



# HEALTH CARE REGULATION AND QUALITY IMPROVEMENT

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[www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi) Email: [mellony.c.bernal@oha.oregon.gov](mailto:mellony.c.bernal@oha.oregon.gov)

## APPLICATION TO SERVE ON RULES ADVISORY COMMITTEE (RAC)

**Facility/Provider Type** (see bottom of form for a list of regulated facility & provider types by HCRQI):

**Applicant Name:**

**Address:**

**City:**

**State:**

**Zip:**

All correspondence relating to the RAC will be completed by email unless specific accommodations are necessary. RAC meetings will be held by Zoom or Microsoft Teams. When listing your phone and email contact information below, please provide the phone and email address you will likely be using to log into a virtual meeting if you are selected to serve as a RAC member.

**Phone:**  Cell  Other

**Business Phone:**

**Email:**

**Business or Organization Name** (if applicable):

**Your Title** (if applicable):

**Who referred you to serve?** (If no one, please put N/A):

**What perspective do you represent** (for example: provider, special interest, administrator/owner of facility, underrepresented community, etc.) ?

**Why are you interested in participating in the Rules Advisory Committee process for the facility/provider type you noted above?**

**The Health Care Regulations and Quality Improvement section must identify and consider the interests of communities and persons likely to be affected by the rules. Please mark any boxes below that you represent.**

|   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native communities<br><input type="checkbox"/> LGBTQIA2S+ communities<br>Specify:<br>_____<br><br><input type="checkbox"/> Communities of people with lower incomes<br><input type="checkbox"/> People of color communities<br>Racial or ethnic identity:<br>_____<br><br><input type="checkbox"/> Communities of persons with a disability<br><input type="checkbox"/> Older adult (aged ≥65 years) communities<br><input type="checkbox"/> Veteran communities<br><input type="checkbox"/> Other: (specify): _____ | <input type="checkbox"/> Consumer of services<br><input type="checkbox"/> Coordinated Care Organization (CCO)<br><input type="checkbox"/> Healthcare professional<br><input type="checkbox"/> Liability and malpractice Insurance<br><input type="checkbox"/> Private insurance industry<br><input type="checkbox"/> Professional organizations (i.e., associations, societies, trade groups)<br><br><input type="checkbox"/> Small business (i.e., facilities with 50 or fewer employees) |
|---|--|

Please send this completed form by email to: Mellony Bernal at [mellony.c.bernal@oha.oregon.gov](mailto:mellony.c.bernal@oha.oregon.gov), or by FAX to 971-673-0556. For questions about serving or additional information about the RAC, please email Mellony at [mellony.c.bernal@oha.oregon.gov](mailto:mellony.c.bernal@oha.oregon.gov).

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**FACILITY and PROVIDER TYPES REGULATED BY**  
**HEALTH CARE REGULATION AND QUALITY IMPROVEMENT**

The following is a list of administrative rules pertaining to the regulatory and licensing functions of programs within HCRQI. If interested in serving on a future rulemaking advisory committee, please identify one or more topics below and specify in the above form. Administrative rules are accessible on the HCRQI web page at: [www.healthoregon.org/hflc](http://www.healthoregon.org/hflc) or [www.healthoregon.org/emrules](http://www.healthoregon.org/emrules).

**Emergency Medical Services and Trauma Systems** - The EMS/TS program ensures the effectiveness and coordination of the state’s emergency medical response system for illness and injury and regulates systems that provide emergency care to people who experience a sudden illness or traumatic injury. The program licenses EMS providers, ambulance service agencies, ambulance service vehicles and designates and categorizes trauma system hospitals in Oregon.

- Ambulance Service Agencies (OAR 333-250)
- Ambulance Service Areas (OAR 333-260)
- Ambulance Service Vehicles (OAR 333-255)
- EMS Educational and Non-educational Institution Requirements (OAR 333-265)
- EMS Provider Licensure (OAR 333-265)
- Trauma System Hospital Designations (OAR 333-200)
- Trauma System Hospital Designation in Trauma Area 1 (OAR 333-205)
- Training on Lifesaving Treatments (Adrenal insufficiency, allergic response, and hypoglycemia) (333-055)

**Health Facility Licensing and Certification** – The HFLC ensures safe and high-quality care through assessment, education and regulation for non- long-term care and community-based settings and providers. The program licenses and certifies the following health care facilities and providers in order to ensure that services provided are safe, equitable and comply with state and federal regulatory standards:

- Ambulatory Surgery Centers (OAR 333-076)
- Caregiver Registries (OAR 333-540)
- Certificate of Need (OAR 333-545 through 670)
- Extended Stay Centers (OAR 333-076)
- Freestanding Birthing Centers (OAR 333-076)
- Health Care Practitioner Referral (333-072)
- Hemodialysis Technician Certification (OAR 333-275)
- Home Health Agencies (OAR 333-027)
- Hospice programs (OAR 333-035)
- Hospitals (OAR 333-500 through 535)
- In-Home Care Agencies (333-536)
- Non-transplant Anatomical Research Recovery Organizations (333-081)
- Outpatient Renal Dialysis Facilities (333-700)
- Physician Orders for Life Sustaining Treatments (333-270)
- Project Plans and Construction Review for Health Care Facilities, Residential Care and Assisted Living Facilities (333-675)
- Special Inpatient Care Facilities (333-071)
- Tissue Bank Registries (333-080)