

ANNOTATED MINUTES

*Tuesday, November 9, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

B-1 Briefing on EMS/ASA Ordinance #2. Presented by Bill Collins.

**PRESENTATION AND RESPONSE TO BOARD QUESTIONS
BY BILL COLLINS. STAFF TO RESPOND TO BOARD
SUGGESTIONS AND DIRECTION VIA FOLLOW UP
BRIEFING. PROPOSED ORDINANCE TO BE SUBMITTED
FOR BOARD ACTION AFTER MARCH, 1994 ELECTION.**

*Tuesday, November 9, 1993 - 11:00 AM
Multnomah County Courthouse, Room 602*

REGULAR MEETING

Chair Beverly Stein convened the meeting at 11:00 a.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

CONSENT CALENDAR

**UPON MOTION OF COMMISSIONER KELLEY, SECONDED
BY COMMISSIONERS HANSEN, THE CONSENT
CALENDAR, (ITEMS C-1 THROUGH C-19) WAS
UNANIMOUSLY APPROVED.**

DEPARTMENT OF HEALTH

- C-1 In the Matter of the Appointment of Jonathan Jui, MD, as Medical Resource Representative to the MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES MEDICAL ADVISORY BOARD*
- C-2 Ratification of Intergovernmental Agreement Contract 200644 Between Oregon Department of Human Resources, Children's Services Division and Multnomah County, Wherein the County Will Be Reimbursed for Providing the Services of a Public Health Nurse to Develop and Implement a Program to Strengthen the Intervention and Treatment Services Provided to Abused and Neglected Children in Substance Abusing Families*
- C-3 Ratification of Intergovernmental Agreement Contract 200714 Between Oregon Health Sciences University and Multnomah County, Wherein County Will Pay Hospital for the Provision of Rape Evidentiary Examinations for Adults on an Emergency Basis*
- C-4 Ratification of Intergovernmental Agreement Contract 200894 Between Multnomah*

County and Oregon Health Sciences University, School of Nursing, Providing Required Learning Experiences for Faculty and Students at County Clinics

- C-5 *Ratification of Intergovernmental Agreement Contract 200904 Between Multnomah County and Oregon Health Sciences University, for the Provision of Radiologic Consultation Services for the Interpretation of X-Rays Referred from the County During Normal Working Hours*
- C-6 *Ratification of Intergovernmental Agreement Contract 200924 Between Oregon Department of Human Resources, Office of Medical Assistance Programs and Multnomah County, for Reimbursement of HIV Targeted Case Management Program Services Provided by the County*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-7 *ORDER in the Matter of the Execution of Deed D940937 Upon the Complete Performance of a Contract to Frank A. Upham*

ORDER 93-366.

NON-DEPARTMENTAL

- C-8 *In the Matter of the Appointments of David R. Chambers and Derry Jackson to the MULTNOMAH COUNTY AUDITOR'S CITIZEN BUDGET ADVISORY COMMITTEE*
- C-9 *In the Matter of the Reappointments of Michael L. Williams, Position 1, Molly Weinstein, Position 2, Robert L. Jones, Position 5, and Winzel Hamilton, Position 6, to the MULTNOMAH COUNTY DISTRICT ATTORNEY'S CITIZEN BUDGET ADVISORY COMMITTEE*
- C-10 *In the Matter of the Appointment of Dave Simpson, Position 4, to the MULTNOMAH COUNTY DISTRICT ATTORNEY'S CITIZEN BUDGET ADVISORY COMMITTEE, Term Ending September, 1996*
- C-11 *In the Matter of the Appointments of Patricia Bozanich, Position 6, William Hoffstetter, Position 5, and William H. Trappe, Position 4, to the MULTNOMAH COUNTY DEPARTMENT OF COMMUNITY CORRECTIONS CITIZEN BUDGET ADVISORY COMMITTEE*
- C-12 *In the Matter of the Appointments of Michael Zollitsch, Position 6, Harvey Lee Garnett, Position 1, and Ben Kasubuchi, Position 4, to the MULTNOMAH COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES CITIZEN BUDGET ADVISORY COMMITTEE, Terms Ending September, 1996*
- C-13 *In the Matter of the Appointments of Anthony S. Kim, Position 4, and Robin Bloomgarden, Position 7, to the MULTNOMAH COUNTY NON-DEPARTMENTAL CITIZEN BUDGET ADVISORY COMMITTEE*
- C-14 *In the Matter of the Appointments of Margaret Boyles, Position 6, and Daniel V.*

Gardner, Position 1, to the MULTNOMAH COUNTY SHERIFF'S CITIZEN BUDGET ADVISORY COMMITTEE

- C-15 *In the Matter of the Reappointment of Don MacGillivray to the MULTNOMAH COUNTY CITIZEN INVOLVEMENT COMMITTEE, Term Ending September, 1995*
- C-16 *In the Matter of the Reappointments of Mandated Position Designees to the COMMUNITY CORRECTIONS ADVISORY COMMITTEE: District Attorney Michael Schrunk - Jean Maurer; Law Enforcement Officer Robert Skipper - Larry Reilly; Circuit Court Judge Donald Londer - Doug Bray; Public Defender Jim Hennings - Michael Greenlock, Terms Ending July 30, 1995*
- C-17 *In the Matter of the Appointment of Matthias D. Kemeny, Lay Citizen Position, to the COMMUNITY CORRECTIONS ADVISORY COMMITTEE, Term Ending July 30, 1995*
- C-18 *In the Matter of the Appointment of Joelle M. Gelao to the MENTAL HEALTH ADVISORY COMMITTEE, Term Ending October, 1995*

DEPARTMENT OF SOCIAL SERVICES

- C-19 *Ratification of Intergovernmental Agreement Contract 103874 Between Portland Public Schools and Multnomah County, Mental Health, Youth, and Family Services Division, Developmental Disabilities Program, Wherein the School District Will Pay \$105,320 for Early Intervention and Early Childhood Special Education Services for Eligible Children in Multnomah County*

REGULAR AGENDA

DEPARTMENT OF LIBRARY SERVICES

- R-1 *RESOLUTION in the Matter of Authorizing and Approving, But Not Executing, the Interim Lease Agreement for the Central Library Operations During Renovation and Authorizing the County to Submit the Agreement to the Courts for Confirmation of the Legality of Use of General Obligation Bond Proceeds*

COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-1. GINNIE COOPER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. RESOLUTION 93-367 UNANIMOUSLY APPROVED.

DEPARTMENT OF SOCIAL SERVICES

- R-2 *Ratification of Intergovernmental Agreement Contract 103904 Between the City of Portland and Multnomah County, Wherein the Housing and Community Services Division, Community Action Program Office, Will Assist the City Energy Office in Implementing its Block-by-Block Grant, by Providing Weatherization Services for Qualified Homes*

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-2. BILL THOMAS EXPLANATION. COMMISSIONER SALTZMAN COMMENTS IN SUPPORT. AGREEMENT UNANIMOUSLY APPROVED.

