

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. 816

An ordinance repealing MCC Chapter 6.32 and adopting MCC Chapter 6.33, Emergency Medical Service and Ambulance Code, in order to implement the ambulance service plan for Multnomah County.

Multnomah County ordains as follows:

Section I. Findings.

1. On June 9, 1994 Multnomah County adopted an ambulance service plan in conformance with ORS 823.180. (Ordinance 789)

2. MCC 6.32 currently regulates the provision of emergency medical services within Multnomah County. However, MCC 6.32 predates the ambulance service plan and is not adequate to fully implement the plan.

3. In order to fully implement the plan it is necessary to repeal MCC 6.32, and replace it with a new Emergency Medical Service and Ambulance Code, MCC 6.33.

Section II. Adoption of Code.

The Emergency Medical Service and Ambulance Code, attached hereto as Exhibit A is adopted. The code shall become Chapter 6.33 of the Multnomah County Code.

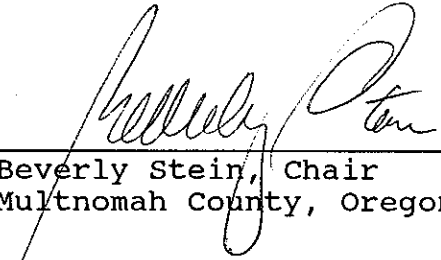
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Section III. Repeal.

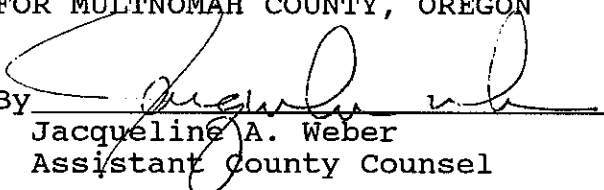
MCC Chapter 6.32 is repealed.

ADOPTED this 6th day of April, 1995, being
the date of its Second reading before the Board of County
Commissioners of Multnomah County, Oregon.




Beverly Stein, Chair
Multnomah County, Oregon

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FOR MULTNOMAH COUNTY, OREGON

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EXHIBIT A

EMERGENCY MEDICAL SERVICE AND AMBULANCE CODE

MULTNOMAH COUNTY CODE 6.33

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6.33.005. Title.

This chapter may be cited as the "Multnomah County Emergency Medical Services and Ambulance Code" and may be so referred to.

6.33.010. Purpose.

(A) The Board has determined that it is necessary to regulate providers of emergency medical services and ambulance services to assure that the citizens of Multnomah County receive prompt, effective, efficient, coordinated, and consistently high levels of pre-hospital care before and during transport to a medical facility.

(B) Ordinance 789 (June 9, 1994) adopts the ambulance service plan for Multnomah County. This chapter provides for the implementation of that plan.

6.33.015. Replacement.

This chapter replaces Multnomah County Code Chapter 6.32.

6.33.020. Definitions.

As used in this chapter, unless the context requires otherwise.

"Administrator" means the administrator of the office of Emergency Medical Services of the Health Department of Multnomah County, Oregon.

"Advanced Life Support" (ALS) means those medical services that may be provided within the scope of practice of a person certified as an EMT-Paramedic as defined in ORS Chapter 823.

"Ambulance" means any privately or publicly owned motor vehicle, aircraft, or water craft that is regularly provided or offered to be provided for the timely or emergency transportation of persons suffering from illness, injury, or disability. All vehicles capable of providing transportation to the sick or injured and staffed with personnel trained to care for such individuals and equipped with supplies and equipment necessary for the care of the sick or injured shall be considered an ambulance.

"Ambulance Services" means the transportation of an ill, injured, or disabled individual in an ambulance and, in connection therewith, the administration of pre hospital medical or emergency care, if necessary.

"Ambulance Service Area" (ASA) means a geographic area that is served by one ambulance service provider and may include all or a portion of County, or all or portions of two or more contiguous counties.

"Ambulance Service Plan" means a written document that outlines a process for establishing a County emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire County and by meeting the other requirements of the Oregon Administrative Rules (OAR).

"Appeals Hearing Officer" or "Hearings Officer" means the person or persons designated to conduct contested case hearings concerning actions in licensing and rate regulation under this chapter.

"Board" means the Board of County Commissioners of Multnomah County, Oregon.

"Basic Life Support" (BLS) means those medical services that may be provided within the scope of practice of a person certified as an EMT-Basic as defined in ORS Chapter 823.

"Bureau of Emergency Communications" (BOEC) means the Bureau within the City of Portland that maintains the 9-1-1 telephone answering system and the dispatch service for police, fire and EMS for the County.

"Contract Compliance and Rate Regulation Committee" (CRC) means the committee appointed by the Board to review contract compliance and to review and recommend rate adjustments.

"CHORAL" means the on-line computer link among all the receiving hospitals within Multnomah County that provides information on the status of those hospitals for receiving ambulance transports.

"Critical Care Transport" (CCT) means an ambulance providing transport between medical care facilities and providing care at the level of a hospital critical care unit.

