

W. 11.a

AGENDA COVER MEMO

AGENDA DATE: July 14, 2010 (First Reading)
July 28, 2010 (Second Reading/Public Hearing)

TO: Board of County Commissioners

FROM: Department of Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA ITEM TITLE: FIRST READING AND SETTING SECOND READING AND PUBLIC HEARING/ORDINANCE NO. 5-10/IN THE MATTER OF AMENDING CHAPTER 18 OF LANE CODE TO ADD PROVISIONS RELATED TO NON-EMERGENCY TRANSFERS, EXEMPTIONS, SUBCONTRACTING, REQUIRED SYSTEM ELEMENTS, SANCTIONS FOR UNAUTHORIZED PROVISION OF AMBULANCE SERVICES, AND TO FURTHER UPDATE THE ASA PLAN (LC 18.005 through 18.020, 18.040 through 18.075, 18.115 through 18.130)

I. MOTION

First Reading and Setting Second Reading and Public Hearing/Ordinance No. ____ /In the Matter of Amending Chapter 18 of Lane Code to Address Non-Emergency Ambulance Transports and Adding Sanctions for Non- Compliance

II. AGENDA ITEM SUMMARY

Lane County Health & Human Services received a request from the Fire Board to review Lane Code against requirements laid out in OAR333-260, primarily OAR333-260-0020(5)(b), which requires the plan to address pre-arranged, non-emergency transfers and inter-facility transfers. As a part of this revision, sanctions for non-compliance with the Ambulance Service Area (ASA) plan were also developed.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History:

Lane County's ASA plan was first approved in 1987 through BO 87-03-25-14. Ordinance 1-01 updated the plan to add a Northwest/Central Ambulance District. Ordinance 13-01 added indemnity and annex provisions to the plan. The West/Central and Northwest/Central boundaries were adjusted through ordinance 15-04. Additional boundary changes involving the West/Central, East/Central and Southern ASAs were made per Ordinance 7-07.

B. Policy Issues:

The policy issue facing the Board is whether non-emergency and inter-facility transfers

PeaceHealth requests an exemption for inter-facility transports be added to the Code allowing for competition among providers for non-emergency and inter-facility transports.

The other policy issue is whether sanctions should be added to Lane Code for violation of the ASA plan.

C. Board Goals

This request relates to the Strategic Plan goal for service improvement. It is anticipated that allowing the ASA holders to be responsible for all transfers in their ASA will allow them to remain responsive for emergency responses.

D. Financial and/or Resource Considerations

If sanctions are added for violation of the plan, there is a potential for some revenue from the changes.

E. Analysis

In June of 2009, Lane County Health & Human Services (H&HS) received a request from the Lane County Fire Defense Board to review Lane County's ASA Plan to bring the plan into compliance with OAR 333-260, primarily OAR 333-260-0020(5) System Elements Required in an ASA Plan. OAR 333-260-0020(5)(b) requires the plan to address pre-arranged non-emergency and inter-facility transfers. H&HS staff began meeting with ASA providers in August of 2009 to review the ASA plan and draft language to bring to the Board for consideration. The recommendation of the Lane County Fire Defense Board and the ASA providers was to make the ASA providers responsible for pre-arranged non-emergency and inter-facility transports. This recommendation is made to assist the ASA providers in maintaining financial viability so that they can continue to provide emergency response.

H&HS staff was contacted in December, 2009 by Med-Trans, a non-ASA provider of non-emergency and inter-facility transfers, with concerns regarding the draft language. Med-Trans' primary concern was that the draft language would limit their ability to provide transports between RiverBend and Sacred Heart as these transports would come under the authority of the City of Springfield. Med-Trans suggested solution was to add an exemption for interfacility transports to the proposed code. Med-Trans argues that their transport costs are less than those charged by the City of Springfield and that they are more efficient in providing transport due to their ability to schedule ambulances and staff without having to delay transports due to emergency calls. City of Springfield disputes these arguments citing their willingness to work with PeaceHealth patients to sign up for the FireMed program after an initial transport in order to eliminate the patient receiving a charge for the service.

Med-Trans staff was invited to attend the next scheduled meeting in January of 2010. Representatives from PeaceHealth attended this meeting as well and expressed their interest in having Lane Code allow PeaceHealth to determine who will provide inter-facility transports. PeaceHealth's proposal was based on wanting to be able to provide the transport service at the most reasonable cost. No changes were made to the proposal

being brought forward to the Health Advisory Committee (HAC) based on input from Med-Trans or PeaceHealth.

The proposed changes to Lane Code, were forwarded to the HAC, which serves as the ASA Advisory Committee per Lane Code Chapter 18. The HAC created a subcommittee to review the proposed changes and the concerns that were raised in response to the proposal.

The HAC ASA Advisory Subcommittee met three times and heard testimony from ASA providers, Med-Trans, PeaceHealth, Bishop Communications (representing Rural Metro Ambulance Services) and Rural Metro Ambulance Services. The committee voted to recommend the proposal that had been brought forward by staff in response to the Lane County Fire Defense Board, which requires ASA providers to be responsible for all ambulance transports in their assigned ASA. The full Health Advisory Committee as the ASA Advisory Committee voted to accept the recommendation from the subcommittee.

The recommendations being proposed to the Board are those of the ASA providers and the Lane County Fire Defense Board. The proposed code requires assigned ASA providers to be responsible for non-emergency and inter-facility transfers in their ASA. This recommendation is made to assist ASA providers in remaining financially viable so that the emergency response system remains intact.

A. Alternative / Options

1. Approve the second reading and hearing.
2. Direct staff to make changes to the proposed Lane Code Chapter 18 and return for further consideration.
3. Do not make changes to Lane Code Chapter 18. This will result in Lane County being out of compliance with Oregon Administrative Rules.

B. Recommendation

To approve #1 above.

IV. IMPLEMENTATION / TIMING

Upon approval by the Board, H&HS will work with County Administration to ensure public announcement of the second reading and to schedule the public hearing.

V. ATTACHMENTS

Board Order

Proposed Language for Lane Code Chapter 18

Supplemental Documentation

- A. Memo from Lane County Fire Defense Board
- B. Key Differences Between Lane Code Changes proposed by H&HS Staff in response to Lane County Fire Defense Board, PeaceHealth and Med-Trans.
- C. Summary of Presentation by City of Eugene, City of Springfield, Lane Rural

- Fire/Rescue (Presented at 2/16/10 HAC Subcommittee Meeting)
- D. Outline of Med-Trans Presentation at 2/16/10 HAC Subcommittee Meeting
 - E. Summary of Rebuttal to Testimony Given at the 2/16/10 HAC Subcommittee Meeting
 - F. Memo noting oral testimony at 4/9/10 HAC Subcommittee Meeting
 - G. E-mail from Tim Herrmann indicating that PeaceHealth will not be pursuing additional changes to proposed Lane Code.
 - H. Recommendations of HAC Ambulance Area Subcommittee

Additional documentation and letters of support are available upon request.

Lane County Fire Defense Board



June 19, 2009

(A)

Mr. Rob Rockstroh, Director
Health & Human Services Department
125 East 8th Avenue
Eugene, OR 97401

Dear Mr. Rockstroh,

The Lane County Fire Defense Board would like to formally request the Lane County Community Health Advisory Committee revise the Lane County Code Chapter 18, Lane County Ambulance Service Area Plan to, at a minimum, meet current Oregon Administrative Rule (OAR) 333-260.

The most recent revisions to Oregon Administrative Rule (OAR) 333-260-0000 through 333-260-0070, County Ambulance Service Area Plans as identified in the Department of Human Services, Public Health Division, Division 260, filed through February 13, 2009 are not reflected in Chapter 18 of the Lane County Code. Revisions to the current code would greatly assist the current ASA providers in Lane County provide efficient and effective ambulance service to their constituents.

The Ambulance Service Area Plan for Lane County was adopted pursuant to ORS 682.205 and 682.335 to provide for the efficient and effective provision of ambulance services. Eight Ambulance Service Areas (ASAs) were assigned in Lane County to:

ASA # 1 – Western	Western Lane Ambulance
ASA #2 – North/West	South Lincoln Ambulance Association
ASA #3 – Benton	Corvallis Fire & Ambulance Department
ASA #4 – West/Central	Eugene Fire & EMS
ASA #5 - East/Central	Springfield Fire & Life Safety
ASA #6 - Southern	South Lane County Fire Protection District
ASA #7 – South/East	Oakridge Fire & Ambulance
ASA#8 – Northwest/Central	Lane Rural Fire Rescue

Recently a state-licensed ambulance service provider has expanded their operations within central Lane County by providing ambulance transports at the Intermediate Life Support (ILS) level. The provider is marketing services as a non-emergent service, encouraging clientele to use an eight-digit contact number, by-passing the 9-1-1 system. Previously, to the expansion of services by this provider, the patients were transported by the assigned ASA providers in Lane County. With the current economic situation at hand and limitations of payment for services that we have all been facing, we can least afford to be losing patient transports that we count on for maintaining a quality patient care delivery system. A provider with no oversight and not held to the same standards as the assigned ASA providers is potentially harmful for all of our services.

Thank you for your consideration of this request.

Sincerely,

Chad Minter, Chief LCFDB

Key Differences Between Lane Code Changes - Please note that agreement between organizations on language does not indicate a joint proposal.

18.005 Purpose.

Lane County and Med Trans proposals:

This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.062 and 682.063. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063 and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code., Oregon Administrative Rules, and existing local ordinances and rules. This plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 8.8.97; 1-01, 12.20.01)*

PeaceHealth proposal:

This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.062 and 682.063. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063, unless otherwise noted in Lane Code., Oregon Administrative Rules, and existing local ordinances and rules. Except for certain limited types of transfers, the Ambulance Service Plan assigns each ambulance service area (ASA) to a single provider. This plan may be updated in order to maintain or promote efficiency and effectiveness.

Deleted: and the assignment of each ambulance service area (ASA) to a single provider

18.015 Definitions

HOSPITAL

PeaceHealth and MedTrans include the definition of Hospital:

Hospital. A facility with an organized medical staff, with permanent facilities that include inpatient beds and with medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims, to provide treatment for patients with mental illness, or to provide treatment in special inpatient care facilities.

INTERFACILITY TRANSFER

PeaceHealth and Lane County proposals include the following:

Interfacility Transfer. Transportation of patients suffering from illness, injury or disability requiring ambulance transportation between health-care facilities, such as hospitals, nursing homes, diagnostic facilities, and treatment centers, including transports from nursing homes to patient homes. Interfacility transfer does not include those patients authorized transportation via occupational health, wheelchair or semi-recumbent stretcher services.

Med Trans Proposal.

Interfacility Transfer. Transportation of patients suffering from illness, injury or disability requiring ambulance transportation between health-care facilities, such as hospitals, nursing homes, diagnostic facilities, and treatment centers, including transports from nursing homes to patient homes. Interfacility transfer does not include those patients authorized transportation via occupational health, wheelchair or services.

Deleted: semi-recumbent stretcher

INTERCAMPUS TRANSFER

PeaceHealth and Med Trans proposals include the definition of Intercampus transfers:

Intercampus Transfers. The provision to hospital patients of non-emergency ambulance services between or among hospitals located in Eugene or Springfield which are in common ownership.

NON-EMERGENCY AMBULANCE SERVICES

Lane County and PeaceHealth include the following:

Non-Emergency Ambulance Services. Prearranged or non-immediate ambulance transfers provided by the assigned ASA provider or their contracted designee. This does not include stretcher cars, medical taxis or wheelchair transports that do not require EMT attendance.

Med Trans Definition:

Non-Emergency Ambulance Services. Those medical or trauma conditions that are not specifically dealt with in the emergency medical dispatch system and do not meet the criteria of a pre-hospital emergency. The County by rule may further delineate categories contained in the emergency medical dispatch system that may be handled by a non-emergency ambulance provider

PROVIDER

Lane County & PeaceHealth Proposal:

Provider. Any public, private or volunteer entity providing EMS in an assigned ASA.

Med Trans:

Provider. Any public, private or volunteer entity providing EMS in an ASA.

~~Deleted:~~ assigned

18.040 System Elements

18.040(3) Non-Emergency Services

Lane County and PeaceHealth Proposal:

(3) Non-Emergency Services. An ASA provider shall be responsible for the provision of all operated and contracted ambulance services in their ASA, including both emergency and non-emergency services. This does not include non-EMT attended transports.

Med Trans Proposal:

(3) Non-Emergency Services. Through County Ordinance and this ambulance service plan, the Board has established regulation of non-emergency and inter-facility ambulance services within the County. This step is taken to ensure the safety and availability of ambulance services and to ensure that appropriate clinical and operational performance is provided to the community.

The assigned ASA providers may specifically compete in the non-emergency and interfacility segment of the market and may utilize ambulances and personnel deployed to meet its emergency responsibilities in non-emergency service, provided that the provider complies with the requirements of the ASA contract and any other requirements that may be set forth by the Board.

The County may adopt regulations and requirements for the issuance of non-emergency and inter-facility ambulance permits. Failure to meet any of these requirements may be grounds for the denial or revocation of an ambulance permit.

The denial or revocation of any ambulance provider permit by the County may be appealed to the Board, whose decision will be final. The Board may designate a hearings officer to perform that function if it so chooses.

18.040 (11) Hospital Exemption

PeaceHealth and Med Trans add the following exemption:

(4) Hospital Exemption. Notwithstanding anything to the contrary in this Ambulance Service Plan, the owner of a hospital may provide directly, or by contract with any duly licensed ambulance service provider (whether or not such provider is the designated provider for the ASA involved in such transfers), (i) Intercampus Transfers and (ii) NICU transfers.



