WRECKING YARDS

42
J159

MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

February 16, 1988

State of Oregon
Dept. of Motor Vehicles
Salem, OR 97310
Attn: Dealer Section

Metro Auto Wrecking & Recycling Co.
28425 SE Orient Drive
Gresham, OR 97080

Division of Planning & Development
2115 SE Morrison
Portland, OR

Dear Sirs:

Be it remembered, that at a meeting of the Board of County Commissioners held February 5, 1988, the following action was taken:

Auto Wrecker's License Renewal submitted by Planning & Development Division and Sheriff's Office with recommendation that same be approved for Metro Auto Wrecking & Recycling Company, 28425 SE Orient Drive, Gresham, 97080

Upon motion of Commissioner Kafoury, duly seconded by Commissioner Miller, it is unanimously

ORDERED that said recommendation be approved.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm

APPLICATION FOR BUSINESS CERTIFICATE

AS A WRECKER OF MOTOR VEHICLES OR SALVAGE POOL OPERATOR

☐ ORIGINAL

☒ RENEWAL★

NOTES: FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY
PLEASE TYPE OR PRINT LEGIBLY WITH INK
DO NOT SUBMIT APPLICATION WITHOUT YOUR SURETY BOND AND THE REQUIRED FEE.

CERTIFICATE NO: _____

1	NAME (CORPORATION AND/OR ASSUMED BUSINESS NAME) R.S. DAVIS RECYCLING, INC. DBA METRO AUTO WRECKING & RECYCLING CO.			BUSINESS TELEPHONE 663-1909
2	MAIN BUSINESS LOCATION (STREET AND NUMBER) 28425 S. E. Orient Drive	CITY Gresham	ZIP CODE 97080	COUNTY Multnomah
3	MAILING ADDRESS Same	CITY Same	STATE OR	ZIP CODE Same

LIST THE ADDRESSES OF ALL ADDITIONAL BUSINESS LOCATIONS. A SEPARATE APPLICATION FORM MUST BE COMPLETED FOR ANY ADDITIONAL LOCATIONS IN A DIFFERENT CITY.

4	STREET ADDRESS	CITY	ZIP CODE	COUNTY	TELEPHONE
5	STREET ADDRESS	CITY	ZIP CODE	COUNTY	TELEPHONE

6	CHECK ORGANIZATION TYPE: ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ CORPORATION	IF CORPORATION, LIST THE STATE UNDER WHOSE LAW BUSINESS IS INCORPORATED Oregon

LIST NAME AND RESIDENCE ADDRESS OF ALL INDIVIDUAL OWNERS, PARTNERS OR PRINCIPAL CORPORATE OFFICERS

7	NAME Richard S. Davis Rex M. Davis	TITLE President Vice President	DATE OF BIRTH 10/05/35 05/25/55	RESIDENCE TELEPHONE 503 663-3310 (503) 663-7466
8	RESIDENCE ADDRESS 10791 S. E. Telford Road 39131 S. E. Hudson	CITY Boring Sandy	STATE OR OR	ZIP CODE 97009 97055
9	NAME June J. Davis Dale J. Jackson	TITLE Secretary Vice President	DATE OF BIRTH 06/22/37 12/23/45	RESIDENCE TELEPHONE 503 663-3310 (503) 663-6769
10	RESIDENCE ADDRESS 10791 S. E. Telford Road 33150 S. E. Bluff Road	CITY Boring Boring	STATE OR OR	ZIP CODE 97009 97009
11	NAME Michael J. Doane	TITLE Vice President	DATE OF BIRTH 10/22/56	RESIDENCE TELEPHONE (503) 666-4842
12	RESIDENCE ADDRESS P. O. Box 713	CITY Fairview	STATE OR	ZIP CODE 97024

13 THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 3.25 acres ft. x _____ ft.

I CERTIFY THAT I AM THE APPLICANT OR AN AUTHORIZED REPRESENTATIVE AND THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE. I ALSO CERTIFY THAT THE RIGHT OF WAY OF ANY HIGHWAY ADJACENT TO THE LOCATION(S) LISTED ABOVE IS USED FOR ACCESS TO THE PREMISES AND PUBLIC PARKING.

14	NAME Rex M. Davis	TITLE Vice President	RESIDENCE TELEPHONE (503) 663-7466
15	ADDRESS, CITY, STATE, ZIP CODE 39131 S. E. Hudson, Sandy, OR 97055	SIGNATURE Rex M. Davis	DATE 1-20-88

16 APPROVAL: I CERTIFY THAT THE GOVERNING BODY OF THE ☐ CITY ☒ COUNTY OF Multnomah HAS:

A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).

B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER SECTION 802, CHAPTER 338, OREGON LAWS 1983 (AS AMENDED BY CHAPTER 16, OREGON LAWS 1985).

C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY PROHIBITION UNDER SECTION 806, CHAPTER 338, OREGON LAWS 1983 (AS AMENDED BY CHAPTER 16, OREGON LAWS 1985).

D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER SECTION 807, CHAPTER 338, OREGON LAWS 1983 (AS AMENDED BY CHAPTER 16, OREGON LAWS 1985).

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY

PLACE STAMP OR SEAL HERE

17	NAME Barbara E. Jones	TITLE Asst. Clerk of the Board
18	SIGNATURE Barbara E. Jones	DATE 2/26/88

FEE: $54.00

735-373 (9-86)

SURETY BOND

FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY

BOND NO.: 804327

KNOW ALL MEN BY THESE PRESENTS:

THAT R.S.Davis Recycling, Inc.
(INDIVIDUAL, PARTNERS, CORPORATION NAME)

DOING BUSINESS AS Metro Auto Wrecking and Recyling Co.
(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT 28425 SE Orient Dr. Gresham, Or 97030
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT
(ADDRESS, CITY, STATE, ZIP CODE)

(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND CONTRACTORS BONDING AND INSURANCE COMPANY
(SURETY NAME)

901 SE Oak, Suite 208 Portland, Or 97214 | (503) 232-4000
(ADDRESS, CITY, STATE, ZIP CODE) TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF Washington, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF $2,000.00 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS WRECKING, DISMANTLING AND SUBSTANTIALLY ALTERING THE FORM OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELLED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE January 1 19 88 AND EXPIRES December 31 19 88

ANY ALTERATION VOIDS THIS BOND

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS 19th DAY OF January 19 88.

× [signature] Vice President
SIGNATURE OF PRINCIPAL/REPRESENTATIVE TITLE

[signature] Attorney-in-Fact
SIGNATURE OF SURETY/REPRESENTATIVE TITLE

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME	TELEPHONE
Contractors Bonding and Insurance Co.	232-4000

ADDRESS
PO Box 12053

CITY, STATE, ZIP CODE
Portland, Or 97212

PLACE SURETY SEAL BELOW

★ APPROVED BY ATTORNEY GENERAL'S OFFICE 9/10/85

294

MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES
DIVISION OF PLANNING
AND DEVELOPMENT
2115 S.E. MORRISON STREET
PORTLAND, OREGON 97214
(503) 248-3047

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

February 5, 1988

BOARD OF COUNTY COMMISSIONERS
1988 FEB -5 AM 10:50
MULTNOMAH COUNTY
OREGON

Honorable Board of County Commissioners
Room 605, Multnomah County Courthouse
1021 SW Fourth Avenue
Portland, Oregon 97204

RE: Auto Wrecker's License - Renewal

Metro Auto Wrecking and Recycling Company
(RS Davis)
28425 SE Orient Drive

Recommend: Approval of Business Location

Dear Commissioners:

The staff of the Division of Planning and Development respectfully recommends that the above license renewal be approved, based upon findings that they satisfy the locational requirements for same as contained in ORS 822.110 and .135.

Sincerely

MULTNOMAH COUNTY DIVISION OF PLANNING AND DEVELOPMENT

Robert N. Hall, Jr.

Robert N. Hall, Senior Planner

RNH:sec/0954L

Ebnclosure - Wrecker's License Application
Department of Public Safety's Report

Multnomah County Sheriff's Office

FRED B. PEARCE
SHERIFF

12240 N.E. GLISAN ST., PORTLAND, OREGON 97230

(503) 255-3600

Memorandum

To: Sharon Cowley, Administrative Assistant
Planning and Development Division

From: Sergeant Ed Hausafus, Manager
Intelligence Unit

Date: January 25, 1988

Subject: Wrecker's License--Renewal

Attached is an application for a business certificate as a wrecker of motor vehicles at 28425 SE Orient Drive, R.S. Davis Recycling, Inc., DBA Metro Auto Wrecking and Recycling.

The Sheriff's Office would recommend for the license provided that zoning requirements have been satisfied. Thank you for your attention in this matter.

APPLICATION FOR BUSINESS CERTIFICATE

AS A WRECKER OF MOTOR VEHICLES OR SALVAGE POOL OPERATOR

☐ ORIGINAL

☒ RENEWAL ★

NOTES: FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY
PLEASE TYPE OR PRINT LEGIBLY WITH INK
DO NOT SUBMIT APPLICATION WITHOUT YOUR SURETY BOND AND THE REQUIRED FEE.

CERTIFICATE NO: _____

1	NAME (CORPORATION AND/OR ASSUMED BUSINESS NAME) R.S. DAVIS RECYCLING, INC. DBA METRO AUTO WRECKING & RECYCLING CO.			BUSINESS TELEPHONE 663-1909
2	MAIN BUSINESS LOCATION (STREET AND NUMBER) 28425 S. E. Orient Drive	CITY Gresham	ZIP CODE 97080	COUNTY Multnomah
3	MAILING ADDRESS Same	CITY Same	STATE OR	ZIP CODE Same

LIST THE ADDRESSES OF ALL ADDITIONAL BUSINESS LOCATIONS. A SEPARATE APPLICATION FORM MUST BE COMPLETED FOR ANY ADDITIONAL LOCATIONS IN A DIFFERENT CITY.

4	STREET ADDRESS	CITY	ZIP CODE	COUNTY	TELEPHONE
5	STREET ADDRESS	CITY	ZIP CODE	COUNTY	TELEPHONE

6	CHECK ORGANIZATION TYPE: ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ CORPORATION	IF CORPORATION, LIST THE STATE UNDER WHOSE LAW BUSINESS IS INCORPORATED Oregon

LIST NAME AND RESIDENCE ADDRESS OF ALL INDIVIDUAL OWNERS, PARTNERS OR PRINCIPAL CORPORATE OFFICERS

7	NAME Richard S. Davis Rex M. Davis	TITLE President Vice President	DATE OF BIRTH 10/05/35 05/25/55	RESIDENCE TELEPHONE 503 663-2310 (503) 663-7466	
8	RESIDENCE ADDRESS 10791 S. E. Telford Road 39131 S. E. Hudson	CITY Boring Sandy	STATE OR OR	ZIP CODE 97009 97055	
9	NAME June J. Davis Dale J. Jackson	TITLE Secretary Vice President	DATE OF BIRTH 06/22/37 12/23/45	RESIDENCE TELEPHONE 503 663-2310 (503) 663-6769	
10	RESIDENCE ADDRESS 10791 S. E. Telford Road 33150 S. E. Bluff Road	CITY Boring Boring	STATE OR OR	ZIP CODE 97009 97009	
11	NAME Michael J. Doane	TITLE Vice President	DATE OF BIRTH 10/22/56	RESIDENCE TELEPHONE (503) 666-4842	
12	RESIDENCE ADDRESS P. O. Box 713	CITY Fairview	STATE OR	ZIP CODE 97024	
13	THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 3.25 acres ft. x _____ ft.				

I CERTIFY THAT I AM THE APPLICANT OR AN AUTHORIZED REPRESENTATIVE AND THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE. I ALSO CERTIFY THAT THE RIGHT OF WAY OF ANY HIGHWAY ADJACENT TO THE LOCATION(S) LISTED ABOVE IS USED FOR ACCESS TO THE PREMISES AND PUBLIC PARKING.

14	NAME Rex M. Davis	TITLE Vice President		RESIDENCE TELEPHONE (503) 663-7466
15	ADDRESS, CITY, STATE, ZIP CODE 39131 S. E. Hudson, Sandy, OR 97055	SIGNATURE Rex M. Davis		DATE 1-20-88

16 APPROVAL: I CERTIFY THAT THE GOVERNING BODY OF THE ☐ CITY ☐ COUNTY OF _____ HAS:

A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).

B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER SECTION 802, CHAPTER 338, OREGON LAWS 1983 (AS AMENDED BY CHAPTER 16, OREGON LAWS 1985).

C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY PROHIBITION UNDER SECTION 806, CHAPTER 338, OREGON LAWS 1983 (AS AMENDED BY CHAPTER 16, OREGON LAWS 1985).

D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER SECTION 807, CHAPTER 338, OREGON LAWS 1983 (AS AMENDED BY CHAPTER 16, OREGON LAWS 1985).

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY

PLACE STAMP OR SEAL HERE

17	NAME	TITLE
18	SIGNATURE	DATE

FEE: $54.00

735-373 (9-86)

SURETY BOND

FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY

BOND NO.: 804327

KNOW ALL MEN BY THESE PRESENTS:

THAT R.S.Davis Recycling, Inc.
(INDIVIDUAL, PARTNERS, CORPORATION NAME)

DOING BUSINESS AS Metro Auto Wrecking and Recyling Co.
(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT 28425 SE Orient Dr. Gresham, Or 97030
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

_____
(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND CONTRACTORS BONDING AND INSURANCE COMPANY
(SURETY NAME)

901 SE Oak, Suite 208 Portland, Or 97214 | (503) 232-4000
(ADDRESS, CITY, STATE, ZIP CODE) | TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF Washington, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF $2,000.00 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS WRECKING, DISMANTLING AND SUBSTANTIALLY ALTERING THE FORM OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELLED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE January 1 19 88 AND EXPIRES December 31 19 88

ANY ALTERATION VOIDS THIS BOND

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS 19th DAY OF January 19 88.

x _____ Vice President
SIGNATURE OF PRINCIPAL/REPRESENTATIVE — TITLE

_____ Attorney-in-Fact
SIGNATURE OF SURETY/REPRESENTATIVE — TITLE

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME	TELEPHONE
Contractors Bonding and Insurance Co.	232-4000

ADDRESS
PO Box 12053

CITY, STATE, ZIP CODE
Portland, Or 97212

PLACE SURETY SEAL BELOW

★ APPROVED BY ATTORNEY GENERAL'S OFFICE 9/10/85

0294C

MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

Tuesday, February 16, 1988 - 9:30 AM

Multnomah County Courthouse, Room 602

A 1

1. Auto Wrecker's License Renewal submitted by Planning & Development Division and Sheriff's Office with recommendation that same be approved for Metro Auto Wrecking & Recycling Company, 28425 SE Orient Drive, Gresham, 97080

2. Informational Briefing and Public Hearing regarding Emergency Medical Services

   I. EMS Office overview of System Options

      A. Ambulance Service Areas with rate control and medical control - Chris Thomas, representing AA Ambulance, 15 minutes

      B. Multiple Service Areas by contractor selected with competitive bid process - 15 minutes

      C. Emergency Ambulance Service Delivery by Public Sector (15 minutes)

   II. Public Hearing on EMS System Options - Speakers limited to 3 minutes each

EMERGENCY MEDICAL SERVICES

42-47
J159

MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • Chair • 248-3308
PAULINE ANDERSON • District 1 • 248-5220
GRETCHEN KAFOURY • District 2 • 248-5219
CAROLINE MILLER • District 3 • 248-5217
POLLY CASTERLINE • District 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

February 16, 1988

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held February 16, 1988, the following action was taken:

Informational Briefing and Public Hearing)
regarding Emergency Medical Services)

Dr. Gary Oxman, County Health Officer, explained there would be presentations by three providers, and that their testimony would be limited to fifteen minutes each. Following that testimony and questions by the Board, public testimony would be heard, but would be limited to three minutes per person. He explained the EMS staff had decided to allow others to make the presentations because they have unique expertise and points of view other than that of the EMS staff.

Joe Willis, representing Care Ambulance, stated legal aspects of the matter will not be included in discussions today; and that the proposal will keep government as the regulator; keep the private sector as providers, and is in compliance with what is being proposed at the State level.

Chris Thomas, representing AA Ambulance, discussed Ambulance Service Areas with rate and medical controls, and submitted a report reflecting his remarks. He stated the options for consideration are 1) single emergency medical services provider; 2) two providers, and 3) three providers (which is in place currently). He recommended the Board choose the second option; limit costs and rates for service; hire a single medical supervisor; and limit the number of ambulances allowed to operate in Multnomah County. Rate regulation would follow a PUC type of regulation. The process would involve a data gathering process regarding costs and rates for Multnomah County and other comparable jurisdictions across the nation. At the close of the data gathering process, a rate schedule

would be determined. 2) periodic review dates would be set that would allow ambulance companies requests for an increase in rates; or citizens requests, through the EMS Office, for a decrease in rates. The Citizens Advisory EMS Committee would review either request, and determine whether or not there would be a review. The sign-off body for these reviews would be the Board of County Commissioners. Ambulances would be limited to the number of Emergency Ambulances, or the equivalent of, required by EMS rules, and would be divided among the three current providers (estimated at this time to be 11-14.5). Non-emergency ambulances would be limited (2-4) and also divided among the three current providers. He discussed EMS response time requirements, and where cost savings might be found within ambulances services. In summary, he discussed benefits to the Board through use of the proposal, and urged the Board to consider implementing the proposal. In response to Commissioner Miller's question, he replied this proposal is a public utility type of scheme, and that his company would accept this kind of regulation.

Dr. Oxman submitted a paper entitled Public Systems Options; and a List of Rate Charges, which is on file with the EMS Office, for the Commissioners EMS notebooks.

Tom Lindley, representing Buck Ambulance, gave a slide presentation, and reviewed the history of recommendations from 1982 through 1987 which support emergency services being provided by one or more providers through a competitive bid process. He said the goal is to obtain the highest quality of care at the most reasonable cost by asking for the best system and setting goals in order to make programs measurable and cost efficient. He discussed highlights of a study done by Touche Ross and the International City Management Association, prepared in 1987, which reviewed contracting out emergency services. He said the system he is recommending includes the Fire Department as first responder, and permits government entities, if qualified, to participate in the bid process. Touche Ross and International Management Association recommended the process as a two-step program: 1) select qualified vendors, and 2) from those vendors accept proposals for providing the service. Multnomah County could be divided into two service areas with a boundary line that parallels the boundaries set by the Trauma Center; and employs a single medical supervisor. The County would be the contractor, and would employ first an RFP request for credentials; and award the contract to provide the service through an RFP process. Another decision to be made, would be whether to allow only one winner for each ASA, or whether there would be more than one provider. The cost factor would determine how many providers will be used. Fewer administrative, clerical, training, and equipment costs are involved with fewer providers. Vehicle dispatch is more efficient with fewer companies administering response, reduces disputes over boundaries, and increases patient care. He submitted a handout to Commissioners.