"County" means Multnomah County, Oregon.

"Division" or "State" means the EMS Section, Oregon Health Division, Department of Human Resources.

"Do business in Multnomah County" means to provide emergency ambulance service, non-emergency ambulance service, or other emergency medical service in Multnomah County, provided however, that transporting patients from

outside the County to a destination within the County only shall not be considered doing business within the County.

"Effective provision of ambulance services" means ambulance services provided in compliance with the County ambulance service plan provisions for boundaries, coordination, and system elements.

"Efficient provision of ambulance services" means effective ambulance services provided in compliance with the County ambulance service plan provisions for provider selection.

"Eight Hundred MHz (800 MHz)" means a radio system used for emergency communications throughout the County.

"Emergency Medical Dispatcher" (EMD) means a person who is certified as an EMD by the Board on Public Safety Standards and Training as defined in ORS 401.735.

"Emergency" means a non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical services, wherein delay of such services is likely to aggravate the condition and endanger personal health or safety.

"Emergency Medical Services" (EMS) means those pre hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue, first responder services, ambulance services, patient care, communications, system evaluation, and public education.

"Emergency Medical Services Medical Director" (EMSMD) means a physician employed by the County to provide medical direction to the EMS system and medical supervision to EMTs providing emergency medical services within the County.

"Emergency Medical Technician" (EMT) means a person certified at one of the levels defined in ORS Chapter 823.

"Employee" means an employee, agent, or EMT employed by a licensee.

"First Responder" means an organization that provides fast response to emergency medical calls by EMTs before the arrival of an ambulance. These organizations are currently fire departments throughout the County.

"HEAR" means an identified radio frequency used for ambulance to hospital and hospital to hospital radio communications.

"License" means a non-transferable, non-assignable permit, personal to the person or corporation to whom it is

issued, issued by the administrator, authorizing the person or corporation to do business in Multnomah County.

"Licensee" means a person or corporation possessing a valid license under this chapter.

"Mass Casualty Incident" (MCI) means an emergency medical incident with enough injured or ill persons to meet the requirements for scene and medical management as defined in the EMS Administrative Rules, MCI Plan.

"Medical Advisory Board" (MAB) means the advisory committee appointed by the Multnomah County Board of Commissioners as defined in this chapter.

"Medical Resource Hospital" (MRH) means that hospital, contracted to MCEMS, to provide on-line medical control to EMTs.

"Multnomah County EMS (MCEMS)" means that organizational division within the Health Department responsible for the administration and coordination of the EMS system in the County.

"Non-Emergency Ambulance" means an ambulance, licensed by the County under this chapter, that provides routine medical transportation to patients who do not require emergency response.

"On-line Medical Control" means medical direction and advice given to an EMT, by a physician, through radio or telephone as a supplement to the written patient care protocols.

"Provider" means any public, private, or volunteer entity providing emergency ambulance or first response to medical emergencies.

"Provider Selection Process" means the process established by the County for selection of an exclusive emergency ambulance service provider.

"Public Safety Answering Point" (PSAP) or "9-1-1" means the organization that answers calls for police, fire, and emergency medical assistance that are received from persons dialing 9-1-1. This service is provided by BOEC.

"Urban Growth Boundary" (UGB) means the planning boundary developed by METRO that delineates the areas considered "urban" and "rural" for purposes of this chapter.

"User Fees", EMSMD Fees, or "Franchise Fees" means the fees established under Multnomah County Code, payable by the

provider to the County, for system administration, regulation, and medical supervision.

6.33.030. License required.

It shall be unlawful for any person to do business in Multnomah County without a license issued under this chapter.

6.33.035. Exemptions.

This chapter shall not apply to:

(A) Vehicles owned or operated by the Federal government.

(B) Vehicles being used to render temporary assistance in the case of public catastrophe or emergency with which the licensees and other defined units are unable to cope.

(C) Vehicles operated solely on private property, the incidental crossing of public streets or roads notwithstanding.

(D) Persons operating vehicles under subsections (A) through (C) of this section.

6.33.040. License Types

(A) There shall be three types of ambulance licenses available in the County:

(1) Advanced Life Support (ALS).

(2) Basic Life Support (BLS).

(3) Air Ambulance.

(B) Marine Ambulances shall be considered as either (1) or (2) above.

(C) In addition, the EMSMD may designate a license type for Critical Care Transport (CCT).

(D) MCEMS shall promulgate rules for each type of ambulance that specify staffing, equipment, supplies, use, operating policies, and other pertinent requirements for doing business in the County.

(E) The authorization to respond to emergency medical calls is not a condition of license and such authorization must be separately obtained under Section 6.33.455 of this chapter.

6.33.043. Ambulance Staffing.

(1) ALS ambulances responding to emergency calls shall be staffed with two(2) EMT-Paramedics.

(2) ALS ambulances transferring patients from hospitals to other facilities may be staffed at the minimum with one(1) EMT-Paramedic and one(1) EMT-Basic.

