2026 Quarter 1 Report

Published April 2026

Data timeline for this report: January 1 – March 31, 2026

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Manager's Update

As we begin 2026, the Oregon EMS Program continues to build on last year's momentum with a focus on statewide system improvements, collaboration, and strengthening emergency medical services across Oregon.

This quarter saw meaningful progress across multiple teams. The Professional Standards Unit maintained a steady workload, closing more investigations than were opened while emphasizing timely and appropriate resolution. Streamlined initial application pathways were established in anticipation of the 2026 renewal season, which opened April 1 and now includes Emergency Medical Responders in the statewide workforce survey.

Program-wide efforts also advanced key operational and system improvements. Work is underway to modernize Ambulance Service Plan rules through an ongoing Rules Advisory Committee, while a new ambulance service survey process is being implemented to improve consistency, efficiency, and data collection. Staff also remained engaged with partners across the state through conferences and committee work, supporting communication and alignment across the EMS system.

Overall, Q1 reflects a strong start to the year, with continued focus on thoughtful modernization and strengthening Oregon's EMS system.

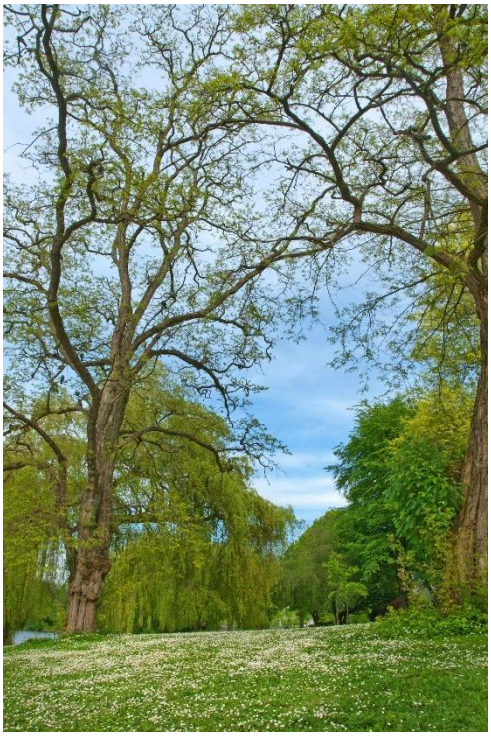
Sincerely,
Adam P Wagner, MSc Paramedic
Emergency Medical Services Program Manager

Professional Standards Unit (PSU)

Investigations opened: 47
Investigations closed: 55
Actions:

- No action taken: 25
- Letter of concern: 23
- Letter of reprimand: 2
- Stipulated surrender: 2
- Application denied: 2
- Closed inactive: 1

Investigations pending: 58
Licensees currently on probation: 7



PSU & Licensing Projects

The PSU/Licensing team built and launched four new initial EMS provider license applications in Quarter 1 2026. Previously, initial applicants for EMT, AEMT, Oregon-Intermediate, and Paramedic licenses used a single large application. Now, this has been broken into four separate applications by EMS provider level. This transition benefits end-users by simplifying the application process and mitigating initiation of incorrect applications. It will also assist OHA-EMS in processing applications and gathering data from each level.

The licensing team also spent Q1 preparing for the 2026 renewal season. Renewal for Emergency Medical Responders (EMRs), ambulance services, and ambulance vehicles opened April 1. This will be the first time EMRs participate in the workforce survey all other EMS providers answered during the 2025 renewal season. The EMRs will be asked a few new questions pertaining to supervising physicians.

Rebecca Long represented OHA-EMS at the Eastern Oregon EMS Conference in Pendleton, and Sarah Coley represented the office at the State of Jefferson EMS Conference in Ashland. Both answered licensing, continuing education, and other regulatory questions for attendees.

Justin Hardwick presented an investigation for the Licensure and Disciplinary Subcommittee's review at the quarterly meeting in February. The Subcommittee interviewed the subject and provided excellent insight.

EMS Provider Licensing

Initial:
Initial EMS provider licenses issued: 551

- Emergency Medical Responder (EMR): 76
- Emergency Medical Technician (EMT): 360
- Advanced Emergency Medical Technician (AEMT): 22
- Emergency Medical Technician – Intermediate (EMT-I): 0
- Paramedic: 82
- Transitional Paramedic: 11

Reinstatement:
Continuing education audits completed: 16
Reinstatement applications received:

- EMR: 0
- EMT: 15
- AEMT: 0
- EMT-I: 0
- Paramedic: 1

Licensees reinstated: 16

Reversions:
EMS providers may request to revert their license to a lower level (OAR 333-265-0090). OHA-EMS launched an improved process for reviewing and approving requests for reversion; the form is available in eLicense.

