1) The Oregon Health Authority may discipline, as provided in this section, an ambulance service or an emergency medical services provider who has:

- (a) Admitted the facts of a complaint that alleges facts that establish that the emer-

gency medical services provider is guilty of one or more of the grounds for suspension or revocation of a license 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 one or more of the grounds for suspension or revocation of a license 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 emergency medical services provider under this section is to ensure that the emergency medical services provider will provide services that are consistent with the obligations of this chapter. Prior to taking final disciplinary action, the authority shall determine if the emergency medical services provider has been disciplined for the questioned conduct by the emergency medical services provider'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 emergency medical services provider 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 emergency medical services provider or ambulance service on probation.
- (e) Suspend the license of the emergency medical services provider or ambulance service.
- (f) Revoke the license of the emergency medical services provider or ambulance service.
- (g) Place limitations on the license of the emergency medical services provider or 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 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 emergency

medical services provider or operation of the ambulance service constitutes an immediate danger to the public.

(5) If the authority places any emergency medical services provider 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 emergency medical services provider or ambulance service, or both. Upon expiration of the term of probation, further proceedings shall be abated if the emergency medical services provider or ambulance service has complied with the terms of the probation.

(6)(a) If an emergency medical services provider's license is suspended, the emergency medical services provider may not practice during the term of suspension.

(b) 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.

(c) Upon expiration of the term of suspension, the license shall be reinstated by the authority if the conditions for which the license was suspended no longer exist.

(7) Whenever an emergency medical services provider 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 the denial or revocation, upon written application by the person formerly licensed and after a hearing, issue or restore the emergency medical services provider or ambulance service license.

(8) Civil penalties under this section shall be imposed as provided in ORS 183.745. [Formerly 682.185; 2009 c.595 §1087; 2011 c.703 §16]

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 emergency medical services providers; qualifications of supervising physician. (1) The Oregon Medical Board shall adopt by rule a scope of practice for each level of emergency medical services provider established by the Oregon Health Authority pursuant to ORS 682.017.

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

(3) The standing orders for emergency medical services providers may not exceed the scope of practice defined by the board.

(4) An emergency medical services provider may not 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; 2011 c.703 §17]

682.255 [Formerly 823.210; renumbered 682.028 in 2003]

682.265 Prohibition against misleading actions regarding qualifications. An emergency medical services provider may not mislead any person as to the qualifications of the emergency medical services provider. [Formerly 823.215; 1997 c.751 §10; 2011 c.703 §18]

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]

682.990 [Renumbered 677.990 (4)]

PENALTIES

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