(3) The EMSMD shall specify staffing requirements for critical care ambulances if such a license is required under this chapter.

(4) All other ambulances will be staffed with EMT-Basic or EMT-Intermediates whose orders and level of service will be specified by the EMSMD and which will allow for the medically appropriate transportation of patients with the most cost effective staffing.

6.33.045. License Requirements

To obtain a license and remain a licensee, each applicant must:

(A) Meet all Federal, State, and County requirements for the operation of an ambulance.

(B) Comply with the application and license renewal requirements under this chapter.

(C) Maintain vehicles and equipment in accordance with standards, requirements and provisions of state statutes and rules and in accordance with the provisions of this chapter.

(D) Maintain, and make available as requested by MCEMS, a patient care record for each ambulance call, dispatch records, both written and recorded, for all calls and requests for service, and other information pursuant to this chapter.

(E) Prohibit from practice, any EMT or EMT trainee who suffers suspension, revocation, or termination of certificate by the state health division, or who is not currently approved for practice by the EMSMD.

(F) Identify and mark ambulances in accordance with this chapter.

(G) Meet all other applicable requirements under this chapter.

(H) Pay to County all fees required under this chapter.

6.33.050 Application for License.

(A) Application for a license issued under this chapter shall be made on forms provided by MCEMS and containing information found necessary to achieve the purposes of this chapter. This will include a schedule of rates to be charged by the licensee.

(B) A license fee of \$250.00 for each ambulance operated by the applicant shall accompany the license application. No application will be considered without the accompanying fee.

(C) No additional fee shall be charged for an ambulance that is replacing a currently licensed ambulance during the license period.

(D) The fee shall cover the annual license period and shall not be prorated for less than the period.

(E) Fees under this section shall not apply to governmental providers of EMS (unless under contract to the County), rural fire protection districts, or volunteer ambulance companies.

6.33.055. Inspection.

(A) Within thirty (30) days of the receipt of an application for a new license, MCEMS shall inspect and test each ambulance for which a license is requested.

(B) Subsequent inspections of licensed ambulances may be made from time to time to determine continued compliance with this chapter.

6.33.060. Issuance of License.

The administrator shall issue a license upon finding that:

(A) An accurate and complete application has been submitted and all fees, if required, have been paid;

(B) Insurance policies as required by State and County are in force;

(C) Ambulances, equipment and personnel meet all requirements of state law and this chapter;

(D) Personnel staffing the ambulance are approved for practice by the EMSMD;

(E) All County rules and regulations governing the operation of an ambulance service and other applicable rules and regulations have been met;

(F) A schedule of charges for service have been filed with MCEMS.

6.33.065. Denial of Application; License Revocation.

(A) In the event that an applicant's request for a license is denied, or revoked or suspended, the administrator shall provide the applicant or licensee with a written notice of the action, clearly stating the facts and conclusions and ordinance or rule provision upon which the action is based. This applicant must be advised of the right to appeal and the time within which such appeal must be filed. The applicant may then appeal under Section 6.33.098 of this chapter or file an amended application without an additional fee.

(B) Fees submitted with an application that is denied are not refundable.

(C) Any person whose license has been denied or revoked may, after one year from the date of denial or revocation, reapply for a license upon submittal of a new application and the required fees under Section 6.33.050 of this chapter.

6.33.070. License Term

The initial license shall be for a period to terminate with the conclusion of the fiscal year of the County. Renewed licenses shall be for a period of twelve (12) months.

6.33.075. Renewal

(A) Renewal applications shall be made no later than thirty (30) days prior to the license expiration date.

(B) Fees for the renewal of a license shall be the same as the fees for an initial license and shall be paid at the time of the renewal application.

(C) Where a licensee has made a timely application for renewal, such license shall not be deemed to expire, despite any stated expiration date on the license, until a formal order granting or denying the license has been issued.

6.33.080. Notification of Change in Circumstances.

If the status of a licensee under this chapter changes in regard to the number of ambulances owned or operated, the sale or discontinuance of the business, or anything substantially changing the information contained in the initial application, the licensee must immediately inform MCEMS of such changes.

6.33.085. Ambulance Identification; Advertisement.

(A) All ambulances shall meet all identification requirements specified in state and federal statute.

(B) Ambulances under contract to the County for emergency medical response shall be identified as specified in the contract and shall not display any telephone number other than "9-1-1"

(C) Ambulances not under contract for emergency medical response may not display words such as "paramedic unit", "medic unit", "advanced life support", "emergency", or other words indicating a level or type of medical care provided.

(D) Ambulances not under contract to the County may not advertise on the ambulance or in any other way that they provide emergency medical response. They may not display "9-1-1" on the ambulance.

6.33.090. Prohibited Activities.

No applicant or licensee, applicant or licensee's employee, or any other person doing business under this chapter shall:

(A) Make a false statement of a material fact, or omit disclosure of a material fact, in an application for a license;

(B) Monitor or intercept police, fire, medical, or other radio dispatch or transmission with the intent of providing service or for profit or gain;

(C) Solicit information as to accident locations by payment of any form of gratuity;

(D) Charge for services not performed, make duplicate charges for the same service, or charge rates exceeding those on file with MCEMS;

(E) Perform the services of an EMT unless authorized by state law, this chapter, and the requirements adopted thereunder;

(F) Respond by ambulance to an emergency call unless so authorized by BOEC or under a provision of this chapter;

(G) Falsify, deface, or obliterate a license or certificate required under this chapter;

(H) Transport an emergency patient in any other vehicle other than a licensed ambulance and to any other facility other than a hospital emergency department unless otherwise allowed for in this chapter.

(I) Receive on-line medical advice from any other source other than Medical Resource Hospital (MRH) unless communications with MRH are unavailable.

6.33.095. Violations

(A) The administrator shall, upon finding that a violation of this chapter or applicable federal, state, municipal, or County laws, ordinances, rules, or standards and requirements affecting emergency medical services has occurred, provide written notice to the licensee, and shall demand that if correctable, the violation be corrected within not more than thirty (30) days from the date of notice, and/or, subject to the authority of the administrator, to immediately suspend or revoke a license under Section 6.33.099 of this chapter.

(B) In the event of a notice under subsection (A) of this section:

(1) The licensee shall notify MCEMS when corrective action, if required, has been taken.

(2) If a licensee fails to take required corrective action in the time required, the licensee may be fined or the license may be revoked or suspended, subject to appeal under Section 6.33.098 of this chapter.

(3) Notice shall be in writing. Mailed notices shall be given to the last known address of the licensee and shall be considered given at the date of mailing.

6.33.096. Penalty; Additional Remedies.

(A) Violation of this chapter shall be a County offense and may be punished by a civil penalty of not more than \$10,000.

(B) A schedule of fines to be levied for violations of this chapter shall be found in EMS administrative rule.

(C) Additional penalties for contract violations are found in the contract for exclusive emergency ambulance service.

(D) The provisions of this section are in addition to and not in lieu of other procedures and remedies provided by law.

6.33.098. Appeals.

(A) A person receiving a notice of denial, refusal to renew, suspension, or revocation of license, or a violation as provided in this chapter, may request a hearing by an appeals hearing officer by filing a written request with the administrator within ten (10) days of the date of the notice, setting forth reasons for the hearing and the issues to be heard.

(B) The administrator shall, upon receipt of a timely request, notify the hearings officer who will set a time and place for the hearing not more than thirty (30) days from the date of the receipt of the request for a hearing and notify the parties.

(C) The hearing shall be conducted by the hearings officer in accordance with the most recently published Attorney General's Model Rules of Procedure.

(D) The hearings officer shall issue a final order within thirty (30) days of the termination of the hearing.

(E) An appeal of the final order, may be filed within ten (10) days of the date of the order, with the clerk of the Board, who shall schedule a hearing before the Board and notify the parties.

(F) The Board may confirm, alter, or revoke the order of the hearing officer and the action of the Board shall be considered final.

(F) A licensee who is unsuccessful in an appeal to a hearings officer or in any subsequent appeal to the Board, shall reimburse the County for the fee paid to the hearings officer.

6.33.099. Effect of Filing a Hearing Request.

Filing of a hearing request shall abate any further proceedings by the administrator, provided however, that in any case where the EMS Medical Director or the County Health Officer finds a serious danger to the public health or safety, the administrator may suspend or refuse to renew a license without a hearing. The effected licensee receiving such a notice may request a hearing with the Board of

Commissioners, within thirty (30) days of the notice, without a hearing under Section 6.33.098 of this chapter, and the initial notice may be confirmed, altered or revoked by the Board of Commissioners.

6.33.100. Medical Direction and Supervision.

(A) There shall be established, as an employee of the Health Department, appointed by the Health Officer, the position of Emergency Medical Service Medical Director (EMSMD).

(B) The EMSMD shall serve as the physician supervisor for all EMTs in the employ of licensed ambulance services within the County and working within the County. In addition, the EMSMD may serve as the physician supervisor for EMTs employed by EMS first responder agencies, by agreement with the County.

(C) Duties of the EMSMD include, but are not limited to:

(1) Approval for practice for all EMTs. Approval shall be provided to each EMT and his/her employer, in writing, and a record kept by MCEMS;

(2) Creation of policies for limiting the practice of EMTs when necessary, including adequate due process protections for the effected EMT;

(3) Setting the standards for training and continuing education for EMTs and EMDs;

(4) Implementation of a quality management program designed to provide for the continuous improvement of patient care and other aspects of the EMS system;

(5) Promulgation of standards of patient care, consistent with the Ambulance Service Area plan and including, but not limited to:

- (a) Dispatch and pre-arrival protocols;
- (b) Transport triage criteria and protocols;
- (c) Specific requirements for EMTs working within the County;
- (d) Approved equipment, supplies, and drugs;
- (e) Patient care protocols;
- (f) Medical criteria for response times;

(g) Patient transfer criteria; and

(h) Critical care inter-facility transport criteria.