Commissioner Miller asked, if economics is the key, why not turn the system over to the Fire Department?

Mr. Lindley replied the Fire Department does not have all the equipment necessary to supply the whole system of service, but is equipped as a "first responder" rather than a transport service. Costs are not reduced when a government entity provides the service, and the trend is now going toward private sector ambulance services. Fire Bureau systems are inefficient because they end up being a "first responder" for all transport, and the fixed base system is not as responsible to the needs of the community; nor is it as flexible for vehicle dispatch. In response to Commissioner Miller's question, he said the bidding process is competitive even though one provider is chosen; because contracts are limited, and others may bid upon termination of the contract.

Commissioner Miller voiced her concerns about not having received raw data from the Fitch Study, and that costs have not yet been defined.

Mr. Lindley responded that the RFP process should provide those answers, especially if the process of requires credentials first, and then uses the RFP process to choose the vendor. Buck Ambulance feels the Fire Bureau "first responder" process is more efficient than if an ambulance company tries to provide all transport services; and that anyone qualified to perform the service should be allowed to participate in the bid process.

Commissioner Miller stressed her intent was to have Mr. Acker and staff discuss the meaning of cost with the Board of Commissioners; and added her concern is that cost be consistent.

Mr. Lindley replied the Fitch report is two years old and now out of date, and that the question is not whether the report was accurate, but can EMS services be provided better than what is currently being provided. In reply to Commissioner Anderson's question, he answered that an RFP would lock a provider into whatever rates were included in the contract, therefore rate regulation would not be needed. He is opposed to a rate cap because though it may not remove inefficiencies, minimal review will be necessary until there is a significant change in the system.

John Wilson, Deputy Fire Chief - Portland Fire Bureau, said his presentation would cover the public option for EMS services. He read a statement in which he said, the most common provider for pre-hospital emergency medical services is government; and patients in an emergency situation cannot choose which company to transport them to the hospital. Cost comparisons are difficult to determine, but vary from $103.71 to $198.02 in the present system. Costs in Multnomah County are high, and there is need for change. The issue

is, can quality care be provided to citizens at a lower cost than is currently in existence? He feels a public system can assist the Board in developing a better system. The Fire Bureau has been working with EMS to bring about a system which would provide fewer units, fewer paramedics, lower rates, medical control through a single medical supervisor; and that though private ambulance companies should have provided leadership to bring about these changes, they have not. In answer to Commissioner Casterline's questions, he replied that if the providers were doing a good job, there would be no need to change, and though the Fire Bureau has been working toward making systems changes, nothing has changed as yet. There are as many or more units on the streets than there were two years ago; and costs are not being reduced.

Commissioner Anderson asked if the costs of pensions, new equipment, and training would be charged to the tax payer as Fire Department costs, rather than as EMS service costs.

Mr. Wilson replied the Fire Department is in place as a "first responder", and costs can be identified with those services; the rest of the costs would be associated with transport, if the Bureau were doing the work. If the Fire Bureau succeeds in becoming the provider, costs for service would be recovered through a user fee determined through an accounting system which would should all incremental costs. Start-up fees could be deferred, however.

Commissioner Kafoury said that though she feels it is the responsibility of government to provide health care for all citizens, the reality is that Multnomah County depends upon a subsidy for the uninsured which is paid by those who are insured. She said if the Fire Bureau assumes the service, she is afraid indigent transportation costs would then become a burden recovered through taxes; and that the private sector now absorbs some of that cost.

Mr. Wilson stated that all costs will be recovered from users; and that additional tax dollars will not be requested for recovery of costs other than start-up costs. He added that details for a proposal have not yet been worked out by the Bureau; that his remarks only apply to a general public provider system.

Commissioner Miller explained that subsidy is a large factor, and needs to be discussed openly. She reviewed County history of payment for indigent transportation subsidy which resulted in those costs being "eaten" by the private sector with a proportionate increase in rates. How much that subsidy escalates insurance rates is unknown. She requested figures be determined for subsidy costs; and said perhaps they could be determined by an RFP.

Joe Acker, EMS Director, reviewed the history of subsidy for reimbursement for indigent care, and reported that there is still some subsidy being used for the CHIERS program. County subsidies were not matched by either the City of Portland, or the State of Oregon when paid to providers.

Mr. Wilson explained his figures were based upon 27,000 transports per year with a collection rate of 65%; and that the user fee for any of the four EMS options, would be approximately $103.71 to $198.02. He added that Fire Bureau station locations meet the four minute response time limits for first responders in life threatening emergencies; and that with the County health system and hospital locations, government can provide services for population shifts. If personnel and/or equipment need to be provided for additional services over and above what is being provided presently, costs will be shown in any proposal submitted. He said if the Fire Bureau was chosen to provide EMS service tomorrow, then the Bureau does not have either the staff or equipment to do it, but that those costs have been projected in cost estimates submitted to the Commissioners. He explained that if there was a major disaster, it would start the process whereby reserve units would be called in and mutual aid from other county agencies would be employed to deal with the situation. Mutual aid is not charged to the County; services are exchanged, not monies.

Commissioner McCoy asked whether the City of Portland has approved the Fire Bureau to participate in a bid process.

Mr. Wilson stated the question has not yet been before the City Council, and though they have not said yes or no at this point, they have requested more information about the project. In response to Commissioner McCoy's question, he replied he feels the Fire Bureau can handle all ALS calls (option 4); and added this type of system has been in existence in Seattle for the past fifteen years. A subsidy for any system will not be provided by the City; but they are prepared to hire an accounting firm to verify the numbers. In response to Commissioner McCoy's question, he said he was not sure how the unfunded fire and police liability (pension fund) would affect an EMS system.

Commissioner Miller stated she feels the issue of unfunded liability is an issue paramount to costs for a program; and it is important the County know the City position on this issue.

Chief Wilson stated all costs will be included in any Fire Bureau proposal; and added that there is an assumption that all new hires will be under PERS rather than police and fire.

At this time, the meeting was recessed for five minutes.

Mr. Cherry, private ambulance service provider, said he feels the issues to be addressed are the 911 dispatch system, and rate control. His company provides non-emergency services for a base cost of $20.00 plus $1.00 per mile. This rate is used for all transport, and the average cost per incident is $100. This rate is approximate to the Medicare allowance; and that use of reusable equipment is not charged to the patient.

Dr. John Schrieber, Medical Directors Advisory Board Chair, testified on his own behalf, and discussed his opinion that it will be difficult to find a single medical supervisor if there are multiple providers. He recommended a single ambulance provider, with a second provider being the maximum should the single one be deemed unconstitutional by Court ruling. He said he feels that more providers make medical direction more difficult. He discussed medical supervisor authority, and the need for education and experience for that position.

Following discussion, Jean Robinette, The Oregonian, expressed her concern about the County spending tax dollars to provide a service being provided by the private sector. She supported the County being the monitor, or acting as a Public Utility; but questioned providing services with tax dollars. She recommended going ahead with the bid; after costs have been determined; and decisions have been made regarding what services are to be provided by whom.

Tom Lindley, Buck Ambulance, stated that tax payers are probably paying for pensions presently through payment of fees; but he feels the question of who pays is not as important as who can provide the best quality of service for the least cost. He said he feels the Fire Bureau cannot provide all ambulance services adequately; and gave examples of situations.

Mr. Thomas said he feels ambulance services can operate with three providers through the use of boundaries and limiting the number of ambulances. He recommended the medical supervisor have a high degree of authority. He discussed the Fitch Study; reported that the majority of ambulance systems in the United States have private providers; and that emergency systems provided by fire bureaus are declining.

Mr. Acker questioned how the bid would be handled at the end of the first contract; and said that the company who wins the first bid will have an advantage over those who did not. He added the EMS proposal displaces fewer people, and suggested the Board consider the 100 plus employees who may lose jobs should the contract be given to one or two of the present ambulance companies.

Richard Lezar, lawyer and former Washington County Medical Services director, requested three minutes for his comments.

The Board concurred.

At this time, Commissioner Kafoury left the meeting.

Mr. Lezar urged the Board to consider impacts on citizens who will need emergency services. He said the concern about dollars has forced a focus on the system as a whole; and that there is some question about whether the Board has the right to regulate non-emergency markets. He feels the Board has a statutory right to establish a single provider; and that the Judge's ruling to the contrary was incorrect. Possible liability could be incurred because of boundary determination for service delivery. He agreed that if the system was designed so that the closest ambulance could respond, and that the policy and response dispatch was reasonable, there should be no liability. He recommended the Board develop a system whereby boundaries are irrelevant, and that quality of service and efficiency be the system focus. He discussed duplication of services. In his opinion, a system design that tranfers patient care from ALS units to BLS units is abandonment. Dispatch systems must be designed to get the ambulance to the patient in the least amount of time. Policy needs to be developed regarding whether or not the closest ambulance will be sent regardless of boundaries. He discussed off-line and on-line medical control; and said it is important that EMS staff and paramedics have access to doctors when protocols do not say what to do. Emergency Medical Care should be public funded because it deals with the health, safety, and welfare of the community. Providing pre-hospital care is a privilege and not a right, and there should be a competitive process to provide the service in order to maintain cost control. He feels the most important component of emergency services is the quality assurance component derived through education and training. The medical supervisor needs to be aware of system processes and procedures, and be able to change them in order to protect the patient and the County. He feels politics doesn't justify negligent system design, but negligent system design does justify litigation.

Chief Wilson responded to Commissioner Miller's questions, and said the $103-198 discussed earlier does not include first responder costs, but only refers to the transport element. He stated the Fire Department will be prepared to respond for both Fire and ambulance services by providing enough staff prepared to do both jobs well.

Mr. Acker stated March 1 is the next date for an EMS hearing, and that a decision must be made regarding the provider selection process. Following decision, the EMS Office will write an ambulance area service plan for the Board or the EMS Policy Board,

depending upon the outcome of the Ordinance amendment, (this will require 30-45 days) and upon approval EMS will submit the plan to the State.

Commissioner McCoy said she feels a work session is needed; there was no objection from Commissioners.

Barbara Donin, Chair's Office, said she has scheduled every Tuesday morning in March for EMS; and predicted an amendment to Ordinance 229 will be ready for agenda placement the second week in March.

Commissioner Miller requested the following issues be included for discussion at the work session, a medical supervisor role, and b) Fitch Study raw data with impact and cost definitions.

Following discussion, the following dates were tentatively scheduled:

a) Work Session - March 1 (no public testimony, but providers may participate)
b) Ordinance Amendment - March 8.
c) Tentative Decision - March 15.

Mr. Acker volunteered to provide in-depth discussions for Commissioners if they notify staff by next week.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Emergency Medical Services

2/9/88
9:30
#1

MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES
COUNTY COUNSEL SECTION
SUITE 1400
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204-1934
(503) 248-3138

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY, CHAIR
PAULINE ANDERSON
POLLY CASTERLINE
GRETCHEN KAFOURY
CAROLINE MILLER

COUNTY COUNSEL
LAURENCE KRESSEL
CHIEF ASSISTANT
ARMINDA J. BROWN
ASSISTANTS
JANET NOELLE BILLUPS
J. MICHAEL DOYLE
H.H. LAZENBY, JR.
PAUL G. MACKEY
LIA SAROYAN
JANE ELLEN STONECIPHER
MARK B. WILLIAMS

M E M O R A N D U M

TO: Board Staff

FROM: Larry Kressel
County Counsel

DATE: February 1, 1988

RE: Options for Revising EMS Code Provisions

A. Background

1. BCC adopted Ordinance 229 (MCC 6.31) in 1980. Major features are:

a. creates EMSPB and advisory committees.

b. applies only in unincorporated area (IGR's make it enforceable in cities). See MCC 6.31.005 and 6.31.200.

c. empowers EMSPB to adopt administrative rules and to grant/revoke licenses. (MCC 6.31.037).

d. rules are to establish (MCC 6.31.060):

i. ambulance and equipment standards

ii. training levels

iii. protocols

iv. procedures to monitor EMT performance and for submission of citizen complaints

AN EQUAL OPPORTUNITY EMPLOYER

v. standards for designating resource hospital(s)

vi. penalties and procedures for rule violations

vii. other requirements to implement purposes of ordinance.

e. Ordinance amended in 1982 to add that EMSPB must:

> "Adopt an ambulance plan under ORS 485.573 (now 823.180) relating to the need for, and coordination of, ambulance service. The Board (EMSPB) shall establish ambulance service areas consistent with the plan for the efficient and effective provision of ambulance service and the Board shall adopt rules requiring persons to conform to the ambulance plan and ambulance service areas. The plan and service areas shall be adopted under the rulemaking provisions of this chapter."

2. EMSPB adopted and enforced numerous administrative rules. The "ambulance plan" consisted of Ordinance 229 and the EMSPB's rules.

3. Until 1986, the rules divided county into several service areas and assigned private companies to them. Concerns about rates led to a Task Force and a rate study (Fitch). Task force and Medical Society recommended a single service area and one provider.

4. In December '86, EMSPB amended rule on service areas to provide for a single area, effective in the future. Also directed staff to prepare "an ambulance service area plan" that incorporates Task Force recommendation for single area. Provider to be selected by RFP process.

5. In December '87, circuit court ruled the single area plan invalid. Three reasons (now on appeal):

a. ORS 823 says county plan must establish "service areas" consistent with plan; a single area is not allowed;

b. BCC's delegation of authority to EMSPB cannot include power to adopt a single ambulance area because that would be a delegation of legislative power, violating county charter;

c. An attempt to grant an exclusive franchise violates Portland Charter.

B. Legal Framework

1. ORS 823.180 requires county to adopt plan and service areas. A city can regulate ambulances or EMT's if Health Division approves and if regulations are as strict as state law. See ORS 823.220.

2. Health Division rules define "plan" imprecisely. See OAR 333-28-100 to 333-28-130. State rules also allow county to delegate authority for development and administration of county plan to "an intergovernmental body which has legal authority to adopt and enforce ordinances and rules" (EMSPB can adopt rules but not ordinances).

3. Section 2.20 of County Charter:

> "Except as this charter or a state constitutional or statutory provision regarding the initiative and referendum provides to the contrary, the legislative power of the county shall be vested in and exercisable only by the Board of county commissioners. Any other power of the county not vested by the charter elsewhere shall be vested in the board but may be delegated by it."

4. City Charter bars City Council from granting an exclusive franchise.

C. Code Amendment Options

1. Do nothing and await appeal outcome.

2. Make EMSPB advisory as to rulemaking and plan adoption.

3. Split policy functions between BCC and EMSPB (BCC gives explicit guidance as to objectives of rules to be adopted by EMSPB. BCC controls portion of the plan that establishes areas and selects providers.

4. Other

9934C/dm

Advertising of an Ambulance

333-28-060 (1) An ambulance owner may advertise only when the ambulance(s) meet(s) the requirements of ORS 823.010 to 823.990 and these rules.

(2) If an ambulance owner does not provide the level of service advertised, licenses for ambulances may be denied, suspended, or revoked in accordance with the provisions of ORS 183.310 to 183.500 for failure to comply.

Stat. Auth.: ORS Ch. 823
Hist.: HD 1-1981, f. & ef. 1-14-81; HD 19-1984, f. & ef. 9-10-84; HD 16-1986, f. & ef. 9-9-86

Standards for Summoning and Dispatching Aid

333-28-063 (1) The recommended training standard for all emergency medical services dispatchers is completion of the U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Dispatcher: National Standard Curriculum. A copy of the course curriculum is available at the Division office.

(2) The instructor(s) of the Emergency Medical Services Dispatcher Course must have experience as a telecommunications operator, be a currently certified EMT III or above, and have an American Heart or Red Cross CPR Instructors certificate. It is permissible to have more than one instructor to meet the above criteria.

(3) Compliance to the standard listed in section (1) of this rule is totally voluntary for EMS dispatching agencies.

Stat. Auth.: ORS Ch. 823
Hist.: HD 19-1984, f. & ef. 9-10-84; HD 16-1986, f. & ef. 9-9-86

Authority to Enact Local Laws Governing Ambulances and Emergency Medical Technicians

333-28-065 (1) To enact local laws governing ambulances and emergency medical technicians, the political subdivision, as defined in ORS 823.220(1), must request permission in writing from the Division.

(2) This request, including a copy of the proposed ambulance ordinance, must be submitted to the Division at least ninety days prior to scheduled implementation.

(3) The Division Administrator shall notify the political subdivision, in writing, of the acceptance or non-acceptance of the ambulance ordinance based on compliance with applicable Oregon laws.

Stat. Auth.: ORS Ch. 823
Hist.: HD 1-1981, f. & ef. 1-14-81; HD 16-1986, f. & ef. 9-9-86

County Ambulance Service Area Plans

Definitions

333-28-100 (1) "Ambulance Service Area (ASA)" means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).

(2) "Ambulance Service Plan" means a plan which describes the need for and coordination of ambulance services and establishes ambulance service areas.

(3) "Notification Time" means the length of time between the ambulance service's receipt of the request for the ambulance and the notification of the ambulance crew.

(4) "Response Time" means the length of time between the notification of the ambulance crew and the arrival of the ambulance at the incident scene.

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

Submittal and Approval of Ambulance Service Plans

333-28-105 (1) Within one year from the effective date of these rules, each county shall submit to the State Health Division a ground ambulance service plan meeting the requirements of these rules. This requirement may be met by a plan submitted in conjunction with another contiguous county or counties.

(2) Prior to the adoption of an Ambulance Service Plan, the county(ies) shall provide for the solicitation of comments through a public hearing.

(3) Within 60 days of receipt of a plan, the Division will provide written approval/denial of the plan. For those plans with deficiencies, the county(ies) shall have 30 days to correct the deficiencies and resubmit.

(4) The Health Division may seek the advice of the Ambulance and EMT I Advisory Council concerning plan compliance with these rules.

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

Contents of Plan

333-28-110 A plan must demonstrate that all ASAs will be served by an effective and efficient ambulance service:

(1) Effectiveness of service is demonstrated by complying with requirements for boundaries, coordination and service standards.

(2) Efficiency of service is demonstrated by selecting an ambulance provider that will meet the effectiveness standards of the plan at a reasonable cost to the consumer.

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

Boundaries

333-28-115 (1) ASA boundaries must be designed to minimize the effects of artificial and geographical barriers on response times in order to facilitate the quickest response for all county residents and visitors.

(2) All of the county must be included in a service area.

(3) The plan must describe all "9-1-1", fire district and incorporated city boundaries within the county(ies). Boundaries for ASAs must be designed to promote cooperation and coordination among these jurisdictions in order to assure timely and appropriate response.

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

Standards

333-28-120 (1) The following must be described in the plan for all ASAs. Each must meet or exceed requirments listed in ORS 823.010 through 823.990, in regard to:

(a) Level of response (first responder, ambulance);

(b) Level of care (Basic Life Support, Advanced Life Support);

(c) Staffing;

(d) Patient care equipment; and

MULTNOMAH LAW LIBRARY

EXHIBIT 15

(e) Vehicles.

