

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

ORDINANCE NO. _____

Amending Multnomah County Code Chapter 21 – Health – § 21.400 – Emergency Medical Services.

(Language ~~stricken~~ is deleted; double underlined language is new.)

The Multnomah County Board of Commissioners Finds:

1. ORS Chapter 682 describes the process through which the County may regulate ambulance services.
2. ORS Chapter 682.062 directs the County to develop a plan related to the coordination of ambulance services within the County.
3. The County has followed the public process outlined in state law to create a new ambulance service plan.
4. The Emergency Medical Services code must be amended to fully implement the plan adopted by this ordinance.
5. This ordinance and the Ambulance Service Plan will be effective September 1, 2018, when a new contract for ambulance services becomes effective.

Multnomah County Ordains as Follows:

Section 1. MCC § 21.401 is amended as follows:

§ 21.401 – PURPOSE.

* * *

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

Section 2. MCC § 21.402 is amended as follows:

§ 21.402 – DEFINITIONS.

For the purpose of this subchapter, the following definitions shall apply unless the context requires a different meaning.

* * *

ADVANCED LIFE SUPPORT (ALS). Those medical services that may be provided within the scope of practice of a person ~~certified~~licensed as an ~~EMT~~ Paramedic as defined in ORS Chapter 823 ~~682~~ and Oregon Administrative Rule.

AMBULANCE. 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, as defined by Oregon Administrative Rule. 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.

* * *

BASIC LIFE SUPPORT (BLS). 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~~ Oregon Administrative Rule.

BUREAU OF EMERGENCY COMMUNICATIONS (BOEC). The Bureau within the City of Portland that maintains the Primary Safety Answering Point (PSAP) 911 telephone answering system and the dispatch service for police, fire and EMS for the County.

~~**CHORAL.** The on-line computer link among all the receiving hospitals within the county that provides information on the status of those hospitals for receiving ambulance transports.~~

* * *

DIVISION or STATE. The ~~EMS~~ Emergency Medical Services and Trauma Systems Program, Public Health Division, Oregon Health Division Authority, department of Human Resources.

EMERGENCY MEDICAL SERVICES (EMS). Those prehospital functions and services whose purpose is to prepare for and respond to medical and traumatic emergencies, including rescue and ambulance services, ~~first responder services, ambulance services,~~ patient care, communications, ~~system~~ evaluation, and public education.

EMERGENCY MEDICAL SERVICES (EMS) AGENCY or AGENCY. Means any person, partnership, corporation, governmental agency or unit, sole proprietorship or other entity that utilizes emergency medical services providers to provide prehospital emergency or non-emergency care. An emergency medical services agency may be either an ambulance service or a nontransporting service.

EMERGENCY MEDICAL SERVICES PROVIDER (EMS PROVIDER). Means a person who has received formal training in pre-hospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, firefighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "Emergency Medical Services Provider" are "Emergency Medical Services

Providers” within the meaning of ORS Chapter 682 and Oregon Administrative Rule. This definition does not include people with this training operating without an ambulance or outside of the 911 medical call setting.

EMERGENCY MEDICAL SYSTEM ADVISORY COUNCIL (EMSAC). An advisory council to the EMSMD and EMS Program.

EMERGENCY MEDICAL TECHNICIAN (EMT). A person ~~certified~~ licensed at one of the levels defined in ORS Chapter 823 Oregon Administrative Rule.

EMERGENCY RESPONSE. Means an immediate response to a 911 medical call. An immediate response is one in which the ambulance provider begins as quickly as possible to take the steps necessary to respond to the call. It may include both responses with lights and siren and those without lights and siren.

* * *

FIRST RESPONDER. 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. Means an organization that provides rapid response to emergency medical calls utilizing licensed EMS Provider personnel. First responders aim to arrive and provide care prior to arrival of an ambulance.

* * *

“HOSCAP.” The on-line computer system provided and managed by the State. The purpose of HOSCAP is to create a link among all the receiving hospitals within the county that provides information on the status of those hospitals for receiving ambulance transports. HOSCAP was previously referred to as CHORAL.