(D) Assistants to the medical director.

(1) The EMSMD may appoint assistants to help carry out the duties assigned to the Medical Director. The EMSMD retains the sole responsibility for all assigned duties.

(2) Funding for assistants to the EMSMD, if any, shall be recommended by the administrator.

(E) The EMSMD may appoint committees or individuals as deemed necessary, to provide advice regarding the duties of the medical director.

(F) The EMSMD may not implement protocols nor take other actions that would change the patient care standards specifically identified in the Ambulance Service Area Plan or in this chapter without approval by the Board of County Commissioners.

(G) The administrator is authorized to collect fees from employers of EMTs to off-set the cost to County for the EMSMD and any assistants. These fees shall be limited to the salary and benefits of the EMSMD and agents. Fees will change only with compensation changes.

6.33.105. On-line Medical Control.

(A) On-line medical control shall be provided by a Medical Resource Hospital (MRH).

(B) Standards for the MRH shall be determined by the EMSMD and implemented through a performance agreement between MRH and MCEMS.

(C) Compensation for MRH services shall be recommended by the administrator and approved by the Board of County Commissioners.

6.33.110. EMS Medical Advisory Board.

(A) There is created an EMS Medical Advisory Board (MAB) which shall consist of the following persons:

(1) Three physicians, interested and involved in pre-hospital emergency care, one each recommended from the following organizations: the Multnomah County Medical Society, the American College of Emergency Physicians, and MRH;

(2) One physician, recommended by the County Health Officer as a member-at-large;

(3) One nurse, specializing in emergency care, and recommended by the Emergency Nurses Association;

(4) Two paramedics recommended by organizations representing paramedics.

(B) Members shall be appointed by the Board for terms of three years.

(C) Responsibilities shall include:

(1) Provision of advice to the EMSMD and MCEMS;

(2) An annual report to the Board of County Commissioners on the effectiveness of pre-hospital medical care provided by the EMS system to the citizens of Multnomah County.

(D) The chair of the MAB shall be appointed by the EMS Medical Director.

(E) Members shall be reimbursed for expenses authorized by the administrator .

6.33.115. Training and Education.

(A) All training and continuing education for EMTs will be provided through a coordinated educational program approved by the EMSMD.

(B) The program will offer education and training opportunities which include state recertification requirements, issues identified as a result of the quality improvement process, new, "state-of-the-art" information, changes in patient care protocols, and other pertinent topics.

(C) Current and additional training and education resources from the public and private sectors will be used to provide these activities to EMTs. They will be coordinated to insure their maximum use and availability.

(D) Particular attention will be paid to the training needs of the volunteer rural first responders and system resources will be made available to assist in meeting these needs.

(E) Training and education standards, EMT attendance requirements, and County specific education and training requirements shall be the responsibility of the EMSMD.

(F) There may be appointed, an "education coordinator" to assist the EMSMD. This position may be employed by the County or provided under contract to the County. This position may be funded from EMS system revenues as specified by the administrator.

6.33.200. EMS Program Office, Administration.

(A) There shall be within the County Health Department an EMS program office (MCEMS) which is responsible for the implementation, regulation, coordination, and enforcement of this chapter, the ambulance service plan and other EMS planning, and the administration of the emergency ambulance service contract.

(B) The responsibilities in (A) above may be accomplished through the promulgation of administrative rules, by the administrator, in accordance with the County's administrative rule process. All such rules that pertain to patient care, EMT practice, ambulance equipment and supplies, and other medical matters shall be approved by the EMSMD prior to implementation.

(C) The administrator is delegated the authority for the enforcement of this chapter including the requirement for the production of relevant records, documents, and recordings. The administrator shall have the authority to subpoena such records when necessary to insure their production.

(D) The administrator may hold hearings on matters of compliance with this chapter and subpoena and require attendance of witnesses at such hearings.

(E) The administrator may appoint committees or individuals, as deemed necessary, to provide advice to the administrator.

6.33.300. System Quality Management and Improvement.

(A) All licensees are required as a condition of license, and all other EMS providers are encouraged, to participate in the quality management program for the EMS system. Participation includes:

(1) Providing patient care data, dispatch and call determination data, EMT training and education information, vehicle maintenance information, EMT rosters, patient or other complaints, and other data and information determined by MCEMS to be necessary for the quality management process. This data is to be provided in a form and frequency to be determined by MCEMS;

(2) Serving on review bodies, committees, problem solving groups, as may be required;

(3) Implementing system changes and modifications in a timely manner;

(4) Maintaining an internal quality improvement process and providing information on the problems and outcomes to the system program;

(B) All data, information, and proceedings associated with the quality management program that could identify patients, specific events, patient medical conditions, locations, or other possible identifiers shall be considered confidential and protected from discovery in accordance with ORS Chapter 1079.

(C) There shall be a quality management committee, chaired by the EMSMD, and responsible for the development, implementation, and on-going monitoring of the quality management and improvement process.