(2) Initial and continued training for ambulance personnel must be described in the plan and be sufficient to meet initial and recertification standards under ORS 823.010 through 823.990 and ORS 677.610 through 677.700.

(3) Ambulance notification and response times must be described in the plan. A standard for each ASA must be set in the plan which is expressed in terms of percent of calls which do not exceed a specified number of minutes. Multiple response time standards may be established within the ASA to accommodate variations as determined by the county. A notification and response time monitoring process for all areas must be described.

(4) The plan must either demonstrate that the call volume of all ASAs is sufficient to financially support the level of service required or else demonstrate financial soundness of the areas through other income sources.

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

Coordination

333-28-125 (1) The county(ies) may delegate authority for development and administration of the county plan to an intergovernmental body which has legal authority to adopt and enforce ordinances and rules.

(2) The plan must provide for ongoing input to the county from prehospital care consumers, providers, and the medical community. This input may be provided by an appointed Emergency Medical Services Advisory Committee.

(3) The plan must describe the mutual aid agreements for ambulance responses from outside of the service area and responses to other service areas. Mutual aid agreements must be signed between all ambulance providers in the county.

(4) The plan must describe ambulance providers' responsibilities in the event of a disaster, including coordination with county resources other than ambulances and methods for obtaining out-of-county resources other than ambulances. The ambulance disaster response plan must be recognized and approved by the County Emergency Management Administration.

(5) The plan must identify all additional personnel and equipment resources which are available and describe the coordination of these resources with the ASA provider. Additional resources include but are not limited to personnel and equipment with capabilities responsive to:

(a) Hazardous Materials;
(b) Search and Rescue;
(c) Specialized Rescue; and
(d) Extrication.

(6) The plan must describe emergency radio and telephone communications systems for the county(ies). Mechanisms for the following must be in operation or scheduled for implementation:

(a) Access to the Emergency Medical Services System through centralized emergency telephone numbers.

(b) Dispatch of appropriately staffed ambulances and other emergency resources based on emergency medical protocols.

(c) **U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Dispatcher: National Standard Curriculum** or equivalent training for all Emergency Medical Services Dispatchers.

(7) The plan must describe a quality assurance program which monitors the efficiency and effectiveness of ambulance service, and which provides legal sanctions for violations of the plan provisions.

[**Publications:** The publication(s) referred to or incorporated by reference in this rule are available from the office of the

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

Provider Selection

333-28-130 (1) The plan must describe a mechanism for assignment and reassignment of providers to ASAs. The county(ies) is (are) solely responsible for designating and administering the process of selection. The plan must include a mechanism for responding to an application by a provider for an ASA and responding to notification that an ASA is being vacated. The process must include procedures for resolving disputed cases which includes an appeal to elected officials.

(2) The ASA plan must be in compliance with existing local statutes/ordinances and ORS 823.220.

[**Publications:** The publication(s) referred to or incorporated by reference in this rule are available from the office of the Health Division.]

Stat. Auth.: ORS Ch. 823
Hist.: HD 16-1986, f. & ef. 9-9-86

EXHIBIT 15
PAGE 10

MILLER, NASH, WIENER, HAGER & CARLSEN
ATTORNEYS AND COUNSELORS AT LAW
3500 U.S. BANCORP TOWER
III S. W. FIFTH AVENUE
PORTLAND, OREGON 97204-3699
TELEPHONE (503) 224-5858
TELEX 364462 KINGMAR PTL
TELECOPY (503) 224-0155

THOMAS E. LINDLEY
ADMITTED IN OREGON, WASHINGTON AND ILLINOIS

SEATTLE OFFICE
6500 COLUMBIA CENTER
701 FIFTH AVENUE
SEATTLE, WASHINGTON 98104-7075
TELEPHONE (206) 622-8484
TELECOPY (206) 622-7485

PRESENTATION REGARDING THE COMPETITIVE PROCESS/TWO ASA OPTION

February 16, 1988

MULTNOMAH COUNTY STUDIES OF AMBULANCE SERVICE SYSTEM OPTIONS:

1977 McCready Report: Recommended award of one or more exclusive ambulance service franchises through a competitive bid process (expressly limited to private providers).

1982 County EMS Office: Recommended award of one or more exclusive ambulance service franchises through a competitive bid process: "[T]he only option which offers the potential for price competition in the system; and, as such it is the most effective option for dealing with the problems of cost and price."

1986 **Portland Business Group on Health: Recommended award of one or more exclusive ambulance service franchises through a competitive bid process. (9/86)**

Rate Study Task Force (RSTF): "All emergency BLS and ALS transport should be performed by a single provider, which provider should be chosen through a competitive bid process." (10/86)

County Commissioners: Heard testimony on ambulance system options; accepted RSTF Final Report with system using exclusive franchise of contract(s) awarded through a competitive bid process (commissioners did not specify whether bid to be for one or more-than-one ASA). (11/86)

EMS Policy Board: Endorsed such franchising through a competitive bid process. (12/86)

1987 **EMS Policy Board (with 2 of 3 members new): Reaffirmed decision in favor of such franchising through a competitive process. (5/87)**

[Judge Crookham's ruling: Precluded single ASA but did not rule out awarding exclusive contracts through competitive bid process if that involves more than one ASA. (12/87)

THESE STUDIES LEAD TO TWO QUESTIONS

1. **Why has there been such consistent agreement that the competitive model is the best model?**

2. **Why has there been such agreement that that model should involve only one or at most two ASAs?**

GOALS

1. TO OBTAIN THE HIGHEST QUALITY CARE

2. AT THE MOST REASONABLE COSTS

TO ACHIEVE GOALS

The only way to be certain of achieving both goals is to put each proposal to the test-- the competitive test.

Each qualified proposer should be asked for the best system status plan and care program its people can develop, and for the full costs of that plan and program.

Then, concrete proposals--not pie-in-the-sky promises--can be evaluated. And then the proposal that best achieves both goals can be selected.

OPINION SURVEY OF CITY AND COUNTY GOVERNMENTS ON THEIR USE OF PRIVATIZATION

Conducted: July, 1987
By
Touche Ross,
The Privatization Council,
and
The International City Management Association

Surveyed 5,718 officials representing all U. S. cities with populations over 5000 and all U. S. counties with populations over 25,000.

Identified three categories of privatization:

1. Contracting Services Out;

2. Construction or acquisition and operation of facilities;

3. Sale of assets.

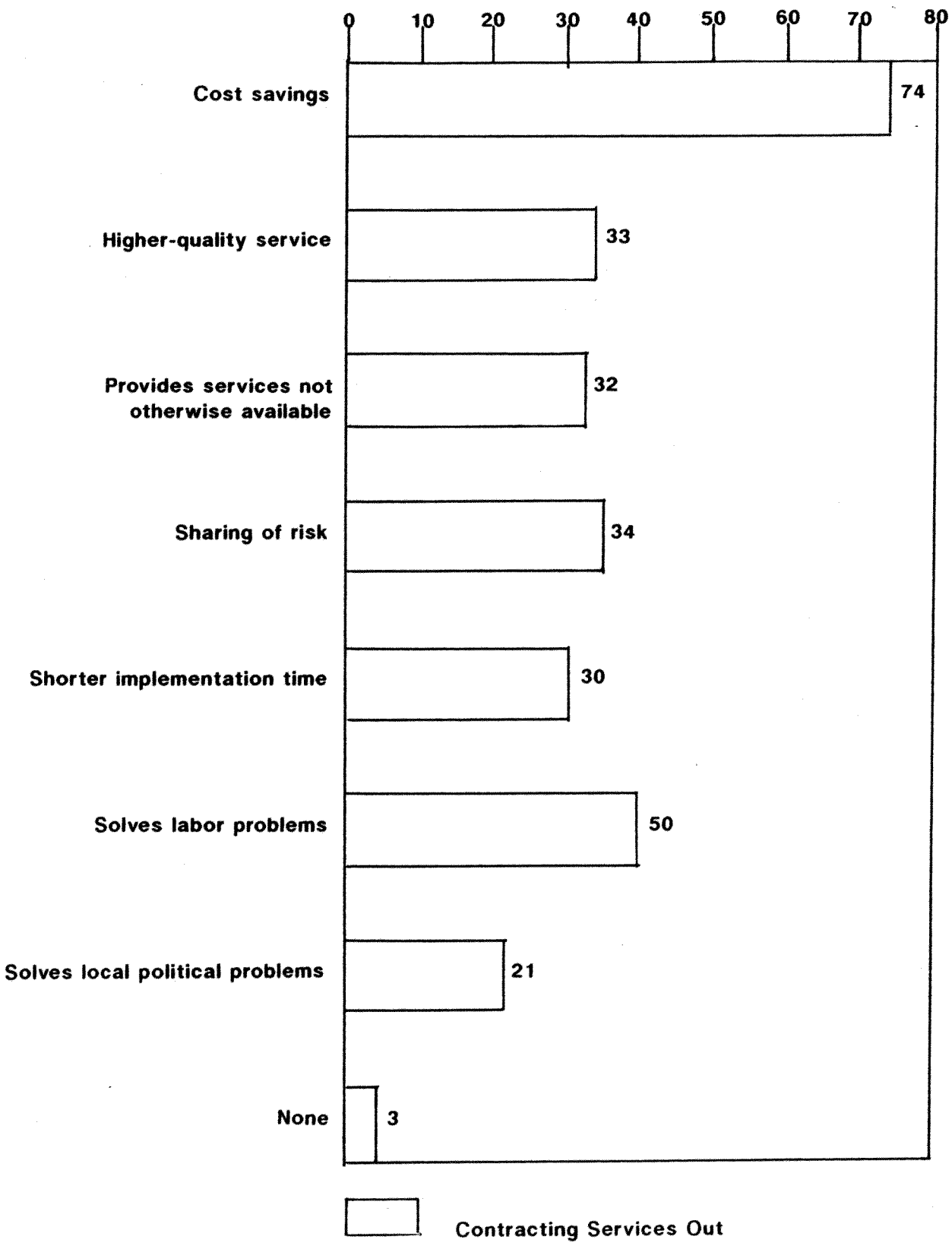
Here we are addressing only contracting for services.

HIGHLIGHTS

1. "Most governments say they achieved the objectives they had in privatization. For those that wanted to cut costs, the savings have been substantial. Forty percent of the governments that contracted for services for this reason saved at least 20 percent, and 10 percent saved 40 percent or more."

2. "Cost savings are the main reason for privatizing services, but not the only reason."

What are the advantages of contracting for services?



Regarding Competitive Ambulance Service Procurement:

Where providers compete in a proposal process for the right to serve an exclusive area, "private providers are meeting the industry's highest performance standards, at the industry's lowest costs for comparable services."

Jack Stout, Journal of Emergency Medical Services, May 1986, p. 74.

Governments that have begun in last several years to award exclusive ambulance service contracts through a competitive bid process include:

San Mateo, CA

Baytown, TX

Fresno, CA

Battle Creek, MI

Fort Worth, TX

Washoe County, NV (Reno)

Phoenix, AZ

San Diego, CA

Spokane, WA

Pinellas Co., FL

Fort Wayne, IN*

Tulsa, OK*

Kansas City, MO*

Governments that are planning to use such a competitive bid process in the near future include:

Clackamas County, OR

Los Angeles, CA

Calgary, Alberta

overnments that are actively considering the use of such a competitive bid process include:

Washington, D.C.

Pittsburgh, PA

Chicago, IL

Public Utility Model: bid and contract for management and labo

THE KEY ISSUE REGARDING SAVINGS:

1. IS NOT WHETHER AN ALREADY OUTDATED STUDY THAT SAMPLED SYSTEM COSTS WAS COMPLETELY ACCURATE WHEN IT WAS PREPARED

2. IS WHETHER WE, AS A SYSTEM, CAN DO SIGNIFICANTLY BETTER THAN WE ARE NOW DOING

GOALS

1. **TO OBTAIN THE HIGHEST QUALITY CARE**

2. **AT THE MOST REASONABLE COSTS**

TO ACHIEVE GOALS

The only way to be certain of achieving both goals is to put each proposal to the test-- the competitive test.

Each qualified proposer should be asked for the best system status plan and care program its people can develop, and for the full costs of that plan and program.

Then, concrete proposals--not pie-in-the-sky promises--can be evaluated. And then the proposal that best achieves both goals can be selected.

WHAT SHOULD THE COMPETITIVE PROCESS LOOK LIKE?

Survey authors Touche Ross, The Privatization Council, and The International City Management Association, in their survey analysis, recommend that when services are contracted out, the government should use a two-step proposal process:

"In the first step of this process, the government selects several vendors that are qualified to provide the service before considering price or requesting proposals. Then, in the second step, the government asks these qualified vendors for detailed proposals. We feel that this may be the best way to select vendors for many services because it allows the government to weed out unqualified vendors before judgments can be swayed by unrealistically low bids."

COMPETITIVE PROCESS/TWO ASAs

Components

1. Divide Multnomah County into two Ambulance Service Areas (ASAs)

   Roughly equal in

   *call volume

   *indigent population

   *geographical barriers to service

   Roughly parallel to Trauma Center designation boundry

2. EMS Policy Board to prepare ASA plan for BCC approval. Upon BCC approval, refer to Oregon Health Division for approval. One single countywide physician supervisor should be part of any ASA plan.

3. Potential contractors to be selected through a credentialing process (Request for Credentials, or RFC).

4. Ultimate contractors to be selected through evaluating their competitive proposals (Request for Proposals, or RFP)

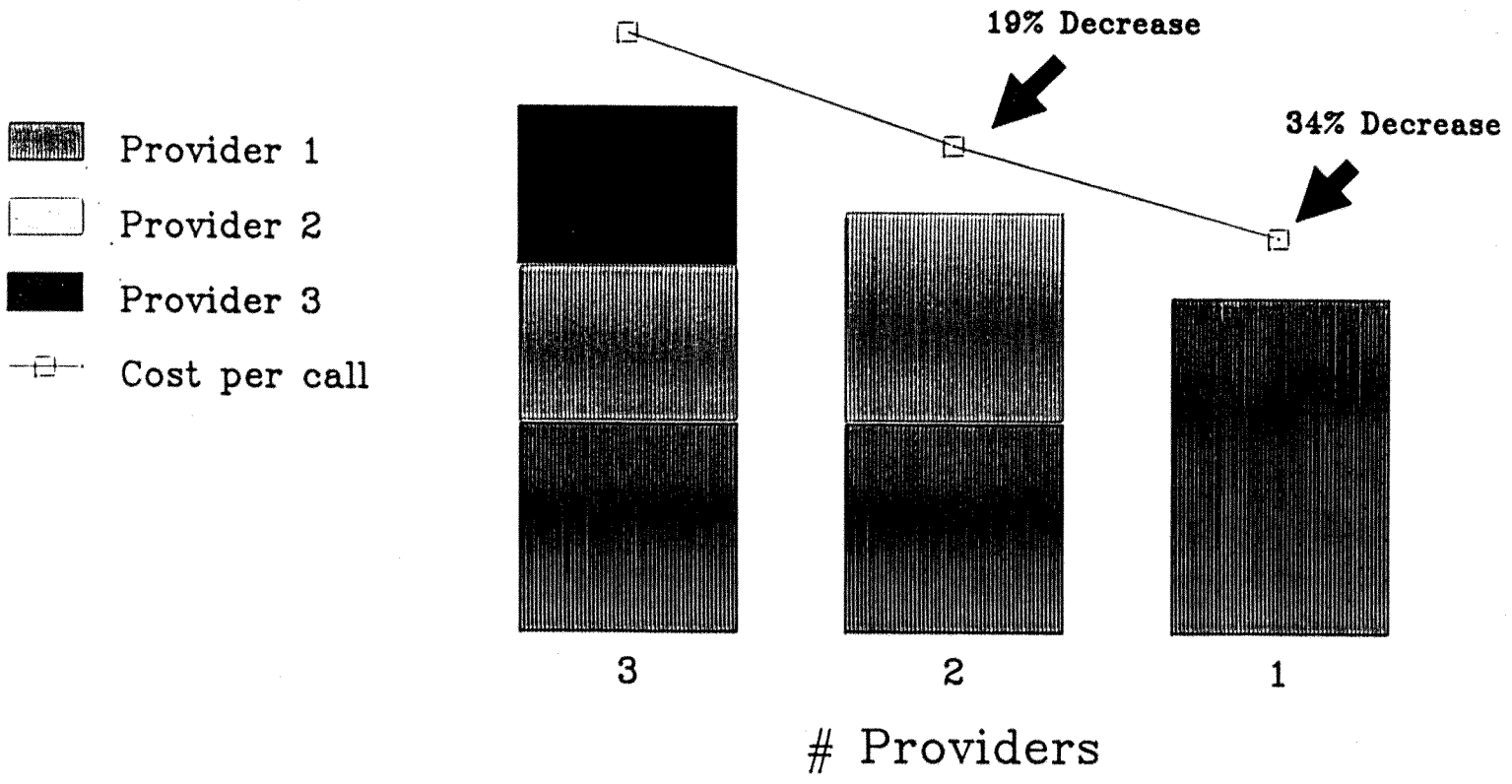
   A. Only one ASA to any one bidder

   B. One entity might win both separate bids

The Competitive Model Is A

Process, Not An Outcome

OVERALL COST SAVINGS
By Provider Reduction



Assume $7,000,000 system cost

"The larger the geography and population base served, the more efficient it is to deal with trends in demand without having too many or too few ambulances."

Joe Acker, Director, County EMS Office,

December 15, 1986

"Reducing the duplication of human and material resources could lower the overall cost of the system, thereby enabling the reduction of the charges."

EMS Rate Study Task Force,
Consultant Report, 1986, p. 17.

SAVINGS FROM DUPLICTIVE COST

Significant Administrative Reductions:

Central Building Cost

1) lease/rent/purchase
2) maintenance & supplies
3) utilities

Business License
Computer Purchase
Computer Maintenance
Professional Expenses
Travel & Entertainment
Public Relations
Base Radio Cost
Base Radio Maintenance
Property Taxes
Dispatch Salaries
Training Salaries

Other Cost Reductions:

Telephone Systems
Office Salaries
Administrative Salaries
Maintenance Salaries
Clerical Salaries
Printing

Savings due to Increased Efficiency:

18 ALS Units System Wide – 1986

13 – 14 ALS Units – Proposed

Per EMS Director 12/15/86

REDUCTION OF ALS UNITS IN THE EMS SYSTEM WILL:

- ✔ Increase the efficiency of the other vehicles, by increasing their volume;

- ✔ Reduce the cost of providing service by using fewer vehicles to respond to more calls;

- ✔ Increase the paramedic's skill level by providing more patients for them to care for.

PRESENTATION TO EMS POLICY BOARD
12/15/86

EMS Director Joe Acker addressed the concerns of the County Commissioners to a single ambulance provider:

The County Commissioners had two concerns: 1) How will a single provider be more cost effective than multiple providers? 2) What are the socioeconomic impacts of a single vs. multiple provider system?