SUMMARY OF PRESENTATION
LANE COUNTY HEALTH ADVISORY COMMITTEE 2/16/10
CITY OF EUGENE, CITY OF SPRINGFIELD, LANE RURAL FIRE/RESCUE

1. *History of Ambulance Service Area (ASA) Development in Lane County* – One ambulance provider is responsible to provide or contract to provide all emergency and non-emergency ambulance service (Public Utility System Design).
2. *Public Utility System* – All revenue from fees and ambulance membership go to the ASA provider in exchange for responsibility to meet quality standards 24 hours, year around.
3. *Medicare and Medicaid Reductions in Ambulance Reimbursement* – These agencies have cut ambulance reimbursement to less than 50% of previous levels. Since as much as 70% of all ambulance calls are for Medicare and Medicaid patients, this has created losses for all current ambulance operators in all ASAs. The national economy has added more bad debt and charity care to this problem.
4. *Local City Ambulance Ordinances* – Permit cities to establish ambulance regulations in excess of those of the State of Oregon or Lane Code. Eugene and Springfield have ambulance ordinances.
5. *What has changed?* – Private ambulance operators that do not have a designated ASA under Lane Code and are not licensed in the cities of Eugene and Springfield have been soliciting ambulance calls through marketing efforts and have responded to those calls. At least one such operator now seeks to advocate for permission to continue to operate. In addition, one operator of several Lane County hospitals seeks to gain control of non-emergency ambulance operations through contractual services and/or by establishing new standards for ambulance operations that will lead to increased costs without providing increased revenue.
6. The Cities of Eugene and Springfield and Lane Rural Fire/Rescue support granting exclusive authority in Lane Code for incumbent ambulance operators to continue to provide or contract to provide all emergency and non-emergency ambulance service within their ASAs. We oppose any effort to grant authority for non-emergency ambulance operation any agency other than those currently holding a Lane County Ambulance Service Area. We also oppose new standards that would allow any health care facility to contract to provide ambulance service or establish new standards for non-emergency services.
7. We support an exception to these rules for the PeaceHealth RiverBend Neonatal Intensive Care Unit (NICU) limited to continuance of its Regional NICU ambulance transport system.

Outline of Med-Trans Ambulance Presentation

D-1

Opening introduction

- Brief Description of our company
 - o Med-Trans Ambulance is the sister company to Handi-Cabs Medical Transfer service which has been operating in the Lane County area for nearly 30 years.
 - o We have been operating as a fully licensed ambulance service with the state since 2001.
 - o Types of calls we do.
 - Stretcher transports via ambulance
 - Inter-facility hospital transfers
 - Local stretcher bound physician appointments (Often lengthy appointments)
 - Long distance transfers
 - NICU transfers as PeaceHealth contracted provider

Med-Trans has been operating according to both Springfield and Eugene city ordinances for 10 years. We have been adhering to those restrictions providing services that include non-emergency hospital discharges, inter-facility transfers, and pre-scheduled transports.

So, why now the urgency to change the ASA restricting all transfers originating in Lane County? The answer is money. By shutting down the free market system the ASA providers (namely Eugene, Springfield, and any subcontracted providers) would enjoy a monopoly to charge whatever rates they choose. No elements would exist to control the rates or timeliness of service, as there would be no competition. The Lane County ambulance system in general is in financial disrepair due to the Medicare reimbursement decline; however the ASA providers will not solve their financial problems by eliminating the free market system. Under the contract between Eugene and their non-emergency contracted provider, these non-emergency, inter-facility, and pre-scheduled transports would go directly to them and not financially benefit Eugene's ambulance system. Springfield Fire has also said they are looking at a similar agreement with Eugene's contracted provider, which would mean Springfield would also not see a financial benefit. Why not let the free market system of competition ensure that the most cost effective and timely service prevails? Competition breeds high quality service while lowering overall cost.

The ASA holders proposed changes would have a huge impact on medical care facilities that have to pay for such transfers not covered by Medicare or private insurance, the largest of these being PeaceHealth. That is why you have a proposal from them for an exemption that allows them to choose a provider of their choice. We have great concerns over the provisions of non-emergency, inter-facility, and pre-scheduled transports.

Med-Trans Ambulance has submitted a proposal that includes a large majority of the suggested changes by the ASA holders, including PeaceHealth's suggested changes. It also addresses the area of non-emergency, inter-facility, and pre-scheduled transports that has been our key point of concern.

Lane County Code section 18.040 System Elements subsection (3) Non-Emergency Services is what we feel is the most important aspect of our proposal and what we would like to address first. The ASA holder's proposal states that "An ASA provider shall be responsible for the provision of all operated and contracted ambulance services in their ASA, including both emergency and non-emergency services. This does not include non-EMT attended transports. (Page 18-7)." We feel that these types of transports should be maintained and regulated separately of the 911 pre-hospital emergency systems. We recognize the desire to add regulation to this system however,

restricting private providers from providing this service is not the answer. As written this would effectively eliminate the free market system and the competitive advantage that our medical providers currently enjoy.

We have proposed a permitting system similar to that in the Portland Tri-County region that allows private providers to compete for non-emergency, inter-facility, and pre-scheduled transports.

The ASA Holders provision would set Lane County apart from all but one other Oregon county (Marion County) restricting such transports.

In addition, as stated during one of the Joint Elected Officials sub-committee meetings on ambulance funding, Eugene should follow the trends and ideas set forth in the Portland area. The three primary Portland Counties all have provisions that allow for non-emergency, prescheduled, and inter-facility transports to be completed by providers other than the primary ASA holder.

- Washington and Clackamas County have a specific ordinance outlining that any provider wishing to provide such services may do so as long as they obtain a permit from the county which allows for county regulation of that service.
- Multnomah County has an ambulance permitting process for any ambulance operating within the county, but only grants exclusive rights to emergency transportation to the Primary ASA provider.

The following are some of the benefits of adopting a County Regulated Permitting System similar to the Portland Tri-County Region

- Takes low paying calls off the books of the primary provider allowing for greater capacity of emergency calls.
- Causes private companies to compete for these types of requests thus increasing patient care and lowering costs.
- Adds jobs to the local economy.
- Adds ambulances to the current system making for greater mutual aid and disaster response.
- Allows for quicker response times of primary ASA providers to emergency calls and at times of great system stress.
- Reasons for opposition to ASA Holders proposal.
 - Would add calls into the current system which is already at and often exceeding capacity.
 - Would significantly raise cost of transportation expenses for other businesses (Ex: PeaceHealth, RideSource, Nursing homes) that must pay for needed transportation.
 - Springfield Fire Chief Dennis Murphy recently stated that Springfield needs to collect \$565 to cover the costs of running a call. With Medicare/Medicaid reimbursement rates (Where most of these calls fall) being typically less than half of that public agencies and taxpayers could incur significant costs if required to provide these services.

Secondly, we would like to express our complete support for PeaceHealth's proposed hospital exemption. Having worked with PeaceHealth for many years and understanding the financial concerns they have, we support and recognize PeaceHealth's desire to have a choice in who provides service to them. This will allow them to receive both quality and timely service at a competitive cost. It should be left for PeaceHealth to be free to make decisions that affect them financially and not a decision that is forced upon them.

The last issue that we would like to discuss and is addressed in our proposal applies to section 18.020 Ambulance Service Area Boundaries (Page 18-5). The ASA holders have proposed wording that would restrict agencies such as PANDA or subcontracted insurance providers from coming into Lane County to pick up non-emergency patients and transporting them to a destination out of the county. It is fundamentally unfair to restrict all transfers originating within Lane County. These transfers would include patients being transferred to out of area hospitals for further medical care.

It is also important to note that Lane County Code stipulates key criteria that must be met to adopt any proposed ASA change.

1. The proposed change must improve ambulance response times, and the quality and level of services.
2. There must be evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.

We feel that our proposal meets many of the concerns that have been brought forward, in addition to opening the door for further cooperation among Lane County providers. As early as last week, we were requested to assist South Lane Fire with a non-emergency transport and would like to be able to continue working with all Lane County Ambulance providers to enhance local resources and services to the citizens of Lane County.



SUMMARY OF REBUTTAL
LANE COUNTY HEALTH ADVISORY COMMITTEE ASA SUBCOMMITTEE MEETING
2/16/10
For: CITY OF EUGENE, CITY OF SPRINGFIELD, AND LANE RURAL FIRE/RESCUE

The following items are in rebuttal to testimony given at the 2/16/10 Subcommittee Meeting

1. *PeaceHealth/Tim Herrmann* – Main focus is on non-emergency ambulance transports that originate at the RiverBend hospital campus in Springfield being transported to the University hospital campus in Eugene. Since these patients are going to a less acute facility, they are not covered by insurance and PeaceHealth is responsible to pay the cost of ambulance service.

Statement **(S)** and rebuttal **(R)**:

(S) PeaceHealth currently directs these ambulance transports to a private company. This results in maximizing competition creating lower cost, improved quality, and timely response to non-emergency ambulance calls which cost between \$398 and \$500 each.

(R) One ambulance provider utilized by PeaceHealth is not licensed to provide ambulance service in the cities of Eugene or Springfield and does not hold an Ambulance Service Area in Lane County. Such ambulance providers are not subject to local quality control or response standards and therefore no objective comparison of quality and timeliness of response can be made to any other local ambulance provider.

Removing certain non-emergency ambulance calls (i.e. between medical facilities) from the call load of existing ASA providers who count on income from all types of calls, results in a further burden of cost-shifting from non-emergency to emergency patients. If applied to Lane County, this practice further exacerbates revenue losses currently experienced by all ASA providers in Lane County and will result in either a reduction of service and/or subsidizing low-cost service to certain non-emergency ambulance patients at the expense of other ambulance patients.

This practice is known as "cream skimming" or "cherry picking" in the ambulance industry. According to the National Association of EMS Physicians textbook *Prehospital Systems and Medical Oversight*, (2002, 3rd Edition, page 128) this occurs when certain ambulance providers are allowed to take only some of the easier to perform and better

paying types of ambulance calls while avoiding the higher fixed overhead of providing services 24 hours for all types of calls.

The current proposal from all existing ASA providers in Lane County to specify in Lane Code that they are exclusively responsible to either provide or contract to provide non-emergency ambulance services will result in maintaining local quality control and balancing the cost between all types of ambulance patients. This has been the past practice. Private companies who wish to participate in this system will compete for cost and quality by responding to a bid specification that addresses both.

The current cost from the regular ASA provider for that service is \$700. This service is also undergoing review for possible contracting to a private provider under a bid selection process to determine if this price can be lowered.

2. Med Trans/Jason Wallace – Main focus was to justify the current practices of this ambulance operator by including language in Lane Code specifically permitting continued operation.

(S) Claims that the Med Trans operation focuses exclusively on non-emergency inter-facility ambulance transports, that these are not related to emergency services and should be regulated separately, and that free market competition for these calls will improve quality while lowering costs. Claims that removing these calls from the responsibility of the current ASA providers will actually help the ASA providers.

(R) (Same rebuttal as in #1 above)

(S) Claims that Med Trans is adding jobs to the local economy.

(R) Adding jobs can only be done at the expense of those who pay ambulance bills. This cost is either added to that of existing ASA providers as part of the overall cost of the ambulance system or must otherwise result in the layoff of employees and/or other reductions in service by the ASA provider.

(S) Claims that the quote from fire chief of costs per call of \$565 prove that fire departments cannot afford to run these calls.

(R) Unlike fire department providers, the current lower charge per ambulance call by Med Trans for non-emergency inter-facility patients does not provide any income to defray the cost to other patients and in fact removes dollars from existing ASA providers.

(S) Claims that the system of taking bids does not result in the kind of competition needed in this instance.

(R) The vast majority of jobs performed by the private sector, where performance standards are important and quality must be controlled are done through the bid procurement process.

(S) Claims that Med Trans runs 140 – 180 inter-facility ambulance calls per month (1,680 - 2,160 per year).

(R) If these numbers are accurate, it should be clear that a substantial amount of revenue is currently being removed from existing ASA providers by a provider that does not have an assigned ASA under Lane Code and is not licensed in any Lane County city. This provider continues to do business outside of any local authority and is now seeking to change Lane Code. It is the only such provider currently operating in Lane County. The sole benefit that can be objectively demonstrated is that they charge less for these types of ambulance patients than do other providers.

It is the testimony of current ASA providers that revenue from **ALL** types of ambulance calls Are important to continued operation and none should be authorized outside of the ASA provider.

F

HEESZEL Debbie O

From: HEESZEL Debbie O
Sent: Tuesday, April 13, 2010 1:09 PM
To: GILLETTE Karen S; HERRMANN Tim (SMTP); 'IAFF851@Gmail.com'; melissa_gray@rmetro.com; 'mike_andrews@rmetro.com'; 'Mike_collins@rmetro.com'; ROCKSTROH Rob A; 'sbishop@pacinfo.com'; 'SJOLMOS@comcast.net'; tina@bishopkey4u.com; 'waltlyn@gmail.com'; BASS Bill; BORLAND Dale (SMTP); CARNAHAN John; EVANOFF Brian; GIARD Denise A; GROVES Randy B; Henry Hanf; HEPPEL Chris; MINTER Chad (SMTP); MURPHY Dennis; NELSON Marty (SMTP); NIELSON David (SMTP); Oakridge Fire; RAADE Joe; WALKER Mark
Subject: HAC ASA Subcommittee Handouts
Attachments: Med-Trans review of ORS and Responses.pdf; Western Lane Letter.pdf; ASA letter to Lane County HAC.pdf; Rural Metro Presentation.pdf; ASA Code Comparison HAC ASA Final.doc

Just a reminder that the Health Advisory Committee will be hearing the recommendations of the HAC ASA subcommittee at their meeting tonight at 5:30pm in the Conference Room at the Lane County Annex. I have attached the following information provided at the last meeting:

1. Med-Trans e-mail to Rob Rockstroh regarding review of ORS and responses to that e-mail
2. Letter from Western Lane Ambulance
3. Letter from South Lane Ambulance
4. Service Information from Rural/Metro
5. Copy of proposed changes to Lane Code compared to current Lane Code.

In addition to the written documents, the following testimony was provided:

1. Tim Herrmann – PeaceHealth. Wanted to reiterate that PeaceHealth's suggested language exempting NICU transfers and Inter-campus transfers was drafted on PeaceHealth's behalf. Other interested parties have also included the language drafted by PeaceHealth in their proposals, but this in no way indicates PeaceHealth's involvement in any other provider's proposed language.
2. Chief Murphy – City of Springfield Fire. Spoke of City of Springfield's attempts to reduce the cost of ambulance transport within RiverBend facility through FireMed program (\$62 per transfer) and of efforts made to reduce costs in transfers between RiverBend and Eugene campus (currently capped at \$700/transport – willing to continue to discuss cost with PeaceHealth).
3. Sandra Bishop – Bishop Communications representing Rural Metro. Discussed need to review Oregon Administrative Rules (OARs) as well as Oregon Revised Statutes (ORS) in determining the need for Lane County to bid out all ASAs if code changes are approved. Does not believe that bidding is necessary.

Please let me know if there are any errors in my notes. Thanks!