6.33.400. EMS First Response

(A) MCEMS shall enter into agreements with all agencies providing medical first response. These agencies are fire departments and districts, police or sheriff, or other public emergency responders. These agreements shall include, but are not limited to:

- (1) Types of call response and dispatch protocols,
- (2) Response time goals,
- (3) Level of personnel training and staffing,
- (4) Educational and training support provided by MCEMS,
- (5) Equipment, supply, or other support from MCEMS,
- (6) Quality management participation,
- (7) Medical supervision through the EMSMD.

6.33.450. Emergency Ambulance Service Area.

(A) All of Multnomah County comprises a single ambulance service area served by a provider selected by the board and operating under contract or intergovernmental agreement with the County which specifies the conditions of service.

(B) In order to insure the most effective medical response with the resources available MCEMS will:

(1) Enter into an exclusive emergency ambulance service contract with a qualified ambulance service provider.

(2) Designate response time zones within the ambulance service area. Each zone will have a response time requirement for each level of service.

(3) The zones designated in (1) above will be incorporated into the contract for emergency ambulance service.

(4) Through intergovernmental agreements specifying the details of service, allow EMS agencies from other jurisdictions to provide service into Multnomah County when such an action will allow for better service to the citizens in the identified areas of the County. MCEMS may likewise allow contracted agencies to serve similar areas in other jurisdictions.

6.33.455. Exclusive Emergency Ambulance Service Contract

(A) The exclusive provider of emergency ambulance service for the single ASA in the County shall be selected through a competitive proposal process by the Board of County Commissioners.

(B) MCEMS shall prepare the necessary request for proposals specifying all criteria necessary for the preparation of a proposal and the selection of a provider.

(C) The contract for emergency ambulance service shall specify all performance and operational criteria not otherwise stated in this chapter. The selected emergency ambulance provider shall enter into an agreement with the County that includes, but is not limited to, the following:

(1) The qualifications required to provide service under the agreement;

(2) Performance criteria such as response time requirements, area coverage, staffing;

(3) Charges for service;

(4) Information and data reporting requirements;

(5) The relationship between the parties to the agreement;

(6) Specifics of participation in the EMS system quality improvement program;

(7) Medical supervision requirements;

(8) Remedies for failure to meet the tenants of the agreement; and

(9) Fee requirements for medical supervision and program management and support.

(B) The contract shall have specific requirements that insure appropriate policies effecting the employees of the provider. These requirements include:

(1) A workforce diversity plan that meets all federal, state, and local standards. The plan must include a specific process for the recruitment and retention of women and minority EMTs.

(2) Agreement to provide employment consideration and priority to paramedics displaced from employment with the providers in Multnomah County prior to the contract implementation to the extent that positions are available.

(3) Providing an Employee Assistance Program (EAP) to all EMTs. The EAP programs in force by the County and the city of Portland shall serve as the standard for evaluation of offered programs.

6.33.460. Reassignment

(A) Should the contracted provider resign its interest in the ASA or should the County terminate the agreement, the County shall then select a replacement provider(s) by a method recommended by the administrator and approved by the Board.

(B) At the end of the term of the contract the Board may exercise its option of renewing the contract or seeking a replacement provider.

6.33.500. Ambulance Charges for Service.

(A) All licensees under this chapter shall provide MCEMS with a schedule of the charges (fees) for services they provide. This schedule must be current at all times.

(B) No charge for service may exceed that which is listed on the most recent schedule on file at MCEMS.

(C) Charges for services provided under contract to the County shall be limited to those specified in the contract and may not be changed, adjusted or modified except through the rate adjustment proceeding.

6.33.505 Rate Adjustment Definitions.

"Applicant" means a provider whose rates are regulated pursuant to this chapter and who requests or applies for a rate adjustment.

"Intervenor" means a person whom the Contract Review Committee (CRC) or the hearings officer has allowed to participate in a proceeding subject to the rights provided by these Rules.

"Officer" means a hearings officer to whom the County has delegated authority to conduct hearings pursuant to these rules.

"Operating expenses" or "allowable costs" means those costs attributed to the provision of emergency medical services provided under the exclusive provider agreements required by this chapter.

"Party" means a provider whose rates are regulated pursuant to this chapter and any person admitted as an intervenor pursuant to these Rules.

6.33.510. Contract Compliance and Rate Regulation Committee (CRC).

(A) There shall be a Contract Compliance and Rate Regulation Committee (CRC), appointed by the Board of County Commissioners, upon the recommendation of MCEMS.

(B) The CRC shall be comprised of the following members:

- (1) A person with expertise in ambulance operations;
- (2) An attorney with health care expertise;
- (3) A person in the business of health care administration or health care financing;
- (4) An accountant;
- (5) An EMS provider not regulated by this chapter;
- (6) A citizen residing within Multnomah County.

(C) The CRC will meet and review the response times and other performance requirements of the ambulance service contract and make recommendations to the EMS Administrator. The CRC will review all requests for rate adjustments and make recommendations to the EMS Administrator.