* * *

MEDICAL ADVISORY BOARD (MAB). The Advisory Committee appointed by the Board as defined in this subchapter.

NON-EMERGENCY AMBULANCE. An ambulance, licensed by the county under this subchapter, that provides routine medical transportation to patients who do not require an emergency response.

* * *

ON-LINE MEDICAL CONTROL. Medical direction and advice given to an ~~EMT~~ EMS Provider, by a physician, through radio or telephone as a supplement to the written patient care protocols.

* * *

PROVIDER. Any public, private or volunteer entity providing emergency medical services (EMS) or ambulance services, as defined in Oregon Administrative Rule or first response to medical emergencies.

PUBLIC SAFETY ANSWERING POINT (PSAP) or 911. The organization that answers calls for police, fire, and emergency medical assistance that are received from persons dialing 911. ~~This service is provided by BOEC.~~

* * *

URBAN GROWTH BOUNDARY (UGB). The planning boundary developed by METRO that delineates the areas considered “urban” and “rural” for purposes of this subchapter. If METRO alters the UGB, those changes shall take effect for this Chapter’s purposes the following year beginning on January 1.

USER FEES, EMSMD FEES, or FRANCHISE FEES. The fees established under the this code, payable by the provider to the county, for system administration, regulation, and medical supervision.

Section 3. MCC § 21.404 is amended as follows:

§ 21.404 – EXEMPTIONS.

This subchapter shall not apply to the following:

- (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; or~~
 - (D) ~~Persons operating vehicles under divisions (A) through (C) of this section.~~
- any provider exempted by Oregon Revised Statute 682.035.

Section 4. MCC § 21.405 is amended as follows:

§ 21.405 – LICENSE TYPES.

- (A) There shall be ~~three~~ four types of ambulance licenses available in the County:
 - (1) Advanced Life Support (ALS);
 - (2) Basic Life Support (BLS); and

(3) Air Ambulance; and

(4) Critical Care Transport (CCT).

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

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

~~(D)~~(C) 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)~~(D) The authorization to respond to emergency medical calls is not a condition of license and such authorization must be separately obtained under § 21.425.

(E) Medical standby or special events with Licensed EMS providers, with or without an ambulance must be performed through a County Licensed Agency. The County shall ensure coordination of standby services with the established emergency response system, and ensure appropriate transportation of patients.

Section 5. MCC § 21.406 is amended as follows:

§ 21.406 – AMBULANCE STAFFING.

(A) ALS ambulances responding to emergency calls shall be staffed with two ~~EMT~~ Paramedics.

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

(C) ~~The EMSMD shall specify staffing requirements for critical care ambulances if such a license is required under this subchapter.~~ CCT ambulances transferring patients from hospitals to other hospitals must be staffed with a minimum of a Licensed EMS staff member (EMT-Basic, EMT-Intermediate, Advanced EMT, or Paramedic), and at least one additional staff member that is a Nurse, Physician's Assistant, Medical Doctor, or Doctor of Osteopathy that must meet any and all requirements set by the State of Oregon EMS and Trauma to work on an ambulance. The staffing configuration requires approval by the EMSMD.

(D) 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.~~

* * *

(F) The staffing standards in subsections (A-D) of this section may be modified in accordance with the process in the Ambulance Service Plan. The process describes authority for changing standards, public involvement, and Board approval.

Section 6. MCC § 21.407 is amended as follows:

§ 21.407 – LICENSE REQUIREMENTS.

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

* * *

(E) Prohibit from practice, any ~~EMT~~ EMS Provider or ~~EMT~~ EMS Provider trainee who suffers suspension, revocation, or termination of certificate by the ~~s~~State Health Division, or who is not currently approved for practice by the EMSMD;

* * *

Section 7. MCC § 21.410 is amended as follows:

§ 21.410 – ISSUANCE OF LICENSE.