The pro's and cons of a single provider system are:

	Pro		Con
1.	The closest available ambulance is always sent.	1.	Current system maintained.
2.	The rate is always the same to any user in the county.	2.	
3.	The population pay mix and call type are a reflection of the overall county population mix. There is no part of the county underserved.	3.	
4.	Staffing and vehicle scheduling are based on the time location-demand of a larger population base. [The larger the geography and population base served the more efficient it is to deal with trends in demand without having too many or too few ambulances.]	4.	
5.	The majority [86%] of U.S. cities above 160,000 population provide emergency ambulance service with a single primary emergency ambulance provider.	5.	

6.	Properly prepared RFP's allow access to personnel/ records at time of rebid.	6.	No one will be around at time of rebid.
7.	Administrative costs are not duplicated.	7.	
8.	An ambulance is never out of service/out of ASA.	8.	
9.	Scheduling is done on a larger call volume. There is more efficient use of personnel.	9.	
10.	Best response time. [Vehicle placement on demand, not on ASA lines.]	10.	
11.	Dispatch is easier.	11.	
12.	BLS makes up at least 50% of current call volume.	12.	Two companies will go out of business.
13.		13.	An out of state company may take over.
14.	Medical control is easier.	14.	
15.	It is easier to develop regional components of an EMS system.	15.	
16.	It is easier to combine with other counties in the trauma system.	16.	
17.	Training and continuing education are more uniform and reliable.	17.	
18.	Faster, simplified communication and coordination in a Mass Casualty Incident.	18.	

A single Ambulance Service Area can reduce administrative cost:

1) A single ASA reduces cost in these areas by 66 2/3% (estimate)

Central Building Cost
Central Building Maintenance
Central Building Supplies
Business License
Computer Purchase
Computer Maintenance

Professional Services
Travel and Entertainment
Public Relations
Radio Base Cost
Radio Base Maintenance
Property Taxes
Central Building Utilities
Dispatch Salaries
Training Salaries

2) A single ASA will reduce administrative cost by some % (estimate)

Telephone
Office Salaries
Administrative Salaries
Maintenance Salaries
Clerical Salaries
Office Supplies
Printing

3) A single ASA will not appreciably reduce these administrative costs (estimate)

Postage

The actual cost of administration (overhead expenses):

1) AA Ambulance at a hearing (12/10/86) stated overhead is 15% of collected revenue.

2) Deloit Haskins Sells, in the private operator's response to the Portland Fire Bureau proposal to transport, showed: in a bar graph: Overhead expenses for adjusted average private ALS is 33%, and private provider ALS is 11%.

The greatest area of cost savings in a system is reduction in ambulances. In February of 1986 the rule which ambulance operators had stated kept them from removing surplus ambulances from the system was rescinded. The operators since that time have had the most incentive to be most efficient. The system has decreased by three-twelve hour ambulances and one twenty-four hour ambulance (supplemented by out of county). Sunday (12/14/86) at 1400 hours there were eighteen ALS ambulances either in service or available in Multnomah County.

Most agree that Multnomah County needs only ten to thirteen and one-half ambulances.

With multiple ASA's we are as efficient as the operators will get.

The following are the socio-economic areas of concern of a single ASA:

1) Cause job losses due to duplication of administrative functions and too many ambulances (this is not unusual as health care attempts to become more efficient and contain cost).

2) Taxed income to government will be lessened (business, property, wage, personnel contribution).

3) May project a view that government is anti-small business (this does show that local government is serious about cost containment in health care costs).

4) Two small businesses may be lost (in four twelve-hour periods there were one-hundred and ten code-three calls and forty-nine requests to take ALS units out of service to run private calls. This demonstrates that there is ample code-one business to keep the small businesses alive).

Jack Stout in a letter to C.P. Schade, M.D. (11/4/86) stated: "Housing responsibility for all ALS within a single provider organization also makes sense, given the size of Multnomah County's population."

A single ASA will reduce administrative overhead costs.

A single ASA is the only legal way to reduce the number of ALS ambulances and gain economy.

Mr. Acker then reported on the question which the Commissioners asked:

Would your company support a bid process if multiple ASA's were established?

AA - qualifies the bidding process
Buck - supports a single ASA
Care - no
PFB - supports a single ASA
GFD - no answer
Metro West - no answer

TWO ASAs: One Winner or Two?

The best summary of the arguments for and against one winner is found in Commissioner Anderson's memorandum to the EMS Policy Board, dated December 6, 1986 :

Arguments for a single provider /winner:

"a. indigent costs will likely be unequally spread between two or three districts. This will require some formula for equalizing this additional cost.

b. a single provider system is easier for the EMS office to administer."

c. a single provider system is cheaper overall because of potential efficiencies in management, billing, etc.

Concerns regarding one rather than two provider(s)/winner(s):

"a. the danger that a single provider system would reduce competition in the long run and leave only one viable [local] ambulance company left to rebid the single district.

b. the danger of putting local companies out of business at a time when small business needs encouragement, not dissolution."

Alternative to consider:

"A possible compromise would be to create two districts and allow a single company who could not realistically bid on the entire county to bid on one of the districts. Also, a smaller company could reenter the bidding at a rebid time. Presumably, this would help ensure some measure of competition."

COMPETITIVE PROCESS/TWO ASAs

1. A process, not an outcome.
2. Permits both public and private providers, if they are qualified, to participate--no potential provider is excluded unless it is not qualified.
3. Given a proper RFP, it permits innovative system status planning and care proposals, while ensuring that all minimums are met.
4. Given a proper RFP, it can accurately reflect and determine system proposal costs.
5. "Locks in" rates and charges to those approved in the proposal.
6. Permits contractual as well as legal enforcement of system requirements and standards.
7. Given a proper RFP, reduces enforcement costs by selecting "likely to perform well" provider(s).
8. Reduces overall system costs by increasing efficiency and eliminating duplication.
9. Abides by the court ruling.

Competitive bidding assures that cost savings are passed along to the consumer. No other system can guarantee that patient care will meet all the standards or even improve, while at the same time system costs will decline.

If for any reason you question the numbers I have presented, or those presented by Chris Thomas, Joe Acker, or John Wilson, put them to the test--the competitive test.

Memorandum from Commissioner Anderson to EMS Policy Board (Dennis Buchanan and Joe Acker); December 6, 1986

[Following a report in The Oregonian that inaccurately described the County Commissioners' decision]

"[T]he Board did not decide against a single provider system. As our enclosed statement indicates we were not convinced the the single provider opinion was the only cost effective one. We did become convinced that some type of bid system was required, and therefore rejected the new Care/AA proposal."

(underlined in original)

"NEUTRAL PARTY" STUDIES OF PROPOSED MUNICIPAL OR FIRE BUREAU EMERGENCY TRANSPORT PROPOSALS: Their History in Multnomah County

1966 Portland City Club recommends against any municipally owned, operated, or subsidized ambulance service.

1971 Portland City Club reconsiders its 1966 study, conducts new study, and reaffirms its recommendation against any municipally owned, operated, or subsidized ambulance service.

1977 McCready Report: Recommends award of one or more exclusive ambulance service franchises through a competitive bid process and expressly limits participation in that process to private providers.

1986 Portland City Council declines to endorse or to go further with Fire Bureau's proposal to begin to provide emergency transport. (6/86) (That PFB proposal now reappears before BCC as Option 3, suboption 4.)

Multnomah County Rate Study Task Force rejects Fire Bureau's proposal and recommends intead that any entity seeking to provide emergency transport must be chosen through a competitive bid process. (10/86)

1987 Portland City Council, in light of Judge Crookham's ruling, defers vote on whether to allow Fire Bureau to submit a bid to provide emergency transport in the County's competitive bid process. (12/87)

NOT ONE PUBLIC BODY HAS EVER ACCEPTED OR APPROVED THE FIRE BUREAU'S PROPOSAL. IF YOU SELECT IT NOW, THERE IS NO REASON TO BELIEVE THAT THE PORTLAND CITY COUNCIL WILL EVEN PERMIT THE FIRE BUREAU TO DELIVER THAT SERVICE.

"Fire Services EMS as a Public Utility"
by Anthony J. Meyers, Fire Chief
Fort Wayne, Indiana
in Journal of Emergency Medical Services
June, 1984

"More and more large American cities are beginning to question whether government should be a provider of ambulance services.

*** * ***

Just as the value of street-level competition was being questioned a decade ago, the non-competitive award of what amounts to an ambulance service franchise to a fire department or third service department is being questioned today."

"EMS IN THE U.S.: A SURVEY OF PROVIDERS IN THE 150 MOST POPULOUS CITIES"

JOURNAL OF EMERGENCY MEDICAL SERVICES

January, 1988. Vol. 13, No. 1

"For the fourth time in less than seven years, we have compiled an analysis of prehospital EMS in the most populous cities in the U.S. * * *

For the most part, all the types of providers changed only slightly with the exception of one--fire departments with cross-trained, dual role personnel (FD-CT/DR). In 1981 and 1986, the FD-CT/DR system was the system of choice in 42 or 43 percent of the cities, respectively. This system dropped to 39 percent in 1987 and plummeted to 22 percent in this year's study. * * *

On the other side of the scale, a mixture of FD-CT/DR and Private (PRI) provider was prominent in only seven percent of the cities in 1981, three percent in 1986-87, and dramatically increased to 19 percent this year."

In 1988, systems where Private Providers performed both as first responder and as transport service were 14 percent, compared to 15 percent in 1981.

FIRE ALS TRANSPORT
PROPOSAL

Problems:

1. Dependant upon yearly budget process with possible cuts;

2. Changing EMS philosophy with each change in Chiefs;

3. A bureaucratic system, difficult to regulate by EMS office.

"Fire Services EMS as a Public Utility"
by Anthony J. Meyers, Fire Chief
Fort Wayne, Indiana
in Journal of Emergency Medical Services
June, 1984

"The business of prehospital care (and it is a business) is in no significant way analogous to fire protection services. Productivity requirements, are totally different (at least if you intend to stay in the business), the rate of technological change in EMS is far more rapid (at least if you intend to keep up with the industry's best), and the EMS labor market for both managers and filed personnel is increasingly a national market, meaning that the EMS wages, benefits, work schedules, and recruitment programs must be far more innovative and flexible than those we have grown used to in the fire services."

REQUEST FOR CREDENTIALS

Should require, among other things, as minimums:

1. Proof of analogous service
    a. population base
    b. response time
    c. primary transport role
    d. medical sophistication
2. Ability to meet all medical criteria
    a. training programs
    b. history of compliance in regulated system
3. Ability to meet all financial criteria
    a. performance bond/deposit
    b. how to deal with situation where collections will be inadequate to cover costs for at least first six months of operations
    c. stand-alone program or guaranteed revenue sources

REQUEST FOR PROPOSALS

Should require, among other things,

A. Agreement to meet each specified minimum.

B. Proposed performance levels in excess of those minimums, if any.

C. "Performance predictors," e.g. histories, that show likelihood of meeting promises in A and B (thereby easing enforcement burden and reducing need for D).

D. Fail-safe mechanisms to ensure system can withstand provider removal.

E. Costs of performance, and rates and charges to meet those costs.

All of these should be given weight in the point-award portion of the RFP process.

Date 2/16

NAME Richard Lazan

ADDRESS 1100 SW 6th, Ste 1100
Street

City Zip

I wish to speak on Agenda Item # Amb Service
Subject

____ FOR ____ AGAINST X General

Prefer to speak last

Date 02/16/88

NAME RICK CHERRY / COMMUNITY AMB

ADDRESS ~~[illegible]~~ 3401 SW MOODY

Street

PORTLAND

City Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR _____ AGAINST

EMT-1 to 3s No. AIS transport

Date 2/16/88

NAME John Schweiger

ADDRESS Chairman M-C Airport Board

Street

City Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR _____ AGAINST

Date 2/16/88

NAME Tom Lindley

ADDRESS 111 SW Fifth
Street

Portland OR
City Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR _____ AGAINST

Date 2/16/88

NAME Chris Thomas

ADDRESS Suite 400, 200 SW First
Street

Portland, OR 97201
City Zip

I wish to speak on Agenda Item # _____

Subject EMS Options

_____ FOR _____ AGAINST

Date _____

NAME Jeanne Robinette

ADDRESS Oregonians for Cost-Effective Government

P.O. Box 384 Lake Oswego OR 97034

Street City Zip

I wish to speak on Agenda Item # _____

Subject _____

____ FOR ____ AGAINST X

Comments

Date 3/16/88

NAME D JOE. WILLIS

ADDRESS 121 SW 5TH - SUITE 1100 PACWEST CENTER
Street

PORTLAND OR 97209
City Zip

I wish to speak on Agenda Item # EMS OPTIONS -
Subject

____ FOR ____ AGAINST

Date 2/15/85

NAME John Schnitzer

ADDRESS Chamber Pac Investment Board

Street

City Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR _____ AGAINST

Date 2/16/85

NAME Tom Lindley

ADDRESS 111 SW Fifth

Street

Portland OR

City Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR _____ AGAINST

Date 2/16/85

NAME Chris Thomas

ADDRESS Suite 400, 200 SW First

Street

Portland, OR 97201

City Zip

I wish to speak on Agenda Item # _____

Subject EMS Options

_____ FOR _____ AGAINST

NAME Joanne Robinette Date _____

ADDRESS Oregonians for Cost-Effective Government

P.O. Box 384 Lake Oswego OR 97034

Street

City Zip

I wish to speak on Agenda Item # _____

Subject _____

_____ FOR _____ AGAINST X Comments

NAME D. Joe Wilkes Date 2/16/85

ADDRESS 121 SW 5th - Suite 1300 Pacific Power Center

Street

Portland OR 97209

City Zip

I wish to speak on Agenda Item # EMS options -

Subject _____

_____ FOR _____ AGAINST

Date 2/16

NAME Richard Lazar

ADDRESS 1100 SW 6th, Ste 1100
Street

City Zip

I wish to speak on Agenda Item # AMB Service
Subject

____ FOR ____ AGAINST x General

Prefer to speak last

Date 02/16/88

NAME Rick Cherry / Community AMB

ADDRESS ~~[illegible]~~ 3401 SW Moody
Street

PORTLAND
City Zip

I wish to speak on Agenda Item # _____
Subject

____ FOR ____ AGAINST

EMT-1 to 32 No. AIS transport

AMBULANCE SERVICE PROPOSAL

THREE PROVIDERS

REGULATED TO LIMIT COSTS AND RATES

Submitted by Christopher P. Thomas
on behalf of AA Ambulance Company
February 16, 1988

REGULATIONS

1. Single Medical Supervisor
2. Rate Regulation
3. Limit Number of Ambulances

RATE REGULATION

1. Initial Review Process
    a. Gather data
    b. Determine rates

2. Periodic Review Process
    a. Proposal for rate adjustment
    b. Decide whether to review
    c. Gather data
    d. Adjust rates

LIMIT NUMBER OF AMBULANCES

1. Limit number of ambulances in system
   a. 12-14 emergency ambulances
   b. Divided among three providers

2. Emergency and non-emergency service
   a. 2-4 non-emergency ambulances
   b. Divided among three providers

WHY LIMIT AMBULANCES?

1. System cost is determined primarily by number of ambulances
    a. Ambulance staffing is 84% of personnel costs
    b. Ambulances should be limited to number required by EMS rules
        i. Response time
        ii. System status management
2. Increase EMT "hands-on" experience

BENEFITS

1. Accomplishes benefits of other options
2. Least disruption
3. Direct rate and cost control
4. Preserves longtime businesses
5. Preserves advantages of competition

PRIVATE PROVIDER OPTIONS

I. One Provider - Bid

II. Two Provider - Bid

III. Three Provider

   A. Unregulated to limit costs and rates

   B. Regulated to limit costs and rates

EMS in The U.S.

A Survey of Providers in the 150 Most Populous Cities

by Dana A. Jarvis

For the fourth time in less than seven years, we have compiled an analysis of prehospital EMS in the most populous cities in the U.S. In 1981 and 1986, the lists were 100 cities long. In 1987, however, the U.S. Census Bureau noted 50 more cities with over 100,000 population so we added them to our 1987 EMS report. At this rate, next year we will probably cover 200 cities.

A Bit of History

When we originally started this process, we were simply trying to create a conversation piece – and did people talk! Our study has become one of the most frequently quoted articles ever published in the EMS field. The study and the questions upon which it was based have also become a source of criticism.

Last year, our colleague Jack Stout charged that we were asking for simple answers to complex questions. Stout was correct in suggesting that defining the "primary" prehospital emergency medical provider depended on who we talked to in a particular community. As he pointed out in his sidebar to last year's report, ask the fire chief who he thinks is the "primary EMS provider" and he'll probably tell you that it's the fire department. Likewise the owner of the private transport service will surely tell you that his private company is the "primary provider," especially if he's transporting and the fire department provides first responder service.

Since the names and addresses listed in the 1987 report were what we started with for our 1988 report, we tried to control that problem by asking, "Who *really* is the primary provider?" in a more direct way:

1. Do you have 9-1-1 emergency services in your city? If so, who answers the 9-1-1 calls?
2. Who responds to the emergencies and who transports to a receiving hospital?

Dana A. Jarvis is the senior editor of *JEMS*. She has a bachelor of science degree in Emergency Health Services Management from the University of Maryland Baltimore County.

Primary Providers

So who are the primary providers? In conducting this and the past studies, we have recognized that the vast majority of the cities studied are served by one or more private ambulance companies. Previously, however, we have only allowed for the identification of a sole provider. This year we asked for multiple listings wherever necessary. After each city contact, the abbreviation "ER" or "TS" will indicate which listing is the emergency responder or the transport service. In many cases the emergency responder *is* the transport service. In such cases an "ER/TS" will appear.

In allowing the cities to identify more than one provider, we have learned that:

- 22% (33 cities) use Fire Department with Cross-Trained, Dual-Role personnel (**FD-CT/DR**);
- 19% (28 cities) use FD-CT/DR along with a Private ambulance service (**Pri**);
- 8% (12 cities) use Fire Department with Civilian EMS staff (**FD-CIV**);
- 14% (21 cities) use a Private ambulance service only (**Pri**);
- 6% (9 cities) use a service owned and operated by Hospital (**Hosp**);
- 11% (17 cities) use a Third Service, Municipal (**3 Svc Muni**);

Table 1: Category Changes of Primary Provider from 1981 to 1988

Provider	1981	1986	1987	1988
FD-CT/DR	42% (42/100)	43% (43/100)	39% (59/150)	22% (33/150)
FD-CIV	5% (5/100)	8% 8/100	9% (13/150)	8% (12/150)
PRI	15% (15/100)	14% (14/100)	15% (23/150)	14% (21/150)
HOSP	4% (4/100)	4% (4/100)	5% (7/150)	6% (9/150)
3 Svc Muni	11% (11/100)	15% (15/100)	11% (17/150)	11% (17/150)
3 Svc Co	7% (7/100)	6% (6/100)	7% (10/150)	5% (7/150)
Pub Tr	1% (1/100)	1% (1/100)	1% (2/150)	2% (3/150)
Pub U	2% (2/100)	4% (4/100)	3% (5/150)	2% (3/150)
FFM	0% (0/100)	0% (0/100)	1% (1/150)	1% (1/150)
VOL	1% (1/100)	1% (1/100)	1% (1/150)	1% (1/150)
FD-CT/DR and PRI	7% (7/100)	3% (3/100)	3% (5/150)	19% (28/150)
Other Multiple Providers	5% (5/100)	1% (1/100)	5% (7/150)	10% (15/150)
Total	100%	100%	100%	100%

- 5% (7 cities) use a Third Service, County (3 Svc Co);
- 2% (3 cities) use a Public Utility ambulance service (Pub U);
- 2% (3 cities) use a Public Trust ambulance service (Pub Tr);
- 1% (1 city each) use either a Failsafe Franchise Model (FFM or a Volunteer service (Vol); and
- 10% (15 cities) use a combination of these various categories.