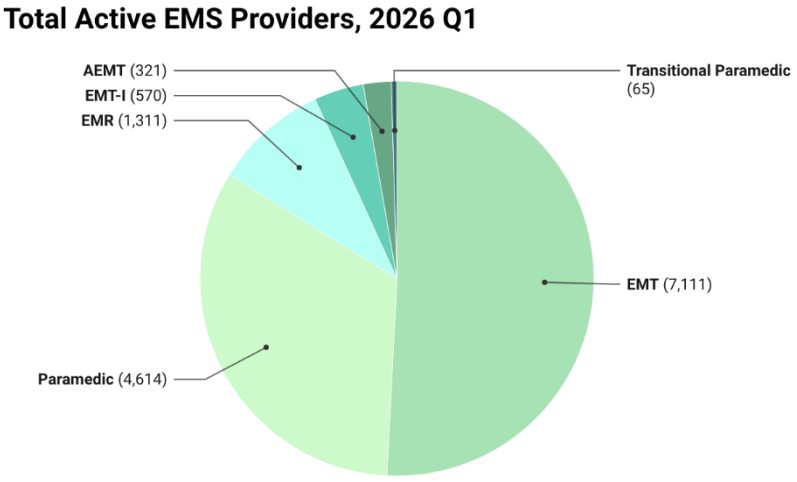
Reversions requested: 4

- Paramedic to EMT: 2
- Paramedic to EMT-Intermediate: 1
- EMT-Intermediate to EMT: 1

Reversions issued: 4

Total Active EMS Providers: 13,992

- EMR: 1,311
- EMT: 7,111
- AEMT: 321
- EMT-I: 570
- Paramedic: 4,614
- Transitional Paramedic: 65



Ambulance Service and Vehicle Licensing

New Ambulance Services:

- Initial service license applications received: 3
- Initial service licenses issued: 2

New Ambulance Vehicles:

- Initial vehicle license applications received: 27
- Initial vehicle licenses issued: 30
- Exception documents reviewed: 12

Total Active Service and Ambulance Vehicle Licenses:

- Service licenses: 137
- Vehicle licenses: 915

Ambulance Service Surveys

Initial ambulance service surveys conducted in Q1: 2
Routine ambulance service surveys conducted in Q1: 0
Routine ambulance service surveys planned for 2026: 30

New survey process is coming soon:
OHA-EMS is implementing a new format for ambulance service surveys. The process will enhance operational efficiency and improve the user experience. This initiative will use the ImageTrend License Management System to streamline workflows, increase consistency, and support more effective data collection. The new process will be introduced in Q3, with detailed guidance distributed in advance to each service scheduled for survey.

Rural Staffing:

- There are four licensed ambulance services currently utilizing the rural staffing rule, per OAR 333-255-0070 (4) and (5):
    - City of Dufur (3301)
    - East Umatilla County Ambulance Area Health District (3004)
    - Glendale Ambulance District (1007)
    - Sherman County (2801)

Waivers:

- There is one volunteer ambulance service approved to respond to an emergency scene without a full crew, per OAR 333-255-0070 (6):
    - City of Dufur (3301), exemption expires May 31, 2026

Medical Director Application Approvals

- **Kate Bayliss, MD (203867):** Camas Valley Volunteer Rural Fire District (1053), Canyonville South Umpqua Fire District (1026), Central Douglas Fire & Rescue (1062), City of Roseburg Fire Department (1013), City of Sutherlin (1041), Days Creek RFPD (1047), Douglas Forest Protective Association (3662), Fair Oaks RFPD (1017), Glendale Ambulance District (1007), Glendale RFPD (1055), Glide RFPD (1010), Lookingglass RFPD (1051), Milo Rural Fire Protection District (1049), Myrtle Creek Fire Department (1027), Riddle Fire Protection District (1028), Tenmile RFPD (1012), Tiller RFPD (1023), Tri-City RFPD (Doug) (1022), Umpqua Valley Ambulance (3638)
- **Sergio Camba, MD (219319)**: Evergreen Ambulance (2682), Cannon Beach RFPD (0405), City of Seaside (0403), Lewis & Clark RFPD (0417), Olney-Walluski Fire District (0422), Warrenton Fire Department (0418), Agent of MD for Jonathan Jui MD (10722): Multnomah County EMS (2631)
- **Marc Houston, DO (25184):** ComTrans (0346)
- **Nicole Kelly MD, (162528)** Agent of MD for William Reed MD (23708): City of Bend Fire & Rescue (0901)
- **John Mark Maddox, MD** (24744): Deschutes County Sheriff SWAT Team (0925)
- **Hallie Meador, MD (219342)**: Silverton Fire District (2407), Mt. Angel Fire District (2429), Drakes Crossing RFPD (2434), Hubbard RFPD (2430)
- **Petter Overton-Harris, DO (214916)** Agent of MD for Jonathan Jui MD (10722): Multnomah County EMS (2631)
- **Christoffer Poulsen, DO (28664):** Swisshome/Deadwood RFPD (2043), City of Myrtle Point (0602)
- **Michael Shertz, MD (21695)**: Nike EP (3434)
- **Christina Wilson, MD (224639)**: City of Coquille dba Coquille Valley Ambulance (0604)

Ambulance Service Plan (ASP) Review

In accordance with OAR 333-260-0020 (7), the OHA EMS Program reviews county ambulance service plans for compliance with state regulations at least once every five years. The EMS Program is working with counties to ensure all ASPs have been evaluated as compliant with state rules within the past five years.

OHA-EMS staff have drafted amendments to the 333-260 County Ambulance Service Area Plans rule set and prepared for a Rules Advisory Committee, set to convene in April. See the Administrative Rule section of this report for additional details.

OHA-EMS Ambulance Service Plan Webpage

ASP Current Status as of Q1 2026:

Under review	Recently reviewed, awaiting resubmission	Outdated	Approved
Polk	Benton	Clatsop	Baker
Yamhill	Deschutes	Coos	Clackamas
	Douglas	Curry	Columbia
	Harney	Grant	Crook
	Hood River	Union	Gilliam
	Jackson	Wheeler	Josephine
	Jefferson		Lincoln
	Klamath		Linn
	Lake		Marion
	Lane		Morrow
	Malheur		Sherman
	Multnomah		Wallowa
	Tillamook		Washington
	Umatilla		
	Wasco		

Education

Course Activities:

Total EMR provider courses approved in Q1 2026: 16

Course approvals for the 2025-2026 academic year:

- EMT: 60
- AEMT: 9 (an additional course is pending)
- EMT-I: 3
- Paramedic: 11

Committee Information

Our next quarterly committee meetings will be held May 4-8, 2026:

- Monday, May 4, 0900-1100: Cardiac Subcommittee
- Monday, May 4, 1300-1500: Stroke Subcommittee
- Tuesday, May 5, 0900-1200: Trauma Subcommittee
- Wednesday, May 6, 0900-1200: EMS Advisory Committee
- Thursday, May 7, 0900-1200: EMS for Children Advisory Committee
- Friday, May 8, 0900-1230: EMS Advisory Board

All meetings will be virtual. To receive notices of upcoming meetings, please submit your contact information through the interest form.

For questions about joining the committees or attending meetings, please email ems.program@odhsoha.oregon.gov.

Oregon Emergency Medical Services for Children (EMSC)

Pediatric EMS Patient Care Training Equipment: In Q1, Oregon EMSC distributed EMS patient care training equipment to 14 rural and remote EMS transport agencies and one rural community college. The distribution included equipment for immobilization, cardiac, respiratory, and airway management, pediatric kits and manikins, syringes and needles, bandages and dressings, intubation simulators, suction, OB kits, and much more! This is one step toward meeting the training and initial education needs of Oregon's rural and remote transport agencies and community colleges.

National Pediatric Readiness Project (NPRP) Assessment: As of March 31, 2026, 25 of Oregon's 58 emergency departments completed the 2026 NPRP assessment. A 43% participation rate is good, but we still have some work to do.

Pediatric Readiness Program:

Register today! *Pediatric Accidental and Intentional Foreign Body Ingestion* education session will be presented on May 21 1200-1300 by Lauren Conn, Christina Low Kapalu, Ariel Porto, and Monica Saladik. The session will offer CME for physicians and CE for nurses and other medical professionals.

PRP
PEDIATRIC READINESS PROGRAM
SERVING OREGON & SW WASHINGTON

Session highlight: February 2026, *How to Manage Child Sexual Abuse in the ED* presented by Dr. Thomas Valvano, **Video Recording** and **Slides**. Check out the other archived sessions on the Education page, **www.pedsreadyprogram.org**.

Peds Ready EMS: Be one of the first 20 EMS transport agencies to become recognized by the Peds Ready EMS program! Peds Ready EMS sets the standard for EMS transport agency pediatric readiness. Completing the steps necessary to participate in Peds Ready EMS will improve agency readiness to treat pediatric emergency medical and trauma patients. This is a voluntary recognition program, and there is no fee to participate. Six agencies have been recognized: Sherman County Ambulance, Polk County Fire District No. 1, Mercy Flights Inc., Redmond Fire and Rescue, North Lincoln Fire & Rescue, and Western Lane Fire and EMS Authority. **Apply today!** For more information, check out the **Application Guide** and **Frequently Asked Questions**.

Trauma Program

In Q1 of 2026, the trauma program completed four full trauma surveys:

- St. Alphonsus Medical Center - Ontario
- Mercy Medical Center
- Coquille Valley Hospital
- McKenzie Willamette Medical Center

The trauma program completed 24 surveys in 2025: 17 full, 3 focused, 3 American College of Surgeons (ACS), 1 initial.

We have been updating the trauma survey documents, including developing a new Pre-Review Questionnaire to reflect the changes to Exhibit 4 effective October 1, 2025. We are also changing our reports to more closely mirror the ACS process. We plan to announce the details of these changes to our Area Trauma Advisory Board and Trauma Nurse Coordinator partners at upcoming meetings.

Exhibit 4 Tag 5.10 is a new requirement for the Patient Care: Expectations and Protocols standard: “In all trauma centers, each emergency department must perform a pediatric readiness assessment during the verification cycle and have a plan to address identified gaps.” The 2026 National Pediatric Readiness Project (NPRP) assessment is open through May 31, 2026. All Oregon emergency department nurse and physician pediatric champions have been asked to complete and submit the NPRP assessment. Once completed, trauma programs will use the NPRP assessment gap report and create a plan to address gaps and improve pediatric readiness. The gap report and plan are the measures of compliance for Exhibit 4 Tag 5.10.

Cardiac Arrest Registry to Enhance Survival (CARES)

We are pleased to announce the completion of the 2025 CARES data year with full Oregon prehospital participation in the CARES program. The auto-upload feature from the Oregon EMS Information System (OR-EMSIS) to CARES is fully functional to support agencies with streamlined data submission. Oregon is preparing for the annual data extraction. Agencies and hospitals will receive their reports from mid-April through May.

For questions, please contact Stella Rausch-Scott, Oregon CARES Coordinator, at stella.m.rausch-scott@oha.oregon.gov.

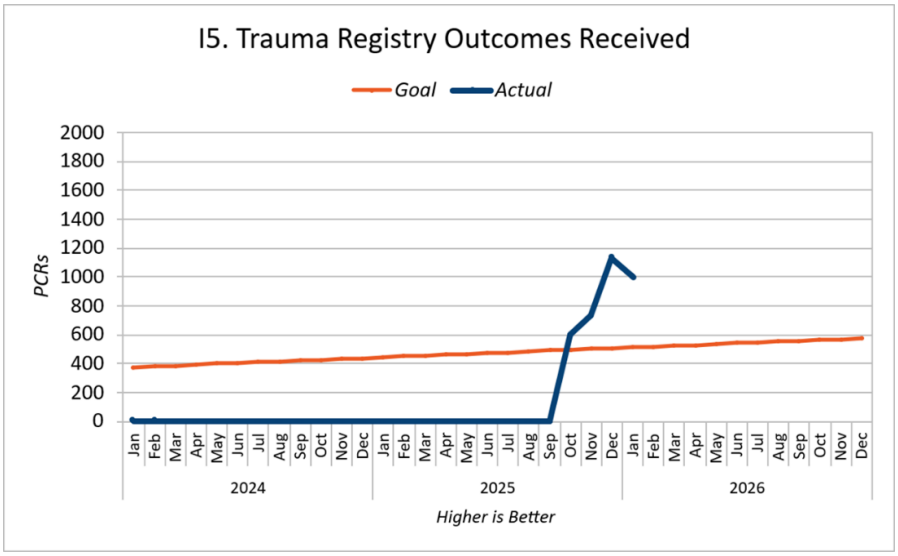
EMS Program Data Team

National Association of State EMS Officials (NASEMSO) Data Managers Council (DMC) Update

A major focus of the NASEMSO DMC in 2025-2026 has been the development of resources for states and agencies around documentation of blood product administration in the field. Blood product administration in the field is a major priority for the National Highway Traffic Safety Administration (NHTSA). Researchers have estimated that nationally, 43% of traffic accident fatalities between 2019 and 2023 were alive at the time of EMS arrival (NHTSA, 2025). Developing capacity for blood transfusion in the field will reduce the burden of traffic fatalities, as well as other types of injuries. This collaborative work has resulted in a guidance document, "Blood Product Administration Documentation: Best Practice Guidance," and a set of published National Custom Data Elements including Unit Number, Donor Type, Rh Factor, and Blood Facility ID Number. The national custom elements have been implemented by ImageTrend, and will be added to the Oregon State Data Set with our spring update. Look for these elements to be available in OR-EMSIS in June. They will be added to the State EMS forms. If your agency uses a third-party electronic patient care report (ePCR) platform, you can contact your vendor to ask whether they have incorporated these new data elements. If your agency uses a custom form, you will need to update your custom form to include the new elements.

In 2025-26, another major focus for the DMC was the creation of a guidance document for EMS agencies making decisions about use of ePCR software that incorporates some form of Artificial Intelligence. Through discussion with DMC members and soliciting advice from national experts, we developed a guidance document, "Artificial Intelligence Use In EMS." This document is informational, not prescriptive, and provides considerations for using AI-enabled ePCR software in order to maintain compliance with federal privacy laws and safeguard patient confidentiality.

In 2026-27, the DMC will be shifting focus to interoperability and increasing completeness for the National EMS Information System (NEMSIS) eOutcomes data elements through integration. In 2025-26, we began to see an increase in outcomes data in OR-EMSIS as part of the implementation of the new Oregon Trauma Registry.



Nationally, other states are looking at our success. However, we know that trauma records are only a small proportion of total EMS transports. Our longer-term goal is widespread integration to provide agencies with outcomes data for reporting and quality improvement activities.

Oregon Trauma Registry Migration
The 2025 legacy trauma registry data has been fully migrated to the new platform. Data from 2017-2024 has been extracted and transferred to the vendor for import.
The data team is nearing completion of the metadata repository to support the OTR system, including the State Trauma Data Dictionary. The finalized data dictionary will be published in Q2 2026.

Data Quality Monitoring Project
In early 2026, the Data Team continued to focus on improving data quality and ensuring that all ePCRs created by EMS agencies are successfully received by OR-EMSIS and transmitted to NEMSIS. This involves extensive outreach, troubleshooting, and resource development to support agencies in meeting reporting requirements. Q1 work included:

- *Identifying and Resolving Missing Records*:
  - Distributed a statewide survey to validate 2025 ePCR numbers, with 166 Oregon EMS agencies responding.
  - Supported agencies in correcting errors such as unfinished records, failed exports, and incomplete fields to improve data quality for over 13,000 records.
- *Developing Resources*
  - Finalizing the structure of a web-based guidance hub to host materials on data quality improvement and best practices.
  - Improving accessibility features for guidance documents and dashboards.

Data Quality Metrics Dashboard
This dashboard will allow EMS agencies to monitor and track their own data submission, timeliness and completeness metrics. Deployment to agencies will first be done as a pilot before statewide rollout.

- The Data Completeness tab within the Data Quality Dashboard is nearing deployment. A percent completeness metric is calculated for all 2025 records at the statewide and agency levels for all “Mandatory” and “Required” NEMSIS data elements in the Oregon State Dataset.
- Filter expressions have been crafted to make the denominator for the completeness metric specific and appropriate to each data element.

Dashboard Accessibility
OHA is implementing new standards for accessibility of web-based resources. The EMS Data Team is developing a standardized template for our dashboards, which is being designed with accessibility as a core priority. Accessibility guidelines are being closely reviewed to ensure the dashboards meet standards and are usable by all audiences.

Reports

- The 2025 Oregon Trauma Registry Biennial report is under review. We appreciate everyone’s patience with the delayed release. The report is expected to be publicly available within the next month.
- Updates to both the EMS and EMSC data dashboards are underway. This update will include interactivity that allows the user to look back in time and generate visualizations.

Research and Partnerships
In Q1 2026, the EMS Program Data Team fulfilled one research request for a team at OHSU studying pediatric time-sensitive emergencies.

Data Integration Projects

- The Overdose Detection Mapping Application Program (ODMAP) integration project is entering final stages.
- The License Management System to Elite sync project is ongoing and estimated to be completed in Q3 2026. Currently, 93% of non-transporting agencies and 96% of transporting agencies have been synchronized between the systems.

Legislative Update and Oregon Administrative Rules

Legislative Update

- The Legislative 'Short' Session convened on February 2, 2026, and ended on March 6, 2026. A summary of legislation tracked by the EMS Program (bills that impacted the EMS community) is attached.

Helpful links and information relating to the Oregon Legislature:

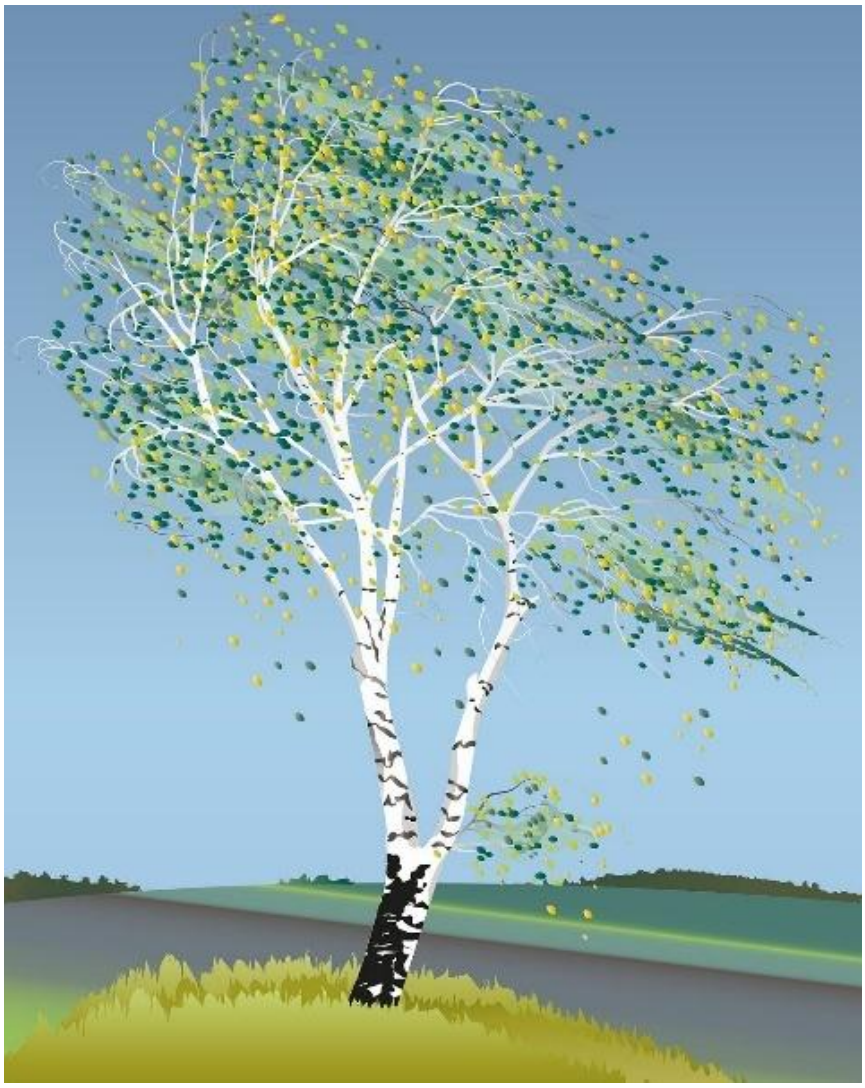
- **Oregon Legislative Information System (OLIS)**: https://www.oregonlegislature.gov (Select the right-hand button labeled OLIS to access current and previous session bills)
- **View legislative public hearings** (scheduled or archived): https://www.oregonlegislature.gov/citizen_engagement/Pages/Legislative-Video.aspx
- **How Ideas Become Law**: https://www.oregonlegislature.gov/citizen_engagement/Pages/How-an-Idea-Becomes-Law.aspx
- **Sign up to receive electronic mail updates** on legislative news and other information through Capitol e-Subscribe: https://www.oregonlegislature.gov/citizen_engagement/Pages/e-Subscribe.aspx
- **Find Your Legislator**: https://geo.maps.arcgis.com/apps/instant/lookup/index.html?appid=fd070b56c975456ea2a25f7e3f4289d1

Oregon Administrative Rules (OAR)

Information on current and past rulemaking activity can be found on the EMS Rules and Statutes web page.

- Oregon Administrative Rule (OAR) 333-265-0029 was permanently adopted on January 7, 2026. This new administrative rule allows individuals to petition the EMS Program before beginning an education or training program for a determination on whether their criminal history may prevent them from obtaining a license. Individuals may access the petition request through eLicense. The fee for a determination is $50.
- Changes to OAR 333-250 and 255 relating to ambulance service and ambulance vehicle licensing were filed in September 2025 and took effect January 1, 2026. The amendments improve the accuracy, structure and clarity of the rules; align language with current processes and simplify certain procedures; clarify licensing requirements; address concerns about ambulance service agencies responding to calls in accordance with approved ambulance service plans; strengthen enforcement related to violations of ambulance service vehicle regulations; resolve confusion regarding ambulance vehicle construction standards; and ensure that ambulance vehicles are properly cleaned, decontaminated, or disinfected to meet federal standards. An information sheet summarizing the changes to each rule is available on the Rules and Statutes webpage under Rulemaking Activity, Recently Filed New and Amended Rules.
- The EMS Program has convened the Ambulance Service Plan Rulemaking Advisory Committee (RAC) to review proposed changes to OAR 333-260. Information about scheduled meetings is posted on the EMS Rules and Statutes webpage under Rulemaking Activity, Rulemaking Advisory Committees in Progress including RAC meeting notes. The first meeting of the RAC was held on April 7, 2026, with subsequent meetings scheduled for May 12, 2026, and June 2, 2026.
- The EMS Program will be seeking individuals to serve on the Organ Transport Vehicle Licensing RAC. This RAC will review and provide input on proposed rules to establish a licensing process for organ transport vehicles operated by, or contracted through, an organ procurement organization, due to the passage of SB 1161 in 2025. Additional information regarding the RAC application process will be distributed via electronic mail.

Interested in Serving on a Rulemaking Advisory Committee (RAC)? Complete the EMS RAC Interest Application Form. Applications will be saved and applicants contacted when future RACs are convened. RACs allow members of the public and communities who are affected by administrative rules relating to EMS regulatory functions to provide input. For more information, please visit the EMS Rules and Statutes webpage, under Rulemaking Activity, 'General Interest in Participating in Rulemaking Advisory Committees.'



Notes:
Stock images throughout this report are from open-source platforms Pexels and Pixabay.
Data visualizations were created using Datawrapper and Microsoft Excel.
One EMS Program staff member used an artificial intelligence tool (Microsoft Copilot) to check their section for grammar and clarity before submission. The report as a whole is extensively edited by our team prior to public distribution.

Health Care Regulation and Quality Improvement
EMS Program
2026 Legislative Tracking

Bill #	Priority	Bill Summary
HB 4047	1	Rural Emergency Hospital License
Requires the Oregon Health Authority (OHA) to adopt administrative rules and licensing process to allow hospitals to apply for a license as a Rural Emergency Hospital pursuant to federal regulation, 42 USC 1395x. **Referred to House Committee on Health Care with a subsequent referral to Ways and Means. Public hearing held on 2/5/2026. Work session scheduled for 2/12/2026. Assigned to Ways and Means Subcommittee on Human Services. Work session held on 2/23/2026. Returned to Full Committee on Human Services. Work session held on 2/25/2026. The introduced bill passed the House on 2/27/2026 and the Senate on 3/4/2026. The Governor signed the bill on 3/31/2026. The bill is effective 6/5/2026.**		
HB 4053	1	EMS Modernization Fixes
Modifies provisions relating to EMS Modernization (HB 4081) passed in 2024 including extending operative dates, retaining the name of the current EMS for Children Advisory Committee, clarifying the OHA is responsible for adopting rules relating to educational requirements, changing the Long-Term Care and Senior Care EMS Advisory Committee to a subcommittee. **Referred to House Committee on Health Care with a subsequent referral to Ways and Means. Public hearing held on 2/10/2026 and work session held on 2/12/2026. The -2 amendment was adopted and the referral to Ways and Means was rescinded. The A-Engrossed bill passed the House on 2/18/2026. Referred to Senate Committee on Health Care. Public hearing held on 2/23/2026 and work session held on 2/25/2026. The A-Engrossed bill passed the Senate on 3/2/2026. The Governor signed the bill on 3/31/2026. The bill is effective 6/5/2026 with several amendments becoming operative on 1/1/2027 and extending other operative dates to 1/1/2029.**		
SB 1531	1	Feasibility Study for Emergency Medical Services
Requires the OHA to study the feasibility of funding emergency medical services through a universal health care model. **Referred to Senate Committee on Health Care. In committee upon adjournment. Bill died in committee.**		
SB 1570	1	Immigration Enforcement Authorities in Hospitals
Requires hospitals to have policies and procedures in place that address how the hospital will respond if a law enforcement authority arrives at the hospital and to designate which areas of the hospital are not open to the public. **Referred to Senate Committee on Health Care. Public hearings held on 2/4/2026 and 2/9/2026. Work session held on 2/16/2026. The -5 amendment replacing 'federal immigration authority' with 'law enforcement authority' was adopted. The A-Engrossed bill passed the Senate on 2/24/2026. Referred to House Committee on Rules. Public hearing and work session held on 2/26/2026. The A-Engrossed bill**		

passed the House on 3/2/2026 and the Senate on 3/4/2026. The Governor signed the bill on 3/31/2026. The bill is effective 6/5/2026.		
HB 5203	2	Ratifies the Fee for Criminal Background Check Predetermination
Ratifies fees that were approved by the Department of Administrative Services including the fees for the petition for a determination on whether a criminal background check may result in a denial for a license or certification. **Referred to Ways and Means Subcommittee on Capital Construction. Public hearing and work session held in the Subcommittee on 3/3/2026 and Full Committee recommended passage on 3/4/2026. The introduced bill passed the House and Senate on 3/6/2026. The Governor signed the bill on 4/7/2026. The bill is effective 4/7/2026.**		
SB 1595	2	Culturally Responsive Training
Extends the time frame when licensing boards and agencies must comply with posting guidance on webpages for internationally educated individuals and when agency staff must receive culturally responsive training. **Referred to Senate Committee on Rules. Public hearing held on 2/18/2026 and work session held on 2/23/2026. The introduced bill passed the Senate on 2/25/2026. Referred to House Committee on Rules. Public hearing held on 2/27/2026 and work session held on 3/3/2026. The introduced bill passed the House on 3/5/2026. The Governor signed the bill on 3/31/2026. The bill is effective 3/31/2026.**		
HB 4107	3	Urgent Care Center Requirements
Requires urgent care centers to make certain information publicly available, adhere to specific service standards, and provide patient records to an emergency department; prohibits the use of terms urgent or urgent care unless a business meets certain standards, and prohibits an urgent care center from presenting itself as a hospital emergency department. **Referred to House Committee on Health Care. Public hearing held on 02/5/2026 and work session held on 2/12/2026. The -3 amendment clarifying definitions was adopted. The A-Engrossed bill passed the House on 2/18/2026. Referred to Senate Committee on Health Care. Public hearing held on 2/23/2026 and work session held on 2/25/2026. The A-Engrossed bill passed the Senate on 3/3/2026. The Governor signed the bill on 3/31/2026. The bill is effective 1/1/2027.**		
HB 4115	3	Background Check Requirements
Modifies or imposes new requirements related to the use and applicability of criminal records checks for specified caregivers and behavioral health providers. **Referred to House Behavioral Health Committee with subsequent referral to Ways and Means. Public hearing held on 2/3/2026 and work session held on 2/12/2026. The -3 amendment providing exceptions for residential facilities and adding language relating to the reimbursement of behavioral health providers was adopted and the A-Engrossed bill assigned to Ways and Means Subcommittee on Human Services. Work session held on 2/23/2026. Returned to Full Committee and work session held on 2/25/2026. The A-Engrossed bill passed the House on 2/27/2026 and the Senate on 3/4/2026. The Governor signed the bill on 3/31/2026. The bill is effective 6/5/2026.**		
SB 1504	3	Treatment for Allergic Response
Allows students or school staff to administer pre-measured doses of epinephrine via autoinjector, nasal spray, or other method. Passage of this bill will require changes to administrative rules for the treatment of severe allergic reaction and the training protocol. **Referred to Senate Committee on Health Care. Public hearing and work session held on 2/9/2026. The introduced bill passed the Senate on 2/12/2026. Referred to**		

House Committee on Health Care. Public hearing held on 2/19/2026 and work session held on 2/24/2026. The introduced bill passed the House on 2/26/2026. The Governor signed the bill on 3/5/2026. The bill is effective 1/1/2027.		
HB 4156	4	GEMT Medicaid Reimbursement
The measure modifies language in existing statute related to the emergency services intergovernmental transfer program. It permits the use of General Fund dollars to certify a program expenditure and replaces the term "intergovernmental transfer program" with "funding mechanism." **Referred to House Health Care Committee with subsequent referral to Ways and Means. Public hearing held on 2/5/2026 and work session held on 2/12/2026. The -2 amendment restoring deleted text referencing return of funds was adopted and the referral to Ways and Means was rescinded. The A-Engrossed bill passed the House on 2/20/2026. Referred to Senate Committee on Rules. Public hearing and work session were held on 2/25/2026. The A-Engrossed bill passed the Senate on 3/3/2026. The Governor signed the bill on 3/31/2026. The bill is effective 3/31/2026.**		
HB 4160	5	Cardiac Emergency Planning in Schools
Directs schools to have a cardiac emergency response plan as part of the procedures for responding to medical emergencies. Prescribes requirements of a cardiac emergency response plan including requirements related to automated external defibrillators. **Referred to House Committee on Education. Public hearing held on 2/11/2026 and a work session held on 2/16/2026. The -1 amendment changing the operative date was adopted. The A-Engrossed bill passed the House on 2/19/2026. Referred to Senate Committee on Education. Public hearing held on 2/24/2026 and work session held on 2/26/2026. The A-Engrossed bill passed the Senate on 3/3/2026. The Governor signed the bill on 3/31/2026. The bill is effective 7/1/2027.**		
HB 4121	6	Emergency Management Coordination
Creates statewide emergency preparedness offices and authorities to coordinate emergency management. Authorizes bonding for public safety projects. Requires state agencies to designate liaisons for emergency management. Imposes duties on the Oregon Department of Emergency Management related to management of emergency preparedness assets. Modifies the definitions of and grant requirements for Resilience Hubs and Resilience Networks. Authorizes certain training facilities to host overnight training activities. Authorizes the Oregon Department of Emergency Management to obtain fingerprints of employees or contractors. Authorizes counties to waive certain civil penalties related to food service facilities during emergencies. Requires the Department of the State Fire Marshal to study health coverage for firefighters. Requires legislative committees to identify a revenue source for certain public safety programs. **Referred to House Emergency Management and Veterans Committee with subsequent referral to Ways and Means. Public hearings held on 2/5/2026 and 2/10/2026 and work session held on 2/12/2026. The -2 amendment establishing the office of the Oregon Statewide Preparedness Authority for Response Training and Intergovernmental Continuity of Imperative Services (SPARTICIS) was adopted. The A-Engrossed bill was assigned to Ways and Means Subcommittee on Capital Construction. Work session held on 3/3/2026 and the -A3 amendment adopted removing portions of the introduced bill. The B-Engrossed bill passed the House on 3/5/2026 and Senate on 3/6/2026. The Governor signed the bill on 4/7/2026. The bill is effective 1/1/2027.**		