Deborah Heeszal
 Sr. Program Services Coordinator
 Lane County Health & Human Services
 debbie.heeszal@co.lane.or.us
 Phone: 541.682.7405
 Fax: 541.682.3804

G

From: Herrmann, Tim [mailto:THerrmann@peacehealth.org]
Sent: Tuesday, April 13, 2010 9:47 AM
To: HEESZEL Debbie O
Subject: RE:

Good morning Debbie:

This email is a follow-up to a conversation I had with Mr. Rockstroh yesterday. If you would forward this email to him, I would be most appreciative.

Mr. Rockstroh,

I am informing you that PeaceHealth will not be pursuing any additional language change to the proposed Lane County ASA plan beyond what is being recommended by the Health Advisory Subcommittee. We respect the process and felt our concerns were heard and considered. We trust that the ASA holders will work in good faith to support cost-effective and timely non-emergent intercampus transport that will preserve the quality and effectiveness we have come to expect from our prehospital providers.

On behalf of PeaceHealth, I want to thank the subcommittee, ASA providers and local prehospital agencies for allowing us to participate in this important work.

Sincerely,

Tim Herrmann, RN, MBA
Regional VP Hospital Operations
Phone: (541) 686-7274
E-Fax: (541) 335-2304
E-mail: therrmann@peacehealth.org

April 8, 2010

Ambulance Service Area Subcommittee deliberations

Members: Ruth Duemler, James Lakehomer, Deborah Cater, James Robertson, Larry Dunlap

The ASA subcommittee held three luncheon meetings and took testimony from Eugene, Springfield, Lane Rural, and South Lane Fire departments as well as Med-Trans, Western Lane, and Rural Metro ambulance services. Additional testimony was given by consultant Sandra Bishop, Public health Administrator Rob Rockstroh, and Peace Health University District Hospital Administrator Tim Hermann. It was clear that the continued deterioration in Medicare/Medicaid reimbursement along with the positioning by Peace Health of a new hospital in an adjacent ambulance service area had both necessitated clarification or revision of our county ASA plan. It was also clear that any solution adopted by the county would be unlikely to satisfy all of the involved parties. Prolonged exploration of the issues ended with the committee voting 4: 1 to support the proposed ASA rule changes suggested by the Eugene Fire Board. These changes essentially give the current ALS providers in each ASA the right to control all ALS and BLS non-emergency ambulance transportation in addition to the emergency services granted them in the original plan. In making this decision the committee most appreciated testimony outlining the importance of each ambulance area being controlled by a single provider in order to maintain financial viability. Our current public utility model was felt to require the revenues of non-emergency and BLS transport in order to keep ALS emergency services financially viable. The committee appreciated the ability of private enterprise to offer lower costs but felt that the financial health of the ALS/emergency provider was the predominant public interest.

The committee also appreciated the position of the two hospitals managed by Peace Health within the metropolitan area. The many transfers between these two institutions beg a lower cost solution from the current providers. The dissenting committee vote proposed a paragraph in the revised ASA rules that would give Peace Health the right to contract independently with BLS ambulance providers for lower cost transfers between its two metropolitan hospitals. The committee noted with approval the initial efforts

by Springfield Fire Department to work with the hospital in controlling its interfacility transport costs and the costs of ambulance transfer between the campus based Urgent Care Clinic and the Emergency Department at River Bend. It was jointly agreed that further discussions would be undertaken following the completion of ASA plan revisions.

The ASA subcommittee will meet again in 90 days following the County Commissioners approval of an ASA plan. The relevant providers have agreed to meet during that interval to find a solution which will additionally lower the cost of interfacility transfers of Peace Health patients requiring BLS ambulances. It is noted that the ASA plan does not attempt any regulation or oversight of stretcher car, wheelchair, or other non-ambulance transportation.

The subcommittee plans to continue to meet quarterly, beginning after the Board of County Commissioners approve the revisions, to review costs and response times of county ASA providers and to monitor the effect of any ASA plan revisions. After one year a summary report will be made to the Health Advisory Committee.

As their elected Chairperson I would like to thank the committee for their time and careful deliberation on this difficult issue and hope it will be helpful to the Health Advisory Committee and subsequently, the Lane County Commissioners.

Respectfully submitted,

Larry Dunlap

IN THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDINANCE NO. 5-10

IN THE MATTER OF AMENDING CHAPTER 18 OF LANE CODE TO ADD PROVISIONS RELATED TO NON-EMERGENCY TRANSFERS, EXEMPTIONS, SUBCONTRACTING, REQUIRED SYSTEM ELEMENTS, SANCTIONS FOR UNAUTHORIZED PROVISION OF AMBULANCE SERVICES, AND TO FURTHER UPDATE THE ASA PLAN (LC 18.005 through 18.020, 18.040 through 18.075, 18.115 through 18.130)

WHEREAS, Lane County's ASA plan was first approved in 1987 through Board Order 87-03-25-14, and it was then adopted into Lane Code Chapter 18;

WHEREAS, Lane Code Chapter 18 was updated to add a Northwest/Central Ambulance District by Ordinance 1-01; Ordinance 13-01 added indemnity and annex provisions to the plan; the West/Central and Northwest/Central boundaries were adjusted through ordinance 15-04; and additional boundary changes involving the West/Central, East/Central and Southern ASAs were made per Ordinance 7-07;

WHEREAS, the Board makes the following findings:

1. The County's ASA ordinance in Lane Code Chapter 18 regulates emergency ambulance services, but not non-emergency ambulance services and inter-facility ambulance transports requiring EMT supervision, specifically.

2. OAR 333-260-0070(3) provides as follows:

(3) The county shall designate one emergency ambulance provider for each ASA. The county may designate one or more non-emergency ambulance providers for each ASA.

3. On _____ the Board held a public hearing to consider whether to make changes to Lane Code Chapter 18, including to reflect exemptions, additional system elements, and to address non-emergency ambulance transports and sanctions.

4. The Board finds that the ability to exclusively provide EMT attended, non-emergency and inter-facility ambulance services by ASA providers originating within their ASA areas helps offset the costs associated with providing emergency ambulance services and is an important component to their financial stability, clinical and operational performance, and the prevention of system degradation.

5. Therefore, based on the recommendation of the Health Advisory Committee serving as the ASA Advisory Committee, it is appropriate to designate current ASA providers as the sole designated provider of EMT attended, non-emergency and inter-facility ambulance services within their respective areas; to recognize additional exemptions to LC Chapter 18 and to establish a sanction procedure for unauthorized provision of ambulance services;

6. It is also appropriate to add additional system elements;

NOW, THEREFORE, THE BOARD OF COMMISSIONERS ORDAINS AS FOLLOWS:

Chapter 18 of Lane Code is hereby amended by removing, substituting and adding new sections as follows:

REMOVE THESE SECTIONS

18.005 through 18.020
located on pages 18-1 through 18-4
(a total of 4 pages)

18.040 through 18.075
located on pages 18-5 through 18-11
(a total of 7 pages)

18.115 through 18.120
located on pages 18-12 through 18-12
(a total of 1 pages)

INSERT THESE SECTIONS

18.005 through 18.020
located on pages 18-1 through 18-5
(a total of 5 pages)

18.040 through 18.075
located on pages 18-6 through 18-16
(a total of 11 pages)

18.115 through 18.130
located on pages 18-16 through 18-17
(a total of 2 pages)

Said sections are attached hereto and incorporated herein by reference. The purpose of these substitutions and additions is to add provisions related to non-emergency transfers, exemptions, subcontracting, required system elements, sanctions for unauthorized provision of ambulance services, and to further update the ASA plan (LC 18.005 through 18.020, 18.040 through 18.075, 18.115 through 18.130)

ENACTED this _____ day of _____ 2004.

Chair, Lane County Board of Commissioners

Recording Secretary for this Meeting of the Board

APPROVED AS TO FORM

Date 7/3/10 Lane County

J. Aidlaw
OFFICE OF LEGAL COUNSEL

Chapter 18

LANE COUNTY AMBULANCE SERVICE AREA PLAN

18.005 Purpose.

This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.205 and 682.335. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063, and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code, Oregon Administrative Rules, and existing local ordinances and rules. This plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No. 10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01)*

18.010 Overview of Lane County.

Lane County lies in the central Willamette Valley and is bordered on the west by the Pacific Ocean, the north by Lincoln, Benton and Linn Counties, the east by Deschutes and Klamath Counties and the south by Douglas County. It encompasses 4,620 square miles and consists of both rugged mountains, the Coastal Mountain Range to the west and the Cascade Mountain Range to the east and gentle valleys. The elevation of the County seat-Eugene is 422 feet. The climate is characterized by an overall average January temperature of 40 degrees F and an average July temperature of 67 degrees F with an average annual precipitation of 46 inches.

The cities of Eugene, Springfield, Cottage Grove lie close to or border Interstate 5 which runs north and south. The city of Oakridge lies on State Highway 58 which runs east and west and which is a major access to central Oregon. The city of Florence lies at the intersection of State Highway 126 which runs east and west and US 101 which runs north and south, adjacent to the Pacific Ocean.

The principal industries are agriculture, education, fishing, food processing, logging, manufacturing of wood products, recreation and tourism. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01)*

18.015 Definitions.

For the purposes of this chapter, the following words and phrases shall mean:

Administrative Civil Penalty. May include a monetary penalty, restitution, costs and assessments

Ambulance. Any privately or publicly owned motor vehicle, aircraft or marine craft operated by a Division-licensed ambulance service that is regularly provided or offered to be provided for EMT supervised emergency and non-emergency transportation of persons suffering from illness, injury or disability.

Ambulance Services. Includes the transportation of an ill, injured or disabled individual in an ambulance under the supervision of an EMT and, in connection therewith, the administration of pre-hospital and out-of-hospital medical emergency or non-emergency care, if necessary.

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

Ambulance Service Subcontract. Agreement between an assigned ASA provider or hospital and an ambulance service provider contracting a portion of services. The agreement requires compliance with the state and federal law and regulations and

standards and requirements of LC Chapter 18 applicable to the services and includes clinical and financial provisions.

Ambulance Service Plan. A written document, which outlines a process for establishing a County Ambulance Services System including both emergency and non-emergency ambulance transport. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of applicable law.

Ambulance Service Provider. Licensed ambulance service assigned an Ambulance Service Area that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

ASA Advisory Committee (Committee). A committee formed to review standards, make recommendations to or set new standards for the Board of County Commissioners for all matters regarding ambulance services and review and make recommendations regarding soundness of the ASA. For purposes of this plan, the Lane County Community Health Advisory Committee shall function as the ASA Advisory Committee.

Communication System. Two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.

Director. The Director of the Lane County Health and Human Services Department or designee.

Division. The Oregon Health Division, Department of Human Resources.

Effective Provision of Ambulance Services. Ambulance services provided in compliance with the County Ambulance Service Plan's provisions for boundaries, coordination and system elements.

Efficient Provision of Ambulance Services. Effective ambulance services provided in compliance with the County Ambulance Service Plan's provisions for provider selection.

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

Emergency Medical Service (EMS). Those pre-hospital 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 Technician. A person who has received formal training in pre-hospital and emergency care and is state certified to attend to any ill, injured or disabled person.

Emergency Medical Technician-Basic (EMT-Basic). A person certified by the Division as defined in OAR 333-265-0000(15).

Emergency Medical Technician-Intermediate (EMT-Intermediate). A person certified by the Division as defined in OAR 333-265-0000(16).

Emergency Medical Technician-Paramedic (EMT-Paramedic). A person certified by the Division as defined in OAR 333-265-0000(17).

First Responder. A person certified by the Division as defined in ORS 682.025(11).

Health Officer. The Lane County Health Officer.

Lane County Board of Commissioners (Board). An elected body consisting of five commissioners pursuant to Lane Charter and applicable law.

License. The document issued by the Division to the owner of an ambulance service and ambulance, when the ambulance service and ambulance are found to be in compliance with ORS 682.017 through 682.991 and OAR 333-250-0000 through 333-250-0100 and 333-255-0000 through 333-255-0093.

NICU Transfer. The provision of ambulance services with specialized medical care for the stabilization and treatment of ill and newborn babies.

Non-Emergency Ambulance Services. Prearranged or non-immediate ambulance transfers, including those between facilities, provided by the assigned ASA provider or their contracted designee and under EMT supervision. Non-EMT attended transports are excluded from this definition, including but not limited to stretcher cars, medical taxis, wheelchair and secure transports.

Notification time. The length of time between the initial receipt of the request for emergency medical service by either a provider or a PSAP, and the notification of responding emergency medical service personnel.

Owner. The person having all the incidents of ownership in an ambulance service or ambulance vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

Patient. An ill, injured, or disabled person who may be transported in an ambulance.

Provider. Any public, private or volunteer entity providing EMS in an assigned ASA.

Public Safety Answering Point (PSAP). An agency that answers calls from citizens for emergencies involving requests for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP is a 9-1-1 Center.

Quick Response Team (QRT). An agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.

Secure Transport. The provision of non-EMT attended transport for behavioral health patients in mental health crisis.

Stretcher Car. Non-emergency transport by a ground vehicle which is designed and equipped to transport individuals on a stretcher or gurney type apparatus that is operated to accommodate an incapacitated or disabled person who does not require EMT medical assistance during transport and which holds all required licenses to operate in the State of Oregon.

Response time. The length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.

Supervising physician. A medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the Board of Medical Examiner of the State of Oregon, who provides direction of emergency care provided by emergency medical technicians.

System response time. The elapsed time from when the PSAP receives an emergency call until the arrival of the appropriate provider unit(s) on the scene.

Wheelchair Transport. Non-emergency transport by a ground vehicle which is designed and equipped with a wheelchair lift to transport individuals who do not require EMT medical assistance during transport. *(Revised by Ordinance No.7-97, Effective 6.6.97)*

18.016 Exemptions.

Notwithstanding any other provision, this Plan and the rules adopted in this Lane Code Chapter 18 shall not apply to:

- (1) Vehicles and ambulances being used under the circumstances set forth in ORS 682.035, as well as the persons listed in that statutory exemption.
- (2) Vehicles and transports which are excluded from the definition of non-emergency ambulance service in LC Chapter 18.
- (3) Ambulances or vehicles used to transport a patient from outside the County to a location within the County, or through the County.
- (4) Ambulances used by a hospital owner to provide NICU transfers directly, or through a contractor, as long as the contractor is a duly licensed ambulance service provider. The hospital is not required, but may contract with the designated ASA provider for the area.
- (5) Vehicles used by a hospital owner to provide secure non-EMT attended transport directly through a vehicle equipped for behavioral health patients in mental health crisis, or by subcontract with any State of Oregon certified secure transportation provider. The hospital is not required, but may contract with the designated ASA provider for the area.
- (6) Any person who drives or who attends an ill, injured or disabled person transported in a vehicle mentioned in subsections 1–9 of this section, or is licensed to do so.