With this information at our fingertips, we went back through the last three city surveys to find out how the cities have changed in terms of their choice of primary provider. For the most part, all the types of providers changed slightly with the exception of one – fire department with cross-trained, dual role personnel (FD-CT/DR). In 1981 and 1986, the FD-CT/DR system was the system of choice in 42 and 43 percent of the cities, respectively. This system dropped to 39 percent in 1987 and plummeted to 22 percent in this year's study. A decrease between 1986 and 1987 was due, in part, to the increase in survey sample to 150. On the other side of the scale, a mixture of FD-CT/DR and Private (PRI) provider was prominent in only seven percent of the cities in 1981, three percent in 1986-87 and dramatically increased to 19 percent this year. Moreover, multiple provider systems are on the increase, as only five percent of the cities used this option in 1981 and we found that 10 percent of the cities used a multiple provider system (other than FD-CT/DR and PRI) this year (see Table 1).

Do You Have 9-1-1?

In the previous three most populous city surveys, the question of whether a particular city had 9-1-1 was never asked. In modern-day EMS, it is hard to perceive a city of 100,000 population without 9-1-1, but the absence of 9-1-1 still occurs. We were, however, pleasantly surprised to learn that 83 percent of these cities now have 9-1-1 emergency service. And of the 17 percent which do not have 9-1-1, 31 percent indicated that 9-1-1 emergency service would be available by the end of 1988 or early 1989.

When asking the question of whether 9-1-1 emergency service exists in our major cities, we became curious as to where the emergency calls were received. Forty percent of all 9-1-1 calls within the cities that have the service are answered by the police department. Another 44 percent of 9-1-1 calls are answered by a central communications center. Only 16 percent of 9-1-1 calls are answered by our cities' fire departments.

Forms of Government

The three forms of government represented in the top 150 most populous cities continue to be: Mayor and Council (MC), Council-Manager (CM), and Commission (CO). In the 1981 report, we first used the International City Management Association's *Municipal Year Book* to characterize the MC form of government as "a legislative body (generally called a city council, but also termed a board of freeholders, board of selectment or commission) elected at large . . . and a separately elected chief executive (usually called the mayor);" the CM form of government as "an elected legislative body. The size . . . is generally smaller than a MC municipality and council elections are usually non-partisan. A city manager is hired to carry out the policies of the council;" and the CO as an "elected (official) in a non-partisan, at-large system."

We once again have asked our cities about their form of government. It is interesting to note that in 1981, 49 percent of the 100 most populous cities had a mayor-council form of government; 43 percent had a council-manager form; and eight percent had a commission form of government. Today, however 95 of 150 (63%) cities have incorporated a mayor-council form of government; 45 of 150 (30%) have a council-manager; and seven of 150 (5%) now have a commission form of government.

Population Shifts

Much to our surprise, 32 more cities joined the ranks of at least 100,000 population this year. Four of these new cities – Chula Vista, CA; Pomona, CA; Ontario, CA; and Durham, NC – moved into the top 150 and bumped Sunnyvale, CA; Sterling Heights, MI; Peoria, IL; and Odessa, TX. In fact, 64 percent of the cities which previously held positions in our list actually increased in population while 36 percent declined. Forty-four percent of the cities moved up in rank, 13 percent maintained their previous position and 43 percent fell back in the ranks.

Figure 1: Regional Divisions of the U.S.

Based on the census provided to us this year, 24 percent (57.9 million) of the U.S.' approximate 240 million people live within these top 150 cities. The south and the west continue to be the heavily populated regions with 39 and 29 percent of these 150 cities' population living there, respectively. Likewise, the population in the west grew by 19 percent and the south grew by 17 percent over last year's report. In the northeast and midwest, where 29 and 12 percent of the population resides, the overall populations actually decreased by four and three percent, respectively (see Figure 1 for regional breakdown).

In ranking the top 150 cities, everyone wants to be on top but no one wants that "bulge" around the city limits. So we sought to find out which cities grew the most over last year's report, which cities grew the least, which cities decreased the most and which cities decreased the least. The results:

Largest Population Growth
1. Los Angeles, CA grew by 162,619
2. New York, NY grew by 97,958
3. Austin, TX grew by 69,549
4. Phoenix, AZ grew by 61,084
5. Mesa, AZ grew by 57,499

Smallest Population Growth:
1. Hampton, VA grew by 8
2. Paterson, NJ grew by 312
3. Shreveport, LA grew by 384
4. Denver, CO grew by 412
5. Hollywood, FL grew by 735

Greatest Population Decline:
1. Milwaukee, WI decreased by 15,721
2. Pittsburgh, PA decreased by 15,093
3. Baltimore, MD decreased by 10,770
4. Cleveland, OH decreased by 10,713
5. Salt Lake City, UT decreased by 10,404

While Baton Rouge, LA and Honolulu, HI had the largest population declines

(127,441 and 432,936, respectively) and a resulting drastic rank shift, the U.S. Census Bureau attributes these population changes to the fact that Baton Rouge city was separated from the Baton Rouge/East Baton Rouge Parish government, and Honolulu was treated as a city rather than as, previously, a city/county government unit.

Smallest Population Decline:
1. Columbus, OH decreased by 84
2. Topeka, KS decreased by 365
3. Jackson, MS decreased by 390
4. Spokane, WA decreased by 459
5. Tacoma, WA decreased by 483

Conclusion

In summary, it is our purpose to assist anyone seeking to conduct serious research on the EMS provider mix in our largest cities by equipping them with the identity of those cities, along with addresses and phone numbers of some local providers who may be able to provide further *complex* answers. By presenting this information, we do not suggest that one or another profile of EMS is more appropriate for all or most cities because it has been a profile adopted by other cities. However, we have noted that most local governments consider the experience of other similar cities when studying EMS. This report helps to provide EMS planners with information helpful in forming rational decisions concerning the delivery of prehospital emergency medical care and transportation services in their area.

During the next year, we'll be studying at least the 32 additional cities which were added to the Census Bureau's list, along with other cities that have joined the ranks with over 100,000 population (see Figure 2).

Figure 2: Cities Over 100,000 Population

Rank	City	Pop.	Rank	City	Pop.
151	Abilene, TX	112,430	167	Eugene, OR	105,410
152*	Sunnyvale, CA	112,130	168	Waco, TX	105,220
153*	Sterling Heights, MI	111,960	169	Youngstown, OH	104,690
154	Reno, NV	111,420	170	Allentown, PA	104,360
155	Scottsdale, AZ	111,140	171	Berkeley, CA	104,110
156	Plano, TX	111,030	172	Inglewood, CA	102,550
157	Portsmouth, VA	111,000	173	Waterbury, CT	102,300
158*	Peoria, IL	110,290	174	Brownsville, TX	102,110
159	Fullerton, CA	108,750	175	Roanoke, VA	101,900
160	Boise, ID	108,390	176	Hayward, CA	101,520
161	Cedar Rapids, IA	108,370	177	Pueblo, CO	101,240
162	Alexandria, VA	107,800	178*	Odessa, TX	101,210
163	Ann Arbor, MI	107,800	179	Stamford, CT	101,080
164	South Bend, IN	107,190	180	Orange, CA	100,740
165	Elizabeth, NJ	106,560	181	Livonia, MI	100,540
166	Concord, CA	105,980	182	Springfield, IL	100,290

*EMS Information for these cities on file

If you're an EMS coordinator or director in one of these 32 cities, don't get left out of next year's update. Send us your EMS information today. Write to: JEMS City Survey, P.O. Box 1026, Solana Beach, CA 92075.

Acknowledgments

We would like to thank the following individuals for their assistance in obtaining information for this year's report: *JEMS'* executive assistant Penney McBride; USA Today reporter Stephen B. Marshall; Elizabeth J. Foley from the U.S. Government Printing Office; and Gary Wilkinson from the Bureau of the Census. □

Glossary of Primary Providers

The business structure of nearly all prehospital care systems fall into two broad categories: "Franchise Models" and "Enterprise Fund Models." Under Franchise Models, private providers of transport services are responsible for billing/collection functions and are allowed to keep income from fee-for-service revenues.

Under Enterprise Model systems, a government agency is responsible for rate setting, billing and collection functions. And under Enterprise Model systems, transport services may be provided by the government agency responsible for the billing/collection function by another government agency, or by a contracted private firm. (Technically, the enterprise fund accounting method is used when government operations generate revenues which are then used to offset the costs of producing those same services.)

PUBLIC UTILITY MODEL. A type of "Enterprise Fund Model" specifically designed to align financial incentives with the interests of patient care and economic efficiency by means of a complex contract network. Essential features: structured competition for the market replaces retail competition within the market; single-tiered, an all-ALS service on all types of calls; stringent response time requirements with financial penalties; long-term financial stability with or without local tax subsidy of transport services; public ownership of all equipment and facilities; and extensive performance security measures.

FAILSAFE FRANCHISE MODEL. A type of "Franchise Model" designed to achieve the quality of care, reliability, and efficiency of a public utility model system, but without separating billing/collection functions from responsibility for field operations. Essential features are those of a Public Utility model system, plus a special "three-way equipment leasing program" and "accounts receivable trust" or "lock box" arrangement for added performance security.

PUBLIC TRUST. A special type of legal structure sometimes used to establish the public entity responsible for overall financial management under an "enterprise fund" model. For example, in Public Utility model systems, an "EMS authority" is established to oversee and manage the system's business and financial functions, just as an "airport authority" or hospital authority might oversee business aspects of those operations. If established as a "Public Trust," the resulting organization is a quasi-governmental entity whose tax status closely resembles that of a nonprofit corporation.

FIRE DEPARTMENT—CROSS TRAINED/DUAL ROLE PERSONNEL. Fire department-based responders trained as both firefighters and EMTs.

FIRE DEPARTMENT—CIVILIAN. Fire department-based civilian EMTs.

POLICE DEPARTMENT—CROSS TRAINED/DUAL ROLE. Police department-based responders trained as both police officers and EMTs.

THIRD SERVICE MUNICIPAL. Funded and operated by municipal government (utilizing local government employees) and not administered by the police or fire department.

THIRD SERVICE COUNTY. Funded and operated by county government (utilizing county government employees) and not administered by a law enforcement or fire protection agency.

Prehospital EMS in America's 150 Most Populous Cities

Prehospital providers:
FD-CT/DR = Fire Department with cross-trained, dual-role personnel
FD-CIV = Fire Department with civilian EMS staff
Pri = Private ambulance service
3 Svc Muni = Third Service
3 Svc Co = Third Service, County
Hosp = Service owned and operated by hospital
Pub U. = Public utility ambulance service
Pub Tr = Public trust ambulance service
PD-CT/DR = Police Department with cross-trained, dual-role personnel
Vol Ind = Volunteer ambulance service, independent
FFM = Failsafe Franchise Model

Form of Government:
MC = Mayor-council
CM = Council-manager
CO = Commission

City Population	9-1-1	Local Govt.	Primary Provider	Emergency Responder (ER) Transport Service (TS)
1. New York, NY 7,262,700	YES	MC	3 Svc Muni	NYC-EMS 55-30 58th St. Maspeth, NY 11378 718/326-0600 (ER/TS)
2. Los Angeles, CA 3,259,340	YES	MC	FD-CIV	Los Angeles FD/EMS 200 N. Main St. Los Angeles, CA 90012 213/485-6094 (ER/TS)
3. Chicago, IL 3,009,530	YES	MC	FD-CIV*	Chicago Fire Department 121 N. LaSalle, RM 105 Chicago, IL 60602 312/744-4755 (ER/TS)
4. Houston, TX 1,728,910	YES	MC	FD-CT/DR	Houston FD/EMS 410 Bagby, Suite 310 Houston, TX 77002 713/247-1674 (ER/TS)
5. Philadelphia, PA 1,642,900	YES	MC	FD-CT/DR	Philadelphia FD EMS Division Pennypack St & Delaware River Philadelphia, PA 19136 215/335-8061 (ER/TS)
6. Detroit, MI 1,086,220	YES	MC	FD-CIV	Detroit FD/EMS 900 Merrill Plaisance Detroit, MI 48203 313/935-3269 (ER/TS)
7. San Diego, CA 1,015,190	YES	MC	Pri	Hartson Medical Service PO Box 85231 San Diego, CA 92138 619/492-8100 (ER/TS)
8. Dallas, TX 1,003,520	NO	CM	FD-CT/DR	Dallas FD/EMS 2014 Main St., Room 211 Dallas, TX 75201 214/670-4311 (ER/TS)
9. Phoenix, AZ 914,350	YES	MC	FD-CT/DR	Phoenix FD/EMS 1130 N. First St. Phoenix, AZ 85004 602/262-6977 (ER/TS)
10. San Antonio, TX 894,070	YES	CM	FD-CT/DR	San Antonio FD/EMS 801 E. Houston St. San Antonio, TX 78205 512/222-2547 (ER/TS)
11. Baltimore, MD 752,800	YES	MC	FD-CT/DR & CIV	Baltimore City FD 410 E. Lexington Baltimore, MD 21008 301/396-3090 (ER/TS)
12. San Francisco, CA 749,000	YES	MC	3 Svc Muni	San Francisco EMS 135 Polk St. San Francisco, CA 94102 415/558-4001 (ER/TS)
13. Indianapolis, IN 719,820	YES	MC	Hosp	Wishard Hospital Ambulance Service 555 N. New Jersey St. Indianapolis, IN 46204 317/630-7111 (ER) Wishard Mem. Hosp. Amb. 1001 W. 10th St. Indianapolis, IN 46202 317/630-7644 (TS)
14. San Jose, CA 712,080	YES	CM	Pri	SCV/Paramedical Services 98 N. Autumn St. San Jose, CA 95110 408/295-8805 (ER/TS)
15. Memphis, TN 652,640	NO Eff. 1/1/88	MC	FD-CIV	Memphis FD/EMS 65 South Front St. Memphis, TN 38103 901/458-8281 (ER/TS)
16. Washington, DC 626,000	YES	MC	FD-CIV	Washington, DC FD 1923 Vermont Ave., NW Washington, DC 20001 202/745-2331 (ER/TS)
17. Jacksonville, FL 609,860	YES	MC	FD-CT/DR	Jacksonville FD/EMS 107 Market St. Jacksonville, FL 32202 904/633-5425 (ER/TS)
18. Milwaukee, WI 605,090	NO	MC	FD-CT/DR FD-CIV	Milwaukee FD/EMS 711 W. Wells St. Milwaukee, WI 53233 414/276-5656 (ER/TS)
19. Boston, MA 573,600	YES	MC	3 Svc Muni	Dept. of Health & Hospitals/EMS 727 Massachusetts Ave. Boston, MA 02118 617/424-4347 (ER/TS)
20. Columbus, OH 566,030	YES	MC	FD-CT/DR	Columbus Div. of Fire Medical Training Ctr. 739 W. Third Ave. Columbus, OH 43212 614/221-3132 (ER/TS)
21. New Orleans, LA 554,500	YES	MC	3 Svc Muni	New Orleans Health Dept. EMS Division 1700 Moss St. New Orleans, LA 70119 504/826-7611 (ER/TS)

