BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. 1345

Adopting the County Ambulance Service Plan.

The Multnomah County Board of Commissioners Finds as Follows:

A. ORS 682.062(1) requires Oregon counties to develop ambulance service plans to coordinate ambulance services within their respective jurisdictions. ORS 682.062(3) requires Oregon counties to adopt or amend ambulance service plans by nonemergency ordinances.

B. On December 8, 2016, the Board of County Commissioners passed Ordinance 1238, which adopted the Ambulance Service Plan currently in effect for Multnomah County, as reflected by Multnomah County Code § 21.401(B).

C. In the years after the adoption of Ordinance 1238, Multnomah County's ambulance service provider struggled to meet response time metrics and other legal requirements. Those struggles were exacerbated by the COVID-19 pandemic and chronic staffing shortages.

D. On February 20, 2024, the Multnomah County Chair released a plan to address delayed ambulance response times. That plan, in part, involved (1) agreeing to formal mediation with the ambulance service provider to develop a strategy for ambulance staffing, and (2) a holistic reassessment of the County's Ambulance Service Plan.

E. After formal mediation, the Board of County Commissioners passed Resolution No. 2024-069, which approved of the ambulance staffing changes at issue in the settlement agreement with the ambulance services provider. The purpose was to improve ambulance response times in the near term while maintaining a high level of medical care.

F. Emergency Medical Services within the County Health Department has now completed its review and revisions of the Ambulance Service Plan, which follows the format required by OAR 333-260-0020(3) and otherwise complies with ORS 682 and OAR 333-260.

Multnomah County Ordains as Follows:

Section 1.

This Ordinance is effective beginning on September 1, 2028, which shall coincide with the commencement of a new contract for ambulance services.

Section 2.

The attached Ambulance Service Plan is also effective beginning on September 1, 2028. On that date, the previous Ambulance Service Plan that was adopted by Ordinance 1238, on December 8, 2016, shall be stricken in full and replaced in full by the Ambulance Service Plan attached hereto.

Section 3. MCC § 21.401 is amended:

§ 21.401 PURPOSE

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

(B) This subchapter shall be interpreted consistently with the standards required by the State contained in ORS 682, OAR 333-260, OAR 847-035, and any other applicate statute or Oregon Administrative Rule. ~~Ordinance 1238, passed December 8, 2016, adopts the ambulance service plan for the county. This subchapter provides for the implementation of that plan.~~

Section 4. MCC § 21.402 is amended:

§ 21.402 DEFINITIONS.

For the purpose of this subchapter, the definitions contained in ORS 682.025, OAR 333-260-0010, OAR 847-035-0001, and the Ambulance Service Plan are incorporated herein. The following additional definitions shall also apply to this subchapter. ~~unless the context requires a different meaning~~.

ADMINISTRATOR. The administrator of the office of emergency medical services of the health department of the county.

APPLICANT. A provider whose rates are regulated pursuant to this subchapter and who requests or applies for a rate adjustment.

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

~~***AMBULANCE.*** Any privately or publicly owned motor vehicle, aircraft, or water craft that is regularly provided or offered to be provided for the timely or emergency transportation of persons suffering from illness, injury, or disability, as defined by Oregon Administrative Rule. All vehicles capable of providing transportation to the sick or injured and staffed with personnel trained to care for such individuals and equipped with supplies and equipment necessary for the care of the sick or injured shall be considered an ambulance~~.

~~***AMBULANCE SERVICE AREA (ASA).*** A geographic area that is served by one ambulance service provider and may include all or a portion of county, or all or portions of two or more contiguous counties.~~

~~***AMBULANCE SERVICE PLAN .*** A written document that outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of the Oregon Administrative Rules (OAR).~~

~~***AMBULANCE SERVICES.*** The transportation of an ill, injured, or disabled individual in an ambulance and, in connection therewith, the administration of prehospital medical or emergency care, if necessary.~~

APPEALS HEARINGS OFFICER or ***HEAR INGS OFFICER.*** The person or persons designated to conduct contested case hearings concerning actions in licensing and rate regulation under this subchapter.

~~***BASIC LIFE SUPPORT (BLS).*** Those medical services that may be provided within the scope of practice of a person certified as an EMT-Basic as defined in Oregon Administrative Rule.~~

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

CONTRACT COMPLIANCE AND RATE REGULATION COMMITTEE (CRC). The Committee appointed by the Board to review contract compliance and to review and recommend rate adjustments.

~~***CRITICAL CARE TRANSPORT (CCT).*** An ambulance providing transport between medical care facilities and providing care at the level of a hospital critical care unit.~~

DIVISION or ***STATE.*** The Emergency Medical Services and Trauma Systems Program, Public Health Division, Oregon Health Authority.

DO BUSINESS IN THE COUNTY. To provide emergency ambulance service, non-emergency ambulance service, or other emergency medical service in the county, provided however, that transporting patients from outside the county to a destination within the county only shall not be considered doing business within the county.

~~***EFFECTIVE PROVISION OF AMBULANCE SERVICES.*** Ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination, and system elements.~~

EFFICIENT PROVISION OF AMBULANCE SERVICES. Effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

EIGHT HUNDRED MHZ (800 MHZ). A radio system used for emergency communications throughout the county.

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

EMERGENCY MEDICAL DISPATCHER (EMD). A person who is certified as an EMD by the Board on public safety standards and training as defined in ORS 401.735.

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

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

EMERGENCY MEDICAL SERVICES MEDICAL DIRECTOR (EMSMD). A physician employed by the county to provide medical direction to the EMS system and medical supervision to EMTs providing emergency medical services within the county.

EMERGENCY MEDICAL SERVICES PROVIDER (EMS PROVIDER). Means a person who has received formal training in pre-hospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "Emergency Medical Services Provider" are "Emergency Medical Services Providers" within the meaning of ORS Chapter 682 and Oregon Administrative Rule. For the purposes of this Plan, "EMS Provider" does not include a person who is formally trained and licensed, but who is operating in a setting that does not involve a response with a licensed ambulance or does not involve a 911 medical call.

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

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

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

EMPLOYEE. An employee, agent, or EMT employed by a licensee.

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

~~***HEAR.*** An identified radio frequency used for ambulance to hospital and hospital to hospital radio communications.~~

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

INTERVENOR. A person whom the Contract Review Committee (CRC) or the Hearings Officer has allowed to participate in a proceeding subject to the rights provided by the rate adjustment rules in this subchapter.

LICENSE. A non-transferable, non-assignable permit, personal to the person or corporation to whom it is issued, issued by the Administrator, authorizing the person or corporation to do business in the county.

LICENSEE. A person or corporation possessing a valid license under this subchapter.

~~***MASS CASUALTY INCIDENT (MCI).*** An emergency medical incident with enough injured or ill persons to meet the requirements for scene and medical management as defined in the EMS Administrative Rules, MCI Plan~~.

~~***MEDICAL RESOURCE HOSPITAL (MRH)*** That hospital, contracted to MCEMS, to provide online medical control to EMTs.~~

MULTNOMAH COUNTY EMS (MCEMS). That organizational division within the Health D~~e~~epartment responsible for the administration and coordination of the EMS system in the county.

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

OFFICER. A Hearings Officer to whom the county has delegated authority to conduct hearings pursuant to the rate adjustment rules in this subchapter.

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

OPERATING EXPENSES or ***ALLOWABLE COSTS.*** Those costs attributed to the provision of emergency medical services provided under the exclusive provider agreements required by this subchapter.

PARTY. A provider whose rates are regulated pursuant to this subchapter and any person admitted as an intervenor pursuant to the rate adjustment rules of this subchapter.

~~***PROVIDER.*** Any public, private, or volunteer entity providing emergency medical services (EMS) or ambulance services, as defined in Oregon Administrative Rule~~.

~~***PROVIDER SELECTION PROCESS.*** The process established by the county for selection of an exclusive emergency ambulance service provider.~~

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

~~***URBAN GROWTH BOUNDARY (UGB).*** The planning boundary developed by METRO that delineates the areas considered "urban" and "rural" for purposes of this subchapter. If METRO alters the UGB, those changes shall take effect for this Chap ter's purposes the following year beginning on January~~

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

Section 5. MCC § 21.406 is amended:

§ 21.406 AMBULANCE STAFFING.

(A) ~~-~~Ambulances shall be staffed as outlined in the Ambulance Service Plan**.** ~~ALS ambulances responding to emergency calls shall be staffed with two Paramedics.~~

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

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

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

(B) ~~(E)~~ Notwithstanding subsections ~~-~~(A) ~~–(D)~~, The EMS Supervising Physician ~~Medical Director (EMSMD)~~ may temporarily alter ambulance staffing as necessary to meet public health needs during extraordinary circumstances which overwhelm the emergency transport system or cause a shortage of ambulances, including, but not limited to: mass casualty incidents, natural or man caused disasters, inclement weather, mass illness, epidemics.

~~(1) Certain of these events may require immediate action. Therefore, the EMSMD may issue standing orders for such events and shall make administrative rules for the implementation of those orders.~~

~~(2) The duration of any staffing alteration made under this subsection shall be limited to the period that coincides with that of the extraordinary event that was deemed to have been cause for the necessity of invoking the authority given under this subsection.~~

~~(3) Should the extraordinary circumstances persist for longer than 15 days, the EMSMD shall notify the Board of Commissioners that an alteration of ambulance staffing has been implemented, the reasons for the necessity to continue the staffing alteration beyond 15 days and the estimated date that normal staffing as required in subsections (A) - (D) will resume. The EMSMD shall make a new notification to the Board every 15 days thereafter until normal staffing has resumed.~~

~~(4) The authority given herein to the EMSMD notwithstanding, the Board may order the EMSMD to rescind a particular alteration of staffing at any time that the Board deems reasonable.~~

~~(5) In the event of a sanctioned strike against or a lock-out by the ASA contract provider, the provider shall not be allowed to staff ambulances differently than as required in subsections (A) – (D) above.~~

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

Section 6. MCC § 21.417 is amended:

§ 21.417 MEDICAL DIRECTION AND SUPERVISION.

Medical direction and supervision shall be performed as outlined in the Ambulance Service Plan.

~~(A) There shall be established, as an employee of the department, appointed by the~~

~~health officer, the position of emergency medical service medical director (EMSMD).~~

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

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

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

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

~~(3) Setting the standards for training and continuing education for EMS Providers and EMDs;~~

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

~~(5) Promulgation of standards of patient care, consistent with the ambulance service area plan and including, but not limited to, the following:~~

~~(a) Dispatch and pre-arrival protocols;~~

~~(b) Transport triage criteria and protocols;~~

~~(c) Specific requirements for EMS Providers working within the county;~~

~~(d) Approved equipment, supplies, and drugs;~~

~~(e) Patient care protocols;~~

~~(f) Medical criteria for response times;~~

~~(g) Patient transfer criteria; and~~

~~(h) Critical care inter-facility transport criteria.~~

~~(D) (1) The EMSMD may appoint assistants to help carry out the duties assigned to the medical director. The EMSMD retains the sole responsibility for all assigned duties.~~

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

~~the administrator.~~

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

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

~~(F) The EMSMD may not implement protocols nor take other actions that would change the patient care standards specifically identified in the ambulance service area plan or in this subchapter without approval by the Board.~~

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

Section 7. MCC § 21.422 is amended:

§ 21.422 SYSTEM QUALITY MANAGEMENT AND IMPROVEMENT.

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

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

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

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

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

(B) All data, information, and proceedings associated with the quality management program that could identify patients, specific events, patient medical conditions, locations, or other possible identifiers shall be considered confidential and protected from discovery in accordance with ORS 41.675 – 41.685.

(C) A Continuous Quality Improvement (CQI) committee shall be established and will operate as outlined in the Ambulance Service Plan. ~~There shall be a quality management committee, chaired by the EMSMD, and responsible for the development, implementation, and on-going monitoring of the quality management and improvement process.~~

Section 8. MCC § 21.425 is amended:

§ 21.425 EXCLUSIVE EMERGENCY AMBULANCE SERVICE CONTRACT.

(A) The exclusive provider of emergency ambulance service for the single ASA in the county shall be selected through a ~~competitive proposal~~ process as described in the Ambulance Service Plan. ~~by the Board~~.

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

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

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

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

(3) Charges for service;

(4) Information and data reporting requirements;

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

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

(7) Medical supervision requirements;

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

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

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

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

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

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

Section 9. MCC § 21.435 is amended.

§ 21.435 AMBULANCE DISPATCH.

(A) Dispatch for contracted ambulances shall be provided by the City of Portland, Bureau of Emergency Communications (BOEC) or the electronic relay or transfer of emergency calls to an appropriate public or private safety agency.

(B) Dispatch requirements and performance standards, medical triage systems or protocols, medical information requirements (pre-arrival instructions), and data requirements shall be specified in an intergovernmental agreement or contracts between BOEC, appropriate public or private safety agency, and the county. The medical protocols and medical information requirements specified in that agreement shall be promulgated by the EMSMD.

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

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

(E) Ambulances, when responding to emergency calls, shall inform BOEC of their status for response; immediately notifying BOEC of any change from a previous status. The

record of this information, along with the time of each notification, shall be kept at BOEC and shall comprise the official record for purposes of contract monitoring and compliance.

Section 10. MCC § 21.438 is amended as follows:

§ 21.438 HOSPITAL AVAILABILITY; AMBULANCE DIVERSION.

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

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

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

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

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

FIRST READING: **October 1st 2026**

SECOND READING **November 5th 2026**

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Jessica Vega Pederson

Jessica Vega Pederson, Chair

REVIEWED:
JENNY MADKOUR, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By Robert E. Sinnott
Robert Sinnott, Sr. Assistant ~~County~~ Attorney

SUBMITTED BY: