



**Informational & Talking Points Relating To:
Oregon EMS & Trauma Program Changes
January 2012**

- Stability within the EMS & Trauma System program is essential to adequately address fragmentation, coordination, accountability, and planning issues identified by the National Highway Traffic Safety Administration; American College of Emergency Physicians; Institutes of Medicine; and etc.
- The level of engagement in recent years on the part of EMS & Trauma Systems program has improved the outlook for change. However, a change in leadership during times of uncertainty only serves to chill forward progress and further destabilize the EMS & Trauma Systems program.
- The inability to retain leadership within the EMS & Trauma Systems program underscores long standing concerns among Oregon's Fire Service relating to trust, stability, and credibility of the Oregon Health Authority.
- The position of EMS & Trauma System program director was permanently filled for approximately 14 of the last 22 years. EMS & Trauma Systems program staff or the Administrator of the OCHHP served in this capacity for the remaining 7 years. The rate of transition in program leadership exacerbates concerns of stability, credibility, and confidence.
- Oregon's Fire Service remains supportive and desires significant transformation of the EMS & Trauma Systems program. However, past and present Oregon Health Authority action creates barriers for effective consensus building.
- Oregon's EMS Community supported modest and incremental fee increases to address ongoing funding issues relating to EMS & Trauma Systems program.
 - Increases will yield an additional \$89,860 in 2013 followed by another \$115,185 in 2015 (total \$205,045).
 - Substantial fiscal resources for EMS & Trauma program are comprised of provider, agency, and vehicle licensing fees.
 - Coupled with dedicated funds from Medical Marijuana funding for EMS & Trauma program was intended to remain intact.
- Alterations in sources of funding significantly reduce reliance on State General Fund dollars. Yet, actions on the part of Oregon Health Authority do not adequately embody legislative direction or the investment by providers.
- Oregon's Fire Service finds it difficult to support additional investment at the State level given the limited and/or reduced level of return on that investment.
- Removal of mid-level leadership and technical expertise generates questions around span of control and commitment to ongoing engagement with EMS & Trauma Systems stakeholders.