- R-3 *Budget Modification DSS #8 Requesting Authorization to Add a Mental Health Consultant to the Mental Health, Youth and Family Services Division, Child and Adolescent Mental Health Program Budget, Effective October 15, 1993, and Authorizing Funding Adjustments in Certain Line Items*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-3. SUSAN CLARK EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

- R-4 *Budget Modification DSS #14 Requesting Authorization to Add \$33,333 Federal/State Funds to the Juvenile Justice Division Budget to Pay for a Parole Transition Coordinator and Related Expenses to Carry Out a Minority Over Representation Program Grant Project Administered in Coordination with the Housing and Community Services Division, Youth Program Office*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-4. DWAYNE McNANNAY EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- R-5 *Budget Modification NOND #9 Requesting Authorization to Transfer \$5,990 from Materials and Services to Personal Services, Within the Tax Supervising and Conservation Commission Budget, for July Cost of Living Adjustment*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER COLLIER, BUDGET MODIFICATION R-5 WAS UNANIMOUSLY APPROVED.

- R-6 *RESOLUTION AND ORDER in the Matter of Calling an Election on a Referendum of County Ordinance 772 (Ambulance Service Area Plan)*

UPON MOTION OF COMMISSIONER SALTZMAN, SECONDED BY COMMISSIONER COLLIER, RESOLUTION 93-368 WAS UNANIMOUSLY APPROVED.

DISTRICT ATTORNEY

- R-7 *Budget Modification DA #5 Requesting Authorization to Cut Two Office Assistant II Positions and Add One Fiscal Specialist Senior within the*

District Attorney's Office, Administration Division Budget, No Net Budgetary Change

COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-7. MICHAEL SCHRUNK EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-8 *ORDER in the Matter of the Reconveyance of the Old Gresham Library Property, Lots 1, 2 and 6, Block 4, Mt. Hood Addition to the City of Gresham, to the Gresham Historical Society Upon Full Payment of the Note Securing Payment of the Purchase Price*

COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-8. BOB OBERST EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ORDER 93-369 UNANIMOUSLY APPROVED.

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

R-9 *ORDER in the Matter of Exempting from Public Bidding a Contract with Amdahl for the Purchase of a Token Ring Adaptor*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-9. JIM MUNZ EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ORDER 93-370 UNANIMOUSLY APPROVED.

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

PUBLIC COMMENT

R-10 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

There being no further business, the meeting was adjourned at 11:22 a.m.

OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad

PLANNING ITEMS

Chair Beverly Stein convened the meeting at 1:35 p.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

P-1 CS 6-93/PLA 12-93/HV 16-93 Review the October 13, 1993 Planning and Zoning Hearings Officer Decision Approving, Subject to Conditions, Community Service Use for the Construction of a 22,000 Square Foot Equestrian Facility and Caretaker's Quarters; Approving, Subject to Conditions, the Requested Property Line Adjustment; and Approving, Subject to Conditions, the Requested Paving Variance, All for Property Located at 5207 SE CIRCLE AVENUE

DECISION READ, NO APPEAL FILED, DECISION STANDS. PLANNER SANDY MATHEWSON EXPLANATION AND RESPONSE TO BOARD QUESTIONS CONCERNING MULTNOMAH COUNTY SHERIFF'S MOUNTED POSSE REQUEST FOR FEE WAIVER. LT. BILL GOSS EXPLANATION AND RESPONSE TO BOARD QUESTIONS. COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, REIMBURSEMENT OF THE \$1,200 LAND USE FEES FOR P-1. BOARD DISCUSSION AND COMMENTS. MOTION APPROVED WITH COMMISSIONERS KELLEY, HANSEN AND COLLIER VOTING AYE AND COMMISSIONERS SALTZMAN AND STEIN VOTING NO.

P-2 C 3-93 RESOLUTION in the Matter of Designating the West Hills Scenic Study Area a Significant Scenic Resource Pursuant to OAR 660-16 and Statewide Planning Goal 5, Adopting Findings, and Directing Staff to Complete the Goal 5 Process

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF P-2. MS. MATHEWSON EXPLANATION. COUNTY COUNSEL JOHN DuBAY RESPONSE TO BOARD QUESTIONS. RESOLUTION 93-371 UNANIMOUSLY APPROVED.

P-3 CU 21-93 PUBLIC HEARING, ON THE RECORD, TESTIMONY LIMITED TO 15 MINUTES PER SIDE, in the Matter of a Review of the September 15, 1993 Planning and Zoning Hearings Officer Decision Denying a Conditional Use Request for a Commercial Activity in Conjunction with Farm Use, for Property Located at 24315 NW OAK ISLAND ROAD

MS. MATHEWSON PRESENTED STAFF REPORT AND CITED STATUTORY PROCEDURES AND REQUIREMENTS CONCERNING HEARING PROCESS. MR. DuBAY DISCUSSED NOVEMBER 3, 1993 LETTER TO BOARD FROM

PAUL GAMROTH REITERATING HIS TESTIMONY BEFORE THE HEARINGS OFFICER AND AT THE REQUEST OF MR. DuBAY, APPLICANTS' ATTORNEY GREG HATHAWAY STATED NO OBJECTION TO INCLUSION OF LETTER IN THE RECORD.

HEARINGS OFFICER ROBERT LIBERTY PRESENTATION AND EXPLANATION REGARDING LEGAL ISSUES AND CRITERIA USED IN HIS DECISION. MR. HATHAWAY INTRODUCED NW BREWERS GRAINS OWNER JOE WOLZEN; KEN VIGIL AND KRISTINA GIFFORD OF DAVID EVANS AND ASSOCIATES; AND MIKE GAMROTH, DAIRY SPECIALIST WITH OREGON STATE UNIVERSITY EXTENSION SERVICE. MR. HATHAWAY PRESENTED TESTIMONY IN SUPPORT OF A REVERSAL OF THE HEARINGS OFFICER DECISION.

MIKE GAMROTH TESTIMONY IN SUPPORT OF A REVERSAL OF THE HEARINGS OFFICER DECISION, AND RESPONSE TO BOARD QUESTIONS.

PAUL DeBONI TESTIMONY WITHDRAWING HEARINGS OFFICER LEVEL OPPOSITION TO PROPOSED CONDITIONAL USE REQUEST.

ROBERT WORKMAN TESTIMONY IN OPPOSITION TO REVERSAL OF HEARINGS OFFICER DECISION AND RESPONSE TO BOARD QUESTIONS.

DANIEL KEARNS, ATTORNEY FOR SAUVIE ISLAND DRAINAGE DISTRICT, REQUESTED THAT THE BOARD INCLUDE IN ITS FINAL ORDER, A LISTING OF THE REQUIRED DEQ CONDITIONS, INCLUDING A WASTEWATER LAGOON, IN THE EVENT OF A REVERSAL OF THE HEARINGS OFFICER DECISION AND RESPONDED TO BOARD QUESTIONS.

MR. HATHAWAY REBUTTAL TESTIMONY AND RESPONSE TO BOARD QUESTIONS. MR. WOLZEN AND MR. VIGIL RESPONSE TO BOARD QUESTIONS. MS. MATHEWSON, MR. HATHAWAY, MR. LIBERTY AND MR. DuBAY RESPONSE TO BOARD QUESTIONS.

COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, TO REVERSE THE HEARINGS OFFICER DECISION AND APPROVE THE CONDITIONAL USE PERMIT, SUBJECT TO THE CONDITIONS STATED IN THE STAFF REPORT AND COMPLIANCE WITH DEQ STIPULATIONS. BOARD COMMENTS. MOTION APPROVED WITH COMMISSIONERS KELLEY, HANSEN

**AND COLLIER VOTING AYE AND COMMISSIONERS
SALTZMAN AND STEIN VOTING NO.**

P-4 *Board Briefing and Discussion Regarding Prioritizing and Funding of Significant
Streams Goal 5 Work. Presented by Scott Pemble.*

*Commissioner Saltzman commented in support of recommendations contained in briefing report
and left at 3:30 p.m.*

**SCOTT PEMBLE PRESENTATION OF PROPOSED
TIMELINES AND COSTS ASSOCIATED WITH GOAL 5
WORK AND RESPONSE TO BOARD QUESTIONS.
COMMISSIONER KELLEY MOVED AND COMMISSIONER
COLLIER SECONDED, APPROVAL OF THE PROPOSED
WORK PLAN. LYN MATTEI COMMENTS IN SUPPORT OF
PLAN. MOTION UNANIMOUSLY APPROVED.**

There being no further business, the meeting was adjourned at 3:40 p.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS		
BEVERLY STEIN •	CHAIR	• 248-3308
DAN SALTZMAN •	DISTRICT 1	• 248-5220
GARY HANSEN •	DISTRICT 2	• 248-5219
TANYA COLLIER •	DISTRICT 3	• 248-5217
SHARRON KELLEY •	DISTRICT 4	• 248-5213
CLERK'S OFFICE •	248-3277	• 248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

NOVEMBER 8 - 12, 1993

- Tuesday, November 9, 1993 - 9:30 AM - Board Briefing.Page 2
- Tuesday, November 9, 1993 - 11:00 AM - Regular Meeting.Page 2
- Tuesday, November 9, 1993 - 1:30 PM - Planning Items.Page 5
- Thursday, November 11, 1993 - HOLIDAY - OFFICES CLOSED.

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

- Thursday, 10:00 PM, Channel 11 for East and West side subscribers
- Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers
- Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers
- Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222 OR MULTNOMAH COUNTY TDD PHONE 248-5040 FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, November 9, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

- B-1 Briefing on EMS/ASA Ordinance #2. Presented by Bill Collins. 9:30 AM TIME CERTAIN, 90 MINUTES REQUESTED.
-

Tuesday, November 9, 1993 - 11:00 AM

Multnomah County Courthouse, Room 602

REGULAR MEETING

CONSENT CALENDAR

DEPARTMENT OF HEALTH

- C-1 In the Matter of the Appointment of Jonathan Jui, MD, as Medical Resource Representative to the MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES MEDICAL ADVISORY BOARD
- C-2 Ratification of Intergovernmental Agreement Contract 200644 Between Oregon Department of Human Resources, Children's Services Division and Multnomah County, Wherein the County Will Be Reimbursed for Providing the Services of a Public Health Nurse to Develop and Implement a Program to Strengthen the Intervention and Treatment Services Provided to Abused and Neglected Children in Substance Abusing Families
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(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

PUBLIC COMMENT

R-10 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

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Multnomah County Courthouse, Room 602

PLANNING ITEMS

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P-4 Board Briefing and Discussion Regarding Prioritizing and Funding of Significant Streams Goal 5 Work. Presented by Scott Pemble. 30 MINUTES REQUESTED.

0267C/24-29/db

MEETING DATE: November 9, 1993

AGENDA NO: B-1

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Board Briefing on EMS Ordinance #2

BOARD BRIEFING Date Requested: November 9, 1993

Amount of Time Needed: 90 Minutes

REGULAR MEETING: Date Requested: _____

Amount of Time Needed: _____

DEPARTMENT: Health DIVISION: Emergency Medical Services

CONTACT: Bill Collins TELEPHONE #: 248-3220

BLDG/ROOM #: 160/9th

PERSON(S) MAKING PRESENTATION: Bill Collins, EMS Director

ACTION REQUESTED:

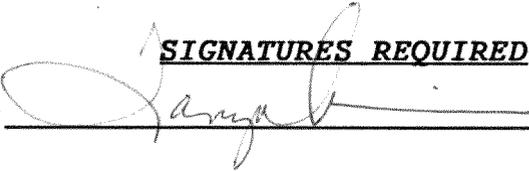
INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Board Briefing on EMS/ASA Ordinance #2

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1993 NOV - 2 PM 2:32

SIGNATURES REQUIRED:

ELECTED OFFICIAL: 

OR

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222



Emergency Medical Services

Multnomah County

MEMORANDUM

TO: Beverly Stein, Chair, Board of Commissioners
Commissioner Tanya Collier
Commissioner Sharron Kelley
Commissioner Gary Hansen
Commissioner Dan Saltzman

FROM: Bill Collins
EMS Director

Gary Oxman, MD
Health Officer

DATE: November 5, 1993

RE: EMS Ordinance #2

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Enclosed is the discussion draft of EMS ordinance #2. Please note that the terms in **[BOLD]** brackets are for review reference only. A briefing of this document is scheduled for November 9, 1993. If you have any questions prior to the briefing, please call.

c: County Counsel

1993 NOV - 5 PM 2:02
MULTNOMAH COUNTY
OREGON
CLERK OF
COUNTY COMMISSIONERS

EMS ORDINANCE #2 - DISCUSSION DRAFT

BUSINESS REGULATION

CHAPTER 6.33. EMERGENCY MEDICAL SERVICES

6.33.005	TITLE
6.33.006	REPLACEMENT
6.33.010	DEFINITIONS
6.33.015	PURPOSE
6.33.100	LICENSE REQUIRED
6.33.105	EXEMPTIONS
6.33.110	APPLICATION FOR LICENSE
6.33.115	INSPECTION
6.33.120	LICENSE REQUIREMENTS
6.33.130	ISSUANCE OF LICENSE
6.33.135	DENIAL OF APPLICATION; REVOCATION
6.33.140	TERM; RENEWAL
6.33.145	CHANGE IN CIRCUMSTANCES
6.33.150	PROHIBITED ACTIVITIES
6.33.155	AMBULANCE IDENTIFICATION
6.33.200	VIOLATIONS
6.33.205	APPEALS
6.33.210	EFFECTS OF FILING HEARING REQUEST
6.33.300	MEDICAL DIRECTION AND SUPERVISION
6.33.305	ON-LINE MEDICAL DIRECTION
6.33.310	EMS MEDICAL ADVISORY BOARD
6.33.350	EMS PROGRAM OFFICE; ADMINISTRATION
6.33.400	TRAINING AND EDUCATION
6.33.450	SYSTEM QUALITY MANAGEMENT
6.33.500	AMBULANCE SERVICE AREAS
6.33.505	RESPONSE TIME ZONES
6.33.510	RESPONSE TIME STANDARDS
6.33.515	RESPONSE TIME DATA
6.33.520	EMS FIRST RESPONSE
6.33.525	AMBULANCES SERVICE
6.33.550	PROVIDER QUALIFICATIONS
6.33.555	INITIAL PROVIDER SELECTION
6.33.560	REASSIGNMENT
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[GENERAL]

6.33.005. Title.

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

6.33.006 Replacement.

This chapter replaces Multnomah County Code Chapter 6.32.

6.33.010 Definitions.

As used in this chapter, unless the context requires otherwise. [Definitions in *italic* are those found in OAR 333-28-100].

"Administrator" means the administrator of the office of emergency medical services of the health department of Multnomah County, Oregon or the administrators authorized representative.

"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 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 prehospital 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

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requirements of the rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open market system.

"Appeals hearing officer" or "hearings officer means the person or persons designated to conduct contested case hearings concerning actions in licenses 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.

"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.

"County" means Multnomah County, Oregon.

"Division" means the 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 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 the radio system used for emergency communications throughout the County.

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"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 prehospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications, and evaluation.

"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 services within the County.

"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.

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

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

"Fire Medic Ambulance" means an ambulance, operated by a fire service, licensed for ALS service, that responds to emergency medical calls.

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

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

"License" means a nontransferable, nonassignable 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.

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"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" means the advisory committee appointed by the Multnomah County Board of Commissioners as defined in this chapter.

"MED NET" means those radio frequencies used for EMS dispatch, on-line medical control, and MCI communications.

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

"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. The level of care is dependent upon the patient's need.

"Notification time" means the length of time between the initial receipt off the request for emergency medical service by either a provider or an emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel.

"On-line Medical Advice (...Direction,...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.

"Private Emergency Ambulance" means an ambulance, operated by a private company, and licensed by the County to respond to emergency medical calls.

"Provider" means any public, private, or volunteer entity, selected by the County, providing emergency ambulance or first responder response.

"Provider selection process" means the process established by the county for selection of an ambulance service provider(s).

"Public Safety, Answering Point" (PSAP)/ 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.

"Provider fee (s)" means the fee established under Multnomah County Code, payable by the provider to the

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County, for system administration and regulation and for medical supervision.

"Response time" means the time between the notification of each provider and the arrival of each provider's EMS unit(s) at the incident scene.

"Urban growth boundary" means the planning boundary developed by METRO that delineates the areas considered "urban" and "rural" for purposes of this chapter.

6.33.015. 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 772 adopts the ambulance service plan for Multnomah County. This chapter provides for the implementation of that plan.

[AMBULANCE LICENSE]

6.33.100. License required.

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

6.33.105. Exemptions.

This chapter shall not apply to:

(A) Vehicles owned or operated under the control of 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.

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6.33.110. Application for license.

(A) Application for licenses 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. Rates set for services provided under the provisions of this chapter need not be included.

(B) An application fee of \$100.00 plus \$50.00 for each ambulance operated by the applicant shall accompany the license application. No application will be considered without the accompanying fee.

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

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

6.33.115. 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.

6.33.120. License Requirements.

To obtain and remain a licensee, each applicant must:

(A) Meet all State and Federal 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, patient care records, dispatch records, and other information pursuant to this chapter.

(E) Participate, as required, in the quality management and improvement program of the EMS system.

(F) Prohibit from practice, any EMT or EMT trainee who suffers suspension, revocation, or termination of

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certificate by the state health division, or who is not currently approved for practice by the EMS Medical Director.

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

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

(I) Pay to MCEMS all fees required under this chapter.

6.33.125. License Types.

(A) There shall be four types of ambulance licenses available in the county:

- (1) Advanced Life Support (ALS).
- (2) Basic Life Support (BLS).
- (3) Critical Care Transport (CCT).
- (4) Air Ambulance.

(B) An ambulance may be licensed as more than one type. However, an ambulance must meet all staffing, equipment, and supply requirements for the level of service at the time the service is offered and provided.

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

6.33.130. Issuance of License.

MCEMS shall issue a license upon finding that:

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

(B) Insurance policies as require by state statute are in force;

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

(D) Personnel are approved for practice by the EMS Medical Director;

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

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(F) Fees to be charged for service have been filed with MCEMS.

6.33.135. Denial of Application; License Revocation; Appeals.

(A) In the event that an applicant's request for a license is denied, or a license is revoked or suspended, MCEMS 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 6.33.205 of this chapter. or file an amended application with out additional fee.

(B) The administrator, with the approval of the EMS medical director or Health Officer, and upon a finding that there is a serious danger to the public health or safety, may immediately suspend or refuse to renew a license without a hearing. The licensee may request, and shall be granted, a hearing within 90 days of the notice of the action of the administrator.

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

(D) 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 6.33.110 of this chapter.

6.33.140. Term; Renewal

(A) 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.

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

(C) 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.

(D) 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.

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6.33.145. 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.

6.33.150. 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 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 EMS Dispatch or under a provision of this chapter;

(G) Fail or refuse to respond to a dispatch order from EMS Dispatch when the ambulance subject to the call is available for service;

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

(I) Transport an emergency patient in any other vehicle other than a licensed ambulance and to any other facility other than a licensed hospital emergency department.

(J) Contact any hospital other than Medical Resource Hospital for on-scene or in-route medical advice

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6.33.155. Ambulance Identification

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

(B) Ambulances under contract for emergency response shall have the words "Multnomah County EMS - Paramedic Unit", in letters [----] inches high, on each side of the ambulance. The ambulance will also have the words "Emergency - call 911" on each side and on the rear door. The ambulance may not display a seven digit telephone number.

(C) Ambulances not under contract for emergency medical response may not display words such as "paramedic unit", "medic unit", "advanced life support", or other words indicating a level of medical care with the exception of units licensed solely as critical care transport ambulances, which may be so identified.

[ORDINANCE VIOLATIONS]

6.33.200. Violations

(A) MCEMS shall, upon finding that a violation of this chapter or applicable federal, state, municipal, or county laws, ordinances, or standards and requirements affecting emergency medical services has occurred, provide written notice to the licensee, and shall demand that the violation be corrected within not more than thirty (30) days from the date of notice.

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

(1) The licensee shall notify MCEMS when corrective action, if require, 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 6.33.205 of this chapter.

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

(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.

6.33.205. Appeals.

(A) A person receiving a notice of denial, refusal to renew, suspension, or revocation of license, or a violation

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as provided in this chapter, may request a hearing by an appeals hearing officer by filing a written request with MCEMS within thirty (30) days of the notice, setting forth reasons for the hearing and the issues to be heard.

(B) MCEMS 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) Appeal of the final order shall be filed within ten (10) days with the clerk of the Board of County Commissioners, who shall schedule a hearing date and notify the parties.

(F) A licensee who is unsuccessful in their appeal to a hearings officer shall reimburse the county for the fee paid to the hearings officer.

6.33.210. Effect of Filing a Hearing Request.

Filing of a hearing request shall abate any further proceedings by MCEMS, 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, MCEMS, 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 within ninety (90) days of the notice and initial notice may be confirmed, altered or revoked.

[MEDICAL DIRECTION]

6.33.300. Medical Direction and Supervision.

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

(B) The EMSMD shall serve as the physician supervisor for all EMTs in the employ of providers of emergency medical services within the county.

(C) Funding for the EMSMD shall be through fees charged to providers in accordance with a methodology determined by

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MCEMS. Consideration for rural, volunteer providers shall be incorporated into the methodology.

(D) 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 their 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 quality improvement of patient care and other aspects of the EMS system.

(5) Promulgation of standards of patient care including:

- (a) Dispatch and pre-arrival protocols;
 - (b) Transport triage criteria and protocols;
 - (c) County specific EMT requirements;
 - (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.
- (E) 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) Compensation for assistants to the EMSMD, if any, must be recommended by the administrator, MCEMS, and approved by the Board.

(F) The EMSMD may appoint ad hoc committees, as deemed necessary, to provide advice regarding the duties of the medical director.

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6.33.305. On-line Medical Direction (Control).

(A) On-line medical direction 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 the hospital and MCEMS.

6.33.310. EMS Medical Advisory Board.

(A) There is created an EMS medical advisory board which shall consist of the following persons:

(1) One physician, interested and involved in pre-hospital emergency care, and recommended from each of the following organizations: the Multnomah County Medical Society, the American College of Emergency Physicians, and the medical resource hospital;

(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 EMT-4 (paramedic) 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 EMS Medical Director 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 Health Officer.

(E) Members shall be reimbursed for authorized expenses.

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[EMS PROGRAM ADMINISTRATION]

6.33.350. 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.

(B) The responsibilities in (A) above may be accomplished through the promulgation of administrative rules, by the Administrator, MCEMS, 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, MCEMS is delegated the authority for the administration and enforcement of this chapter including the requirement for the production of relevant records. The administrator shall have the authority to subpoena such records when necessary to insure their production.

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

(E) The administrator, MCEMS may appoint ad hoc committees, as deemed necessary, to provide advice to the administrator.

(F) Funding for MCEMS shall be through fees charged to providers in accordance with MCC Chapter 5.10 (County Fees).

[TRAINING AND EDUCATION]

6.33.400. Training and Education.

(A) All training and continuing education for EMTs will be provided through a single, coordinated educational program.

(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.

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(D) Particular attention shall 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 EMS medical director.

(F) There shall be an "education coordinator" to assist the medical director. 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, MCEMS.

[QUALITY IMPROVEMENT]

6.33.450. System Quality Management and Improvement.

There shall be an on-going quality management and improvement program responsible for monitoring the operations of the EMS system through data sampling, case audit, peer review, and service evaluation and through problem identification and resolution, identifying the changes necessary for system improvement. This process is the basis for determining educational and training requirements within the EMS system.

(A) All licensees, emergency and non-emergency providers, and EMS dispatchers are required as a condition of license and/or as required by contract and intergovernmental agreement, and all other EMS providers are encouraged, to participate in the quality management program of the EMS system. Participation includes:

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

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

(3) Maintaining a quality improvement process, internal to the provider organization, and providing information on the problems and outcomes identified by that process to the system quality management program;

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(4) Implementing system changes, educational and training requirements, and other recommendations of the quality management program and providing feedback to the process regarding the effects of these efforts.

(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.

(1) Membership on this committee shall include first response and ambulance providers, physicians, EMTs, hospital representatives, dispatchers, and other interested parties. Members shall be appointed by the EMSMD.

(2) The committee shall produce a quality management and improvement plan, with the assistance of MCEMS, that will meet the requirements of this section.

[EXCLUSIVE EMERGENCY AMBULANCE SERVICE]

6.33.500. Ambulance Service Area.

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

6.33.505. Response Time Zones.

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

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

(B) Through intergovernmental agreements specifying the details of service, allow EMS agencies from other jurisdictions to provide service into Multnomah County.

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6.33.510. Response Time Standards.

(A) EMS first responders.

(1) First responders within the urban growth boundary shall respond to at least ninety (90) percent of the EMS dispatches within four (4) minutes, zero (0) seconds or less.

(2) First responders outside of the urban growth boundary shall respond to EMS dispatches in an expeditious "best effort" as soon as receiving a dispatch request.

(B) Fire Medic ambulances.

(1) Fire Medic ambulances within the urban growth boundary shall respond to at least ninety (90) percent of the EMS dispatches within eight (8) minutes, zero (0) seconds or less.

(2) Fire Medic ambulances outside the urban growth boundary shall respond to at least ninety (90) percent of the EMS dispatches in twenty (20) minutes, zero (0) seconds or less.

(C) Private emergency ambulances.

(1) Private emergency ambulances within the urban growth boundary shall respond to at least ninety (90) percent of the EMS dispatches in twelve (12) minutes, zero (0) seconds or less.

(2) Private emergency ambulances outside the urban growth boundary shall respond to at least ninety (90) percent of the EMS dispatches in twenty (20) minutes, zero (0) seconds or less.

(D) All EMS responders shall meet response time standards equally throughout their response area. MCEMS may promulgate specific standards to insure equal response within the ambulance service area.

6.33.515. Response Time Data.

The data used to determine compliance with the response time requirements of this chapter shall be the data provided by the dispatch computer, or by manual means if the computer is inoperable, at BOEC. This data will be provided to MCEMS for compliance review and dissemination to providers and other interested parties.

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6.33.520. EMS First Response

(A) MCEMS shall enter into agreements with all agencies providing medical first response. These agreements shall include, but are not limited to:

- (1) Types of call response;
- (2) Response time goals;
- (3) Level of personnel training;
- (4) Educational and training support provided by MCEMS;
- (5) Equipment or supply support from MCEMS; and
- (6) Specialized rescue response.

6.33.525. Ambulance Service.

(A) There shall be two types of ambulance service provided to 911 emergency calls.

(1) Fire medic ambulance shall be dispatched to critical calls and transport those patients when indicated. Fire medic ambulances shall be ALS licensed ambulances and staffed with two (2) paramedics.

(2) Private emergency ambulances shall be dispatched to non-critical emergency calls and transport those patients when indicated. Private emergency ambulances shall be ALS licensed ambulances and staffed with one (1) paramedic and one (1) EMT-Basic.

(3) 911 calls determined to be non-emergencies shall be referred to non-emergency ambulance services for response. MCEMS shall determine the method to be used to make these referrals.

[PROVIDER QUALIFICATIONS]

6.33.550. Provider Qualifications.

(A) Providers of critical emergency medical response and transport shall be the Portland Fire Bureau and the Gresham Fire Department.

(B) Providers of non-critical emergency medical response and transport shall be private ambulance operators and shall meet the following criteria to be considered qualified to provide emergency medical service response:

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(1) At least two consecutive years experience as a provider of emergency advanced life support (paramedic) ambulance service to a contiguous population of greater than 125,000 persons;

(2) Two consecutive years experience in providing emergency ALS (paramedic) ambulance services subject to the conditions of a response time requirement;

(3) Expertise in emergency ambulance system management and unit deployment. They must have the ability to measure productivity and have a process to improve ambulance unit production;

(4) A demonstrable strong business and financial position. The provider must be able to obtain a performance bond of at least \$100,000 in a form acceptable to the county.

(5) Demonstrable commitment to maintain a workforce of well trained and qualified personnel;

(6) Knowledge of the geography, demography, and emergency ambulance service requirements of the Multnomah County service area;

(7) Ability to meet all state and county license requirements; and

(8) Agree to enter into a contract or intergovernmental agreement with the county for the provision of emergency medical service response and transport.

6.33.555. Initial Provider Selection

(A) Critical emergency ambulance transport providers will be selected by agreement between the county and the fire agency within Multnomah County.

(B) Two (2) non-critical emergency ambulance providers will be selected based on their meeting the criteria listed in subsection 6.33.550. of this chapter. Preference will be given to the providers that have met the criteria as providers in the current Multnomah County EMS system under MCC 6.32. The term "provider", as used in this paragraph means successors in interest of the current qualified providers and operating companies controlling their operations.

(C) Should only one (1) provider meet the criteria, then that provider shall be the only non-critical provider selected.

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(D) Should more than two (2) ambulance providers meet the criteria listed in section 6.33.550. of this chapter and have met that criteria as a provider in Multnomah County, then the Health Officer shall appoint a committee to review the information provided by the ambulance providers that shows they meet the criteria and that committee shall recommend to the board the two providers that best meet the criteria.

(E) Should no providers meet the criteria listed in section 6.33.550. of this chapter, then the county shall seek other qualified providers through a process recommended by MCEMS and determined by the board.

6.33.560. Reassignment

(A) Should the Portland Fire Bureau and/or the Gresham Fire Department resign their interest in providing transport services or should the county terminate the agreement for service, the county may require that the remaining providers, fire and/or private, respond to all 911 calls as a requirement of their service agreement.

(B) Should one private provider resign its interest in the ASA or should the county terminate the agreement for service, the remaining provider will respond to all assigned calls. The county may or may not choose to replace the terminated provider.

(C) Should both private providers resign their interest in the ASA or should the county terminate the agreements for service, then the county shall select a replacement provider(S) by a method recommended by MCEMS and approved by the board.

**[AMBULANCE TRANSPORT AGREEMENTS]
[WORKFORCE ISSUES]**

6.33.600. Ambulance Transport Agreement Requirements

(A) Each emergency ambulance provider, public and private, 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) Allowable charges for service as determined by the rate setting process;

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(4) Method of billing and compensation;

(5) Information and data reporting requirements;

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

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

(8) Medical supervision requirements; and

(9) Remedies for failure to meet the tenants of the agreement.

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

(1) An affirmative action plan that meets all federal, state, and local statutes. The plan currently in force in the county shall serve as the standard for evaluation of affirmative action plans. The plan must also include a specific process for the recruitment and retention of women and minority EMTs; and

(2) Agreement by the fire service to provide employment priority to paramedics, displaced from employment with the private providers in Multnomah County due to the requirements of this chapter, when filling paramedic positions necessitated by transport requirements;

(3) Providing an effective 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;

(4) The implementation and maintenance of a labor relations plan;

(5) Maintenance of a stable workforce. Stable is defined as annual turnover of field paramedics not to exceed fifteen (15) percent of the total number of persons working in the field positions. Promotion within the county system and termination for retirement or disability shall not be counted as part of the 15 percent requirement.

6.33.650. Workforce Reduction.

(A) It is anticipated that the implementation of the requirements of this chapter will result in some reduction in the number of paramedics employed with the private ambulance companies. In order to mitigate the time related

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impact of this reduction providers of emergency ambulance services are prohibited from:

(1) Terminating the employment of a paramedic, based on the requirements of this chapter and any contract entered into with the county, for a period of two years from the approval of this chapter;

(2) Terminating an employee, or stating that an employee will be terminated, or the "blacklisting" of an employee seeking employment in retaliation for the employee's involvement in the county ambulance planning process or similar public process.

(B) Failure to meet the above conditions shall disqualify the provider as an emergency medical response provider and terminate any contractual relationship with the county.

(C) The cost of maintaining a position under subsection (A), (1). of this section that is in excess of the cost of the staffing requirements in section 6.33.525.(A), (2). of this chapter may be included as an allowable cost for purposes of rate determination. The allowable cost may not exceed fifty (50) per cent of the identified cost reduction for year one of the contract and twenty five (25) percent of the identified cost reduction for year two of the contract.

[RATE REGULATION]

6.33.700. Initial Rate Determination.

(A) Purpose.

It is the purpose of the initial rate determination process to set a single rate schedule for all EMS services provided under the exclusive provider agreements required by this chapter. The rate schedule shall afford the provider an opportunity to earn their total revenue requirement for these services.

(B) Methodology

Rates shall be determined by applying the total revenue requirements for providing emergency medical services required in the provider agreements, as adjusted for "bad debt" to the number of billable events.

(C) Test year.

The calendar year 1993 shall be used as the test period. This year shall serve as the baseline for the development of current and projected costs.

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6.33.705. Rate Regulation Definitions.

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

"Intervener" means a person whom the RRB 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"; "allowable costs" means those costs attributed to the provision of emergency medical services provided under the exclusive provider agreements required by this chapter. The definition of these costs shall be specified by EMS administrative rule.

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

"Person" means individuals, joint ventures, partnerships, corporations, associations, and governmental entities, or their officers, employees, agents, lessees, assignees, trustees or receivers.

"Total revenue requirement" means the sum of operating expenses, capital cost requirement, and income tax requirement. The definition of these requirements shall be specified by EMS administrative rule.

6.33.710. Rate Regulation Procedure

The rate regulation 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 Rate Regulation Board for final determination of the rates to be charged.

(A) Participation.

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

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(B) The hearing shall be conducted by a hearings officer, who shall have such powers as are set forth below.

(1) Hearings officer authority.

The hearings officer shall have authority to:

(a) Regulate the course of hearings including schedules, postponements, recesses, continuances, reconvenings, and adjournments;

(b) Administer oaths and affirmations;

(c) Issue subpoenas;

(d) Make evidentiary rulings;

(e) Limit, supervise, and otherwise control discovery;

(f) Hold conferences before, during, or after hearings;

(g) Issue proposed orders as detailed below;

(h) Upon request by a party, and for good cause shown, issue a form protective order, which may include language agreed upon by all parties to a proceeding and the hearings officer, to limit disclosure of confidential information.

(2) Postponements and continuances.

Any party may request postponement of a hearing. The party shall provide the reasons why the postponement is necessary. The hearings officer may grant a postponement of a hearing and may, at any time, order a postponement upon his or her own motion. The hearings officer may continue a hearing or conference to receive additional evidence or argument.

(3) Conferences.

The hearings officer may schedule conferences to:

(a) Establish a procedural schedule, including dates for discovery, testimony, and exhibits;

(b) Identify, simplify, and clarify issues;

(c) Eliminate irrelevant or immaterial issues;

(d) Obtain stipulations, authenticate documents, admit documents into evidence, and decide the order of proof;

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(e) Consider other matters which may expedite the orderly conduct and disposition of the proceeding.

(C) Each current provider of emergency ambulance service within Multnomah County shall file with the Office of Emergency Medical Services (MCEMS), within a time to be fixed by MCEMS, a schedule setting forth the rates it proposes to charge for such service. MCEMS also may file proposed rates.

(D) Each provider shall submit to the rate hearing a reviewed financial statement for the test year, 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 by EMS administrative rule 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) Petitions to intervene.

Any person who resides or does business in Multnomah County may petition to intervene in any proceeding conducted under this chapter.

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.

If the hearings officer finds the petitioner has sufficient interest not otherwise represented in the proceeding and the petitioner's appearance and participation

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will not unreasonably broaden the issues, burden the record, or unreasonably delay the proceeding, the hearings officer may grant the petition.

(G) Intervener participation.

The hearings officer shall have the authority to group interveners into classes of interest each of which shall have its own designated representative. If a group of interveners cannot agree on its designated representative, the hearings officer shall appoint a designated representative for the group. Intervenors may participate in proceedings to the extent of providing testimony and presenting briefs and oral argument. The hearings officer may impose any other appropriate conditions upon any intervener's participation in the proceeding.

(H) Hearing scheduled.

The hearings officer shall set the time and place for a hearing on the proposals for an initial rate. The hearing shall be held within 15 days of the time fixed by MCEMS 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) Production of Documents.

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 party may raise any objections to the nature or scope of such a subpoena in the form of a motion to the hearings officer, documents. Should a party refuse to produce the requested documents, MCEMS may issue a subpoena for the documents. A who shall rule on the motion.

6.33.715. Filings.

(A) Form and size.

All documents filed in proceedings under these Rules shall be legibly written or typed on paper 8-1/2 x 11 inches in size. Exhibits and appendices shall be folded to that size.

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(B) Number of filings.

Unless otherwise specified, an original and one copy of any document shall be filed with MCEMS.

(C) Service of filings.

(1) Parties shall serve schedules of proposed rates, exhibits, proposed testimony, and any other documents filed in proceedings under these Rules on the attorney of record for each represented party or directly upon each unrepresented party to the proceeding.

(2) Parties shall serve those documents in person, by mail, or by any other reasonable means of delivery. Service is complete when the documents are delivered in person or deposited in the mail.

(3) The original of all filings in proceedings under this chapter shall include an acknowledgment of service or a certificate in substantially the form as shown in Exhibit A.

6.33.720. Conduct of Proceedings.

(A) Order of procedure.

Unless modified by the hearings officer, parties shall present evidence in the following order: Applicants; Staff; Intervenors.

(B) Evidence.

(1) Participants in a proceeding may offer any relevant evidence.

(2) "Relevant evidence":

(a) Means evidence tending to make the existence of any fact at issue in the proceeding more or less probable than it would be without the evidence;

(b) Is admissible if it is of a type commonly relied upon by reasonably prudent persons in the conduct of their serious affairs;

(c) May be excluded if the probative value is substantially outweighed by the danger of unfair prejudice, confusion of the issues, or undue delay.

(3) Parties objecting to the introduction of evidence shall state the grounds for objection at the time the evidence is offered.

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(4) When objection is made to the admissibility of evidence, the hearings officer may have the evidence recorded and reserve ruling until a later time.

(C) Testimony and exhibits.

(1) When testimony or exhibits are offered in evidence, copies shall be furnished to each party and the hearings officer. When practicable, the parties shall distribute copies of exhibits before or at the commencement of the proceeding.

(2) A party may submit the direct testimony of a witness in writing. Unless otherwise directed by the hearings officer, such testimony, when sworn to orally or in writing by the witness under oath to be true, shall be received in the same manner as an exhibit. The hearings officer may direct that any portion of testimony of any witness be submitted in writing. In such a case, the proposed written testimony shall be prepared in question and answer or narrative form and shall contain a statement of the qualifications of the witness. The proposed written testimony shall be subject to the same rules of admissibility and cross-examination as if it were orally presented.

(D) Briefs and oral arguments.

Parties may file briefs in any proceeding. The hearings officer may require a party to file a brief. A party shall file the original and one copy of each brief with the hearings officer. Parties shall serve copies on all other parties. Proof of service shall be furnished the hearings officer as provided by these Rules.

6.33.725. Orders.

(A) Contents.

After a hearing, the hearings officer shall issue a written proposed recommended order, which shall be based solely on the record made at the hearing. The order shall be accompanied by findings of fact and conclusions of law. The findings of fact shall consist of a concise statement of the underlying facts supporting the findings as to each contested issue of fact and as to each ultimate fact required to support the order.

(B) Deadline.

The hearings officer shall issue a proposed order no later than 30 days after the date on which the hearing was closed, unless the hearings officer sets a date after the close of the hearing by which the parties may submit

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additional briefs. If the hearings officer allows such additional briefs, the hearings officer shall issue a proposed order no later than 20 days after the date by which the briefs are due.

(C) Exceptions.

(1) MCEMS and parties to the proceeding may file exceptions to a proposed order and a reply to the exceptions.

(2) Exceptions shall be:

(a) Confined to factual and legal issues which are essential to the ultimate and just determination of the proceeding and shall be based on the grounds that:

(i) A necessary finding of fact is omitted, erroneous, or unsupported by the preponderance of the evidence of record; or

(ii) A necessary legal conclusion is omitted or is contrary to law; or

(iii) Prejudicial procedural error occurred.

(b) Numbered and shall specify the excepted to findings, opinions or conclusions. Citations to the record and authorities shall be provided. The nature of the suggested error shall be specified and alternative language provided;

(c) Filed on or before the 15th day after the service date of the proposed order.

(3) A reply to exceptions shall be filed on or before the 10th day after the exceptions are due.

(D) Final recommended orders.

After 35 days from the date of its service, unless a modified order is served within that time period, a proposed order shall become a final recommended order and shall be forwarded to the RRB. If a modified order is served within that time period, the modified order shall become final when served and concurrently forwarded to the RRB.