(D) The initial rates incorporated in the exclusive ambulance service contract shall be verified and recommended

to the Board by the RFP evaluation committee, acting as the Contract Compliance and Rate Regulation Committee for purposes of this initial review.

(E) The CRC shall develop criteria to be used for rate adjustment decisions; to be approved by the Board.

6.33.515. Rate Adjustment Procedure.

(A) A request for a rate adjustment may be made by a licensee whose rates are regulated by this chapter or by MCEMS. This process is for contested rate increases or unusual rate increase requests. The exclusive ambulance contract rate adjustment formula is not subject to this section.

(B) The rate adjustment procedure is a contested hearings process with an appointed hearing officer that allows all interested, qualified parties to participate. The order of the hearing officer is forwarded to the CRC for final determination of the rates to be charged.

(C) There are a variety of persons who may participate in rate proceedings conducted by the County. They include the contracted provider of emergency ambulance service, other providers of ambulance service, third party payers for ambulance service, MCEMS, employees of ambulance companies, and users of emergency ambulance service.

(D) The regulated provider shall submit to the rate hearing a reviewed financial statement prepared by a certified public accountant or, if a public provider, by the appropriate financial officer.

(E) Financial statements shall be in a form and include accounts as required by MCEMS. The statements shall show only allowable costs as specified in the ambulance service contract and also shall show total costs for all accounts that require an allocation to determine allowable costs including the application of the allocation methodology to the total costs.

(F) Any person who resides or does business in Multnomah County may petition to intervene in any proceeding conducted under this section. The petition to intervene shall contain the following information:

(1) The name and address of the petitioner;

(2) The name and address of the attorney, if any, representing the petitioner;

(3) If the petitioner is an organization, the number of members in and the purposes of the organization;

(4) The nature and extent of the petitioner's interest in the proceeding;

(5) The issues the petitioner intends to raise at the proceeding; and

(6) Any special knowledge or expertise of the petitioner which would assist the County in resolving the issues in the proceeding.

(G) If the hearings officer finds the petitioner has sufficient interest not otherwise represented in the proceeding and the petitioner's appearance and participation will not unreasonably broaden the issues, burden the record, or unreasonably delay the proceeding, the hearings officer shall grant the petition.

(H) The hearings officer shall set the time and place for a hearing on the proposals for a rate adjustment. The hearing shall be held within 15 days of the time fixed by the administrator for receipt of the schedules of proposed rates. Notice shall be served on all parties at least 30 days prior to the date of the hearing, in person, by mail, or by any other reasonable means of delivery.

(I) MCEMS may request of any party the production of documents relevant to the determination of any issue currently a part of a rate setting proceeding under this chapter. The request shall set forth the general relevance and reasonable scope of the documents sought. A party may return with any requested documents a form protective order providing for the confidentiality of those documents. The form protective order shall be provided by MCEMS with each and every request for documents. Should a party refuse to produce the requested documents, the administrator may issue a subpoena for the documents.

6.33.520. Orders.

(A) The hearings officer shall issue a written recommended order, no later than 30 days after the date on which the hearing was closed, which shall be based solely on the record made at the hearing and shall forward that order to the CRC.

6.33.525. CRC Rate Review Procedures.

(A) The CRC shall schedule a review of the recommended order, which shall be held no more than 30 days after service of the recommended order.

(B) CRC review of final recommended orders shall be confined to the record of the proceeding below, which shall include:

(1) All materials, submitted by any party and received by the hearings officer;

(2) All materials submitted by staff to the hearings officer;

(3) The transcript of the hearing below;

(4) The findings and conclusions of the hearings officer.

(C) The CRC may allow oral or written argument by the parties.

(D) Parties shall limit their argument to the CRC to issues regarding an error of law or fact in the order which is essential to the decision and which the party raised in exceptions filed under these Rules.

(E) The CRC may affirm, reverse, remand, or modify the decision of the hearings officer.

(F) The CRC shall prepare a decision which shall include written findings of fact and conclusions, based upon the record. The CRC shall serve the decision upon all parties to the hearing.

(G) Unless appealed to the Board within the time specified, the decision of the CRC shall be final and non-appealable.

6.33.530. Appeals to Board of Commissioners.

(A) Within 10 days from the date a decision of the CRC is served, a party may file an appeal with the Board.

(B) The appeal to the Board shall specify:

(1) The portion of the challenged order which the appellant contends is erroneous or incomplete;

(2) The portion of the record, laws, or rules relied upon to support the appeal;

(3) The change in the order which the Board is requested to make;

(C) The Board may grant an application for an appeal if the applicant shows that there is an error of law or fact in the order which is essential to the decision and which the

party appealing raised in exceptions filed under these Rules.

(D) The Board may affirm, reverse, remand, or modify the decision of the CRC.

(E) The Board's decision shall become final at the close of business on the 10th day after service of the decision on the parties.

6.33.535. CRC Contract Compliance Review Procedures.

(A) The CRC shall meet, at least annually, to review the performance, as specified in the contract, of the contractor for emergency ambulance service.

(B) Data and information necessary for this review shall be provided by the contractor, BOEC, MCEMS, and others, as requested by the CRC.

(C) The CRC will review the performance of the contractor and make recommendations to the EMS Administrator as to the contract compliance of the contractor.

6.33.600. Ambulance Dispatch.

(A) Dispatch for contracted ambulances shall be provided by the City of Portland, Bureau of Emergency Communications (BOEC).

(B) Dispatch requirements and performance standards, medical triage protocols, medical information requirements (pre-arrival instructions), and data requirements shall be specified in an intergovernmental agreement between BOEC and the County. The medical protocols and medical information requirements specified in that agreement shall be promulgated by the EMSMD.

(C) MCEMS, in conjunction with BOEC and the ambulance contractor, shall determine the necessary information to be supplied by the contractor to insure the optimal operation of the ambulance dispatch and require the provider to supply this information in the form and manner designated. This information shall include ambulance deployment schedules and "move up" criteria and locations (system status plan).

(D) All licensees receiving requests for ambulance services through their business telephone or by any other means other than BOEC, shall, using the triage guide, approved by MCEMS and employed at BOEC, determine if the call meets the emergency dispatch requirements. If the call meets these requirements, that call information is to be transferred to 911 for dispatch. Licensees are prohibited

from dispatching an ambulance to a call that meets emergency dispatch criteria.

(E) Ambulances, when responding to emergency calls, shall inform BOEC of their status for response; immediately notifying BOEC of any change from a previous status. The record of this information, along with the time of each notification, shall be kept at BOEC and shall comprise the official record for purposes of contract monitoring and compliance.

6.33.625 Code-3, (Priority 1, Lights and Sirens).

(A) "Code-3" or "Priority 1" means driving an emergency vehicle with the aid of warning lights and sirens.

(B) Ambulances may respond to a call Code-3 only when dispatched by BOEC.

(C) Ambulances are prohibited from responding to a hospital or other facility, for the purpose of initiating a non-patient call (e.g. pick up of a transport team), code-3.

(D) Any ambulance use of code-3 driving other than to respond to an emergency call dispatched by BOEC, deliver a patient to a hospital, or to deliver a transplant organ to a hospital shall be reviewed by MCEMS for appropriate use of code-3 driving. "Appropriate" is defined as responding to save the life of a patient.

6.33.650. Communications.

(A) Each ambulance shall be equipped with radios and/or other communication equipment as specified by MCEMS.

(B) All ambulances will be equipped, at a minimum, with a radio that allows communication with their dispatch center and the receiving hospitals.

(C) Each receiving hospital and MRH will communicate with ambulances on radio equipment specified by MCEMS.

(D) It shall be the responsibility of each licensee to purchase, install and maintain such equipment. The County shall not be responsible for any cost associated with this equipment.

(E) The policies for the use of such equipment, the security of the equipment, and system access requirements shall be promulgated by MCEMS in conjunction with the City of Portland and other parties involved in radio system operations.

6.33.655. Hospital Availability, Ambulance Diversion.

(A) Information regarding the ability of hospitals to receive ambulance transported patients shall be provided to ambulance units, by BOEC, using the CHORAL system.

(1) Each receiving hospital wishing to change its receiving status from time to time shall be equipped with the necessary computer and other requirements for participation in the CHORAL system. Hospitals not participating in the CHORAL system shall be considered available for ambulance transports at all times.

(2) Ambulance companies may have CHORAL equipment for purposes of monitoring the system. The BOEC CHORAL computer information shall be the official information for the CHORAL system.

(B) Ambulances may be diverted from an intended hospital destination based only on the information provided by the CHORAL system. In the event of a failure of the CHORAL system, other means of communication, as authorized by the administrator, may be used to convey the hospital status.

(C) Nothing in this chapter is intended to supersede any state or federal laws or regulations regarding ambulance diversion or patient destination.

6.33.700. Mass Casualty Incidents (MCI)

(A) The MCI plan, as attached to the EMS administrative rules, shall serve as the guide for the response of first responders and ambulances and the care and transportation of persons, when the number of persons meets the criteria for implementation of the plan. This plan shall be reviewed from time to time by the EMSMD and modified when necessary to insure that current standards of care are being met.

(B) It is the intent that the MCI plan will be developed and maintained on a regional basis.

(C) Any licensed ambulance may be required to respond to a mass casualty incident. Those ambulances not under contract to the County will be used only at the request of the EMS administrator or by EMS approved protocol.

6.33.750. Special responses.

(A) Emergency medical response to certain calls may require specialized equipment and specially trained personnel. These calls include, but are not limited to, hazardous material calls, search and rescue, extrication, trench, dive, and high angle rescue, and support for law enforcement response teams. These specialized responses are

the responsibility of the fire first responders, and in the case of search and rescue, the sheriff.

(B) Response by specialized units of the ambulance providers shall be only at the direction of the responding provider in (A) above, through BOEC dispatch.