The administrator shall issue a license upon finding the following:

* * *

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

(1) A schedule of charges must include an itemized list of maximum allowable charges that the Licensee will be charging for all types of services offered within the County under the License.

(2) The schedule may include but is not limited to the following charges: BLS, ALS, CCT, mileage, refusal/no transport fee, standby/special event services.

Section 8. MCC § 21.415 is amended as follows:

§ 21.415 – AMBULANCE IDENTIFICATION; ADVERTISEMENT.

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(B) Ambulances under contract to the County for emergency medical response shall be identified as specified in the contract and no ambulance shall ~~not~~ display any telephone number other than “911.” “Call 911 for Emergencies” shall be displayed on all licensed ambulances.

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Section 9. MCC § 21.416 is amended as follows:

§ 21.416 – PROHIBITED ACTIVITIES.

* * *

(E) Perform the services of an ~~EMT~~ EMS Provider unless authorized by state law, this subchapter, and the requirements adopted there under;

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Section 10. MCC § 21.417 is amended as follows:

§ 21.417 – MEDICAL DIRECTION AND SUPERVISION.

* * *

(B) The EMSMD shall serve as the physician supervisor for all ~~EMTs~~ EMS Providers in the employ of licensed ambulance services within the county and working within the county. In addition, the EMSMD ~~may~~ shall serve as the physician supervisor for ~~EMTs~~ all EMS Providers employed by EMS 911 first responder agencies, by agreement with the County.

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

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

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

(3) Setting the standards for training and continuing education for ~~EMTs~~ EMS Providers 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, the following:

(a) Dispatch and pre-arrival protocols;

(b) Transport triage criteria and protocols;

(c) Specific requirements for ~~EMTs~~ EMS Providers 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 interfacility transport criteria.

(D)(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.

(3) The EMSMD may enter into agreements to formalize duties of non-911 medical call medical supervision for non-franchised providers with additional assistants that are in employ with providers.

(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 subchapter without approval by the Board.

(G) The administrator is authorized to collect fees from employers of EMTs EMS Providers 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.

Section 11. MCC § 21.419 is amended as follows:

§ 21.419 – ~~EMS MEDICAL ADVISORY BOARD.~~ EMERGENCY MEDICAL SYSTEM ADVISORY COUNCIL (EMSAC).

(A) There is created an EMS Emergency Medical System Advisory Council board ~~(MAB)~~ which shall consist of the following persons: make recommendations and advise the EMSMD and EMS Program Administrator on EMS System innovations and improvements.

~~(1) — Three physicians, interested and involved in prehospital emergency care, one each recommended from the following organizations: the 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; and~~

~~(4) — Two paramedics recommended by organizations representing paramedics.~~

(B) ~~Members shall be appointed by the Board for terms of three years. The Council shall serve at the direction of the County Health Officer.~~

(C) ~~Responsibilities shall include the following:~~

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

~~(2) — An annual report to the Board on the effectiveness of prehospital medical care provided by the EMS system to the citizens of the county.~~

The members of the Council shall be appointed by the Director of the Health Department.

~~(D) — The chair of the MAB shall be appointed by the EMS medical director.~~

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

Section 12. MCC § 21.420 is amended as follows:

§ 21.420 – TRAINING AND EDUCATION.

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

* * *

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

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

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Section 13. MCC § 21.421 is amended as follows:

§ 21.421 – EMS PROGRAM OFFICE; ADMINISTRATION.

* * *

(B) The responsibilities in division (A) of this section 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~~EMS~~ Provider practice, ambulance equipment and supplies, and other medical matters shall be approved by the EMSMD prior to implementation.

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Section 14. MCC § 21.422 is amended as follows:

§ 21.422 – SYSTEM QUALITY MANAGEMENT AND IMPROVEMENT.

(A) All licenses 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~~Provider~~ training and education information, vehicle maintenance information, EMT~~staff~~ 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;

* * *

(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 ~~107~~941.675 – 41.685.

