Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes

2022 Quarter 3 | July 13, 2023
Chairperson Matthew Philbrick
Vice Chairperson Christa Schulz, MD

Appointed Committee Member		
Committee Member Name	**Committee Position**	**Present, Absent or Vacant**
Tamara Bakewell	Family Representative	Present
Andrea Bell	Nurse with pediatric experience	Absent
SunHee Chung, MD	Physician with pediatric training	Present
Jeffrey Dana	At-large member	Present
Carl Eriksson, MD	Pediatric Emergency Preparedness representative	Absent w/ Notice
Jennifer Eskridge	Injury Prevention representative	Present
Matthew House	EMT/Paramedic currently practicing, ground level provider	Present
Kelly Kapri	Highway Traffic Safety representative	Present
Joann Lundberg	Behavioral Health representative	Present
Todd Luther	Emergency Department Manager	Present
Danielle Meyer	Hospital Association representative	Absent
Matthew Philbrick	EMS Patient Transport representative	Present
Dana Pursley-Haner	EMS Educator	Absent w/ Notice
Justin Sales, MD	Emergency Physician	Present
Christa Schulz, MD	Pediatric Hospitalist	Present
Jill Shipley	Hospital Trauma Coordinator	Present
Vacant	Tribal EMS Representative	Vacant

HRSA EMSC Grant Required Committee Members		
Committee Member Name	**Committee Position**	**Present, Absent or Vacant**
Amani Atallah	OHA EMS Representative - Secondary	Present
Rachel Ford, MPH	Oregon EMSC Program Manager	Present
Dr. David Lehrfeld	OHA EMS Representative - Primary	Present
Dr. Dana Selover	HRSA EMSC Grant Point of Contact	Absent
Oregon Health Authority EMS & Trauma Systems Program Staff		
Peter Geissert, Julie Miller		

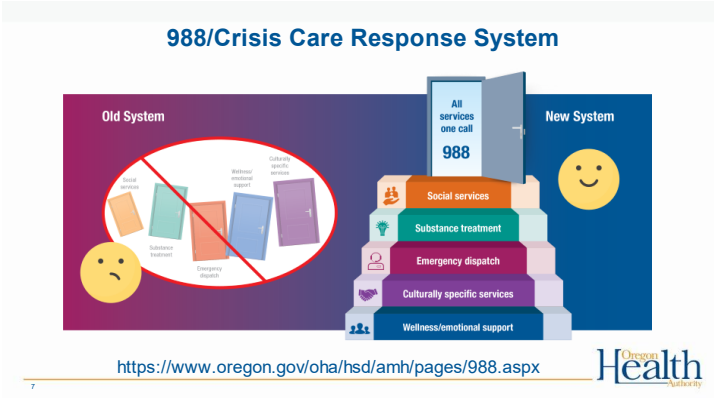
Guest Speakers and Members of the Public
Cliff Dodson (Providence Hood River Memorial Hospital), Frank Ehrmantraut (Polk County Fire District No. 1), Lynne Frost (Providence Health & Services - Oregon Region), Agnes Gantz (Providence Health & Services), Christy Hudson, Dr. Daniel Hull (Coquille Valley Hospital), Janelle, Mike Kissell (Corvallis Fire Department), Josh Norberg (Tualatin Valley Fire & Rescue), Eric Owens, Heather Pascoe, Brian Pitkin (Oregon Health Authority), Alicia Sampson (Providence Health & Services - Oregon Region), Susan Steen (Doernbecher Children's Hospital)

Call to Order | Matthew Philbrick, Chairperson
Start Time: 9:03am Committee Roll Call

Approve April 2023 Minutes | Chairperson
April 2023 Minutes were reviewed. No changes noted. Motion to approve minutes as written: Jeffrey Dana. Second: Todd Luther. None opposed. Motion carried.

Committee Membership | Chairperson
Tribal EMS Representative: There have been no applications or interest in this position in the last quarter. To apply for Committee position: LINK

988 and the Behavioral Health Crisis Response System | Brian Pitkin, Children's 988 and Mobile Response and Stabilization Services Coordinator



988 provides a connection to trained counselors for anyone experiencing thoughts of suicide, mental health or substance use crisis or any other kind of emotional distress. People worried about a loved one who may need crisis support can call, text, or chat 988. 988 website is https://988lifeline.org/.

- Goal: 90% of calls in state answered in no more than 20 seconds.
- People who call the 988 Lifeline are given three options:
  - Press 1 to connect with the Veterans Crisis Line
  - Press 2 to connect with the Spanish Subnetwork

- Remain on the line and be connected to a local crisis center; if local crisis center is unable to answer, the caller is routed to a national backup center.
- Texts to 988 and Chat on 988: a group of Lifeline crisis centers respond.

To create a seamless and effective behavioral health system, it is crucial to have integration within the system. This means that individuals and families seeking help should be able to access services through any entry point, without being turned away or referred elsewhere. The crisis response system is often the first point of contact for people seeking behavioral health services, and therefore plays a critical role in ensuring that individuals are connected to the appropriate care.

The 988 Call Center in Oregon provides immediate behavioral health services to anyone in need. The team of 100+ crisis counselors are trained to provide culturally and developmentally appropriate support, ensuring that calls, texts, and chats will be answered in less than 20 seconds. The success of this initiative will be measured through consistent evaluation and a public education campaign to remove the stigma surrounding mental health support.

The data for 988 call center investments reveals a profound reality: the exponential increase in the number of individuals utilizing these services is a clear indication of the growing demand for support. Since January 2022, there has been a 50% increase in contact volume. 23% of the contacts are youth and 40% are people of color, underscoring the importance of ensuring equitable access to these vital resources. The top three reasons for calling are mental health concerns, family and relationship concerns, and suicide. This data highlights the urgent need for expanded investment in call center services and support systems, to ensure that individuals from all walks of life can access the care and assistance they need.

988 was established to improve access to crisis services in a way that meets the country's growing suicide and mental health-related crisis care needs. 988 provides easier access to behavioral health crisis services, which are distinct from the public safety purposes of 911 where the focus is on dispatching emergency medical services, fire and police as needed. 911 Public Safety Answering Points and operators across the state will continue to operate the way they have been. The Oregon Health Authority and Oregon's 988 call centers are collaborating with 911 Public Safety Answering Points to develop a roadmap on how 911 and 988 can coordinate in the future.

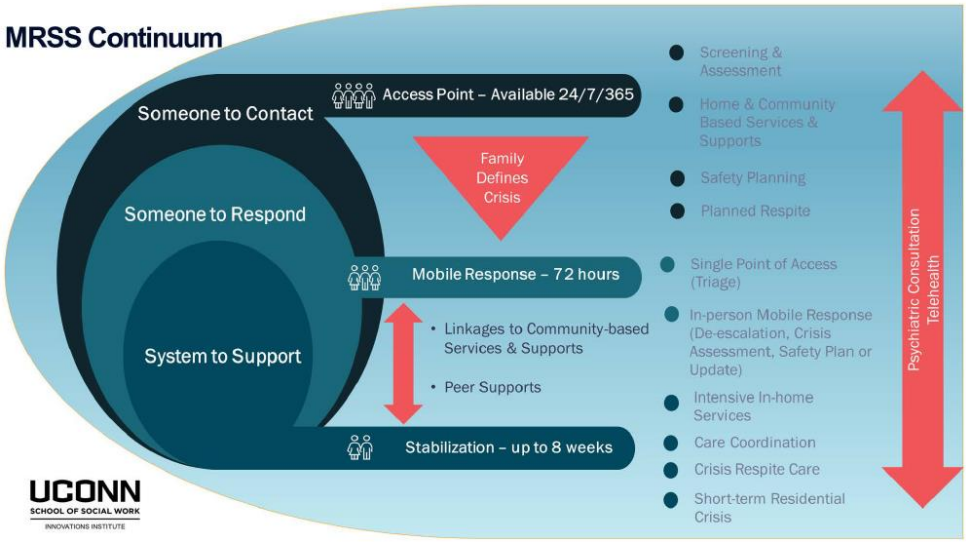
Goals of Mobile Response and Stabilization Services: National Best Practices

- **Maintain** and support youth in their current living situation and community, reducing the need for out-of-home placements, inpatient care, residential interventions, ED boarding and hospital admissions.
- **Support** youth and families in providing trauma-informed care.
- **Promote** and support safe behavior in home, school, and community.

- **Assist** youth and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services, as needed.

Customized Mobile Response and Stabilization Services for children, youth, young adults, and their families are two-person teams, with specialized training working with children and youth, who provide face-to-face response. Teams include Family Support Specialists, Youth Peer Support Specialists, Qualified Mental Health Professionals, and Qualified Mental Health Associates. Team members receive customized training specific to children, youth, young adults, and their families. Teams provide Stabilization Services for up to 8 weeks that may include:

- Parenting support and advocacy
- Brief individual and family therapy
- Skills Training
- Peer Delivered Services
- Connection to community services with a warm hand off



The Evolution of the System of Care Approach to establish a comprehensive service array. Core components include:

- Intensive Care Coordination (established)
- Wraparound (established)
- Intensive In-home Mental Health Treatment Services (established)
- Parent and Youth Peer Support (established)
- Mobile Response and Stabilization Services (2025-27)
- Respite Care (2025-27)

Local Children's System of Care commitment and involvement is required for the Mobile Response and Stabilization Services teams to be successful. Clinical, non-clinical, local, and community supports meet individuals where they are and provide services and support within their own community. There are many opportunities for community feedback.

Comments/Questions:

- **Matt Philbrick**: Is there a plan to expand to healthcare workers and behavioral health workers? **Brian Pitkin**: Have investigated expanding this in conjunction with the Trevor Project. There was legislation in the House to provide a specific prompt for firefighters and first responders.

- **Matt Philbrick**: How does Oregon compare with the other states? **Brian Pitkin**: Oregon participates in a national program, Quality Learning Collaborative. It is a national model of Mobile Response and Stabilization Services. Oregon is ahead of the national average. The call rate goal is 90% within the first 20 seconds and Oregon is typically 93-94%. Oregon was the first state to receive a Medicaid Grant. The legislature passed a bill to add a $0.40 tax to cell phones and that brings Oregon in line with Washington.
- **Tamara Bakewell**: Question on Mobile Response and Stabilization Services, how often deployed for kids and what about kids that need repeat services? **Brian Pitkin**: We do have persons that need repeat services due to severe persistent mental illness. There is a 72-hour model for Mobile Response and Stabilization Services crisis response. The 72 hours count as one encounter. There are workforce shortages. Use of remote calls and video conference calls help. Roughly 3% of calls end in Mobile Response. Of the 3%, there are 1% require first responders or emergency medical services. This would be for situations like an overdose, risk of public harm, or risk of self-harm. The goal of the call center is to resolve issues.
- **Amani Atallah**: Clarify a question that Matt Philbrick asked regarding first responders: House Bill 3426 passed in the House on 4/11/2023 and in the Senate on 6/22/2023. It requires 988 crisis hotline centers to have policies and train staff on serving firefighters and other first responders. The effective date is 1/1/2024.
  ACTION: Brian Pitkin will investigate HB 3426 and get information to Rachel Ford.
  ACTION: Jeffrey Dana will email his question to Brian Pitkin.
- **Joann Lundberg**: Would 988 be a way to expedite access to the services that are only done by referral? **Brian Pitkin**: This is part of the plan. A video-based consult would not be ideal, but sufficient for a diagnosis. Need to diagnose and then refer to services. Trying to get a bed registry in place. Anticipate that there will be an elevated path to access to the services similar to triage in an emergency department. **Joanne Lundberg**: Some services are only accessed with referral from emergency department, so sometimes send patients so they can get referred to services. **Brian Pitkin**: Mobile Response and Stabilization Services provide services and support, so individuals do not need to go to the emergency department and instead provide help where the crisis is happening.
- **Matt Philbrick**: Is there follow-up with the caller within a certain amount to time? **Brian Pitkin**: Yes, there is a follow-up process with both a practical and clinical approach.
- **Matt Philbrick**: Are you finding that patients that are being discharged are being referred to 988? **Brian Pitkin**: If an emergency department calls 988, then Mobile Response and Stabilization Services will show up and assist. Sometimes patients need to be discharged from the emergency department, then 988 is called to assist from there. There are insurance concerns with 3rd party and responding in some environments, but Mobile Response and Stabilization Services do respond in all environments. Sometimes difficult to collect the data. Relying on the caller to provide the information.

Committee Member Roundtable | Committee

Purpose: To share pediatric emergency medical, trauma, injury prevention, and family-centered activities and news. Continue discussion on pediatric transport, surge, and standardized definitions (e.g., training, equipment, and personnel necessary for specific types of transport).

Jennifer Eskridge: Poison Center will be joining Todd Luther and CHI Mercy Health team for Safety Day for Kids event in Roseburg. The Poison Center will share HERO Kids information at the event. The 2022 Poison Center Annual Report was just published. There has been a huge growth in fentanyl cases and an increase in pediatric (up to age 19) cases. Also seeing an increase in very young children (age 6 and younger) as well. Have already seen a 50% increase from 2022 to 2023. The report is published on the Poison Control website.
ACTION: Jennifer Eskridge will send the report to Rachel Ford.

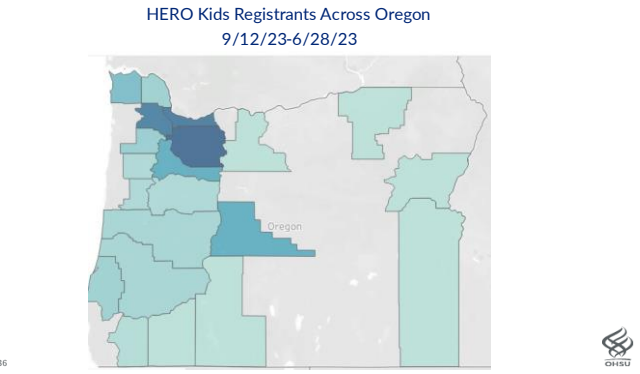
Kelly Kapri: Transportation Safety has just completed a Move Over campaign. It is a digital campaign, and it shows Maintenance, EMS, and Law Enforcement. Trying to increase awareness of the need to move over or slow down when the public sees flashing lights of any color from a vehicle parked on the side of the road. Also working with Scott Cooper to provide BLS training.

Joann Lundberg: Have seen an increase in fentanyl use, and a patient passed away from accidental fentanyl overdose.

Matt Philbrick: There is an effort to take care of the providers that take care of patients. Global Medical Response has built a national crisis resource for employees.

Dr. Justin Sales: Pediatric volume is still high and remain busier than usual. Watching Australia's preliminary influenza rates. Australia's numbers are up on pediatric hospital admissions.

Health Emergency Ready Oregon (HERO) Kids Registry | Tamara Bakewell, Family Representative, OCCYSHN



From 9/12/2022-5/31/2023, there were 150 new HERO Kids registrations, with 18 that include an emergency protocol letter. There are HERO Kids registrants across 21 counties. Emergency Department Information Exchange alerts continue to trend upward.

55 agencies have signed up for an Oregon Registries for EMS (OREMS) mobile app account. The OREMS mobile app allows first responders and emergency departments immediate access to POLST and HERO Kids patient information.

The HERO Kids social media campaign focused on Oregon families and professionals has 451,634 views. Quarter 2 2023 outreach included: APCO NENA Virtual Conference, Autism Walk, Best Buddies Walk, Hillsboro Disability Resource Fair, Multnomah County IDD Fair, Northwest Regional ESD Fair, St. Helens Early Learning Fair, Timberline EMS Conference, and Yamhill Early Learning Fair.

Collaboration with the Pediatric Pandemic Network continues with the development of HERO Kids marketing videos, as well as primary and specialty care provider outreach. HERO Kids has consulted with Montana and Oklahoma on the development of a similar program. Future development projects include an Emergency Protocol Letter electronic form, possible integration with EDIE insights, and system improvements based on user feedback.

Asks for the Committee:

- **Share** HERO Kids information as able during prehospital calls and transport, and in emergency department after-visit summaries.
- **Encourage** families to complete as part of their emergency preparedness plan.
- **Include** a link in newsletters, websites, social media, or other communications.
- **Provide input** including specific recommendations about how to improve awareness among EMS and ED providers, families, and young adults; what heard about HERO Kids; and short- and long-term ideas and recommendations.

Comments/Questions:

- **Rachel Ford**: Brittany will be back for the next meeting and will share additional updates and the three videos.
  ACTION: Brittany will share updates and videos at October Committee meeting.
- **Christy Hudson**: Resource Parents (Foster Parents) are not allowed to use this resource. **Tamara Bakewell**: Resource Parents need to go through the Department of Human Services (DHS) system to discuss registration of the child in their care in HERO Kids. DHS would like the biological parents to complete the registration. HERO Kids would like all medically complex kids to be in the registry.

NEMSQA Measures: Pediatrics-03 & Respiratory-01 | Chairperson & Peter Geissert, EMS & Trauma Systems Program Research Analyst

Pediatrics-03 - Matt Philbrick:
Documentation of weight in kilograms or length-based weight estimate documented in prehospital electronic patient care report. The state goal is set at a 90% threshold. There continues to be an upward trend in weight documentation for all patents. On May 8, the PEDIATRICS-03 Q1 2023 (January-March 2023) data was sent to all EMS transport agencies. There are 15 agencies that still show minimal or no improvement. Rachel Ford is working with EMS & Trauma Systems Program Manager on strategies to support agency-level changes but would like to hear recommendations from the Committee. In August, Rachel will send the Q2 2023 (April-July 2023) data to agencies.

Comments/Questions:

- **Dr. SunHee Chung**: How is improvement measured? **Matt Philbrick**: There is a volume and documentation issue. Not seeing significant change in the pediatric documentation change. Seeing that the agencies that are doing this well, are also improving on adult documentation. Of the ones who are not documenting, they continue to not document.
- **Dr. Christa Shultz**: Is it also the same agencies with Respiratory-01, or only for Pediatrics-03 documentation? Recommend providing pediatric education to stress the importance. **Matt Philbrick**: We do not know without soliciting feedback. There has been outreach to the agency leadership.
- **Matt Philbrick**: One of the things for discussion: Have we established an acceptable level of non-participation? Would this be something we should discuss? **Rachel Ford**: This has not been discussed. Do not feel that we have exhausted our options yet. Having a warmer approach, such as a phone call, could make a difference.
  ACTION: Rachel will call agencies and offer support.
- **Matt Philbrick**: Are there any of these agencies having a survey this year? **Rachel Ford**: Will reach out to Veronica Seymour to check on this.
  ACTION: Rachel will ask Veronica about agency survey schedule.
- **Jeffrey Dana**: Suggested that since the state requires statistical data sent in, we could make is part of the statistical data for agencies to send in. Reaching out to them to offer IT help and turn on the patient care part for input. Each of the data sets should be turned on in ImageTrend and then they

input the data. **Matt Philbrick**: Is there a chart completion rule? **Peter Geissert**: There is already a validation rule in place.

- **Dr. Christa Schulz**: Who do these agencies report to? **Amani Atallah**: All transporting agencies and EMS providers are licensed by the Oregon EMS & Trauma Systems Program. Non-transport agencies are not required to be licensed. **Jeffrey Dana**: There is a Physician Advisor for each agency. Those Physician Advisors have responsibilities set in Oregon Revised Statute and Oregon Administrative Rule.
  ACTION: Rachel will add Medical Directors to future email communication with agencies that have opportunities for improvement.
- **Dr. Christa Schulz**: When you sent follow-up to the agencies that increased their input. Did you send to all agencies or to only the individual ones? **Rachel Ford**: The letters include the individual agency data and the state average data.
- **Matt Philbrick**: Is there some sort of statewide recognition, awards, unit site award, or recognition that could be given to the agencies that do this well? **Rachel Ford**: Would like to look at what a Prehospital Pediatric Recognition Program would include and would like input from the Committee. **Amani Atallah**: Documented this suggestion and will share with Stella Raush-Scott. Another idea that is in the works is a public dashboard that looks at agency reporting compliance regarding reporting requirements. Perhaps we could look at the pediatric performance requirements as well. **Matt Philbrick**: Any recognition is important to the agency. Agencies use the letter to show their stakeholders, county updates, etc.
  ACTION: Amani will share idea with Stella and follow-up with Rachel.
  ACTION: Rachel will include NEMSQA performance measures in future Prehospital Pediatric Recognition Program.

Respiratory-01 - Matt Philbrick:
On April 26, Rachel Ford sent the Committee-approved Respiratory-01 letter to all EMS Medical Directors and Pediatric Emergency Care Coordinator contacts. Next steps include reviewing data post-letter, discussing additional outreach, and discussing Committee recommendations.

Respiratory-01 - Peter Geissert:
NEMSQA Respiratory-01 2022-23 pediatric patient documentation is below 90% goal. The last few months there has been some upward drift. Respiratory-01 numbers remain consistent with historical performance. Based on experience, it is expected for the June percentage to decline slightly as late ePCRs are submitted. Completeness is correlated with the length of time of return to service and submission of the ePCR.

- Goal: 90% of patients experiencing respiratory distress to have a documented respiratory assessment.
- Population: all EMS pediatric patient encounters with a primary or secondary impression indicating respiratory distress. Respiratory distress includes impression of Asthma, Dyspnea, Unspecified Orthopnea, shortness of breath, diagnosis of respiratory ailment, and complaint or condition commonly associated with dyspnea.
- Denominator: All EMS responses in the initial population for patients under 18 years of age.
- Numerator: EMS encounters for patients in the denominator for whom a SpO2 and respiratory rate was taken and documented during the EMS response.

Comments/Questions:

- **Jeffrey Dana**: What is the population for the graph? How many patients per year? **Peter Geissert**: May 2023=149; June=126; 140-160 seems to be the range.
- **Matt Philbrick**: With the patient population size, relatively small number of changes could make a great impact. Is there conversation or discussion on this? **Dr. Christa Schulz**: Would like to continue to monitor. **Jill Shipley**: Agree to continue to monitor and at the next quarter look at numbers and

then possibly do some outward teaching. Sometimes it is just a lack of understanding. If someone who has the passion can share education in-person, it can move the needle.
ACTION: Rachel will add Respiratory-01 to the agenda for next quarter.
ACTION: Peter or Data Team member will: 1) Share quarterly update of how the numbers have changed; 2) Identify agencies with greatest room for improvement and greatest volume to make a difference; 3) Determine what it looks like with Multnomah and Washington County agencies removed; and 4) Determine of the 15 agencies not improving, if they are also not documenting RESP-01.

EMSC Program | Rachel Ford

Pediatric Readiness Program

The April education session, *Laryngotracheitis: When is croup not "just" croup?* was presented by Dr. Peggy Kelley and the slides are available at www.pedsreadyprogram.org. The session was well attended, with **54 participants** from clinics, hospitals, EMS agencies, K12 schools, universities, and more.

Register for the August 17th 1200-1300 session,*10 Common Abuse Presentations in the Emergency Department*. CME for physicians and CE for nurses and other medical professionals is available for live and recorded sessions.

Check out the Pediatric Readiness Program website, www.pedsreadyprogram.org. There are archived education sessions as well as several continuing education options. The Shared Resources page is divided into categories: clinical pathways, equipment, job aids, point of care references, policies, and general resources/references. The Quality Improvement page has four (4) toolkits: general QI/PI, Pain and Sedation, Pediatric Readiness, and Weighing in Kilograms & Weight-Based Medication Dosing.

EMS Patient Care Equipment

Equipment was distributed to Agness Illahe Rural Fire Protection District, Blodgett Summit Fire Department, Fairview RFPD, Falls City Fire, Glendale Ambulance District, Pacific West Ambulance, Sheridan Fire District, Siletz Valley Fire District, Turner Fire District, Warm Springs Fire and Safety, and more. Equipment included tourniquets, EMS communication card sets, Pediatric Assessment sheets, and PEDIATAPES. Information about the available equipment has been added to the Pediatric Emergency Care Coordinator newsletters and the EMSC Program website.

Transport Safety

The National Association of State Emergency Medical Services Officials (NASEMSO) and the National Highway Traffic Safety Administration (NHTSA) Office of EMS have launched a new cooperative agreement project focusing on the safety of children during ambulance transport. The Office of EMS is funding this 15-month project as part of its ongoing commitment to support EMS system improvement. The project will focus on drafting crash test methodology to evaluate the safety of commercially available devices used to secure children in the back of an ambulance.
ACTION: Rachel Ford will send project link to the Committee via email.

NASEMSO

Rachel Ford was one of several Oregon EMS & Trauma Systems Program staff to attend the June 2023 NASEMSO Annual Meeting in Reno. A few highlights:

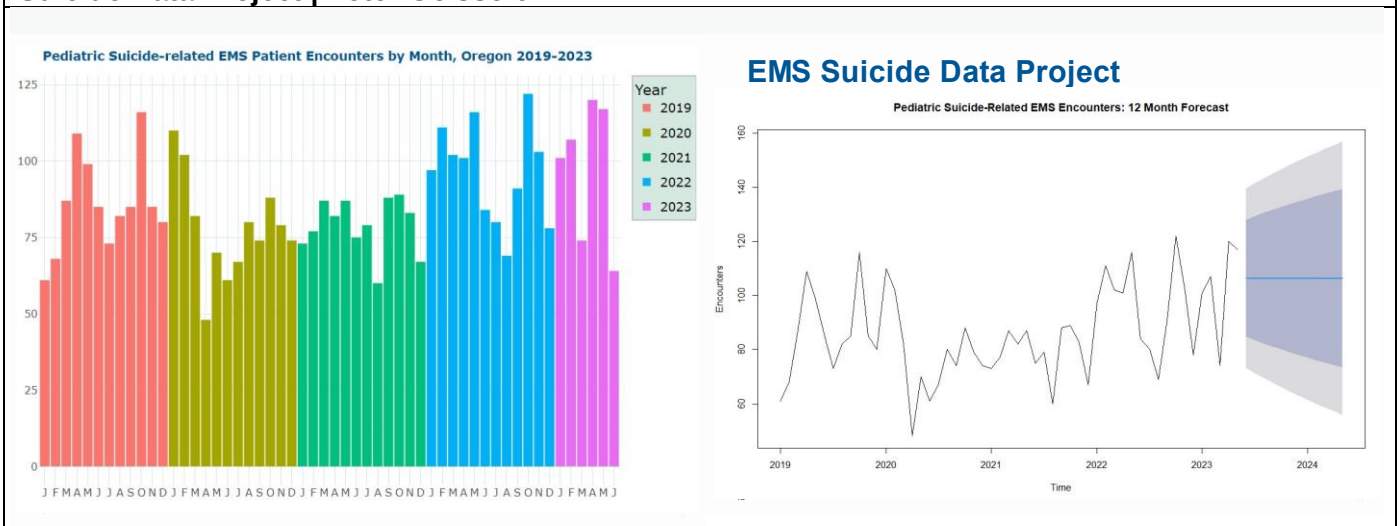
- American College of Emergency Physicians SimBox free online pediatric simulation
- National Fire Academy classes are open to all EMS professionals
- The Oregon recipient of the Administration for Strategic Preparedness and Response's Hospital Preparedness Program funding is the Health Security, Preparedness and Response Program. Rachel Ford will be connecting to form a more meaningful partnership. Preliminary ideas include

incentives for EMS and hospitals to complete National Pediatric Readiness Project assessments and designated staff attending EMSC Advisory Committee meetings.
- Nevada received almost $7 million from the Helmsley Charitable Trust to fund first responder AEDs. Helmsley does not accept unsolicited grant applications. Rachel will be connecting with Nevada to learn more about how they were selected to apply.
- The Council members shared many other project ideas that will be followed up on in the next few months.

Chairperson
During the January 2024 meeting, the Committee will be electing a new EMSC Advisory Committee Chairperson. The Committee needs persons to step up into this leadership role. Please contact Rachel Ford or Matt Philbrick if you are interested or would like to learn more.

Comments/Questions:
Matt Philbrick: Rachel is a pleasure to work with. This is a Committee that we can get work done that is meaningful.

Suicide Data Project | Peter Geissert



Initiated on behalf of the EMSC Advisory Committee with an interest in focusing on pediatric suicide. Objective to develop a working case definition for suicide-related calls that draws on Oregon EMS data and developed in collaboration with Injury & Violence Prevention Program. It was necessary to review records and code whether the record was related to a suicide attempt or suicidal ideation.

Assessing Performance
- Accuracy: Percentage of records correctly classified by the definition.
- Sensitivity: Percentage of true suicide-related records classified as suicide-related by the definition.
- Specificity: Percentage of non-suicide related records not classified as suicide-related by the definition.
- Positive Predictive Value: Percentage of records identified as suicide-related by the definition that are correctly classified.

The Sentence-wise Deterministic Model breaks up the narrative into sentences, searches each sentence for key words or combinations of keywords, aggregates back to the record level, and combines with codes. Of the models, it has the most promising accuracy, sensitivity, specificity, and positive predictive value.

Strengths: There is a lot of information in codes and narratives, and in combination they improve both sensitivity and specificity.

Weaknesses: Codes may indicate history or non-suicide self-harm. Narratives are complex and there is information contained in sentence structure. All models perform poorly distinguishing ideation from attempts.

Pediatric Suicide-Related EMS Encounters by Patient Age: Oregon, 2019-2023: Age 0-4=1.1%; Age 5-9=2.1%; Age 10-14=37.4%; Age 15-18=59.3%

Pediatric Suicide-Related Encounters by Patient Sex: Oregon, 2019-2023: Female=48.6%; Male=50.0%; Unknown=1.3%

Pediatric Suicide-Related Encounters by Patient Race/Ethnicity: Oregon, 2019-2023: American Indian or Alaska Native=0.9%; Asian=1.0%; Black or African American=3.8%; Hispanic or Latinx=4.4%; Native Hawaiian or Other Pacific Islander=0.5%; Not Recorded=28.7%; Other Race=2/7%; White=58.5%

Next Steps:

- Parsimonious sentence-wise random forest model
- Attempt to refine an attempt/ideation model
- Model method

Comments/Questions:

- **Matt Philbrick**: A comprehensive review and deep dive into such a difficult topic must weigh heavy on your soul. I want to express gratitude and thank you for doing this work. Thoughts on getting updates on this info, possibly in January. **Peter G**: Yes, would love to come back and see how the predictions match up to how the times unfold. Would like to do some planning before I answer this question when I can come back to this.
  ACTION: Peter will determine the date of next Suicide Data Project update.

State EMS and Trauma Systems Program | Dr. David Lehrfeld & Amani Atallah

Dr. Lehrfeld provided a legislative update:

- **HB 3126A Emergency Behavioral Services for Children**: Referred to House Behavioral Health and Health Care Committee with subsequent referral to Ways and Means. Public hearing held on 3/14/2023. Work session held on 3/29/2023. The -3 amendment was adopted, and the A-Engrossed bill was referred to the Joint Committee on Ways and Means by prior reference. Bill died in committee.
- **SB 495 Urgent Care Licensing**: Referred to Senate Health Care Committee. Bill died in committee.
- **SB857 EMS Compact (REPLICA)**: Referred to Senate Business and Labor Committee. Public hearing held on 2/16/2023. Bill died in committee.
- **SB 60 AAS Requirement for Paramedic**: Referred to Senate Health Care Committee. Public hearing held on 3/22/2023. Bill died in committee. The EMS & Trauma Systems Program has convened a Rule Advisory Committee to discuss Paramedic licensing as well as temporary licensure

for the spouse or domestic partner of military member stationed in Oregon and who is licensed as an EMS provider in another state.

- **HB 2395 Naloxone Omnibus**: The A-Engrossed bill passed the House on 3/6/2023: Ayes 48; Nays 9; Excused 3. The bill passed out of the Senate Health Care Committee with additional amendments and the B-Engrossed bill passed the Senate on 6/15/2023: Ayes 22; Absent 7; Excused 1. The House concurred with the B-Engrossed bill on 6/24/2023: Ayes 46; Nays 3; Excused 11. Awaiting Governor's signature. Effective upon passage.
- **HB 2757 Crisis Services System Funding**: B-Engrossed bill passed the House on 6/22/2023: Ayes 36; Nays 17; Excused 7. Passed the Senate on 6/25/2023: Ayes 19; Nays 6; Absent 5. Awaiting Governor's signature. Effective January 1, 2024.

Amani Atallah provided EMS provider license renewal numbers as of 7/11/2023: 180 AEMT, 4,387 EMT, 574 EMT-Intermediate, and 3,913 Paramedics.

Public Comments | Chairperson
None

Next meeting is October 12, 2023
Location: In Person - PSOB

Meeting Adjourned: 11:59am