6.33.730. Rate Regulation Board (RRB).

(A) There shall be a rate regulation board (RRB), appointed by the board of county commissioners, upon the recommendation of MCEMS.

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

(1) An attorney with health care expertise;

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(2) A person in the business of health care administration or health care financing;

(3) An accountant;

(4) An EMS provider not regulated by this chapter;

(5) A citizen residing within Multnomah County.

6.33.735. RRB Hearing Procedures.

(A) Hearing scheduled.

The RRB shall schedule a hearing on the recommended order, which shall be held no more than 30 days after service of the final recommended order.

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

(1) All materials, pleadings, memoranda, stipulations, and motions 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 RRB may allow argument by the parties. When so allowed, the order of argument shall be as follows: Applicants; Staff; Intervenors.

6.33.740. Issues Before the RRB.

Parties shall limit their argument to the RRB 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.

6.33.745. RRB Decision.

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

(B) The RRB shall prepare a decision which shall include written findings of fact and conclusions, based upon

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the record. The RRB shall serve the decision upon all parties to the hearing.

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

6.33.750. Rate Appeals to Board of Commissioners.

(A) Time.

Within 15 days from the date a decision of the RRB is served, a party may file an application of appeal with the County Board. The appellant shall serve copies of any such appeal on all parties to the proceeding below.

(B) Content of application.

The application to the County 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 County Board is requested to make;

(4) One or more of the grounds for appeal contained in section 6.33.740. of this chapter.

(C) Appeal.

The County 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) Board appeal procedures.

The procedures for appeals before the board shall be the same as those provided in section 6.33.735., for hearings by the RRB.

(E) Board decision.

(A) The board may affirm, reverse, remand, or modify the decision of the RRB.

(B) The board shall prepare a decision which shall include written findings of fact and conclusions, based upon

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the record. The board shall serve the decision upon all the parties to the appeal.

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

6.33.755. Rate Adjustment Proceedings.

(A) Application.

When warranted by extraordinary circumstances beyond the direct control of the provider, any current provider of emergency ambulance service within Multnomah County may file with MCEMS an application for an adjustment to a rate for emergency ambulance service set by the County. In addition, MCEMS may apply for such an adjustment.

(B) The application shall contain the following:

(1) The dollar amount of total revenues which would be collected under the proposed rate;

(2) The dollar amount of change in revenues requested;

(3) The test period against which the change is measured;

(4) The results of operations before and after the proposed rate change; and

(5) The extraordinary circumstances warranting the adjustment.

(C) MCEMS review of application.

The MCEMS shall review the application and determine whether to assign the application to a hearings officer or to forward to the RRB directly with a staff recommendation.

(D) Hearings officer authority.

When an application is assigned to a hearings officer, the proceeding shall be conducted under the same rules as govern an Initial Rate Determination matter. The hearings officer shall have the same authority as that listed under "Initial Rate Determination" above.

(E) RRB authority.

When an application is forwarded to the RRB, the RRB shall conduct a hearing under the same rules and authority

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as delegated to a hearings officer for the purpose of an Initial Rate Determination proceeding.

[DISPATCH]

6.33.800. Emergency Medical Dispatch.

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

(B) Fire Medic units shall be dispatched in accordance with the response and deployment plan, submitted by the fire department(s) and approved by MCEMS.

(C) Private emergency ambulances shall be dispatched in accordance with a single system status and deployment plan, approved by MCEMS, that dispatches the closest ambulance available within the plan. Each provider shall have an equal number of ambulance deployed within the plan. All ambulance deployed in the plan shall be exclusive to the plan for the scheduled period of deployment.

(D) Dispatch protocols and dispatch computer recommendations shall be implemented that insure the selection of the closest (time and distance) first responder and ambulance, either fire medic or private, to be dispatched to all critical calls. Only one ambulance will be sent to each call unless additional resources are requested by personnel at the scene of the medical incident or the call meets the criteria for multiple patient or mass casualty incidents.

(E) Dispatch requirements and performance standards, medical triage protocols, and medical information requirements (pre-arrival instructions) 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 and medical supervision of emergency medical dispatchers shall be the responsibility of the EMSMD

(F) MCEMS shall determine the necessary information to be supplied by providers to insure the optimal operation of the ambulance dispatch and require the providers to supply this information in a form and manner designated by MCEMS. This information shall include ambulance deployment schedules and "move up" criteria and locations. The information will be approved by MCEMS prior to implementation at BOEC.

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(G) All licensees, emergency or non-emergency, receiving requests for emergency medical services through their business telephone or by any other means other than BOEC, shall, using the triage guide employed at BOEC, determine if the call meets the emergency dispatch requirements. If the call meets these requirements, that call is to be transferred to 911 for dispatch. Licensees are prohibited from dispatching an ambulance to a call that meets emergency dispatch criteria.

(H) Ambulances 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.

6.33.805. Call Type Determination.

The method for determining of the type of call, critical, non-critical, or non-emergency shall be specified in the dispatch protocols identified in section 6.33.800 (D) of this chapter.

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6.33.850. Communications.

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

(B) Each receiving hospital and MRH will communicate with ambulances on radio equipment specified by MCEMS. Hospitals may continue the use of the HEAR radio system for this purpose to the extent that ambulances continue to be equipped with the HEAR radio frequency.

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

(D) 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.

(E) Radio equipment for EMS communication shall be made available to rural first responders, by MCEMS, when those responders are unable to obtain such equipment on their own. The amount of equipment provided is subject to the availability of resources.

6.33.855 Hospital availability; ambulance diversion.

(A) Information regarding the receiving status of hospitals shall be provided to ambulance units by BOEC using the CHORAL system.

(1) Each receiving hospital wishing to vary their receiving status shall be equipped with the necessary computer and other requirements for participation in the CHORAL system

(2) Ambulance companies may have CHORAL equipment for purposes of monitoring the system. BOEC information shall be the official information from 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 may be used to convey the hospital status. Nothing in this chapter is intended to supersede any state or federal laws or regulations regarding ambulance diversion or emergency patient destination.

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[MASS CASUALTIES]

6.33.860. Mass Casualty Incidents (MCI)

The MCI plan, found as Attachment [--] to the EMS administrative rules, shall serve as the guide for 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, if necessary, to insure that current standards of care are being met.

[RURAL PROVIDER CONSIDERATIONS]

6.33.870. Rural provider support.

It is the intent of this chapter to provide specific support to those EMS first responder providers serving the rural areas of the county. The nature and amount of support is dependent upon the needs of the providers and the availability of resources. Areas identified are:

(A) Training and education; Section 6.33.400 (D) of this chapter.

(B) Medical direction and supervision; Section 6.33.300 (C) of this chapter.

(C) Equipment and supplies.

(D) Communications; Section 6.33.850 (E) of this chapter.

(E) Enhanced response capabilities.

Other areas of support may be identified by MCEMS. Specific plans shall be developed by MCEMS for the provision of support in the areas above and in any other areas identified.