18.020 Ambulance Services Area Boundaries.

Lane County shall consist of eight Ambulance Service Areas (ASAs). The "Lane County Ambulance Service Areas and Estimated Emergency System Response Time" map (see Appendix #1), adopted and incorporated here by this reference, represents the established ASAs, assigned ASA providers and estimated emergency system response times, which include notification time and provider response time. Actual response time is subject to the variables of access, weather, road and traffic conditions as well as other circumstances that can impact response time. The narrative description of the ASAs is generalized, more detailed information can be found on the Emergency Response Time Zone Map. Adjustments to the ASA boundaries may be made by the Director or the Board consistent with the requirements of this plan pursuant to LC 18.030 below. By mutual aid agreement, an ambulance service provider may respond to another provider's ASA. This Plan applies to all transports originating in Lane County

- (1) ASA #1. - Western. This area is bordered on the west by the Pacific Ocean; north by Milepost 174 on US 101; east on State Highway 36 to Greenleaf Road and east on State Highway 126 to Milepost 29; and south to the Douglas County line at Milepost 198.5 on US 101 and south on Siuslaw Road to and including the Clay Creek Recreational Area. Response into rural and frontier areas will be dictated by access capabilities.
- (2) ASA #2. - North/West. This area is bordered on the west by the Pacific Ocean; north by the Lincoln County line to the Benton County Line; west at the wilderness area of Saddle Mountain; and south to Milepost 174 on US 101. Response into rural and frontier areas will be dictated by access capabilities.
- (3) ASA #3. - Benton. This area covers only a small portion of northern Lane County starting at the Lane/Benton County line on the west to the union of Lobster Creek with the East Fork of Lobster Creek to the east; and south to Taylor Butte and east to the community of Paris. Response into rural and frontier areas will be dictated by access capabilities.

(4) ASA #4. - West/Central. This area is bordered on the west starting ½ mile south of Milepost 21½ State Highway 36 at Greenleaf Road; south to State Highway 126 at Milepost 29; south to the Clay Creek Recreational Area; following the Lane/Douglas County border to a point south of Alma; north to Alma; east following the northern border of Lorane Rural Fire Protection District to the western border of South Lane Fire & Rescue; east following the northern border of South Lane County Fire and Rescue to Camas Swale Creek; east to Interstate 5; north on Interstate to the Lane/Linn County border, west to the border of Junction City/Coburg Rural Fire Protection Districts at the Willamette River; follow the Junction City Rural Fire Protection District border then follow a line south passing through Lane Rural Fire/Rescue, Santa Clara Rural Fire Protection District and portions of City of Eugene City Limits; follow the Lane Rural Fire/Rescue border to the northwest corner of Lane County Fire District #1; west to the beginning ½ mile south of Milepost 21½ on State Highway 36. Response into rural and frontier areas will be dictated by access capabilities.

(5) ASA #5. - East/Central. This area is bordered on the west by Interstate 5; north by the Linn County Line; east via State Highway 126/242 to the Deschutes County line and State Highway 58 to Milepost 17; and south to the northern border of the South Lane County Fire and Rescue Fire District boundary with Goshen Fire District and Pleasant Hill Fire District. Response into rural and frontier areas will be dictated by access capabilities. This provider also serves an area of Linn County up to Harrisburg, which is not included in this plan.

(6) ASA #6. - Southern. This area is bordered on the west by Siuslaw River Road to Wolf Creek Road; north by the boundaries of the Lorane Fire District and the South Lane Fire and Rescue Fire District; east by a line from Camas Swale Creek, to Bear Mountain, to Mount Jnne, to Patterson Mountain, to Grass Mountain; and south by the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(7) ASA #7. - South/East. This area is bordered on the west by State Highway 58 at Milepost 17 to Saddle Blanket Mountain; east by the Deschutes County line; and south by Mount June to Patterson Mountain to Grass Mountain, then to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(8) ASA #8. - Northwest/Central. This area is bordered on the west beginning at the Lane/Benton County border at Lobster Creek to a point ½ mile south of Milepost 21½ on State Highway 36 at Greenleaf Road; East to northern border of Lane County Fire District #1; following the southern border of Lane Rural Fire/Rescue; then north following a line passing through Lane Rural Fire/Rescue, Santa Clara Fire Protection District and portions of City of Eugene City Limits north to the border of Junction City Rural Fire Protection District; north to the Lane/Benton County Border; then west to the point of beginning. Response into rural and frontier areas will be dictated by access capabilities. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 7-07, 7.20.07)*

18.025 9-1-1 Fire Protection Providers and Incorporated Cities Map.

(See Appendix #2) (Revised by Ordinance No 10-87, Effective 9.3.87; 7-97, 6.6.97; 15-04, 8.13.04)

18.030 Alternatives To Reduce Response Times.

ASA boundary lines were drawn considering such elements as 9-1-1 trunking, fire district boundaries, current EMT practices, response times, geographic or man-made barriers and public response. In many areas, the actual responding agency may vary for any of the following reasons:

- (1) Inability to identify caller's address, area or district;

- (2) Remote wireless calls to PSAP from outside the service area; and
- (3) Variable weather and road conditions.

Any of the above listed conditions may cause more than one ambulance to be dispatched simultaneously to the scene. Alternatives or changes to existing ASA boundaries to reduce notification and/or response times were considered during the development of this plan.

The plan will be reviewed every three years or by request of the Committee, Director or Lane County ambulance provider. ASA boundaries may be modified after the plan is adopted and implemented. When the existing assigned providers agree in writing and request Director action, modifications to the ASA boundaries may be made by the Director after review and recommendation of the Committee, based upon annexation, changes in response time, dispatch equipment, enhanced 9-1-1 or EMT placement and practices and population. When ASA boundaries are adjusted due to annexation, consideration will be given to creating service areas that are well defined, thereby facilitating effective dispatch of response resources and data management. The Director shall maintain a written record of modifications made to the ASA boundaries. Affected providers may appeal to the Board within 14 days after receipt of the Director's decision. All other modifications shall be made pursuant to one or more provisions, including LC 18.045, 18.070, 18.075, 18.080, or 18.100. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 13-01, 1.5.02; 15-04, 8.13.04)*

18.040 System Elements.

The following system elements apply to emergency services provided by each ASA provider:

(1) Notification/Response Time Zones.

(a) The Lane County ASA emergency system response times shall be as depicted on the Lane County Ambulance Service Area and Estimated Emergency System Response Time map 85% of the time within a calendar quarter, barring inclement weather or other extraordinary conditions.

(b) Notification Times for ambulances shall be within two minutes for 90% of emergency calls.

(c) Emergency system response time shall be as follows for 90% of the calls: Urban - 5 min.; Urbanizable - 10 min.; Suburban - 15 min.; Rural - 45 min.; and Frontier - up to 4 hours and 30 min.

(d) Monitoring of notification and emergency response times shall be accomplished as provided in the quality assurance program.

(2) Level of Care.

(a) An ambulance operating in Lane County must consist of a qualified driver and one certified EMT-Basic or above. The EMT must always be with the patient in the patient compartment of the ambulance.

(b) An ambulance operating in Lane County and providing intermediate life support level of care must consist of one certified EMT-Basic and one certified EMT-Intermediate. The EMT-Intermediate must always be with the patient in the patient compartment of the ambulance when intermediate care is required or rendered.

(c) An ambulance operating in Lane County and providing advanced life support level care must consist of an EMT-Basic and an EMT-Paramedic. The EMT-Paramedic must always be with the patient in the patient compartment of the ambulance when advanced life support care is required or being rendered.

(3) Non-Emergency Services. An ASA provider shall be responsible for the provision of all operated and contracted ambulance services in their ASA, including both

emergency and non-emergency services. This does not include non-EMT attended transports.

(4) Personnel. When operating an ambulance in Lane County, all personnel must meet the requirements of ORS 682.017 through 682.991 and OAR 333-255-070(1)(4) or (6). The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not create a requirement that the ambulance provide the same level of care on a regular basis.

(5) Medical Supervision. Each provider utilizing EMTs shall be supervised by a supervising physician.

(6) Patient Care Equipment. Patient care equipment must meet or exceed the Oregon Health Division's requirements as specified in ORS 682.017 through 682.991 and OAR 333-255-070(2),(3),(5) or (7). The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Director upon request.

(7) Vehicles. All ambulances must be either a Type I, II, or III and be licensed by the Oregon Health Division. All ambulances must meet or exceed the requirements as set forth in ORS 682.017 through 682.991 and OAR 333-255-060. An up-to-date list of each provider's ambulances shall be furnished to the Director upon request.

(8) Training. Each provider in Lane County shall provide for continuing medical education which meets re-certification standards as specified by the Oregon Health Division. EMT re-certification and continuing medical education shall be obtained through in-house training programs, seminars that are sponsored by local EMS agencies or accredited teaching institutions as authorized by law. Lane Community College is the accredited teaching institution primarily providing EMT and First Responder training in Lane County. If necessary, individuals may obtain training at other accredited teaching institutions. All providers shall maintain continuing medical education and re-certification standards required by the Oregon Health Division.

(9) Quality Assurance. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance Program is hereby established.

(a) Process.

(i) The Board, in order to ensure the delivery of the most efficient and effective ambulance services possible with the available resources, has directed that ASA administration responsibility be established with the Director with assistance from the Committee.

(ii) Quality Assurance in Lane County shall be accomplished through frequent case review, peer review, and periodic review by the supervising physicians and/or ambulance governing bodies. Complaints regarding violation of this ASA Plan, or questions involving ambulance services provided, shall be submitted in writing to the Director who shall forward it to the Committee. The Committee shall then review the matter and make recommendations on such complaints or questions to the Director. The Director shall also resolve any problems involving system operations (changing protocols to address recurring problems, etc.). Ongoing input may be provided to the Director by consumers, providers or the medical community, any individual on the Board or members of the Committee. The Director, in turn, will present the complaint, concern, idea or suggestion (in writing) to the full Committee for consideration.

(b) Provider Reporting Requirements. During the month following the end of each calendar quarter (January, April, July, October) each Lane County area ambulance provider shall submit the following information to the Director:

(i) Written notice when emergency system response time falls below 85% compliance of the limits defined by the Lane County Ambulance Service

Areas & Estimated Emergency System Response Time Map (Appendix #1) in the response time contour. The report shall list the actual system response time and pick up location of each transport that exceeded the response time and list any factors (weather, road conditions etc.) that may have contributed to the delay.

(ii) All non-confidential complaints made by consumers, the State of Oregon EMS Division, providers or the medical community related to clinical quality or operational standards.

(iii) If in any quarter no report is required by sections (i) and (ii) above, the provider shall submit a written certification of such to the Director.

(c) Area Trauma Plan Coordination. All ambulance providers shall comply with the approved Area Trauma Advisory Board Plan for the treatment and transport of patients.

(d) Problem Resolution. Problems involving protocol deviation by EMTs or dispatchers shall be referred to the respective supervising physician or dispatch supervisor. Problems involving a non-compliant provider shall be referred to the Director. The Director may seek background data and recommendations from the Committee in such instances and may refer the problem to the Board. Any member of the Committee who may have a conflict of interest in the matter shall declare such conflict and refrain from participating in any recommendations made.

(e) Sanctions for Non-Compliant Personnel or Providers. Upon a recommendation by the Committee, or upon its own motion, the Board may suspend or revoke the assignment of an ASA upon a finding that the provider has:

(i) willfully violated applicable provisions of an ordinance, the Lane County ASA Plan or State or Federal laws and regulations; or

(ii) materially misrepresented facts or information given in the application for assignment of an ASA or as part of the review of the performance of the service furnished by the provider.

In lieu of the suspension or revocation of the assignment of an ASA, the Board may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order, within the period of time stated. Notice of the Board's action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the holder of the assignment fails to take corrective action within the time required, the Board shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

A person affected by the action and receiving a notice of the assignment denial, suspension, revocation or contingent suspension or revocation of an ASA may request a hearing before the Board by filing with the Board a written request for a hearing within 14 days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action, pending the hearing and final determination of the decision, unless a change is required due to an immediate hazard to the public safety. The Board shall set a time and place for the hearing. Within 14 days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01)*

18.041 Designations:

Emergency, Pre-arranged Non-Emergency and Inter-facility Transfers.

(I) The Board designates only one emergency ambulance provider for each ASA and those designations are indicated on Appendix 1. Each of the designated emergency ambulance providers has the exclusive right to provide emergency ambulance

services originating in their respective ASA, except if covered by an exemption under this LC Chapter 18.

(2) Subject to any applicable exemption under this Code, each of the designated emergency ambulance providers is also designated to exclusively provide non-emergency and inter-facility ambulance services for transports originating in their ASA area, with a right to subcontract such services in accordance with this Plan and ordinance, LC Chapter 18. No other designations are made, but the Board reserves its right to designate more than one provider for these services per ASA in the future.

(3) Nothing in this LC Chapter 18 prevents an ASA provider from using ambulances and personnel deployed to meet its emergency responsibilities in non-emergency service, provided that the ASA provider's emergency service is not reduced below the level required.

(4) An ASA provider may subcontract non-emergency and inter-facility ambulance services within their ASA subject to the following:

(a) ASA providers will use an open competitive selection process in accordance with ORS 279B.060, including qualifications, standards and requirements set forth in LC Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider.

(b) The selected contractor must demonstrate the ability to provide the subcontracted service.

(c) The selected contractor must be capable of and agrees to comply with all standards and requirements of LC Chapter 18, as well as state and federal law and regulations which apply to the services.

(d) The ASA provider must be capable of and agree to perform the subcontracted services upon default, or until another provider is selected.

(e) The ASA provider will be responsible for the performance of the subcontractor.

(f) The County must provide approval before final contractor selection and contract execution based on compliance with LC Chapter 18. The ASA provider shall provide the Director of Health and Human Services with documents as requested.

(5) No other subcontracting is authorized unless pre-approved by the County. Any current subcontracts which have been executed with approval of the County prior to adoption of these subcontracting provisions shall be deemed approved for its duration.

18.045 Authority For Ambulance Service Area Assignments.

(1) The Board has the authority to assign an ASA within Lane County in compliance with ORS 682.015 through 682.991. Applications by new providers, changes to an existing ASA or requests for a new ASA, and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. Cities have the authority to develop and apply ambulance licensing ordinances within their jurisdictional boundaries, and nothing in this plan is intended to affect that authority. Initial assignment of ambulance service areas in Lane County was made in 1987 by the Board in accordance with the laws, ordinances and plan provisions then existing.

(2) Future updates to this plan and proposals for assignment changes, request for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment, ultimately will be the responsibility of the Board. In addition, the Board has the authority to review service providers records and initiate an assignment change or service area revocation.

(3) The Lane County ASA plan was prepared with extensive input from all county ambulance service providers. The plan requires that the ambulance services

providers maintain service records in order that the County can carry out its ASA plan responsibilities.

(4) Updates to this Plan, reassignment of ambulance service areas, requests for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment shall be processed as follows:

(a) The Director receives or initiates a request.
(b) The Committee reviews all information pertinent to the request and advises the Director.

(c) The Director prepares a proposal for Board consideration.

(d) The Board conducts a public hearing and takes action on the request.

(5) In developing their recommendations, the Committee and the Director shall determine compliance with ORS 682.025 through 682.991 and meet the following criteria for service:

(a) Substantially improve ambulance response time, quality and level of services to the proposed area without adversely impacting the existing first response system.

(b) Demonstrate that the call volume in the proposed service area is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.

(c) Does not jeopardize the financial ability of other ambulance service providers to provide efficient service to the remainder of Lane County.

(6) Existing and proposed providers shall make available information necessary for the Director to make a recommendation. The information shall include, but not be limited to, run logs, physician advisor correspondence, audit reports, personnel training records, procedure manuals and equipment inventories. In the case of a proposed service provider, records, reference and audit reports may be requested in order to determine qualifications and experience.

(7) The Director may initiate a request for revocation and reassignment of a service area if there is evidence that an existing provider or personnel of that provider is not meeting minimum standards, is not providing minimum response times to their assigned area or if another provider can improve efficient service delivery and benefit public health, welfare and safety. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01)*

18.050 Coordination.

(1) Mutual Aid Agreements. Each ambulance service provider shall sign a mutual aid agreement with the other providers in the County and with other providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement. All requests for mutual aid shall be made through the appropriate PSAP.

(2) Disaster Response.

(a) The Committee will coordinate the EMS medical function of disaster planning with any formal disaster management plan developed by the Lane County Sheriff (designated as County Emergency Services Coordinator) or other appropriate county authorities.

(b) Ambulance provider personnel faced with a multiple-casualty incident should examine the situation in terms of its potential or actual magnitude of disaster, and request any appropriate additional resources that may be available.

(c) When County resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources will be made to the appropriate agency through the County Emergency Management Office.

(i) The Director of the County Emergency Management Office is responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Plan is implemented.

(ii) The Director of the County Emergency Management Office will work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.

(d) When resources from outside Lane County are required for the provision of emergency medical services during a disaster, a request for those resources will be made through the appropriate PSAP to the appropriate agency. The Director of the County Emergency Management Office will be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

(e) The Mass Casualty Incident (MCI) Plan is a component of the Lane County Emergency Operations Plan (EOP) ANNEX E - Medical Services. The EOP is the responsibility of the Lane County Sheriff as mandated by the state. The Committee may provide guidance to the Lane County Sheriff in development of the MCI plan for Lane County. If this ASA plan conflicts with the MCI Plan, then the MCI Plan shall prevail unless otherwise specified by the Board.

The purpose of the MCI plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Lane County. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations or at the request of the Health Officer. It is expected the MCI Plan will address the responsibility of providers concerning:

- (i) coordination;
- (ii) communication;
- (iii) move up;
- (iv) triage; and
- (v) transportation.

The Committee will periodically review the MCI Plan and recommend revisions to meet the County's need. Following Committee review, the Director of Emergency Management will be asked to append the changes to the medical component of the Lane County Operations Plan and the modified MCI plan will be promulgated.

(f) All ASA providers shall follow Hazard Specific Annex 1 titled Terrorism Incident/Hazard Specific Annex 1 of the Lane County Emergency Operations Plan in response to terrorism. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01)*

18.060 Personnel and Equipment Resources.

Under special circumstances, additional specialized resources may be required for the management of unusual problems and situations. The initial response agency or the agency with jurisdiction will coordinate with the following agencies to the extent specialized resources are needed.

- (1) Non-Transporting EMS Providers:
 - (a) McKenzie Fire & Rescue
 - (b) Lane County Fire District #1
 - (c) Goshen Rural Fire District
 - (d) Mohawk Valley Rural Fire Department
 - (e) Lake Creek Rural Fire Protection District
 - (f) Lorane Rural Fire Protection District
 - (g) Junction City Rural Fire Protection District

- (h) Santa Clara Fire District
- (i) Dexter Rural Fire Protection District
- (j) Lowell Rural Fire Protection District
- (k) Coburg Fire District
- (l) Blue River Fire District
- (m) Pleasant Hill Fire District
- (n) Upper McKenzie Rural Fire Protection District
- (o) Emergency Action Services (EASE)
- (p) Deadwood Creek
- (q) Siuslaw Valley Fire and Rescue
- (r) Mapleton Fire Department
- (s) Monroe Rural Fire Protection District
- (2) Hazardous Materials:
 - (a) Emergency Responder Services (ERS): provides notification and activation of State Agencies
 - (b) Environmental Services: provides oil spill contaminate clean up 24 hours a day
 - (c) US Coast Guard: responsible for response in bays and most navigable waters
 - (d) HAZMAT
- (3) Search and Rescue:
 - (a) Lane County Sheriff Office
 - (b) Eugene Mountain Rescue
- (4) Specialized Rescue:
 - (a) Eugene Fire & EMS Dept Technical Rescue Team
 - (b) Springfield Fire & Life Safety Technical Rescue Team
 - (c) Hwy 58 Technical Rescue Team
 - (d) South Oregon Urban Search and Rescue Team
- (5) Extrication:
 - (a) McKenzie Fire & Rescue
 - (b) Lane County Fire District #1
 - (c) Goshen Rural Fire District
 - (d) Mohawk Valley Rural Fire Dept
 - (e) Lake Creek Rural Fire Protection District
 - (f) Lorane Rural Fire Protection District
 - (g) Junction City Rural Fire Protection District
 - (h) Santa Clara Fire District
 - (i) Dexter Rural Fire Protection District
 - (j) Lowell Rural Fire Protection District
 - (k) Coburg Fire District
 - (l) Blue River Fire District
 - (m) Pleasant Hill Fire District
 - (n) Upper McKenzie Rural Fire Protection District
 - (o) Emergency Action Services (EASE)
 - (p) South Lane Fire & Rescue
 - (q) Eugene Fire & EMS Dep
 - (r) Springfield Fire & Life Safety
 - (s) Lane Rural Fire Rescue
 - (t) Siuslaw Valley Fire and Rescue
 - (u) Monroe Rural Fire Protection District
- (6) Emergency Communication Access:

(a) Telephone:

(i) To establish single access throughout Lane County, 9-1-1 shall be available to all telephone exchanges within Lane County.

(ii) No person shall advertise for or otherwise solicit request for emergency medical services utilizing any telephone number other than 9-1-1.

(iii) All requests for emergency medical services shall be received by one of the three Public Safety Answering Points (PSAP's). NOTE: This requirement will be reviewed, and modified as appropriate, after the recently legislatively mandated consolidation of PSAP's in each county.

(b) Dispatch Procedures. To establish a minimum standard of medical dispatching within Lane County, all First Response Agencies, ASA Providers, PSAP's and Dispatch points shall:

(i) Follow the established standards of emergency medical dispatching and follow those procedures and protocols as approved by the Committee, Oregon Trauma System Area Trauma Board (ATAB) Rules, and OAR 333-260-0050(1)(2),

(ii) Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes 90% of the time (*see* Section 5(c) of this plan).

(iii) Notify Initial Responders and ASA Providers by the use of radio communications including pagers and other tone activated devices.

(iv) Include in every radio dispatch the following:

(aa) Announcement identifying agency(ies) to respond, nature of problem identified through the use of dispatch priority protocols and the exact location of the patient; and

(bb) Any specific instructions or information pertinent to the emergency.

(cc) Repeat the announcement to each agencies first response unit(s) when they respond to include any additional information obtained about the patient's situation, history or problem.

(dd) Simultaneously dispatch Advanced Life Support (ALS) Assist according to protocols approved by the Committee and ATAB on all EMS calls identified as ALS in nature.

(c) Radio System

(i) Each PSAP/Dispatch shall: (note that in some cases, the PSAP and Dispatch Center are at separate locations, e.g., Central Lane 9-1-1 PSAP, Junction City Police Dispatch)

(aa) Restrict access to authorized personnel only;

(bb) Meet future state or county standards;

(cc) Maintain radio consoles capable of communication directly with all Initial Response agency(ies) dispatched by them;

(dd) Maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes, including, but not limited to: Location of call; nature of the emergency; reporting party; time received, dispatched, en-route, arrived, transported, arrived at destination, in-service and in quarters; number of patient(s); and type of response to the scene and transport destination; and

(ee) Utilize plain English.

(ii) All ASA Providers shall:

(aa) Equip each ambulance with an FCC approved, multi-channel radio with the highest allowable wattage;

(bb) Equip each ambulance with a portable handheld radio with a minimum of two channel capability;

(cc) Install the Hospital Emergency Ambulance Radio (HEAR) frequency of 155.340MHz in each installed and portable handheld radios;

(dd) License and operate all radio equipment subject to FCC licensure in accordance with current FCC rules and regulations; and

(ee) Coordinate communications with the appropriate dispatch center for that agency. Times kept by the dispatch center will be times of record. The dispatch center appropriate for that agency must be notified when in-service units are no longer available for responses.

(d) Emergency Medical Services Dispatcher Training. All emergency medical services dispatchers shall successfully complete an Oregon Department of Public Safety Standards and Training (DPSST) approved Emergency Medical Dispatch (EMD) course, and continuing education and training as required by DPSST to maintain EMD certification.

18.070 Application for New Assignment or Reassignment.

(1) Any person desiring to provide new or reassigned ambulance services within Lane County shall submit an application to be assigned an ASA. The application shall be submitted to the Director.

(2) In addition to information required by LC 18.070(3) below, the Director, the Committee or the Board may require additional information deemed necessary to insure compliance with this Plan and applicable law.

(3) The applicant shall provide the following information:

(a) The name and address of the person or agency applying.

(b) The ASA the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

(c) A statement as to whether or not the person will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.

(d) A list of vehicles to be used in providing ambulance services including year, make and model, and verification that each vehicle is licensed by the Health Division.

(e) A statement that all equipment and supplies in each ambulance conforms to Health Division standards.

(f) A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician level and certificate number, or other appropriate certification.

(g) Proof of financial ability to operate, including an operating budget for public bodies or financial statement for private entities, references and/or statement of past ambulance service. Private companies must include a profit and loss statement in addition to the above materials. Other appropriate financial information, such as income tax returns, or reports by governmental authorities shall also be submitted upon request. Public bodies must provide information regarding the sources and amounts of funding for ambulance services.

(h) Proof of liability insurance in the amounts not less than that required by ORS 682.105 through 682.109 or the Oregon Tort Claims Act. The applicant shall provide to the County a certificate of insurance, letter from the carrier, or letter from the Oregon Health Division approving self insurance. In addition, upon the County's decision to approve an application, in whole or in part, or otherwise change service boundaries or providers under LC Chapter 18, the applicant shall defend, indemnify and

hold Lane County, its officers, agents and employees harmless from all claims, liability or damage resulting from any error, omission or act on the part of the successful applicant, its officers, agents or employees, arising out of performance or failure to perform activities described in LC Chapter 18. This indemnity obligation is subject to any applicable legal limitations and applies to any County decision that is effective on or after November 1, 2001. Nothing in this provision shall be construed as limiting any other legal right to defense or indemnification which is otherwise available to the County related to actions of any other providers under LC Chapter 18.

(i) A statement of experience in providing ambulance service of a comparable quality and quantity to insure compliance with the ASA Plan.

(j) Proof of ability to comply with the terms and conditions of the ASA Plan and applicable county ordinances, in the form of a narrative summary.

(k) A description of any prepaid ambulance service plan, including number of members, number of years of operation, funding and term.

(l) Information, in the form of run logs, medical records, medical director correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.

(m) In the case of an application to transfer or take over an already assigned ASA:

(i) A detailed summary of how the proposed change will improve ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.

(ii) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.

(4) The new applicant shall submit a non-refundable application fee in an amount determined by order of the Board to defray the actual reasonable cost incurred by Lane County in processing the application.

(5) The Board may from time to time, by order, amend the amount of application fees to defray the actual reasonable costs incurred by Lane County in processing applications. The Board may also adopt annual fees applicable to all providers assigned an ASA to defray the reasonable costs of Lane County in administering the Plan.

(6) The applications shall be reviewed by the Director and the Committee for recommendation on the assignment of the ASA to the Board pursuant to LC 18.045 above. The assignment or reassignment of an ASA shall be made by an Order of the Board. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 13-01, 1.5.02)*

18.075 Review of Application for New Assignment or Reassignment.

(1) Applications for new or reassigned ambulance services shall be reviewed by the Director and the Committee pursuant to LC 18.045 above. They shall make such investigation as deemed appropriate and they may request assistance of other persons as necessary.

(2) The Director shall notify the holder of an assignment for providing ambulance service to an ASA of any applications by another person to take over that area.

(3) Unless the time is extended by the Board for good cause, the Director shall make its recommendation to the Board to grant, deny, modify or attach appropriate conditions to the application within 90 days after the application and any required supplemental information has been received. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.080 Board Action on Application for New Assignment or Reassignment.

Upon receipt of a recommendation, the Board, consistent with LC 18.045 above:

(1) Shall publish notice in a newspaper of general circulation in Lane County of its intent to hold a public hearing on the application and recommendations at least 10 days, but not later than 30 days following publication of notice.

(2) May require additional investigation by the Committee if it finds that there is insufficient information on which to base its action.

(3) Shall, upon the basis of the application, the Committee's recommendation, such other information as is permitted by this Plan, and such information as is presented to the Board at the public hearing make an order granting, denying or modifying the application or attaching conditions thereto.

(4) Shall not make an order adverse to the applicant or to the holder of, or applicant for, another assignment effective less than 30 days after the date of such order and shall notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds that there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.090 Notification of Vacating an ASA.

In the event that a provider wishes to vacate their ASA, the provider must provide at least sixty (60) days written notice to the Board. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.095 Maintenance of Level of Service.

In the event that a provider is unable to comply with the standards promulgated for the ASA by this Plan, the provider will notify the Board in writing of its inability to comply and identify which standards are involved. The Board will determine if other qualified providers are available for the ASA who can comply with the standards. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.100 Transfer of Assignments.

Except as provided in LC 18.030, a provider may transfer an assignment to another provider only upon written notice to and approval by the Board. Review of an application for transfer of an assignment shall be conducted in the same manner as an application for assignment or reassignment. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.110 Preventing Interruption of Service.

Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county, the Board shall, after reasonable notice, but not less than 24 hours notice to the provider, hold a public hearing. Upon appropriate findings after the hearing, the Board shall have the right to authorize another provider or other person to provide services. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.115 Appeals, Abatement and Penalties.

(1) All the decisions of the Board shall be reviewable by the Circuit Court of the State of Oregon for the County of Lane, only by way of writ of review.

(2) The provision of ambulance service by any person or provider in violation of this Plan, or regulations promulgated thereunder, is a nuisance and the Court may, in addition to other remedies provided by law institute injunctive abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such emergency ambulance service.

(3) The provision of ambulance services covered by this plan, by any person who is not the assigned ASA provider will constitute a failure to comply with this section.

(4) Failure to comply with this section shall be enforced pursuant to the applicable provisions of Lane Code Chapter 5, except as follows:

(i) Responsible Person shall be defined as any person providing Ambulance Services, who has not received the area assignment pursuant to this Chapter

(ii) Fines for failure to comply with 18.125(4) shall be assessed as set forth in LC18.145. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.120 Duties of Ambulance Service Providers.

Any provider operating in Lane County:

(1) Shall conduct its operation in compliance with all applicable state and federal laws, rules and regulations, and the Lane County ASA Plan;

(2) Shall not fail or refuse to respond to an emergency call for service when an ambulance is available for service;

(3) Shall not respond to a medical emergency located outside its assigned ASA except:

(a) When the provider assigned to the ASA is unavailable to respond and the responding provider is requested by that provider or 9-1-1 dispatcher to respond; or

(b) When the response is for supplemental assistance or mutual aid.

(4) Shall not voluntarily discontinue service to an assigned ASA until the ambulance service provider has:

(a) Given 60 days written notice to the Director, or

(b) Obtained written approval of the Board.

(5) This section shall not apply to:

(a) Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction; or

(b) Transfer of assignments.

18.130 Classification of Failure to Comply.

A responsible person as defined in LC 18.125(4) shall be subject to the following penalty amounts for Failure to Comply:

(1) Initial Failure to Comply – For Initial Failure to Comply, the monetary penalty shall be \$500.

(2) Second Failure to Comply - If the responsible person had a prior occurrence of failure to comply within 12 months of the date of the failure to comply, the monetary penalty shall be \$1000.

(3) Third and Subsequent Failure to Comply – If the responsible person had two or more prior occurrences of failure to comply within 12 months of the incident, the monetary penalty shall be \$2,500. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

Chapter 18

LANE COUNTY AMBULANCE SERVICE AREA PLAN

18.005 Purpose.

This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.205 and 682.335. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of ~~pre-hospital, emergency~~ **Emergency Medical Technician (EMT) supervised** medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.205**062**, 682.335**063**, and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code, Oregon Administrative Rules, and existing local ordinances and rules. This plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01)*

18.010 Overview of Lane County.

Lane County lies in the central Willamette Valley and is bordered on the west by the Pacific Ocean, the north by Lincoln, Benton and Linn Counties, the east by Deschutes and Klamath Counties and the south by Douglas County. It encompasses 4,620 square miles and consists of both rugged mountains, the Coastal Mountain Range to the west and the Cascade Mountain Range to the east and gentle valleys. The elevation of the County seat-Eugene is 422 feet. The climate is characterized by an overall average January temperature of 40 degrees F and an average July temperature of 67 degrees F with an average annual precipitation of 46 inches.

~~As of January 2000, Lane County's population was 322,959. Most of its inhabitants reside in or around five cities located in the county: Eugene (population 137,893); Springfield (population 52,864); Cottage Grove (population 8,445); Florence (population 7,263); Oakridge (population 3,148). The cities of Eugene, Springfield, Cottage Grove lie close to or border Interstate 5 which runs north and south. The city of Oakridge lies on State Highway 58 which runs east and west and which is a major access to central Oregon. The city of Florence lies at the intersection of State Highway 126 which runs east and west and US 101 which runs north and south, adjacent to the Pacific Ocean.~~

The principal industries are agriculture, education, fishing, food processing, logging, manufacturing of wood products, recreation and tourism. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01)*

18.015 Definitions.

For the purposes of this chapter, the following words and phrases shall mean:

Administrative Civil Penalty. May include a monetary penalty, restitution, costs and assessments

Ambulance. Any privately or publicly owned motor vehicle, aircraft or ~~watercraft~~ **marine craft operated by a Division-licensed ambulance service** that is regularly provided or offered to be provided for ~~the EMT supervised emergency and non-emergency~~ transportation of persons suffering from illness, injury or disability.

Ambulance Services. Includes the transportation of an ill, injured or disabled individual in an ambulance **under the supervision of an EMT** and, in connection

therewith, the administration of pre-hospital ~~and out-of-hospital~~ medical emergency or non-emergency care, if necessary.

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

Ambulance Service Subcontract. Agreement between an assigned ASA provider or hospital and an ambulance service provider contracting a portion of services. The agreement requires compliance with the state and federal law and regulations and standards and requirements of LC Chapter 18 applicable to the services and includes clinical and financial provisions.

Ambulance Service Plan. A written document, which outlines a process for establishing a County ~~Emergency Medical Ambulance Services System~~ including both emergency and non-emergency ambulance transport. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of applicable law.

Ambulance Service Provider. Licensed ambulance service assigned an Ambulance Service Area that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

ASA Advisory Committee (Committee). A committee formed to review standards, make recommendations to or set new standards for the Board of County Commissioners for all matters regarding ~~EMS-ambulance~~ services and review and make recommendations regarding soundness of the ASA. For purposes of this plan, the Lane County Community Health Advisory Committee shall function as the ASA Advisory Committee.

Communication System. Two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.

Director. The Director of the Lane County Health and Human Services Department or their designee.

Division. The Oregon Health Division, Department of Human Resources.

Effective Provision of Ambulance Services. Ambulance services provided in compliance with the County Ambulance Service Plan's provisions for boundaries, coordination and system elements.

Efficient Provision of Ambulance Services. Effective ambulance services provided in compliance with the County Ambulance Service Plan's provisions for provider selection.

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

Emergency Medical Service (EMS). Those pre-hospital 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 Technician. A person who has received formal training in pre-hospital and emergency care and is state certified to attend to any ill, injured or disabled person.

At right margin indicates changes
Bold indicates material being added
Strikethrough indicates material being deleted
18.015

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Emergency Medical Technician-Basic (EMT-Basic). A person certified by the Division as ~~an EMT-Basic~~ as defined in OAR 333-265-0000(815).

Emergency Medical Technician-Intermediate (EMT- Intermediate). A person certified by the Division as ~~an EMT-Intermediate~~ as defined in OAR 333-265-0000(916).

Emergency Medical Technician-Paramedic (EMT-Paramedic). A person certified by the Division as ~~an EMT-Paramedic~~ as defined in OAR 333-265-0000(1017).

First Responder. A person certified by the Division as a ~~"first responder"~~ as defined in ORS 682.025(11).

Health Officer. The Lane County Health Officer.

Lane County Board of Commissioners (Board). An elected body consisting of five commissioners pursuant to Lane Charter and applicable law.

License. The document issued by the Division to the owner of an ambulance service and ambulance, when the ambulance service and ambulance are found to be in compliance with ORS 682.015017- through 682.991 and OAR 333-250-0000 through 333-250-0100 and 333-255-0000 through 333-255-0900093.

NICU Transfer. The provision of ambulance services with specialized medical care for the stabilization and treatment of ill and newborn babies.

Non-Emergency Ambulance Services. Prearranged or non-immediate ambulance transfers, including those between facilities, provided by the assigned ASA provider or their contracted designee and under EMT supervision. Non-EMT attended transports are excluded from this definition, including but not limited to stretcher cars, medical taxis, wheelchair and secure transports.

Notification time. The length of time between the initial receipt of the request for emergency medical service by either a provider or a PSAP, and the notification of responding emergency medical service personnel.

Owner. The person having all the incidents of ownership in an ambulance service or ambulance vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement of a lease for a term of 10 or more successive days.

Patient. An ill, injured, or disabled person who may be transported in an ambulance.

Provider. Any public, private or volunteer entity providing EMS in an assigned ASA.

Public Safety Answering Point (PSAP). An agency that answers calls from citizens for emergencies involving requests for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP is a 9-1-1 Center.

Quick Response Team (QRT). An agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.

Secure Transport. The provision of non-EMT attended transport for behavioral health patients in mental health crisis.

Stretcher Car. Non-emergency transport by a ground vehicle which is designed and equipped to transport individuals on a stretcher or gurney type apparatus that is operated to accommodate an incapacitated or disabled person who does not require EMT medical assistance during transport and which holds all required licenses to operate in the State of Oregon.

Response time. The length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.

Supervising physician. A medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the Board of Medical Examiner of the State of Oregon, who provides direction of emergency care provided by emergency medical technicians.

System response time. The elapsed time from when the PSAP receives an emergency call until the arrival of the appropriate provider unit(s) on the scene.

Wheelchair Transport. **Non-emergency transport by a ground vehicle which is designed and equipped with a wheelchair lift to transport individuals who do not require EMT medical assistance during transport.** *(Revised by Ordinance No.7-97, Effective 6.6.97)*

18.016 Exemptions.

Notwithstanding any other provision, this Plan and the rules adopted in this Lane Code Chapter 18 shall not apply to:

(1) Vehicles and ambulances being used under the circumstances set forth in ORS 682.035, as well as the persons listed in that statutory exemption.

(2) Vehicles and transports which are excluded from the definition of non-emergency ambulance service in LC Chapter 18.

(3) Ambulances or vehicles used to transport a patient from outside the County to a location within the County, or through the County.

(4) Ambulances used by a hospital owner to provide NICU transfers directly, or through a contractor, as long as the contractor is a duly licensed ambulance service provider. The hospital is not required, but may contract with the designated ASA provider for the area.

(5) Vehicles used by a hospital owner to provide secure non-EMT attended transport directly through a vehicle equipped for behavioral health patients in mental health crisis, or by subcontract with any State of Oregon certified secure transportation provider. The hospital is not required, but may contract with the designated ASA provider for the area.

(6) Any person who drives or who attends an ill, injured or disabled person transported in a vehicle mentioned in subsections 1-9 of this section, or is licensed to do so.

18.020 Ambulance Services Area Boundaries.

Lane County shall consist of eight Ambulance Service Areas (ASAs). The "Lane County Ambulance Service Areas and Estimated **Emergency** System Response Time" map (see Appendix #1), adopted and incorporated here by this reference, represents the established ASAs, assigned ASA providers and estimated **emergency** system response times, which include notification time and provider response time. Actual response time is subject to the variables of access, weather, road and traffic conditions as well as other circumstances that can impact response time. The narrative description of the ASAs is generalized, more detailed information can be found on the **Emergency** Response Time Zone Map. Adjustments to the ASA boundaries may be made by the Director or the Board consistent with the requirements of this plan pursuant to LC 18.030 below. By mutual aid agreement, an ambulance service provider may respond to another provider's

~~ASA. This Plan does not apply to an ambulance that is passing through an ASA. This Plan applies to all transports originating in Lane County~~

(1) ASA #1. - Western. This area is bordered on the west by the Pacific Ocean; north by Milepost 174 on US 101; east on State Highway 36 to Greenleaf Road and east on State Highway 126 to Milepost 29; and south to the Douglas County line at Milepost 198.5 on US 101 and south on Siuslaw Road to and including the Clay Creek Recreational Area. Response into rural and frontier areas will be dictated by access capabilities.

(2) ASA #2. - North/West. This area is bordered on the west by the Pacific Ocean; north by the Lincoln County line to the Benton County Line; west at the wilderness area of Saddle Mountain; and south to Milepost 174 on US 101. Response into rural and frontier areas will be dictated by access capabilities.

(3) ASA #3. - Benton. This area covers only a small portion of northern Lane County starting at the Lane/Benton County line on the west to the union of Lobster Creek with the East Fork of Lobster Creek to the east; and south to Taylor Butte and east to the community of Paris. Response into rural and frontier areas will be dictated by access capabilities.

(4) ASA #4. - West/Central. This area is bordered on the west starting ½ mile south of Milepost 21½ State Highway 36 at Greenleaf Road; south to State Highway 126 at Milepost 29; south to the Clay Creek Recreational Area; following the Lane/Douglas County border to a point south of Alma; north to Alma; east following the northern border of Lorane Rural Fire Protection District to the western border of South Lane Fire & Rescue; east following the northern border of ~~Creswell Rural~~ **South Lane County Fire Protection District and Rescue** to Camas Swale Creek; east to Interstate 5; north on Interstate to the Lane/Linn County border, west to the border of Junction City/Coburg Rural Fire Protection Districts at the Willamette River; follow the Junction City Rural Fire Protection District border then follow a line south passing through Lane Rural Fire/Rescue, Santa Clara Rural Fire Protection District and portions of City of Eugene City Limits; follow the Lane Rural Fire/Rescue border to the northwest corner of Lane County Fire District #1; west to the beginning ½ mile south of Milepost 21½ on State Highway 36. Response into rural and frontier areas will be dictated by access capabilities.

(5) ASA #5. - East/Central. This area is bordered on the west by Interstate 5; north by the Linn County Line; east via State Highway 126/242 to the Deschutes County line and State Highway 58 to Milepost 17; and south to the northern border of the South Lane County Fire and Rescue Fire District boundary with Goshen Fire District and Pleasant Hill Fire District. Response into rural and frontier areas will be dictated by access capabilities. This provider also serves an area of Linn County up to Harrisburg, which is not included in this plan.

(6) ASA #6. - Southern. This area is bordered on the west by Siuslaw River Road to Wolf Creek Road; north by the boundaries of the Lorane Fire District and the South Lane Fire and Rescue Fire District; east by a line from Camas Swale Creek, to Bear Mountain, to Mount June, to Patterson Mountain, to Grass Mountain; and south by the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(7) ASA #7. - South/East. This area is bordered on the west by State Highway 58 at Milepost 17 to Saddle Blanket Mountain; east by the Deschutes County line; and

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south by Mount June to Patterson Mountain to Grass Mountain, then to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(8) ASA #8. - Northwest/Central. This area is bordered on the west beginning at the Lane/Benton County border at Lobster Creek to a point ½ mile south of Milepost 21½ on State Highway 36 at Greenleaf Road; East to northern border of Lane County Fire District #1; following the southern border of Lane Rural Fire/Rescue; then north following a line passing through Lane Rural Fire/Rescue, Santa Clara Fire Protection District and portions of City of Eugene City Limits north to the border of Junction City Rural Fire Protection District; north to the Lane/Benton County Border; then west to the point of beginning. Response into rural and frontier areas will be dictated by access capabilities. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 7-07, 7.20.07)*

18.025 9-1-1 Fire Protection Providers and Incorporated Cities Map.

(See Appendix #2) (Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 15-04, 8.13.04)

18.030 Alternatives To Reduce Response Times.

ASA boundary lines were drawn considering such elements as 9-1-1 trunking, fire district boundaries, current EMT practices, response times, geographic or man-made barriers and public response. In many areas, the actual responding agency may vary for any of the following reasons:

- (1) Inability to identify caller's address, area or district;
- (2) Remote wireless calls to PSAP from outside the service area; and
- (3) Variable weather and road conditions.

Any of the above listed conditions may cause more than one ambulance to be dispatched simultaneously to the scene. Alternatives or changes to existing ASA boundaries to reduce notification and/or response times were considered during the development of this plan.

The plan will be reviewed every three years or by request of the Committee, Director or Lane County ambulance provider. ASA boundaries may be modified after the plan is adopted and implemented. When the existing assigned providers agree in writing and request Director action, modifications to the ASA boundaries may be made by the Director after review and recommendation of the Committee, based upon annexation, changes in response time, dispatch equipment, enhanced 9-1-1 or EMT placement and practices and population. When ASA boundaries are adjusted due to annexation, consideration will be given to creating service areas that are well defined, thereby facilitating effective dispatch of response resources and data management. The Director shall maintain a written record of modifications made to the ASA boundaries. Affected providers may appeal to the Board within 14 days after receipt of the Director's decision. All other modifications shall be made pursuant to one or more provisions, including LC 18.045, 18.070, 18.075, 18.080, or 18.100. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01, 13-01, 1.5.02; 15-04, 8.13.04)*

18.040 System Elements.

The following system elements apply to emergency services provided by each ASA provider:

- (1) Notification/Response Time Zones.

(a) The Lane County ASA **emergency** system response times shall be as depicted on the Lane County Ambulance Service Area and Estimated **Emergency**

System Response Time map 85% of the time within a calendar quarter, barring inclement weather or other extraordinary conditions.

(b) Notification Times for ambulances shall be within two minutes for 90% of emergency calls.

(c) **Emergency s**System response time shall be as follows for 90% of the calls: Urban - 5 min.; Urbanizable - 10 min.; Suburban - 15 min.; Rural - 45 min.; and Frontier - up to 4 hours and 30 min.

(d) Monitoring of notification and **emergency** response times shall be accomplished as provided in the quality assurance program.

(2) Level of Care.

(a) An ambulance operating in Lane County ~~and providing basic life support level care~~ must consist of a qualified driver and one certified EMT-Basic or above. The EMT must always be with the patient in the patient compartment of the ambulance.

(b) An ambulance operating in Lane County and providing intermediate life support level of care must consist of one certified EMT-Basic and one certified EMT-Intermediate. The EMT-Intermediate must always be with the patient in the patient compartment of the ambulance when intermediate care is required or rendered.

(c) An ambulance operating in Lane County and providing advanced life support level care must consist of an EMT-Basic and an EMT-Paramedic. The EMT-Paramedic must always be with the patient in the patient compartment of the ambulance when advance life support care is required or being rendered.

(3) Non-Emergency Services. An ASA provider shall be responsible for the provision of all operated and contracted ambulance services in their ASA, including both emergency and non-emergency services. This does not include non-EMT attended transports.

(34) Personnel. When operating an ambulance in Lane County, all personnel must meet the requirements of ORS 682.015-017 through 682.991 and OAR 333-255-070(1)(4) or (6). The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not create a requirement that the ambulance provide the same level of care on a regular basis.

(45) Medical Supervision. Each provider utilizing EMTs shall be supervised by a supervising physician.

(56) Patient Care Equipment. Patient care equipment must meet or exceed the Oregon Health Division's requirements as specified in ORS 682.015-017 through 682.991 and OAR 333-255-070(2),(3),(5) or (7). The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Director upon their request.

(67) Vehicles. All ambulances must be either a Type I, II, or III and be licensed by the Oregon Health Division. All ambulances must meet or exceed the requirements as set forth in ORS 682.015-017 through 682.991 and OAR 333-255-060. An up-to-date list of each provider's ambulances shall be furnished to the Director upon their request.

(78) Training. Each provider in Lane County shall provide for continuing medical education which meets re-certification standards as specified by the Oregon Health Division. EMT re-certification and continuing medical education shall be obtained through in-house training programs, seminars that are sponsored by local EMS agencies or accredited teaching institutions as authorized by law. Lane Community College is the accredited teaching institution primarily providing EMT and First

Responder training in Lane County. If necessary, individuals may obtain training at other accredited teaching institutions. All providers shall maintain continuing medical education and re-certification standards required by the Oregon Health Division.

(89) Quality Assurance. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance Program is hereby established.

(a) Process.

(i) The Board, in order to ensure the delivery of the most efficient and effective ~~pre-hospital emergency care~~ **ambulance services** possible with the available resources, has directed that ASA administration responsibility be established with the Director with assistance from the Committee.

(ii) Quality Assurance in Lane County shall be accomplished through frequent case review, peer review, and periodic review by the supervising physicians and/or ambulance governing bodies. Complaints regarding violation of this ASA Plan, or questions involving ~~pre-hospital care~~ **ambulance services** provided, shall be submitted in writing to the Director who shall forward it to the Committee. The Committee shall then review the matter and make recommendations on such complaints or questions to the Director. The Director shall also resolve any problems involving system operations (changing protocols to address recurring problems, etc.). Ongoing input may be provided to the Director by consumers, providers or the medical community, any individual on the Board or members of the Committee. The Director, in turn, will present the complaint, concern, idea or suggestion (in writing) to the full Committee for consideration.

(b) Provider Reporting Requirements. During the month following the end of each calendar quarter (January, April, July, October) each Lane County area ambulance provider shall submit the following information to the Director:

(i) Written notice when **emergency** system response time falls below 85% compliance of the limits defined by the Lane County Ambulance Service Areas & Estimated **Emergency** System Response Time Map (Appendix #1) in the response time contour. The report shall list the actual system response time and pick up location of each transport that exceeded the response time and list any factors (weather, road conditions etc.) that may have contributed to the delay.

(ii) All non-confidential complaints made by consumers, the State of Oregon EMS Division, providers or the medical community related to clinical quality or operational standards.

(iii) If in any quarter no report is required by sections (i) and (ii) above, the provider shall submit a written certification of such to the Director.

(c) Area Trauma Plan Coordination. All ambulance providers shall comply with the approved Area Trauma Advisory Board Plan for the treatment and transport of patients.

(d) Problem Resolution. Problems involving protocol deviation by EMTs or dispatchers shall be referred to the respective supervising physician or dispatch supervisor. Problems involving a non-compliant provider shall be referred to the Director. The Director may seek background data and recommendations from the Committee in such instances and may refer the problem to the Board. Any member of the Committee who may have a conflict of interest in the matter shall declare such conflict and refrain from participating in any recommendations made.

(e) Sanctions for Non-Compliant Personnel or Providers. Upon a recommendation by the Committee, or upon its own motion, the Board may suspend or revoke the assignment of an ASA upon a finding that the provider has:

(i) willfully violated applicable provisions of an ordinance, the Lane County ASA Plan or State or Federal laws and regulations; or

(ii) materially misrepresented facts or information given in the application for assignment of an ASA or as part of the review of the performance of the service furnished by the provider.

In lieu of the suspension or revocation of the assignment of an ASA, the Board may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order, within the period of time stated. Notice of the Board's action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the holder of the assignment fails to take corrective action within the time required, the Board shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

A person affected by the action and receiving a notice of the assignment denial, suspension, revocation or contingent suspension or revocation of an ASA may request a hearing before the Board by filing with the Board a written request for a hearing within 14 days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action, pending the hearing and final determination of the decision, unless a change is required due to an immediate hazard to the public safety. The Board shall set a time and place for the hearing. Within 14 days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01)*

18.041 Designations:

Emergency, Pre-arranged Non-Emergency and Inter-facility Transfers.

(1) The Board designates only one emergency ambulance provider for each ASA and those designations are indicated on Appendix I. Each of the designated emergency ambulance providers has the exclusive right to provide emergency ambulance services originating in their respective ASA, except if covered by an exemption under this LC Chapter 18.

(2) Subject to any applicable exemption under this Code, each of the designated emergency ambulance providers is also designated to exclusively provide non-emergency and inter-facility ambulance services for transports originating in their ASA area, with a right to subcontract such services in accordance with this Plan and ordinance, LC Chapter 18. No other designations are made, but the Board reserves its right to designate more than one provider for these services per ASA in the future.

(3) Nothing in this LC Chapter 18 prevents an ASA provider from using ambulances and personnel deployed to meet its emergency responsibilities in non-emergency service, provided that the ASA provider's emergency service is not reduced below the level required.

(4) An ASA provider may subcontract non-emergency and inter-facility ambulance services within their ASA subject to the following:

(a) ASA providers will use an open competitive selection process in accordance with ORS 279B.060, including qualifications, standards and

requirements set forth in LC Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider.

(b) The selected contractor must demonstrate the ability to provide the subcontracted service.

(c) The selected contractor must be capable of and agrees to comply with all standards and requirements of LC Chapter 18, as well as state and federal law and regulations which apply to the services.

(d) The ASA provider must be capable of and agree to perform the subcontracted services upon default, or until another provider is selected.

(e) The ASA provider will be responsible for the performance of the subcontractor.

(f) The County must provide approval before final contractor selection and contract execution based on compliance with LC Chapter 18. The ASA provider shall provide the Director of Health and Human Services with documents as requested.

(5) No other subcontracting is authorized unless pre-approved by the County. Any current subcontracts which have been executed with approval of the County prior to adoption of these subcontracting provisions shall be deemed approved for its duration.

18.045 Authority For Ambulance Service Area Assignments.

(1) The Board has the authority to assign an ASA within Lane County in compliance with ORS 682.015 through 682.991. Applications by new providers, changes to an existing ASA or requests for a new ASA, and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. Cities have the authority to develop and apply ambulance licensing ordinances within their jurisdictional boundaries, and nothing in this plan is intended to affect that authority. **Initial assignment of ambulance service areas in Lane County was made in 1987 by the Board in accordance with the laws, ordinances and plan provisions then existing.**

(2) Future updates to this plan and proposals for assignment changes, request for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment, ultimately will be the responsibility of the Board. In addition, the Board has the authority to review service providers records and initiate an assignment change or service area revocation.

(3) The Lane County ASA plan was prepared with extensive input from all county ambulance service providers. The plan requires that the ambulance services providers maintain service records in order that the County can carry out its ASA plan responsibilities.

(4) Updates to this Plan, reassignment of ambulance service areas, requests for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment shall be processed as follows:

(a) The Director receives or initiates a request.

(b) The Committee reviews all information pertinent to the request and advises the Director.

(c) The Director prepares a proposal for Board consideration.

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- (c) The Director prepares a proposal for Board consideration.
- (d) The Board conducts a public hearing and takes action on the request.
- (5) In developing their recommendations, the Committee and the Director shall determine compliance with ORS 682.015-025 through 682.991 and meet the following criteria for service:
 - (a) Substantially improve ambulance response time, quality and level of services to the proposed area without adversely impacting the existing first response system.
 - (b) Demonstrate that the call volume in the proposed service area is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.
 - (c) Does not jeopardize the financial ability of other ambulance service providers to provide efficient service to the remainder of Lane County.
- (6) Existing and proposed providers shall make available information necessary for the Director to make a recommendation. The information shall include, but not be limited to, run logs, physician advisor correspondence, audit reports, personnel training records, procedure manuals and equipment inventories. In the case of a proposed service provider, records, reference and audit reports may be requested in order to determine qualifications and experience.
- (7) The Director may initiate a request for revocation and reassignment of a service area if there is evidence that an existing provider or personnel of that provider is not meeting minimum standards, is not providing minimum response times to their assigned area or if another provider can improve efficient service delivery and benefit public health, welfare and safety. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01)*

18.050 Coordination.

- (1) Mutual Aid Agreements. Each ambulance service provider shall sign a mutual aid agreement with the other providers in the County and with other providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement. All requests for mutual aid shall be made through the appropriate PSAP.
- (2) Disaster Response.
 - (a) The Committee will coordinate the EMS medical function of disaster planning with any formal disaster management plan developed by the Lane County Sheriff (designated as County Emergency Services Coordinator) or other appropriate county authorities.
 - (b) Ambulance provider personnel faced with a multiple-casualty incident should examine the situation in terms of its potential or actual magnitude of disaster, and request any appropriate additional resources that may be available.
 - (c) When County resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources will be made to the appropriate agency through the County Emergency Management Office.
 - (i) The Director of the County Emergency Management Office is responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Plan is implemented.
 - (ii) The Director of the County Emergency Management Office will work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.

(d) When resources from outside Lane County are required for the provision of emergency medical services during a disaster, a request for those resources will be made through the appropriate PSAP to the appropriate agency. The Director of the County Emergency Management Office will be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

(e) The Mass Casualty Incident (MCI) Plan is a component of the Lane County Emergency Operations Plan (EOP) ANNEX E - Medical Services. The EOP is the responsibility of the Lane County Sheriff as mandated by the state. The Committee may provide guidance to the Lane County Sheriff in development of the MCI plan for Lane County. If this ASA plan conflicts with the MCI Plan, then the MCI Plan shall prevail unless otherwise specified by the Board.

The purpose of the MCI plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Lane County. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations or at the request of the Health Officer. It is expected the MCI Plan will address the responsibility of providers concerning:

- (i) coordination;
- (ii) communication;
- (iii) move up;
- (iv) triage; and
- (v) transportation.

The Committee will periodically review the MCI Plan and recommend revisions to meet the County's need. Following Committee review, the Director of Emergency Management will be asked to append the changes to the medical component of the Lane County Operations Plan and the modified MCI plan will be promulgated.

(f) All ASA providers shall follow **Hazard Specific Annex 1 titled Terrorism Incident/Hazard Specific Annex 1 of the Lane County Emergency Operations Plan in response to terrorism.** (*Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01*)

18.060 Personnel and Equipment Resources.

Under special circumstances, additional specialized resources may be required for the management of unusual problems and situations. The initial response agency or the agency with jurisdiction will coordinate with the following agencies to the extent specialized resources are needed.

- (1) **Non-Transporting EMS Providers:**
 - (a) **McKenzie Fire & Rescue**
 - (b) **Lane County Fire District #1**
 - (c) **Goshen Rural Fire District**
 - (d) **Mohawk Valley Rural Fire Department**
 - (e) **Lake Creek Rural Fire Protection District**
 - (f) **Loraue Rural Fire Protection District**
 - (g) **Junction City Rural Fire Protection District**
 - (b) **Santa Clara Fire District**
 - (i) **Dexter Rural Fire Protection District**
 - (j) **Lowell Rural Fire Protection District**
 - (k) **Coburg Fire District**

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- (l) **Blue River Fire District**
- (m) **Pleasant Hill Fire District**
- (n) **Upper McKenzie Rural Fire Protection District**
- (o) **Emergency Action Services (EASE)**
- (p) **Deadwood Creek**
- (q) **Siuslaw Valley Fire and Rescue**
- (r) **Mapleton Fire Department**
- (s) **Monroe Rural Fire Protection District**
- (2) **Hazardous Materials:**
 - (a) **Emergency Responder Services (ERS): provides notification and activation of State Agencies**
 - (b) **Environmental Services: provides oil spill contaminate clean up 24 hours a day**
 - (c) **US Coast Guard: responsible for response in bays and most navigable waters**
 - (d) **HAZMAT**
- (3) **Search and Rescue:**
 - (a) ~~Lane County Sheriff Office~~
 - (b) ~~Eugene Mountain Rescue~~
- (4) **Specialized Rescue:**
 - (a) **Eugene Fire & EMS Dept Technical Rescue Team**
 - (b) **Springfield Fire & Life Safety Technical Rescue Team**
 - (c) ~~Hwy 58 Technical Rescue Team~~
 - (d) ~~South Oregon Urban Search and Rescue Team~~
- (5) **Extrication:**
 - (a) **McKenzie Fire & Rescue**
 - (b) **Lane County Fire District #1**
 - (c) **Goshen Rural Fire District**
 - (d) **Mohawk Valley Rural Fire Dept**
 - (e) **Lake Creek Rural Fire Protection District**
 - (f) **Lorane Rural Fire Protection District**
 - (g) **Junction City Rural Fire Protection District**
 - (h) **Santa Clara Fire District**
 - (i) **Dexter Rural Fire Protection District**
 - (j) **Lowell Rural Fire Protection District**
 - (k) **Coburg Fire District**
 - (l) **Blue River Fire District**
 - (m) **Pleasant Hill Fire District**
 - (n) **Upper McKenzie Rural Fire Protection District**
 - (o) **Emergency Action Services (EASE)**
 - (p) **South Lane Fire & Rescue**
 - (q) **Eugene Fire & EMS Dep**
 - (r) **Springfield Fire & Life Safety**
 - (s) **Lane Rural Fire Rescue**
 - (t) **Siuslaw Valley Fire and Rescue**
 - (u) **Monroe Rural Fire Protection District**
- (6) **Emergency Communication Access:**
 - (a) **Telephone:**

(i) To establish single access throughout Lane County, 9-1-1 shall be available to all telephone exchanges within Lane County.

(ii) No person shall advertise for or otherwise solicit request for emergency medical services utilizing any telephone number other than 9-1-1.

(iii) All requests for emergency medical services shall be received by one of the three Public Safety Answering Points (PSAP's). NOTE: This requirement will be reviewed, and modified as appropriate, after the recently legislatively mandated consolidation of PSAP's in each county.

(b) Dispatch Procedures. To establish a minimum standard of medical dispatching within Lane County, all First Response Agencies, ASA Providers, PSAP's and Dispatch points shall:

(i) Follow the established standards of emergency medical dispatching and follow those procedures and protocols as approved by the Committee, Oregon Trauma System Area Trauma Board (ATAB) Rules, and OAR 333-260-0050(1) (2),

(ii) Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes 90% of the time (*see* Section 5(c) of this plan).

(iii) Notify Initial Responders and ASA Providers by the use of radio communications including pagers and other tone activated devices.

(iv) Include in every radio dispatch the following:

(aa) Announcement identifying agency(ies) to respond, nature of problem identified through the use of dispatch priority protocols and the exact location of the patient; and

(bb) Any specific instructions or information pertinent to the emergency.

(cc) Repeat the announcement to each agencies first response unit(s) when they respond to include any additional information obtained about the patient's situation, history or problem.

(dd) Simultaneously dispatch Advanced Life Support (ALS) Assist according to protocols approved by the Committee and ATAB on all EMS calls identified as ALS in nature.

(c) Radio System

(i) Each PSAP/Dispatch shall: (note that in some cases, the PSAP and Dispatch Center are at separate locations, e.g., Central Lane 9-1-1 PSAP, Junction City Police Dispatch)

(aa) Restrict access to authorized personnel only;

(bb) Meet future state or county standards;

(cc) Maintain radio consoles capable of communication directly with all Initial Response agency(ies) dispatched by them;

(dd) Maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes, including, but not limited to: Location of call; nature of the emergency; reporting party; time received, dispatched, en-route, arrived, transported, arrived at destination, in-service and in quarters; number of patient(s); and type of response to the scene and transport destination; and

(ee) Utilize plain English.

(ii) All ASA Providers shall:

(aa) Equip each ambulance with an FCC approved, multi-channel radio with the highest allowable wattage;

(bb) Equip each ambulance with a portable handheld radio with a minimum of two channel capability;

(cc) Install the Hospital Emergency Ambulance Radio (HEAR) frequency of 155.340MHz in each installed and portable handheld radios;

(dd) License and operate all radio equipment subject to FCC licensure in accordance with current FCC rules and regulations; and

(ee) Coordinate communications with the appropriate dispatch center for that agency. Times kept by the dispatch center will be times of record. The dispatch center appropriate for that agency must be notified when in-service units are no longer available for responses.

(d) Emergency Medical Services Dispatcher Training. All emergency medical services dispatchers shall successfully complete an Oregon Department of Public Safety Standards and Training (DPSST) approved Emergency Medical Dispatch (EMD) course, and continuing education and training as required by DPSST to maintain EMD certification.

18.070 Application for New Assignment or Reassignment.

(1) Any person desiring to provide new or reassigned ambulance services within Lane County shall submit an application to be assigned an ASA. The application shall be submitted to the Director.

(2) In addition to information required by LC 18.070(3) below, the Director, the Committee or the Board may require additional information deemed necessary to insure compliance with this Plan and applicable law.

(3) The applicant shall provide the following information:

(a) The name and address of the person or agency applying.

(b) The ASA the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

(c) A statement as to whether or not the person will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.

(d) A list of vehicles to be used in providing ~~emergency~~ ambulance services including year, make and model, and verification that each vehicle is licensed by the Health Division.

(e) A statement that all equipment and supplies in each ambulance conforms to Health Division standards.

(f) A list of personnel to be used in providing ~~emergency~~ ambulance service and their current Emergency Medical Technician level and certificate number, or other appropriate certification.

(g) Proof of financial ability to operate, including an operating budget for public bodies or financial statement for private entities, references and/or statement of past ambulance service. Private companies must include a profit and loss statement in addition to the above materials. Other appropriate financial information, such as income tax returns, or reports by governmental authorities shall also be submitted upon request. Public bodies must provide information regarding the sources and amounts of funding for ~~emergency~~ ambulance services.

(h) Proof of liability insurance in the amounts not less than that required by ORS 682.105 through 682.109 or the Oregon Tort Claims Act. The applicant shall provide to the County a certificate of insurance, letter from the carrier, or letter from the Oregon Health Division approving self insurance. In addition, upon the County's decision to approve an application, in whole or in part, or otherwise change service boundaries or providers under LC Chapter 18, the applicant shall defend, indemnify and hold Lane County, its officers, agents and employees harmless from all claims, liability or damage resulting from any error, omission or act on the part of the successful applicant, its officers, agents or employees, arising out of performance or failure to perform activities described in LC Chapter 18. This indemnity obligation is subject to any applicable legal limitations and applies to any County decision that is effective on or after November 1, 2001. Nothing in this provision shall be construed as limiting any other legal right to defense or indemnification which is otherwise available to the County related to actions of any other providers under LC Chapter 18.

(i) A statement of experience in providing ~~emergency~~-ambulance service of a comparable quality and quantity to insure compliance with the ASA Plan.

(j) Proof of ability to comply with the terms and conditions of the ASA Plan and applicable county ordinances, in the form of a narrative summary.

(k) A description of any prepaid ambulance service plan, including number of members, number of years of operation, funding and term.

(l) Information, in the form of run logs, medical records, medical director correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.

(m) In the case of an application to transfer or take over an already assigned ASA:

(i) A detailed summary of how the proposed change will improve ~~emergency~~-ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.

(ii) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.

(4) The new applicant shall submit a non-refundable application fee in an amount determined by order of the Board to defray the actual reasonable cost incurred by Lane County in processing the application.

(5) The Board may from time to time, by order, amend the amount of application fees to defray the actual reasonable costs incurred by Lane County in processing applications. The Board may also adopt annual fees applicable to all providers assigned an ASA to defray the reasonable costs of Lane County in administering the Plan.

(6) The applications shall be reviewed by the Director and the Committee for recommendation on the assignment of the ASA to the Board pursuant to LC 18.045 above. The assignment or reassignment of an ASA shall be made by an Order of the Board. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 13-01, 1.5.02)*

18.075 Review of Application for New Assignment or Reassignment.

(1) Applications for new or reassigned ambulance services shall be reviewed by the Director and the Committee pursuant to LC 18.045 above. They shall make such

investigation as deemed appropriate and they may request assistance of other persons as necessary.

(2) The Director shall notify the holder of an assignment for providing emergency-ambulance service to an ASA of any applications by another person to take over that area.

(3) Unless the time is extended by the Board for good cause, the Director shall make its recommendation to the Board to grant, deny, modify or attach appropriate conditions to the application within 90 days after the application and any required supplemental information has been received. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.080 Board Action on Application for New Assignment or Reassignment.

Upon receipt of a recommendation, the Board, consistent with LC 18.045 above:

(1) Shall publish notice in a newspaper of general circulation in Lane County of its intent to hold a public hearing on the application and recommendations at least 10 days, but not later than 30 days following publication of notice.

(2) May require additional investigation by the Committee if it finds that there is insufficient information on which to base its action.

(3) Shall, upon the basis of the application, the Committee's recommendation, such other information as is permitted by this Plan, and such information as is presented to the Board at the public hearing make an order granting, denying or modifying the application or attaching conditions thereto.

(4) Shall not make an order adverse to the applicant or to the holder of, or applicant for, another assignment effective less than 30 days after the date of such order and shall notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds that there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.090 Notification of Vacating an ASA.

In the event that a provider wishes to vacate their ASA, the provider must provide at least sixty (60) days written notice to the Board. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.095 Maintenance of Level of Service.

In the event that a provider is unable to comply with the standards promulgated for the ASA by this Plan, the provider will notify the Board in writing of its inability to comply and identify which standards are involved. The Board will determine if other qualified providers are available for the ASA who can comply with the standards. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.100 Transfer of Assignments.

Except as provided in LC 18.030, a provider may transfer an assignment to another provider only upon written notice to and approval by the Board. Review of an application for transfer of an assignment shall be conducted in the same manner as an application for assignment or reassignment. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.110 Preventing Interruption of Service.

Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county, the Board shall, after reasonable notice, but not less than 24 hours notice to the provider, hold

a public hearing. Upon appropriate findings after the hearing, the Board shall have the right to authorize another provider or other person to provide services. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.115 Appeals, Abatement and Penalties.

(1) All the decisions of the Board shall be reviewable by the Circuit Court of the State of Oregon for the County of Lane, only by way of writ of review.

(2) The provision of ~~emergency~~ ambulance service by any person or provider in violation of this Plan, or regulations promulgated thereunder, is a nuisance and the Court may, in addition to other remedies provided by law institute injunctive abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such emergency ambulance service.

(3) **The provision of ambulance services covered by this plan, by any person who is not the assigned ASA provider will constitute a failure to comply with this section.**

(4) **Failure to comply with this section shall be enforced pursuant to the applicable provisions of Lane Code Chapter 5, except as follows:**

(i) **Responsible Person shall be defined as any person providing Ambulance Services, who has not received the area assignment pursuant to this Chapter**

(ii) **Fines for failure to comply with 18.125(4) shall be assessed as set forth in LC18.145.** *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.120 Duties of Ambulance Service Providers.

Any provider operating in Lane County:

(1) Shall conduct its operation in compliance with all applicable state and federal laws, rules and regulations, and the Lane County ASA Plan;

(2) Shall not fail or refuse to respond to an emergency call for service when an ambulance is available for service;

(3) Shall not respond to a medical emergency located outside its assigned ASA except:

~~(a) When a request for specific emergency ambulance service is made by the person calling for the ambulance and the call does not dictate an emergency response;~~

~~(ba) When the provider assigned to the ASA is unavailable to respond and the responding provider is requested by that provider or 9-1-1 dispatcher to respond;~~
or

~~(eb) When the response is for supplemental assistance or mutual aid.~~

(4) Shall not voluntarily discontinue service to an assigned ASA until the ambulance service provider has:

(a) Given 60 days written notice to the Director, or

(b) Obtained written approval of the Board.

(5) This section shall not apply to:

(a) Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction; or

(b) Transfer of assignments.

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

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18.130 Classification of Failure to Comply.

A responsible person as defined in LC 18.125(4) shall be subject to the following penalty amounts for Failure to Comply:

(1) Initial Failure to Comply – For Initial Failure to Comply, the monetary penalty shall be \$500.

(2) Second Failure to Comply - If the responsible person had a prior occurrence of failure to comply within 12 months of the date of the failure to comply, the monetary penalty shall be \$1000.

(3) Third and Subsequent Failure to Comply – If the responsible person had two or more prior occurrences of failure to comply within 12 months of the incident, the monetary penalty shall be \$2,500. (Revised by Ordinance No. 7-97, Effective 6.6.97)