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Section 15. MCC § 21.425 is amended as follows:

§ 21.425 – EXCLUSIVE EMERGENCY AMBULANCE SERVICE CONTRACT.

* * *

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

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

(2) Agreement to provide employment consideration and priority to ~~paramedics~~all Licensed EMS Providers displaced from employment with the providers in the county prior to the contract implementation to the extent that positions are available. From the time that an intent to reassign ambulance services is issued until six-months immediately following the date of replacement, the ambulance service must give preference to qualified, comparably-licensed employees of the previous ambulance service. Such hiring shall not require the persons hired to leave the employ of the ambulance service being replaced until the date the replacement service begins to provide ambulance services for the Multnomah County Ambulance Service Area;

(3) Providing an employee assistance program (EAP) to all EMTemployees. The EAP programs in force by the county and the City of Portland shall serve as the standard for evaluation of offered programs.

Section 16. MCC § 21.426 is amended as follows:

§ 21.426 – REASSIGNMENT.

* * *

(B) At the end of the term of the initial contract, or at the end of any contract extension or renewal, the Board may exercise its option of renewing the contract or seeking a replacement provider.

Section 17. MCC § 21.428 is amended as follows:

§ 21.428 – CONTRACT COMPLIANCE AND RATE REGULATION COMMITTEE.

(A) There shall be a Contract Compliance and Rate Regulation Committee (CCRRC), appointed by the Board, upon the recommendation of the County EMS Program Administrator.

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

* * *

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

* * *

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

Section 18. MCC § 21.429 is amended as follows:

§ 21.429 – RATE ADJUSTMENT PROCEDURE.

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

* * *

Section 19. MCC § 21.432 is amended as follows:

§ 21.432 – CCRRC RATE REVIEW PROCEDURES.

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

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

* * *

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

(D) Parties shall limit their argument to the CCRRC 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 CCRRC may affirm, reverse, remand, or modify the decision of the hearings officer.

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

(G) Unless appealed to the Board within the time specified, the decision of the CCRRC shall be final and nonappealable.

Section 20. MCC § 21.433 is amended as follows:

§ 21.433 – APPEALS TO THE BOARD.

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

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

* * *

Section 21. MCC § 21.434 is amended as follows:

§ 21.434 – CCRRC CONTRACT COMPLIANCE REVIEW PROCEDURES.

(A) The CCRRC 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 CCRRC.

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

Section 22. MCC § 21.435 is amended as follows:

§ 21.435 – AMBULANCE DISPATCH.

* * *

(B) Dispatch requirements and performance standards, medical triage systems or 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.

* * *

(D) All licensees receiving requests for ambulance services through their business telephone or by any other means other than BOEC, shall, using ~~the a triage guide~~ a triage guide system that is approved by MCEMS and aligned with the system 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.

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Section 23. MCC § 21.437 is amended as follows:

§ 21.437 – COMMUNICATIONS.

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

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Section 24. MCC § 21.438 is amended as follows:

§ 21.438 – 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 CHORALHOSCAP 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 CHORALHOSCAP system. Hospitals not participating in the CHORALHOSCAP system shall be considered available for ambulance transports at all times.

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

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

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Section 25. MCC § 21.439 is amended as follows:

§ 21.439 – MASS CASUALTY INCIDENTS (MCI).

(A) The MCI plan, as attached to the Multnomah County EMS administrative rulesField Protocols 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.

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Section 26. MCC § 21.440 is amended as follows:

§ 21.440 – 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. These teams shall have a designated Liaison between the team and the EMS Program and EMSMD. The Liaison is responsible for meeting reporting requirements to County EMS Program and EMSMD to ensure continuity of EMS System performance.

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Section 26. The Ambulance Service Plan attached to this Ordinance is adopted.

FIRST READING: _____ *(type in meeting date)*

SECOND READING and ADOPTION: _____

**BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

Deborah Kafoury, Chair

**REVIEWED:
JENNY M. MADKOUR, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON**

By _____
Bernadette D. Nunley
Assistant County Attorney

SUBMITTED BY: