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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 847
OREGON MEDICAL BOARD

FILED: 10/05/2026 1:53 PM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Allowing Emergency Medical Responders to obtain a capillary blood specimen for blood glucose monitoring.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/23/2026 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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Filed By:
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NEED FOR THE RULE(S):

The proposed rulemaking is needed to allow Emergency Medical Responders (EMRs) to obtain a capillary blood specimen for blood glucose monitoring. Current rule allows EMRs to administer oral glucose but provides no objective means of confirming hypoglycemia; a measured blood glucose value would better support clinical decision-making. The EMS Advisory Committee addressed safety concerns about lancet use, noting that modern lancet devices incorporate safety features and are mechanistically comparable to epinephrine auto-injectors, which EMRs are already authorized to use. The Committee estimated that the training would take one to two hours, roughly equivalent to a single drill night. Organizationally, the proposed rulemaking moves the allowance to obtain a capillary blood specimen for blood glucose monitoring from the Emergency Medical Technician (EMT) scope of practice to the EMR scope of practice. Because an EMT may perform all procedures that an EMR may perform, EMTs and higher retain this authority under the reorganized rule.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

ORS 682, https://www.oregonlegislature.gov/bills_laws/ors/ors682.html
EMS Scope of Practice Change Request dated 2/13/26, on file with the OMB, contact rules coordinator

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

The proposed rule would allow Emergency Medical Responders (EMRs) to obtain a capillary blood specimen for blood glucose monitoring. Current rule allows EMRs to administer oral glucose but provides no objective means of confirming hypoglycemia; a measured blood glucose value would better support clinical decision-making. Minority communities and those in rural areas often have disproportionately lower access to health care, including timely emergency medical care. The proposed rule may favorably impact racial equity by expanding tasks EMRs can perform, potentially improving care.

FISCAL AND ECONOMIC IMPACT:

The proposed rule amendment will have no or minimal fiscal and economic impact to the Oregon Medical Board or the Oregon Health Authority. If EMS agencies and supervising EMS physicians choose to have EMRs perform this tasks, there may be additional costs for EMS agencies related to training, maintaining records, and cost of supplies.

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The rule amendment will have no economic impact on state agencies, units of local government, or the public; beyond the costs associated with additional supplies, training, and record keeping for EMS companies who choose to allow EMRs to perform this tasks as outlined in the proposed rule. (2) The proposed rule applies to EMS providers, their employers may be small businesses, the number is unknown. (b) The rulemaking imposes no additional mandatory reporting, recordkeeping, or other administrative requirements on small businesses. (c) The rulemaking imposes no additional requirements regarding equipment, supplies, labor, or administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Members of the Board who were consulted in the development of the rule represent small businesses. The rule was reviewed by the EMS Advisory Committee of the Board on August 21, 2026 as well as the full Board at its quarterly meeting on October 1, 2026.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The rule was reviewed by the EMS Advisory Committee of the Board on August 21, 2026 as well as the full Board at its quarterly meeting on October 1, 2026. Board and EMS Committee members represent the interests of persons and communities likely to be affected by a proposed rule. Overall, Committee and Board members are Oregon-licensed EMS providers, licensees of the Oregon Medical Board, or public members who represent Oregon patients.

AMEND: 847-035-0030

RULE SUMMARY: The proposed rulemaking allows Emergency Medical Responders (EMRs) to obtain a capillary blood specimen for blood glucose monitoring. Current rule allows EMRs to administer oral glucose but provides no objective means of confirming hypoglycemia; a measured blood glucose value would better support clinical decision-making. Organizationally, the proposed rulemaking moves the allowance to obtain a capillary blood specimen for blood glucose monitoring from the Emergency Medical Technician (EMT) scope of practice to the EMR scope of practice. Because an EMT may perform all procedures that an EMR may perform, EMTs and higher retain this authority under the reorganized

rule.

CHANGES TO RULE:

847-035-0030
Scope of Practice ¶

(1) The Oregon Medical Board has established a scope of practice for emergency and nonemergency care for emergency medical services providers. Emergency medical services providers may provide emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001.¶
(2) The scope of practice for emergency medical services providers is the maximum functions which may be assigned to an emergency medical services provider by a Board-approved supervising physician. The scope of practice is not a set of statewide standing orders, protocols, or curriculum.¶
(3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.¶
(4) Standing orders for an individual emergency medical services provider may be requested by the Board or Authority and must be furnished upon request.¶
(5) An emergency medical services provider, including an Emergency Medical Responder, may not function without assigned standing orders issued by a Board-approved supervising physician.¶
(6) An emergency medical services provider, acting through standing orders, must respect the patient's wishes including life-sustaining treatments. Physician-supervised emergency medical services providers must request and honor life-sustaining treatment orders executed pursuant to ORS 127.663 through 127.684 if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.¶
(7) Whenever possible, medications should be prepared by the emergency medical services provider who will administer the medication to the patient.¶
(8) An Emergency Medical Responder may:¶
(a) Conduct primary and secondary patient examinations;¶
(b) Take and record vital signs;¶
(c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;¶
(d) Open and maintain an airway by positioning the patient's head;¶
(e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;¶
(f) Provide care for musculoskeletal injuries;¶
(g) Provide hemorrhage control;¶
(h) Provide emergency moves for endangered patients; ¶
(i) Assist with prehospital childbirth; ¶
(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;¶
(k) Administer medical oxygen;¶
(l) Maintain an open airway through the use of:¶
(A) A nasopharyngeal airway device;¶
(B) An oropharyngeal airway device; ¶
(C) A pharyngeal suctioning device; ¶
(m) Operate a bag mask ventilation device with reservoir;¶
(n) Provide care for suspected medical emergencies, including obtaining a capillary blood specimen for blood glucose monitoring and administering liquid oral glucose for hypoglycemia; ¶
(o) Prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;¶
(p) Prepare and administer epinephrine by automatic injection device or intranasal auto-injector in accordance with manufacturer's recommendation for anaphylaxis;¶
(q) Administer and distribute short-acting opioid antagonist kit and distribute the necessary medical supplies to administer the short-acting opioid antagonist as provided in ORS 689.800;¶
(r) Perform cardiac defibrillation with an automated external defibrillator; and¶
(s) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician.¶
(9) An Emergency Medical Technician (EMT) may: ¶
(a) Perform all procedures that an Emergency Medical Responder may perform;¶
(b) Ventilate with a non-invasive manual or continuous positive pressure delivery device;¶

(c) Insert a supraglottic airway device to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal area; ¶
(d) Perform tracheobronchial tube suctioning;¶
(e) Provide care for suspected shock;¶
(f) Provide care for suspected medical emergencies, including:¶
(A) ~~Obtain a capillary blood specimen for blood glucose monitoring; ¶~~
~~(B)~~ Prepare and administer epinephrine for anaphylaxis; ¶
(~~C~~B) Administer activated charcoal for poisonings; and¶
(~~D~~C) Prepare and administer nebulized and metered dose albuterol or levalbuterol with or without ipratropium for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.¶
(g) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;¶
(h) Assist the on-scene Advanced EMT, EMT-Intermediate, or Paramedic by:¶
(A) Assembling and priming IV fluid administration sets; and¶
(B) Opening, assembling and uncapping preloaded single dose medication syringes and vials;¶
(i) Complete a clear and accurate prehospital emergency care report form on all patient contacts;¶
(j) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT is summoned to assist that patient;¶
(k) In the event of a release of organophosphate agents, the EMT who has completed Authority-approved training may prepare and administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Authority and adopted by the supervising physician;¶
(l) In the event of a declared Mass Casualty Incident (MCI) as defined in the local Mass Casualty Incident plan, monitor patients who have isotonic intravenous fluids flowing;¶
(m) Administer over-the-counter medications in unit dose packaging for immediate use under specific written protocols authorized by the supervising physician or direct orders from a licensed physician;¶
(n) Acquire and transmit cardiac monitoring and electrocardiogram (ECG);¶
(o) Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order. Prior to vaccine administration, the EMT must be trained by the supervising physician or their designee. The EMT and the EMS agency or employer must maintain records of training;¶
(p) Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Prior to vaccine administration, the EMT must be trained by the supervising physician or their designee. The EMT and the EMS agency or employer must maintain records of training; and¶
(q) Perform nasopharyngeal swabs for the testing of infectious disease.¶
(10) An Advanced Emergency Medical Technician (AEMT) may:¶
(a) Perform all procedures that an EMT may perform;¶
(b) Initiate and maintain peripheral intravenous (I.V.) lines; ¶
(c) Initiate saline or similar locks;¶
(d) Obtain peripheral venous blood specimens;¶
(e) Initiate and maintain an intraosseous infusion;¶
(f) Prepare and administer the following medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician:¶
(A) Analgesics for acute pain: nitrous oxide;¶
(B) Hypoglycemia reversal agents:¶
(i) Hypertonic dextrose; ¶
(ii) Glucagon;¶
(C) Intraosseous infusion anesthetic: Lidocaine;¶
(D) Bronchodilators: ¶
(i) Albuterol or levalbuterol;¶
(ii) Ipratropium bromide;¶
(E) Vasodilators for cardiac chest pain: Sublingual nitroglycerine; and¶
(F) Isotonic crystalloid solutions. ¶
(g) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort. The AEMT must be trained by the supervising physician or their designee. The AEMT and the EMS agency or employer must maintain records of training; and¶

(h) Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the AEMT's EMS agency personnel, under the supervising physician's standing order. Prior to administration, the AEMT must be trained by the supervising physician or their designee. The AEMT and the EMS agency or employer must maintain records of training.¶
(11) An EMT-Intermediate may:¶
(a) Perform all procedures that an Advanced EMT may perform;¶
(b) Prepare and administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:¶
(A) Vasoactive medications for cardiac arrest:¶
(i) Epinephrine;¶
(ii) Vasopressin;¶
(B) Antiarrhythmics:¶
(i) Atropine sulfate;¶
(ii) Lidocaine;¶
(iii) Amiodarone;¶
(C) Analgesics for acute pain:¶
(i) Morphine; ¶
(ii) Ketorolac tromethamine;¶
(iii) Fentanyl;¶
(D) Antihistamine: Diphenhydramine;¶
(E) Diuretic: Furosemide;¶
(F) Anti-Emetic: Ondansetron;¶
(c) Insert an orogastric tube;¶
(d) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician associate at the sending medical facility;¶
(e) Perform electrocardiographic rhythm interpretation;¶
(f) Perform cardiac defibrillation with a manual defibrillator; and¶
(g) Administer benzodiazepines for seizures or agitation. Prior to administration of benzodiazepines, the EMT-I must be trained by the supervising physician or their designee. The EMT-I and the EMS agency or employer must maintain records of training.¶
(12) A Paramedic may: ¶
(a) Perform all procedures that an EMT-Intermediate may perform;¶
(b) Initiate and maintain mechanical ventilation during transport if formally trained on the particular equipment and if acting under written protocols specific to the particular equipment;¶
(c) Initiate the following airway management techniques:¶
(A) Endotracheal intubation;¶
(B) Cricothyrotomy; and¶
(C) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway; ¶
(d) Initiate a nasogastric tube;¶
(e) Provide advanced life support in the resuscitation of patients in cardiac arrest;¶
(f) Perform emergency cardioversion in the compromised patient;¶
(g) Transcutaneous pacing of bradycardia that is causing hemodynamic compromise;¶
(h) Initiate needle thoracostomy for tension pneumothorax;¶
(i) Obtain peripheral arterial blood specimens under specific written protocols authorized by the supervising physician;¶
(j) Access indwelling catheters and implanted central IV ports for fluid and medication administration; ¶
(k) Initiate and maintain urinary catheters under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician;¶
(l) Prepare and initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician;¶
(m) Interpret electrocardiogram (ECG); and¶
(n) Finger thoracostomy for traumatic cardiac arrest due to suspected tension pneumothorax, under specific written protocols authorized by the supervising physician. The paramedic must be trained by the supervising physician or their designee. The paramedic and the EMS agency or employer must maintain records of training.
Statutory/Other Authority: ORS 682.245
Statutes/Other Implemented: ORS 682.245, ORS 127.663, ORS 127.666