*Hired as civilians, then sworn into office by the mayor

City Population	9-1-1	Local Govt.	Primary Provider	Emergency Responder (ER) Transport Service (TS)
22. Cleveland, OH 535,830	YES	MC	3 Svc Muni	City of Cleveland/EMS 2001 Payne Ave., 2nd Floor Cleveland, OH 44114 216/664-2555 (ER/TS)
23. Denver, CO 505,000	YES	MC	3 Svc Muni	Dept. Health & Hospitals EMS/Paramedic Div. 777 Bannock St. Denver, CO 80204-4507 303/893-7448 (ER/TS)
24. El Paso, TX 491,800	YES	MC	3 Svc Muni	El Paso EMS 222 S. Campbell, Ste. 207 El Paso, TX 79901-2847 915/541-4613 (ER/TS)
25. Seattle, WA 486,200	YES	MC	FD-CT/DR	Seattle FD/EMS Harborview Medical Ctr. 325 9th Ave. Seattle, WA 98104 206/625-4091 (ER/TS)
26. Nashville, TN 473,670	YES	MC	FD-CIV	Nashville FD & Ambulance Division 63 Heritage Ave. Nashville, TN 37210 615/259-5820 (ER/TS)
27. Austin, TX 466,550	YES	MC	3 Svc Muni	City of Austin EMS PO Box 1088 Austin, TX 78750 512/469-2050 (ER/TS)
28. Oklahoma City, OK 466,120	NO	CM	Pub Tr.	AmCare 1111 Classen Dr. Oklahoma City, OK 73103 405/525-8991 (ER/TS)
29. Kansas City, MO 441,170	YES	CM	Pub U	Metropolitan Amb. Trust 5835 Troost Kansas City, MO 64110 816/471-1111 (ER/TS)
30. Ft. Worth, TX 429,550	YES	CM	FFM	MedStar 3010 S. Grove St. Ft. Worth, TX 76113 817/927-4400 (ER/TS)
31. St. Louis, MO 426,300	YES	MC	3 Svc Muni	St. Louis EMS 634 N. Grand, Rm. 834 St. Louis, MO 63103 314/658-1004 (ER/TS)
32. Atlanta, GA 421, 910	YES	MC	Hosp	Grady Ambulance Service Grace Memorial Hospital 80 Butler St. Atlanta, GA 30335 404/589-4145 (ER/TS)
33. Long Beach, CA 396,280	YES	CM	FD-CT/DR	Long Beach FD 400 W. Broadway Long Beach, CA 90802 213/591-4230 (ER/TS)
34. Portland, OR 387,870	YES	CO	Pri	Multnomah Co. EMS 426 SW Stark/8th Floor Portland, OR 97204 503/248-3220 (ER/TS)
35. Pittsburgh, PA 387, 490	YES	MC	3 Svc Muni	City of Pittsburgh EMS Bureau 700 Filbert St. Pittsburgh, PA 15232 412/622-6931 (ER/TS)
36. Miami Beach, FL 373,940	YES	MC	FD-CT/DR	Miami Beach FD/EMS 2300 Pine Tree Dr. Miami Beach, FL 33140 305/673-7120 (ER/TS)
37. Tulsa, OK 373,750	YES	CO	Pub U	EMSA 802 S. Jackson, Suite 420 Tulsa, OK 74127 918/599-7141 (ER/TS)
38. Honolulu, HI 372,330	YES	MC	3 Svc Muni	Dept. of Health/EMS 3627 Kileuee Ave., Rm 102 Honolulu, HI 96816 808/735-5267 (ER/TS)
39. Cincinnati, OH 369,750	NO TK 8/88	CM	FD-CT/DR	Cincinnati Fire Division 430 Central Ave. Cincinnati, OH 45202 513/352-2348 (ER/TS)
40. Albuquerque, NM 366,750	YES	MC	FD-CT/DR	Albuquerque FD PO Box 2086 Albuquerque, NM 87103 505/242-1441 (ER)
			Pri	Albuquerque Ambulance Co. 1103 Central Ave., NW Albuquerque, NM 87106 505/765-1100 (TS)
41. Tucson, AZ 358,850	YES	MC	FD-CT/DR	Tucson Fire Department PO Box 27210 Tucson, AZ 85726-7210 602/327-5461 (ER/TS)
			Pri	Rural Metro Corp. 490 W. Magee Rd. Tucson, AZ 85074 (602) 297-3600 (ER/TS)
				Kord's Ambulance Service PO Box 41866 Tucson, AZ 85717 602/795-5900 (ER/TS)
42. Oakland, CA 356,960	YES	CM	Pri	ACME-Western Amb. Serv. 695 27th St. Oakland, CA 94609 415/465-5379 (ER/TS)
				Regional Medical Systems PO Box 7780 Fremont, CA 94537 415/657-9999 (ER/TS)
				Allied Ambulance 1510 MacArthur Blvd. Oakland, CA 94602 415/530-7678 (ER/TS)
43. Minneapolis, MN 356,840	YES	MC	Hosp	Hennepin County Amb. Serv. 701 Park Ave. Minneapolis, MN 55415 612/347-5678 (ER/TS)
44. Charlotte, NC 352,070	YES	MC	3 Svc Muni	Mecklenburg Co. EMS 618 N. College St. Charlotte, NC 28202 704/336-3401 (ER/TS)
45. Omaha, NE 349,270	YES	MC	FD-CT/DR	Omaha Fire Division 1516 Jackson. Omaha, NE 68102 402/444-5700 (ER/TS)
46. Toledo, OH 340,680	NO due in '89	CM	FD-CT/DR	Toledo Fire Division 545 N. Huron St. Toledo, OH 43604 419/245-1147 (ER/TS)
47. Virginia Beach, VA 333,400	YES	CM	Vol	Virginia Beach Div. of EMS 1917 Artic Ave. Virginia Beach, VA 23451 804/428-6002 (ER/TS)
48. Buffalo, NY 324,820	YES	MC	FD-CT/DR	Buffalo Fire Department 332 Ellicott Buffalo, NY 14203 716/842-1111 (ER)
			Pri	Gold Cross Ambulance 174 W. Ferry Buffalo, NY 14213 716/873-4567 (TS)
			3 Svc Co	LaSalle Ambulance 584 Delaware, No. 101 Buffalo, NY 14202 716/882-8400 (TS)

City / Population	9-1-1	Local Govt.	Primary Provider	Emergency Responder (ER) / Transport Service (TS)
49. Sacramento, CA 323,550	YES	MC	Pri	Sacramento Ambulance PO Box 161238 Sacramento, CA 95816 916/457-9862 (ER/TS) Superior Ambulance Co. PO Box 16001 Sacramento, CA 95816 916/924-0606 (ER/TS) Metropolitan Ambulance 6329 Elvas Ave. Sacramento, CA 95819 916/452-3725 (ER/TS)
50. Newark, NJ 316,240	YES	MC	Hosp	University of Medicine & Dentistry Univ. Hospital EMS 150 Cabinet St. Newark, NJ 07107-3008 201/456-5133 (ER/TS)
51. Wichita, KS 288,870	YES	CM	3 Svc Co	Sedgwick Co. EMS 538 N. Main Wichita, KS 67203 316/268-7994 (ER/TS)
52. Louisville, KY 286,470	YES	MC	3 Svc Muni	Louisville EMS 1805 S. Brook St. Louisville, KY 40208-1986 502/636-3530 (ER/TS)
53. Fresno, CA 284,660	YES	CM	FFM	City of Fresno FD 450 M St. Fresno, CA 93721 209/488-1188 (ER)
			Pri	American Ambulance 245 N. Broadway Fresno, CA 93701 209/485-2140 (TS)
54. Tampa, FL 277,580	NO sched. 9/88	MC	FD-CT/DR	Tampa Fire Department 808 East Zack St. Tampa, FL 33602 813/225-5721 (ER/TS)
55. Birmingham, AL 277,510	YES	MC	FD-CT/DR	Birmingham Fire & Rescue Service 1808 7th Ave., North Birmingham, AL 35203 205/254-2563 (ER)
			Pri	Hank's Ambulance Serv. 1700 4th Ave., South Birmingham, AL 35233 205/324-8557 (TS)
56. Norfolk, VA 274,800	YES	CM	3 Svc Muni	Norfolk Bureau of Paramedical Rescue Service 714 Pembroke Ave. Norfolk, VA 23507 804/441-2166 (ER/TS)
57. Colorado Springs, CO 272,560	YES	CM	FD-CT/DR	Colorado Springs FD 31 S. Weber Colorado Springs, CO 80903 303/578-7050 (ER)
			Pri	A-1 Ambulance 2316 E. Platte Ave. Colorado Springs, CO 80909 303/636-2372 (ER/TS)
			Hosp	St. Francis Hospital Amb. 825 E. Pikes Peak Ave. Colorado Springs, CO 80903 303/636-8207 (ER/TS)
58. Corpus Christi, TX 263,900	YES	CM	FD-CT/DR	Corpus Christi FD EMS Division 209 S. Carancahua St. Corpus Christi, TX 78401 512/880-3941 (ER)
			Pri	Airline Ambulance Service 3209 Rodd Field Rd. Corpus Christi, TX 78414 512/991-3031 (TS)
				Medi-Van Ambulance Serv. 4307 S. Port Ave. Corpus Christi, TX 78417 512/851-8422 (TS)
59. St. Paul, MN 263,680	YES	MC	FD-CT/DR	St. Paul FD 100 E. 11th St. St. Paul, MN 55101 612/224-7811 (ER/TS)
60. Mesa, AZ 251,430	YES	MC	FD-CT/DR	Mesa FD 13 W. First St. Mesa, AZ 85201 602/834-2101 (ER)
				Transport Rotation List:
			Pri	Arizona Medical Transport 3200 N. Hayden Rd. Scottsdale, AZ 85251 800/352-0605 (TS)
				Emergency Medical Transport 1401 E. Washington St. Phoenix, AZ 85034 602/253-1492 (TS)
				Professional Medical Transport 4227 N. 16th St. Phoenix, AZ 85018 602/263-8566 (TS)
				Southwest Ambulance 5002 S. 40th St. Phoenix, AZ 85040 602/437-1431 (TS)
61. Arlington, TX 249,770	YES	CM	FFM	Arlington Fire Department 405 West Main Arlington, TX 76010 817/459-5525 (ER)
			Pri	Life Star Ambulance 601 East Main Arlington, TX 76010 817/277-8232 (TS)
62. Baton Rouge, LA 241,130	YES	MC	3 Svc Muni	Dept. of EMS PO Box 1471 Baton Rouge, LA 70821 504/389-5155 (ER/TS)
63. Anaheim, CA 240,730	YES	MC	FD-CT/DR	Anaheim Fire Department 500 E. Broadway Anaheim, CA 92805 714/999-1800 (ER)
			Pri	Southland Ambulance Co. 10600 Katella Ave. Anaheim, CA 92804 714/772-2637 (TS)
64. St. Petersburg, FL 239,410	YES	CM	FD-CT/DR	St. Petersburg FD 1429 Arlington Ave., N. St. Petersburg, FL 33705 813/893-7527 (ER)
			Pri	SAS Ambulance PO Box 15338 St. Petersburg, FL 33733 813/576-8029 (TS)
65. Santa Ana, CA 236,780	YES	CM	FD-CIV	City of Santa Ana FD/EMS 1439 S. Broadway Santa Ana, CA 92704 714/647-5700 (ER/TS)

CITY POPULATION	9-1-1	LOCAL GOVT.	PRIMARY PROVIDER	EMERGENCY RESPONDER (ER) TRANSPORT SERVICE (TS)
66. Rochester, NY 235,970	YES	MC	Pri	Monroe Medi-Trans, Inc. 318 Smith St. Rochester, NY 14608 716/454-6210 (ER/TS)
67. Anchorage, AK 235,000	YES	MC	FD-CIV	Anchorage FD 1301 E. 80th Anchorage, AK 99518 907/267-4940 (ER/TS)
68. Akron, OH 222,060	NO	MC	FD-CT/DR	Akron FD/EMS 57 S. Broadway St. Akron, OH 44308 216/375-2071 (ER/TS)
69. Shreveport, LA 220,380	NO	MC	FD-CT/DR	Shreveport FD/EMS 801 Crockett St. Shreveport, LA 71101 318/226-3036 (ER/TS)
70. Jersey City, NJ 219,480	YES	MC	Hosp	Jersey City Medical Ctr. EMS 50 Baldwin Ave. Jersey City, NJ 07304 201/451-2312 (ER/TS)
71. Aurora, CO 217,990	YES	CM	FD-CT/DR	Aurora Fire Department 1470 S. Havana Aurora, CO 80012 303/286-7786 (ER)
			Pri	Reed Ambulance Co. PO Box 24063 Denver, CO 80222 303/758-1584 (TS)
72. Richmond, VA 217,700	YES	MC	Vol	West End Vol. Rescue Squad 1802 Chantilly St. Richmond, VA 23230 804/359-3590 (ER/TS)
				Forest View Vol. Rescue Squad 5327 Forest Hill Ave. Richmond, VA 23225 804/232-8971 (ER/TS)
			PRI	Central Virginia Ambulance Service PO Box 7449 Richmond, VA 23221 804/353-3816 (ER/TS)
				Richmond Paramedical Serv. PO Box 26863 Richmond, VA 23261 804/233-7911 (ER/TS)
73. Lexington, KY 212,900	YES	MC	FD-CT/DR	Div. of Fire & Emergency Services 219 E. Third St. Lexington, KY 40508 606/254-1120 (ER/TS)
74. Jackson, MS 208,420	YES	MC	FD-CIV	Jackson FD/EMS PO Box 17 Jackson, MS 39205 601/960-1402 (ER/TS)
75. Mobile, AL 203,260	YES	MC	FD-CT/DR	Mobile Fire Department 701 St. Francis St. Mobile, AL 36602 205/626-2628 (ET)
			PRI	Newman's Ambulance Serv. 155 Tuttle Ave. Mobile, AL 36604 205/471-1541 (TS)
76. Riverside, CA 196,750	YES	MC	FD-CT/DR	Riverside FD (Rescue) 3900 Main St. Riverside, CA 92501 714/782-5321 (ER/TS)
			Pri	Goodhew Amb. Service 3198 15th St. Riverside, CA 92507 714/684-5520 (ER/TS)

PARAMEDIC EDUCATION

Can begin for you in March

- EMT and Paramedic Certificate Programs
- Associate Degree in EMS Management
- Bachelor's in Business Administration with EMS emphasis
- Paramedic program meets and exceeds U.S.D.O.T. curriculum guidelines
- Eligible for National Registry exam
- Approved for all Federal and State financial aid as well as VA benefits

FOR MORE INFORMATION WRITE:

Davenport College
Center for the Study of Emergency Medical Services
3030 Eastern Ave. SE
Grand Rapids, MI 49508

Or Call Collect
Dave Alderink, EMT-P
(616) 452-8951

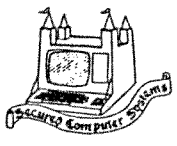
Don't Compete with a Davenport Graduate—BECOME ONE!!!

For More Information Circle #43 on Reader Service Card

EMS COORDINATORS: PREHOSPITAL CARE STATISTICAL REPORTS CAN NOW BE DONE SIMPLY AND WITH MINIMUM EFFORT!

An easy to learn, easy to use data base management computer system and software package is now available that allows you to record prehospital care reports and audits as well as generate your statistical reports. The system also allows you to perform ad-hoc studies based on criteria that you select from current and historical data. We call the system EMS COORDINATION. The system offers:

- Rapid data entry.
- Screen displays resemble your reports.
- Full English words and phrases or codes may be input, your choice.
- Supports up to 10 related data bases such as paramedic lists and certification information.
- Simple report generation.
- 12 month history on file and available for report generation and special studies.
- The reports conform to your statistical needs, not ours.
- Ad-hoc special studies with user specified criteria and user defined custom printout. (There are NO restrictions imposed on the criteria!)
- Single hospital or county-wide installations available.



For more information contact:
Secured Computer Systems
8575 Knott Avenue, Suite D
Buena Park, California 90620
(714) 952-3930

Zenith data systems

For More Information Circle #44 on Reader Service Card

CITY POPULATION	9-1-1	LOCAL GOVT.	PRIMARY PROVIDER	EMERGENCY RESPONDER (ER) TRANSPORT SERVICE (TS)
77. Montgomery, AL 194,290	YES	MC	FD-CT/DR	Montgomery FD PO Box 1111 Montgomery, AL 36192 205/241-2960 (ER)
			Pri	Haynes Ambulance 2809 Chestnut St. Montgomery, AL 36107 205/265-1208 (TS)
				City Ambulance 1922 Walnut St. Montgomery, AL 36106 205/263-2355 (TS)
78. Des Moines, IA 192,060	YES	CM	FD-CT/DR	Des Moines FD 900 Mulberry Des Moines, IA 50309-3614 515/283-4929 (ER/TS)
79. Las Vegas, NV 191,510	YES	MC	FD-CT/DR	Las Vegas FD/EMS 500 N. Casino Center Blvd. Las Vegas, NV 89101 702/383-2888 (ER)
			Pri	Mercy Ambulance, Inc. 1130 S. Highland Dr. Las Vegas, NV 89102 702/386-9985 (TS)
80. Grand Rapids, MI 186,530	YES	CM	Pri	Mercy Ambulance Corp. 123 Wealthy, SE Grand Rapids, MI 49503 616/459-8228 (ER/TS)
				Life EMS 856 Michigan, NE Grand Rapids, MI 49503 616/458-0042 (ER/TS)
81. Lubbock, TX 186,400	NO due 12/88	CM	3 Svc Co Hosp	Lubbock EMS PO Box 5980 Lubbock, TX 79417 806/743-9911 (ER/TS)
82. Yonkers, NY 186,080	NO	MC	Pri	Empress Ambulance Serv. 134 S. Broadway Yonkers, NY 10701 914/965-5040 (ER/TS)
83. Huntington Beach, CA 183,620	YES	CM	FD-CT/DR	Huntington Beach FD PO Box 190 Huntington Beach, CA 92648 714/536-5411 (ER)
			Pri	Seals Ambulance 18302 Gothard Huntington Beach, CA 92647 714/847-4637 (TS)
84. Stockton, CA 183,430	YES	CM	FD-CT/DR	Stockton FD 425 N. El Dorado Stockton, CA 95202 209/944-8272 (ER)
				Private Ambulances for transport—depends on location
85. Lincoln, NE 183,050	YES	MC	FD-CT/DR	Lincoln FD 1801 Q Street Lincoln, NE 68508 402/471-7056 (ER)
			Pri	Eastern Ambulance PO Box 83112 Lincoln, NE 68501-3112 402/464-9191 (ER/TS)
			Hosp	Mobile Heart Team c/o Bryan Hospital 1600 S. 48th St. Lincoln, NE 68506 402/489-0200 (ER)
86. Little Rock, AR 181,030	NO	CM	Pub Tr	Metropolitan EMS PO Box 2452 Little Rock, AR 72203-2452 501/374-8889 (ER/TS)
87. Raleigh, NC 180,430	YES	CM	3 Svc Co	Raleigh Fire Prevention 220 S. Dawsin St. Raleigh, NC 27601 919/755-6392 (ER)
				Wake County EMS 201 W. Martin St. Raleigh, NC 27601 919/890-3270 (TS)
88. Columbus, GA 180,180	YES	MC	3 Svc Muni	Columbus EMS PO Box 1340 Columbus, GA 31993 404/322-7711 (ER/TS)
89. Dayton, OH 178,920	NO	CM	FD-CIV	Dayton FD 300 N. Main St. Dayton, OH 45402 513/443-4200 (ER/TS)
90. Greensboro, NC 176,650	YES	CO	3 Svc Co	Guilford County EMS 1002 Meadowood St. PO Box 18807 Greensboro, NC 27419 919/373-7565 (ER/TS)
91. Garland, TX 176,510	NO oper. 4/88	CM	FD-CT/DR	Garland FD PO Box 469002 Garland, TX 75040 214/494-7118 (ER/TS)
92. Madison, WI 175,830	NO	MC	FD-CT/DR	Madison FD 325 W. Johnson St. Madison, WI 53703 608/266-4420 (ER/TS)
93. Knoxville, TN 173,210	YES	MC	Pri	Rural Metro Ambulance 6700 Baum Dr., Suite 1 Knoxville, TN 37919 615/588-2110 (ER/TS)
94. Fort Wayne, IN 172,900	YES	MC	Pub U	Three Rivers Amb. Authority 333 S. Clinton St. Fort Wayne, IN 46802 219/427-1225 (ER/TS)
95. Spokane, WA 172,890	YES	MC	FD-CT/DR	Spokane FD W. 44 Riverside Spokane, WA 99201 509/456-2694 (ER)
			Pri	Spokane-Mercy Ambulance 915 W. Sharp Spokane, WA 99201 509/326-8111 (TS)
			Pri	Medic One Ambulance N. 1411 Cannon Spokane, WA 99201 509/327-9313 (TS)
96. Amarillo, TX 165,850	YES	MC	Hosp	Amarillo Medical Services 4101 Mockingbird Amarillo, TX 79109 806/358-7111 (ER/TS)
97. Huntsville, AL 163,420	YES	MC	Pub Tr	Huntsville EMS, Inc. (HEMSI) PO Box 7016 Huntsville, AL 35807 205/536-6660 (ER/TS)
98. Chattanooga, TN 162,170	YES	CO	FD-CT/DR	Chattanooga FD/EMS 910 Wisdom St. Chattanooga, TN 37406 615/757-5377 (ER)
			Pri	Pioneer Ambulance 4112-A Ringo Rd. Chattanooga, TN 37412 615/622-2226 (TS)
				Chattanooga Amb. Serv. PO Box 3202 Chattanooga, TN 37404 615/622-3128 (TS)

CITY / POPULATION	9-1-1	LOCAL GOVT.	PRIMARY PROVIDER	EMERGENCY RESPONDER (ER) TRANSPORT SERVICE (TS)
99. Kansas City, KS 162,070	YES	CM	FD-CT/DR	Kansas City FD 815 N. Sixth St. Kansas City, KS 66101 913/573-5550 (ER/TS)
			FD-CIV	
			Pri	Huckaby Ambulance Serv. 38 S. 18th Kansas City, KS 66102 913/371-1111 (TS)
100. Hialeah, FL 161,760	YES	MC	FD-CT/DR	Hialeah Fire Rescue 86 East 6th St. Hialeah, FL 33010 305/883-6900 (ER/TS)
101. Newport News, VA 161,700	YES	MC	FD-CT/DR	Newport News Fire Admin. EMS Bureau 2400 Washington Ave. 6th Floor Newport News, VA 23607 804/247-8404 (ER/TS)
102. Syracuse, NY 160,750	NO	MC	Pri	Eastern Paramedics Serv. 422 W. Onondaga St. Syracuse, NY 13201 315/471-0102 (ER/TS)
103. Tacoma, WA 158,950	YES	CM	FD-CT/DR	Tacoma FD 901 Fawcett Tacoma, WA 98402 206/591-5737 (ER)
			Pri	Shepard Ambulance 904 12th Ave. Seattle, WA 98122 206/322-0330 (TS)
104. Salt Lake City, UT 158,440	YES	MC	FD-CT/DR	Salt Lake City FD 159 E. 100 South Salt Lake City, UT 84111 801/530-5283 (ER)
			Pri	Gold Cross Ambulance 754 W. 1700 South Salt Lake City, UT 84104 801/972-3600 (TS)
105. Worcester, MA 157,770	YES	CM	3 Svc Muni	Worcester City Ambulance Service Worcester City Hospital 26 Queen St. Worcester, MA 01610 617/799-8000 (ER/TS)
106. Providence, RI 157,200	NO	MC	FD-CT/DR	Providence FD/Rescue 209 Fountain St. Providence, RI 02903 401/421-1293 (ER/TS)
107. Glendale, CA 153,660	YES	CM	Pri	Professional Amb. Serv., Inc. 440 W. Broadway Glendale, CA 91204 818/243-3141 (ER/TS)
108. Fremont, CA 153,580	YES	CM	Pri	Regional Ambulance, Inc. 41300 Christy St. Fremont, CA 94538 415/797-2214 (ER/TS)
109. Bakersfield, CA 150,400	YES	MC	Pri	Hall Ambulance Service 1001 21st St. Bakersfield, CA 93301 805/327-4111 (ER/TS)
				Golden Empire Ambulance 801 18th St. Bakersfield, CA 93301 805/325-9011 (ER/TS)
110. Warren, MI 149,800	NO	MC	FD-CT/DR	Warren FD/EMS 6800 E. Nine Mile Rd. Warren, MI 48091 313/756-2800 (ER/TS)
111. Springfield, MA 149,410	YES	MC	Pri	Bay State Ambulance 867 Boston Rd. Springfield, MA 01119 413/736-0600 (ER/TS)

Where your skill still counts.

Ever feel that your lifesaving skills are taken for granted? That won't happen when you join our team of dedicated paramedic and EMT professionals.

We know you've worked hard to earn your credentials. We want to reward your hard work with a top quality career position . . . and the responsibilities that go with it.

But we want only the best. If you're a nationally registered paramedic or EMT who likes to be where the action is, give us a call. We'd like to tell you more about what our career positions can mean to you.

Medevac Midamerica offers

- Assignments in Kansas City, Missouri and Topeka, Kansas – both "high quality of life" areas
- Aggressive, high run volume (70% emergency), all ALS transport system
- State-of-the-art equipment and vehicles
- Competitive salaries
- Excellent benefit package

For additional information about this exciting opportunity, please contact:

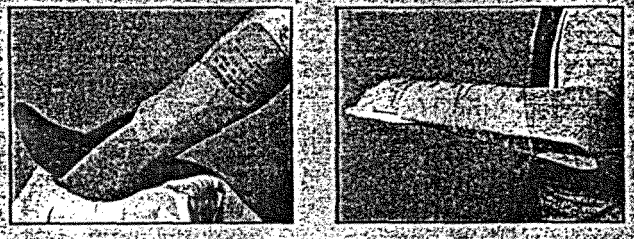
MEDEVAC MIDAMERICA, INC.®

5829 Troost Avenue • Kansas City, MO 64110 • (816) 361-2600

An Equal Opportunity Employer

For More Information Circle #46 on Reader Service Card

SAM SPLINT™



– Waterproof Emergency Splint –

- Weighs only four ounces, no larger than an Ace wrap.
- You can fit several into a pack.
- Splints every fracture or sprain conceivable.

"THE POCKET CAST"

For more information about the amazing Sam Splint, call or write:

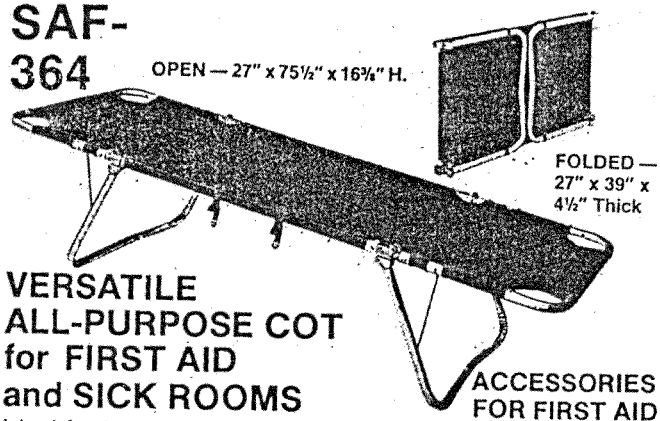
The Seaberg Co., Inc.
Newport Industrial Park, #2
Ferryslip Rd., P.O. Box 734
South Beach, Oregon 97366
(503) 867-4726

™Trademark of The Seaberg Co., Inc. South Beach, Oregon

For More Information Circle #47 on Reader Service Card

SAF-364

OPEN — 27" x 75½" x 16¾" H.



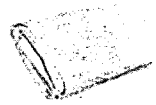
FOLDED — 27" x 39" x 4½" Thick

VERSATILE ALL-PURPOSE COT for FIRST AID and SICK ROOMS

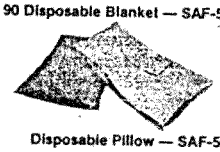
Ideal for heavy duty use in industry or institutions. Constructed of high strength aluminum tubing to military standards. Foldable for convenient storing. Cover is strong 500 denier DuPont Cordura. Both head and foot ends elevate 15° - 30° - 45° when required. Wt. 20 lbs.

ACCESSORIES FOR FIRST AID STATIONS

are shown and described in Bulletin AP. Includes blankets — disposable and regular; inflatable disposable pillows and other needed items.



60 x 90 Disposable Blanket — SAF-506



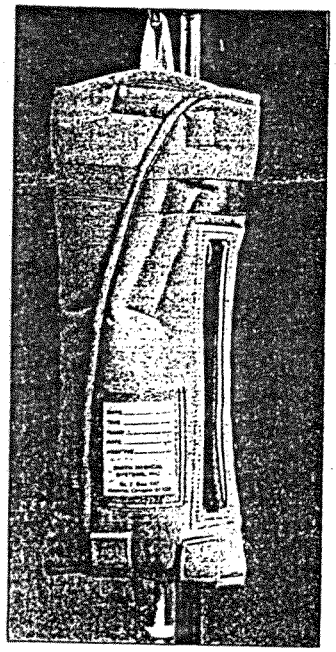
Disposable Pillow — SAF-508

Write for Bulletin AP describing the complete Junkin line of First Aid and Rescue Equipment.

JUNKIN SAFETY APPLIANCE CO.
3121 Millers Lane Louisville, Ky. 40216 502/775-8303

For More Information Circle #48 on Reader Service Card

THERMAL JACKET FOR IV FLUID BAGS



- Keeps warmed IV fluids warm or cooled fluids cool.
- Improves patient comfort.
- Fluid & user identification card pockets.
- Durable—easy to clean.
- Low per-patient cost.

SMITH MEDICAL SYSTEMS, INC.

Rt. 2, Box 147
Astoria, OR 97103
(503) 325-3819

Dealer Inquiries Welcome

For More Information Circle #49 on Reader Service Card

Most Populous Cities

City / Population	9-1-1	Local Govt.	Primary Provider	Emergency Responder (ER) / Transport Service (TS)
112. Ft. Lauderdale, FL 148,620	YES	CM	3 Svc Co	Broward County EMS 2020 Wilton Drive Ft. Lauderdale, FL 33305 305/563-0808 (ER/TS)
113. Winston-Salem, NC 148,080	YES	MC	3 Svc Co	Forsythe County EMS 741 N. Highland Ave. Winston-Salem, NC 27104 919/727-2404 (ER/TS)
114. Savannah, GA 146,800	YES	CO	3 Svc Co	Chatham County EMS 7606 Hodgson Memorial Dr. Savannah, GA 31499-1101 912/352-8122 (ER/TS)
115. Orlando, FL 145,900	YES	MC	FD-CT/DR	Orlando FD 439 S. Magnolia PO Box 2846 Orlando, FL 32802 305/849-2390 (ER)
			Pri	Florida Rural/Metro Amb. 4728 Old Winter Garden Rd. Orlando, FL 32815 305/298-6700 (TS)
116. Flint, MI 145,590	NO	MC	FD-CT/DR	Flint FD 310 E. Fifth St. Flint, MI 48502 313/232-2222 (ER/TS)
117. Bridgeport, CT 141,860	YES	MC	Pri	Bridgeport Ambulance 165 E. Main St. Bridgeport, CT 06608 203/334-3177 (ER/TS)
118. Springfield, MO 139,360	YES	MC	Pri	Springfield Paramedics 1437 N. National Springfield, MO 65802 417/869-0061 (ER/TS)
			Hosp	St. John's Paramedics St. John's Hospital 1235 E. Cherokee Springfield, MO 65803 417/885-3003 (ER/TS)
119. Paterson, NJ 139,130	YES	MC	FD-CIV	Paterson FD Ambulance Division 850 Madison Ave. Paterson, NJ 07501 201/881-6741 (ER/TS)
120. San Bernardino, CA 138,620	YES	MC	FD-CT/DR	San Bernardino FD 200 E. Third St. San Bernardino, CA 92410 714/384-5286 (ER)
			Pri	Courtesy Ambulance Svc. 338 W. 7th St. San Bernardino, CA 92410 714/884-3155 (ER/TS)
121. Hartford, CT 137,980	NO	MC	Pri	Professional Ambulance Service 130 Shield St. West Hartford, CT 06110 203/522-1612 (ER/TS)
				L&M Ambulance 275 New State Rd. Manchester, CT 06040 203/647-8544 (ER/TS)
122. Gary, IN 136,790	YES	MC	FD-CIV	Gary FD 200 E. 5th Ave. Gary, IN 46402 219/886-0335 (ER/TS)
123. Tempe, AZ 136,480	YES	CM	FD-CT/DR	Tempe FD 1000 E. University Dr. Tempe, AZ 85281 602/731-8251 (ER)
			Pri	Southwest Ambulance 5002 S. 40th St., Rm. A Phoenix, AZ 85040 602/437-1431 (TS)

City Population	9-1-1	Local Govt.	Primary Provider	Emergency Responder (ER) Transport Service (TS)
124. Rockford, IL 135,760	NO	MC	FD-CT/DR	Rockford FD 204 S. First St. Rockford, IL 61108-1090 815/987-5645 (ER/TS)
125. Torrance, CA 135,570	YES	MC	FD-CT/DR	Torrance FD 1701 Crenshaw Blvd. Torrance, CA 90501-3312 213/618-2915 (ER/TS)
126. Garden Grove, CA 134,850	YES	CM	FD-CT/DR	Garden Grove FD 11301 Acacia Parkway Garden Grove, CA 92640 714/638-6721 (ER)
			Pri	Southland Ambulance Co. 10600 Katella Ave. Anaheim, CA 92804 714/772-2637 (TS)
127. Chesapeake, VA 134,400	NO	CM	FD-CT/DR FD-CIV	Chesapeake FD/EMS 116 Reservation Rd. Chesapeake, VA 23320 804/547-6369 (ER/TS)
128. Modesto, CA 132,940	YES	CM	Pri	Modesto Police/FD 601 11th St. Modesto, CA 95354 209/572-9590 (ER)
				Mobile Life Support 501 15th St. Modesto, CA 95354 209/523-3292 (TS)
129. Pasadena, CA 129,900	YES	CM	FD-CT/DR	Pasadena FD/EMS 175 N. Marengo Ave. Pasadena, CA 91101 818/405-4680 (ER/TS)
130. Evansville, IN 129,480	YES	MC	Pri	Alexander Ambulance 522 NW First St. Evansville, IN 47708 812/428-2243 (ER/TS)
131. Lansing, MI 128,980	YES	MC	FD-CT/DR	Lansing FD 120 E. Shiawassee Lansing, MI 48933 517/483-4565 (ER/TS)
132. Irving, TX 128,530	NO 1/88	MC	FD-CT/DR	Irving City FD 825 W. Irving Blvd. Irving, TX 75061 214/721-2514 (ER/TS)
133. Oxnard, CA 126,980	YES	MC	FD-CT/DR	Oxnard FD 251 South C St. Oxnard, CA 93030 805/984-4622 (ER)
			Pri	Oxnard Ambulance Service 321 South C St. Oxnard, CA 93030 805/486-6333 (TS)
134. Hampton, VA 126,000	YES	CM	FD-CT/DR Vol	Hampton Fire Division 22 Lincoln St. Hampton, VA 23669 804/727-6580 (ER/TS)
135. Glendale, AZ 125,820	YES	CM	FD-CT/DR	Glendale FD 7505 N. 55th Ave. Glendale, AZ 85301 602/931-5614 (ER)
			Pri	Southwest Ambulance Co. 5002 S. 40th St., Rm. A Phoenix, AZ 85040 602/437-1431 (TS)
136. New Haven, CT 123,450	YES	MC	FD-CT/DR	New Haven Dept. of Fire Services 952 Grand Ave. New Haven, CT 06510 203/787-6237 (ER)
			Pri	New Haven Amb. Svc. 90 Goffe St. New Haven, CT 06511 203/562-4107 (TS)

Parr Emergency Offers

1 INFECTION CONTROL KIT

INFECTION CONTROL KIT

2 OBSTETRICAL KIT

OBSTETRICAL KIT

3 C.A.M. KIT

COMPLETE AIRWAY MANAGEMENT KIT

Three Specialty Kits ...

Plus We Offer Complete Service and Repair on All Our Products

Parr Emergency Now Provides Complete Service to Ohio, Indiana and West Virginia!

In Ohio
800/282-7904
In WV, IN, PA, KY, & MI
800/548-7277
All Others
614/878-8581

Parr EMERGENCY PRODUCT SALES, INC.
6706 Bausch Road
Galloway, Ohio 43119

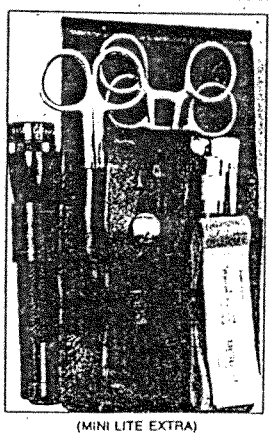
For More Information Circle #50 on Reader Service Card

ESPOIR

THE ORIGINAL CREATORS OF LEATHER RESCUE HOLSTERS SINCE 1969
MADE IN THE
U. S. A.
QUALITY — WORKMANSHIP — SERVICE
ASK THE PRO WHO OWNS ONE!
FREE INITIALS OR #'s ON HOLSTERS
"EXCEPT C.O.D."
DEALER INQUIRIES INVITED

(MINI LITE & SHEARS EXTRA)

ERH-2L HOLSTER EMPTY $17.95
ERH-1L HOLSTER STOCKED $58.95



(MINI LITE EXTRA)

SRH-2L HOLSTER EMPTY $24.95
SRH-1L HOLSTER STOCKED $65.95

QTY	HOLSTERS	PRICE

SHIPPING _____
TOTAL _____

IN U.S. ADD $3 FOR ORDERS UNDER $35
IN CANADA ADD $5 FOR ORDERS UP TO $150

NAME _____
STREET _____ APT.# ____
CITY _____ STATE ____
ZIP _____ TEL.# _____
☐ Personal Check (3-4 Wks Del) ☐ Money Order
☐ VISA/MC# _____
EXP. DATE ____ SIGN. _____

For Additional Information Or Free Brochure On Other Holsters And Accessories
Call 24 Hrs—7 Days or Write
1-800-835-2246
EXT. 33
RFD 1 Box 1460 - Starks, ME 04911
207-696-3256

For More Information Circle #51 on Reader Service Card

New from Hollywood!
Ben Nye's Moulage Kit
Now only $199.

One of Hollywood's master makeup artists now makes state-of-the-art moulage makeup. Designed with the assistance of EMS Instructors, Ben Nye's effects are startlingly realistic.

Valued at $240, its introductory price is only $199. Get expert results with Ben Nye's Trauma Simulation Guide. Products available individually with no minimums.

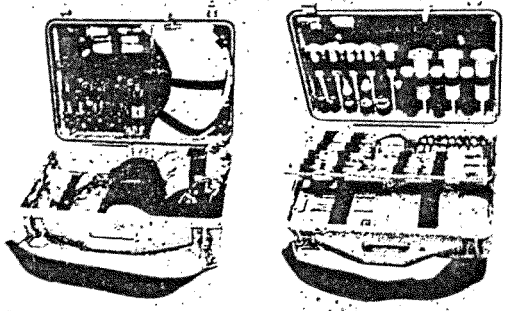
Send for our Catalog and Price List. Delivery is fast!

Ben Nye Makeup, 11571 Santa Monica Blvd.
Los Angeles, CA 90025 Call 213/477-0443

For More Information Circle #52 on Reader Service Card

MINI-TEK™

The finest portable ALS and BLS emergency cases on the market



A complete line of MINI-TEK™ cases provide a "Delivery System" unsurpassed by any other product

- Best warranty on the market
- Virtually indestructible
- Acrylite center inserts and accessory cabinets
- Best organization, unlimited versatility
- Easily visible, individually held items
- Best protection against equipment breakage
- Lightweight, compact size

Don't you deserve the best?
Don't you deserve a MINI-TEK?

BIOTEK, Inc.
P.O. Box 50591 Indianapolis, Indiana 46250
(317) 251-0494

For More Information Circle #53 on Reader Service Card

Most Populous Cities

	City / Population	9-1-1	Local Govt.	Primary Provider	Emergency Responder (ER) / Transport Service (TS)
137.	Lakewood, CO 122,140	YES	CO	FD-CT/DR	Lakewood Fire Protection District 1545 Robb St. Lakewood, CO 80215 303/237-9588 (ER/TS)
138.	Hollywood, FL 120,910	YES	CM	FD-CT/DR	Hollywood Fire/Rescue 3401 Hollywood Blvd. Hollywood, FL 33021 305/921-3447 (ER/TS)
139.	Beaumont, TX 119,900	NO by 12/89	MC	3 Svc Muni	Beaumont City FD/EMS 400 Walnut St. Beaumont, TX 77704 409/838-0619 (ER/TS)
140.	Tallahassee, FL 119,450	YES	CO	Hosp	Tallahassee Regional Medical Center 1300 Miccosukee Rd. Tallahassee, FL 32308 904/222-2069 (ER/TS)
141.	Chula Vista, CA 118,840	YES	MC/CM	FD-CT/DR	Chula Vista FD 447 F St. Chula Vista, CA 92010 619/691-5055 (ER)
				Pri	Harlson Medical Service PO Box 85231 San Diego, CA 92138 619/492-8100 (TS)
142.	Topeka, KS 118,580	YES	MC	Pri	Med-Evac Mid-America 411 S. Jackson Topeka, KS 66603 913/233-2400 (ER/TS)
143.	Macon, GA 118,420	YES	MC/CO	Hosp	Medical Center of Central Georgia Ambulance Svc. 777 Hemlock St. Macon, GA 31208 912/744-1111 (ER/TS)
				Pri	Mid-Georgia Amb. Svc. PO Box 2710 Macon, GA 31203 912/741-4141 (ER/TS)
144.	Pasadena, TX 118,050	YES	MC	Pri	Alert Care Ambulance PO Box 53 Hillsborough, TX 76645 817/582-7082 (ER/TS)
145.	Laredo, TX 117,060	NO	MC/CM	FD-CT/DR	Laredo FD One Guadalupe St. Laredo, TX 78040 512/722-3979 (ER/TS)
146.	Pomona, CA 115,540	YES	MC	3 Svc Muni	Pomona FD 590 S. Park Ave. Pomona, CA 91766 714/620-2211 (ER)
					Shaefer Ambulance Svc. 808 N. Garey Ave. Pomona, CA 91767 818/333-4533 (TS)
147.	Erie, PA 115,270	NO	MC	Hosp	Emergycare, Inc. 1701 Sassafras St. Erie, PA 16502 814/453-7602 (ER/TS)
148.	Ontario, CA 114,320	YES	CM	FD-CT/DR	Ontario FD 425 East B St. Ontario, CA 91764 714/986-4579 (ER)
				Pri	Mercy Ambulance PO Box P Fontana, CA 92334-0356 714/899-2502 (TS)
149.	Durham, NC 113,890	YES	MC	Hosp	Durham County Hosp. Corp 3643 N. Roxboro St. Durham, NC 27704 919/470-7351 (ER/TS)
150.	Independence, MO 112,950	YES	CM	Pri	Gold Cross Ambulance 300 S. Main Independence, MO 64050 816/836-4357 (ER/TS) ☐

EMS System Options

Judge Crookham's opinion letter of December 8th raises certain issues regarding past Policy Board actions and current directions. The court's letter appears to limit the options which may be considered in preparation and implementation of an Ambulance Service Area (ASA) Plan for Multnomah County.

Three major options which would be in conformance with the Judge's letter are available.

1) Retain a four-ASA system. Existing providers would be assigned to each of these areas. System modifications would be instituted to control ambulance charge rates and to improve medical control.

   Comments:
   .The Rate Study Task Force, Medical Advisory Board, and Board of County Commissioners have all previously considered variations of this approach and have rejected them.
   .An ASA reassignment process would have to be developed. This process would have to assure any party requesting an ASA (or a portion of an ASA) an equitable process to compete for the the opportunity to provide ambulance services.
   .The issue of antitrust liability arising from collaboration among existing providers in the process of "dividing up" the county is not solved.
   .A base rate upon which to start rate regulation would be difficult to determine because of variations among the four ASA's in a) operations; b) indigent patient population; c) volume of calls; and d) management style and cost behavior of each provider.
   .The current EMS ordinance does not provide for any form of rate regulation. The ordinance would have to be rewritten and adopted by intergovernmental agreement among all six of the involved governments.
   .A system with four ASA's is inherently inefficient because of duplication of resources including management, training, internal dispatch, billing, equipment, physical plant, public relations, etc. Further, arbitrary geographical boundaries do not allow for a maximally efficient use of resources. This inefficiency leads to increased costs and, therefore, increased rates. Additionally, current experience suggests that at least ten percent of emergency calls are not responded to by the closest ambulance.

Department of Human Services
426 S.W. Stark Street — 8th Floor · Portland, Oregon 97204 · 248-3220

2) Develop an ASA plan which divides Multnomah County into two ASAs.

Suboptions:

1) Equally divided ASA's. The two ASA's would be roughly equal in call volume, indigent population and geographical barriers to service.
2) Unequal ASA's: NW corner and remainder of County. The two ASA's would be a) the area roughly bordered by Cornell Road on the South, the Washington County line on the Northwest, the Columbia River on the Northeast, and the Columbia County border on the North; and b) the remainder of Multnomah County.
3) Unequal ASA's: SW corner and remainder of County. The two ASA's would be a) the area in the Southwest corner of Multnomah County which is served by a Washington County Public Safety Answering Point; and b) the remainder of Multnomah County.

Comments:

.The two ASA approach is not as efficient or effective an ambulance delivery system as a single ASA. However, based upon the Court's ruling, the above two-ASA options would appear to meet the Court's requirement for more than one ASA. When combined with a Board of County Commissioners' Ordinance and with contract language that does not create a sole provider franchise within the City limits of Portland, a two-ASA option would appear to meet all of the Court's requirements.

.Tne procedure for implementing such an option would be for EMS staff (at the Policy Board's direction) to prepare an ASA plan for presentation to, and approval by the Policy Board. The Policy Board would recommend and refer the plan to the Board of County Commissioners (BCC). The BCC would pass the plan in ordinance form, and refer it to the Oregon Health Division (EMS section) for approval. Contractor(s) would then be chosen by an RFP process.

3) Develop an ASA plan which uses a public ambulance provider for 911 calls. Such a plan would retain the multiple private providers for nonemergency transports.

Suboptions:

1) Portland Fire Bureau (PFB) and Gresham Fire Department (GFD) would provide all call-answering and transports for 911 calls county-wide.
2) A third public safety entity would be formed by the County Department of Human Services (DHS) to provide all call-answering and transports for 911 calls. The ambulances and personnel could be cross-utilized to a limited extent by the Health Division or hospital care delivery programs within the County.
3) A third public safety entity would be formed by the County DHS to directly provide some emergency ambulance service, while contracting with PFB and GFD for the remainder of required service. PFB and GFD would use their existing ALS rescue units (which are transport-capable). The DHS would add the additional ambulances and manpower needed to answer and transport the 911 calls not handled by the fire agencies.

DRAFT

Briefing
FMS Policy Board
Public System Options

The purpose of this paper is to discuss each of the four public provider options which were proposed at the January 4, 1988 FMS Policy Board meeting.

Option 1

The Portland Fire Bureau and Gresham Fire Department answer and transport all 911 medical calls. Each response to be by BLS first responder and simultaneously by ALS personnel who will transport all patients.

Pro

1. A portion of the equipment and manpower needed to provide this service is in place in both Gresham and Portland.

2. This type of system will work well with existing first responders with a minimum of friction between Basic Life Support first responders and Advanced Life Support transport personnel.

3. The Portland Fire Bureau and Gresham Fire Department have many response points throughout their cities which will allow for rapid response.

4. The Portland Fire Bureau and Gresham Fire Department have expressed a desire to provide emergency transport and they possess expertise having delivered emergency first response in the Portland/Gresham area for a long period.

5. The Gresham Fire Department and Portland Fire Bureau system will provide an easier mechanism for medical control as fewer providers are in place.

6. Mutual aid already exists between the two fire departments as well as outlying fire districts. A back up system is therefore easier and more efficient to maintain.

7. The two fire services have virtually no employee turnover and would provide excellent employee stability.

8. The management structure to provide the service is in place with the existing fire services.

9. There will be local (city) and public accountability in the fire operated service.

10. There will be increased productivity from existing personnel by having them provide the transport function for emergency medical services in addition to first responder fire suppression and prevention activities.

11. The personnel will provide a dual job function, functioning both as fire fighters and as emergency medical care personnel.

12. The Portland Fire Bureau/Gresham Fire delivered system will allow existing, non-emergency private providers to work in business providing non-emergency care.

13. Work stoppage by any of the fire organizations is illegal under ORS.

14. The system of Fire Bureau and Gresham Fire Department transports would eliminate the duplication of existing first responder, and Advanced Life Support personnel.

15. This program could be implemented with no additional tax dollars expended, provided that non-tax-bared funding for additional vehicles, equipment and personnel could be obtained.

Cons

1. There is a perception that Fire Bureau and Fire Department overheads are high.

2. There is a question as to whether the city of Portland can charge for these services.

3. The Portland Fire Bureau and Gresham Fire Department must hire new personnel and buy more equipment to provide the total emergency transport function.

4. There is a problem with cost accounting - i.e., in defining the true cost of Fire-provided services. This has been pointed out on numerous occasions by the private ambulance providers.

5. There is a question as to how large a tax dollar subsidy there would be in the actual provision of emergency medical services and how much would actually be covered by user fees.

6. An all-Advanced Life Support system does not make best use of personnel due to their transporting of non-emergency patients.

7. Peak staffing and system status management economies would be difficult to implement due to rigid collective-bargaining agreement requirements for shift-lengthend overtime pay.

8. Billing procedures and methodology are not defined.

Option 2

A third public safety service organization be created by the Department of Human Services, Emergency Medical Services program to provide ambulance service for all 911 calls. The existing BLS first responder system would be used according to triage guidelines.

Pros

1. Department of Human Services is already delivering health care in an efficient manner throughout the city and county.

2. The expertise is present in the existing DHS structure to operate an ambulance service.

3. This system offers a partial solution to the unemployment of EMT IVs in the system as this new system would hire a portion of the existing EMT IVs in Multnomah County.

4. The system can be implemented with no additional tax dollars with lower actual cost to provide the service, provided that the system is user funded.

5. The mechanisms are in place that provide for responsibility and accountability to the medical community.

6. Peak staffing and system status management factors could be developed "from scratch" to provide for maximum economies of operation.

7. The system would use existing EMS administrative funds for direct delivery component, thus an economy of tax dollars.

8. A unified Advanced Life Support system would cover the whole county and would be less hampered by interjurisdictional (city and fire district) boundaries and political/administrative interaction.

Cons

1. System must build a new entity for service delivery.

2. There is a question of political support for this concept.

3. More start-up dollars may be needed than in any of the other options.

4. There will be additional costs to Department of Human Services for personnel and equipment; however, this will be made up through revenues from service.

5. There is a perception that the overhead would be high due to this being a governmental operation.

6. An all-Advanced Life Support system does not make the best use of personnel due to the transporting of non-emergency patients.

7. There is a question as to whether tax dollars would subsidize the existing operation with some involvement of administrative and other technical personnel as well as legal and purchasing assistance from the county.

8. A work stoppage could be legal under this system.

9. There is a question as to whether Judge Crookham's ruling would prohibit this single-system approach to delivery of pre-hospital care.

10. Continuing conflicts between first responders transporting personnel might continue.

11. There would be a continued duplication of Advanced Life Support and first response.

12. Billing procedures and methodology are not defined.

Option 3

Portland Fire Bureau, Gresham Fire Department, Department of Human Services (Emergency Medical Services) offer all 911 call answering and transport. DHS, through intergovernmental agreement, would work with Portland Fire Bureau and Gresham Fire Department to deliver ambulance transport utilizing the existing Advanced Life Support transport capable rescues. The existing BLS first responder system would be used as the triage guide dictates

Pros

1. A portion of the equipment and manpower needed is already present.

2. System would mesh well with regard to first responders and transport personnel.

3. There would be many response points within the system with the ability to lower response times.

4. This system offers a partial solution to the unemployment of EMT IVs with the county DHS hiring the personnel needed beyond the existing fire EMTs.

5. System could be implemented with no additional tax dollars, assuming that the system is user funded.

6. It eliminates the duplication of first responder Advanced Life Support.

7. Some economies in peak staffing and system status management would be available to management.

8. All participating governments could solve the charge issue. The system could provide revenue derived from services delivered to all participating agencies.

9. This would be a publicly accountable system.

10. There would be a back-up system with multiple governments involved in the delivery.

Cons

1. Coordination between Portland Fire Bureau, Gresham Fire Department, and EMS might be difficult.

2. New personnel and equipment must be obtained to start the system.

3. Long term structural stability may be questionable.

4. There is a perception of high overhead in each of the governmental organizations as well as the additional overhead of three offering the service.

5. An all-Advanced Life Support system does not make best use of personnel in non-emergency transport situations.

6. Tax dollar subsidies would be difficult to quantify with three governmental organizations involved.

7. A partial work stoppage would be legal in this system.

8. There are multiple Advanced Life Support providers of care and transport, thus the system is harder to manage and coordinate.

9. Billing procedures and methodology have not been defined.

Option 4

Portland Fire Bureau, Gresham Fire Department answer all 911 calls but transport only those patients who are provided or need Advanced Life Support. The remaining patients would be "handed off" to private BLS providers. A BLS first responder system would be maintained.

Pros

1. This system allows the private sector to function in a coordinated manner for non-emergency call turnovers.

2. Less fire resources would be needed to start up the system.

3. This system could maintain fire personnel and equipment in district for faster responses and better accountability.

4. Advanced Life Support personnel would perform only Advanced Life Support transports, allowing more efficient use of ALS personnel.

5. This system would mesh well with a first responder system and eliminate Advanced Life Support/first responder duplication.

6. Portland Fire and Gresham Fire have expressed a desire to do the job.

7. There are many response points within the two cities that can be used to deliver system.

8. This system can be implemented with no addition tax dollars, assuming that user fees support the total cost.

9. Work stoppage would be illegal under ORS.

10. There will be fewer EMT IVs in the system resulting in lower training and coordination needs.

11. The EMT IVs in the system would perform a dual job function with partial responsibilities in both fire and emergency medical services.

12. The system would publicly accountable.

Cons

1. Patient abandonment may be a potential issue. There may be additional overall system costs because of emergency and non-emergency ambulances being called to the scene in many cases.

2. Hand-off from ALS to BLS has questionable acceptance.

3. Initially, there would be an undefined number of ALS transports - due to lack of experience with a "hand-off" system. Initial budgeting would therefore be difficult.

4. There would be a duplication of resources on non-emergency calls.

5. This option would result in the greatest loss of EMT IV positions.

6. There is a question as to whether Portland can charge for this service.

7. There may be a need to hire new personnel and buy additional equipment.

8. There will be less revenue because there would be no charges made for patients who do not receive emergency transport even though there has been an emergency response.

9. Billing procedures and practices are not defined.

10. Peak staffing and system status management economies would be difficult to acheive due to collective bargaining agreements.

11. Tax dollar subsidies continue to be a question with regard to percentages of time of fire personnel versus emergency medical services personnel.

The material presented in this briefing paper was provided from a process involving Chief John Wilson, Portland Fire Bureau; Tom Steinman, Portland Fire Bureau; Representatives of Physical Services, Portland Fire Bureau; Chief Joe Parrott, Gresham Fire; Steve Manton, Commissioner Dick Bogle's Office; Gary Oxman, M.D., County Health Officer; and Joe Acker, EMS Director.

FOR DISCUSSION ONLY

System Cost: Option 2

Ambulance Cost - 24 Hours

7.2 FTE @ $10.00/hr	$149,760
Fringe @ 35%/gross	52,416
Mileage 25,000 @ .30/mi	7,500
Vehicle Depreciation 39,000 / 4	9,750
Drugs/Disposable/Linen/Supplies	10,000
Administration	28,935
Miscellaneous (start-up)	5,000
Spare Unit	3,500
	$266,861

Ambulance Cost - 12 hours

4.8 FTE @ $10.85/hr	$99,840
Fringe @ 35%/gross	34,944
Mileage @ .30/23,000 mi	6,900
Vehicle Depreciation 39,000 / 4	9,750
Drugs/Disposable/Linen	10,000
Administration	28,935
Miscellaneous (start-up)	5,000
Spare Unit	3,500
	$198,869

FOR DISCUSSION ONLY

System Cost: Option 2 (cont'd)

Ambulance Cost - 10 hours

4.2 FTE @ $10.00/hr	$87,360
Fringe @ 35%/gross	30,576
Mileage @ .30/23,000 mi	6,600
Vehicle Depreciation 39,000 / 4	9,750
Drugs/Disposable/Linen	10,000
Administration	28,935
Miscellaneous (start-up)	5,000
Spare Unit	3,500
	$181,721

Administration

Director	$ 48,600
Physician Supervisor	85,000
Quality Assurance Coordinator	
Field Supervisors 4 @ $12.00 + Fringe	134,784
Training Supervisor 1 @ $12.50 + Fringe	35,100
Communications Coordinator	31,050
OA II (50%)	11,830
OA II @ $7.00 + Fringe	19,656
Health Educator @ $11.07 + Fringe	31,615
2 vehicles @ $15,000 divided by 4 years	7,500
County overhead @ 10% gross admin.	31,000
	$405,085

FOR DISCUSSION ONLY

System Cost: Option 2 (cont'd)

System Staffing Levels

11 Ambulances 24 hours/	
2 Ambulances 12 hours/	
1 Ambulance 10 hours/	

System Staffing Numbers

11 Ambulances x 7.2 FTE	79.2 FTE
2 Ambulances x 4.8 FTE	9.6 FTE
1 Ambulance x 4.2 FTE	4.2 FTE

System Cost: Option 2

11 Ambulances 24 hours	$2,935,471
2 Ambulances 12 hours	397,738
1 Ambulance 10 hours	181,721
	$3,514,930

FOR DISCUSSION ONLY

System Cost: Option 2 (cont'd)

1. There will be no cost for ambulance stations as it is proposed that hospitals and health centers will be used.

2. Office supplies and staff supplies will be provided through the existing EMS budget and the miscellaneous ambulance funds.

3. The FTE above that required for straight staffing includes sick leave, vacation, and training. It should be anticipated that after the first two years this number of FTE's will increase because of a stable work force.

4. No collection cost or personnel are listed because the collection will be by contract and be a part of the revenue.

5. An independent quality assurance system will be implemented. The QA will use the State EMS Office, a QA coordinator, citizen's board to conduct public meetings, Medical Advisory Board, and the Quality Assurance Subcommittee, and the County Health Officer. It is anticipated that any additional cost for this can be provided through regulation of non-emergency ambulance service.