



DEPARTMENT OF HUMAN SERVICES
 OREGON HEALTH DIVISION
 EMERGENCY MEDICAL SERVICES AND SYSTEMS
 PO BOX 14450
 PORTLAND OR 97293-0450
 Telephone No. (503) 731-4011 Extension 633



REQUEST FOR VARIANCE

Name of Service: _____

Name of Owner: _____

An ambulance service requesting a variance from ORS chapter 682 and OAR 333-250-0000 through 333-250-0100 or 333-255-0000 through 333-255-0090 must meet the following criteria in order for the Division to consider granting a variance:

VARIANCE AUTHORITY AND CRITERIA:

ORS 682.225(2) The Health Division may waive any of the requirements imposed by this chapter in medically disadvantaged areas as determined by the Director of Human Resources, or upon a showing that a severe hardship would result from enforcing a particular requirements.

ORS 682.285 Authority to grant exemptions or variances; rules. (1) The Division may grant exemptions or variances from one or more of the requirements of ORS 820.330 to 820.380 or this chapter or the rules adopted thereunder to any class of vehicles if it finds that compliance with such requirement or requirements is inappropriate because of special circumstances which would render compliance unreasonable, burdensome or impractical due to special conditions or cause, or because compliance would result in substantial curtailment of necessary ambulance service. Such exemptions or variances may be limited in time or may be conditioned as the Division considers necessary to protect the public welfare.

(2) In determining whether or not a variance shall be granted, the advise of the State Emergency Service Committee shall be received and in all cases the equities involved and the advantages and disadvantages to the welfare of patients and the owners of vehicles shall be weighed by the Division.

OAR 333-250-0050 Request for Variance from Standards. (1) An ambulance service owner may request a variance from the standards established in ORS 820.330 to 820.380, ORS chapter 682 and these rules when:

(a) The ambulance service is operated in a medically disadvantaged area, which is a Division-approved ambulance service area which has less than five persons per square mile and that is served by an inadequate number of EMTs to staff an ambulance while in operation; or

(b) The owner believes that compliance with a rule is inappropriate because of special circumstances which would render compliance unreasonable, burdensome, or impractical due to special conditions or causes, or because compliance would result in substantial curtailment of necessary ambulance service; and

(c) A city ordinance or county ASA plan exists, then the owner must first present his/her request for a variance to the local city or county governing body and that body has given their approval for the proposed variance.

(2) A written request for a variance must be made to the Division and include:

(a) Justification for the variance request; and

(b) A detailed and realistic plan to resolve the need for a future variance.

(3) The request for variance shall be presented to the State Emergency Medical Service Committee at a regularly scheduled meeting:

(a) The Division Administrator, after considering the Committee's recommendation, may grant a variance from the standards when compliance can be expected to create prohibitive costs or cause substantial reduction or loss of existing service;

(A) A variance may be granted for a period of time as prescribed by the Division; and

(B) A subsequent variance may only be granted when the owner has demonstrated to the Division, insofar as possible, adequate progress in resolving the need for the initial variance as described in the plan.

(b) In no circumstance shall the Division grant a variance that may cause danger or harm to the public or to persons operating an ambulance.

Statement of Truth of Request for Variance

I, _____, as the authorized ambulance service representative requesting a variance, hereby certify that to the best of my knowledge, the ambulance service and the request for variance meets the criteria as set forth in ORS 682.225, 682.285 and OAR 333-250-0050 and in no circumstance will the variance cause danger or harm to the public or to persons operating an ambulance. As required, I have attached the following:

- a. A written description of the variance request. This includes listing the statute and rule numbers that will be affected by the variance and the length of time for the variance;
- b. Documentation that the ambulance service is operated in a medically disadvantaged area, which is a Division-approved ambulance service area which has less than five persons per square mile and that is served by an inadequate number of EMTs; or written justification for the requested variance. The written justification supports why I believe that compliance with the statute or rule is inappropriate because of special circumstances and would render compliance unreasonable, burdensome or impractical due to special conditions or cause, or because compliance would result in substantial curtailment of necessary ambulance service;
- c. A detailed and realistic plan to resolve the need for a future variance; and
- d. Written statements from my medical director and from the local city or county governing body that the medical director and the local city or county governing body has given their approval for the proposed variance.

Signature of Person Requesting Variance

____ / ____ / ____
Date

Health Division Use Only

Yes No The request for variance is presented to the State EMS Committee. Meeting date: ____ / ____ / ____
 Recommended Not Recommended

Yes No The request for variance meets the requirement as established in ORS 682.225(2), 682.285, OAR 333-250-0050 or 333-255-0070(1)(d);

Yes No The equities involved and the advantages and disadvantages to the welfare of the patients and the owners of ambulance service and vehicles have been weighted by the Division;

Yes No A severe hardship will result from enforcing the particular requirement;

Yes No There are circumstances that will cause danger or harm to the public or to persons operating an ambulance;

Yes No The request for the variance is approved by the Division.
If No, an explanation is attached to this request.
If Yes, effective date of variance: ____ / ____ / ____
The variance shall expire on: ____ / ____ / ____

Signature of Health Division Representative