

EMS CODE DRAFT LEGISLATION HIGHLIGHTS

- All ambulance districts become “Emergency Medical Services System (EMSS) Districts.” -Section xx-xx02
- All counties in which no ambulance district exists form an EMSS district. -Section xx-xx04
- An EMSS district may be comprised of two or more counties when the boards so desire and agree. -Section xx-xx06
- An EMSS district levy of up to four hundredths percent (.04%) is optional and can be instituted initially, preserved at the level previously assessed as an ambulance district, adjusted within the levy cap, or implemented at a later time. -Sections xx-xx7 & 8
- The governing board sets the fees charged for EMS agency responses and services; all revenues are deposited into the dedicated district fund along with proceeds from motor vehicle registrations. -Sections xx-xx10 & 22
- Language guides annexation or contractual coverage of areas in adjacent counties when geographically necessary or a jurisdiction straddles the county line. -Sections xx-xx11 & 12
- The governing board of the EMSS district can be either county commissioners or a three person board of one mayor or city councilperson, one fire district commissioner, and one county commissioner. -Section xx-xx14
- The county commissioners and a majority of fire districts, or the county commissioners and a majority of cities, or a majority of fire districts and a majority of cities can change the governing board to the multi-governmental configuration. -Section xx-xx14
- The governing board may create a capital improvement account. Section xx-xx24
- The governing board makes final decisions regarding the EMSS district and has most customary powers and duties normally associated with cities, fire districts, and counties regarding EMS. -Sections xx-xx17 & 25
- Every EMS agency is “grandfathered” at their current licensure level. -Section xx-xx26
- Each district will have a broader administrative authority (4 persons) comprised of the governing board flanked by four (4) persons: a chief administrative official representing ambulance services in the district, a chief administrative official representing non-transport services in the district, a representative of an area hospital or clinic district, where available, and the chairman or designee of the medical authority (described below) for the system area. -Section xx-xx28
- Representatives are selected by the respective groups i.e. cities, fire districts, counties, and hospitals. If the groups cannot decide the Board will decide among names submitted. -Section xx-xx30

- Authority members serve for a three year term or until the conclusion of their term of office or resignation, whichever comes first. Individuals can serve multiple terms. -Section xx-xx31
- The administrative authority (“Authority”) is responsible for the EMSS district operations plan, budget management, and contracts under which the individual EMS agencies may be paid. -Sections xx-xx37 & 42
- EMS Bureau rules will outline the specific requirements for operations plans and definitions, calculation methods, etc. to be used in those plans and the implementation dates for those plans. -Section xx-xx37
- Failure to submit an operations plan may result in state fines against the district and/or the parent organizations responsible for EMS agency operations. Section xx-xx39
- Every EMS agency is subject to the authority of and must participate in the district. - Sections xx-xx17, 32, 39 & 50
- The Authority recommends to the Board which EMS agencies may change their clinical or transport capability, and which new EMS agencies should be permitted to operate in the district. -Section xx-xx41
- The Authority may recommend to the Board limits or setting conditions on agencies that provide non-emergency medical transportation. -Section xx-xx47
- Unresolved disputes between local government or a local EMS agency and the Board must submit to mediation by the EMS Bureau before filing a lawsuit. -Section xx-xx54
- The district must have a “Medical Authority.” -Section xx-xx55
- A Medical Authority may be configured in different ways depending on how many physicians serve as medical directors of local EMS agencies. -Section xx-xx55
- Unresolved disputes within the Medical Authority that remain unresolved after being presented to the Board for which any party is inclined to file a lawsuit must first present for mediation before the EMS Physician Commission. -Section xx-xx60
- Upon dissolution of a fire district that is licensed as an EMS agency all remaining funds shall be used for the provision of EMS within the EMSS district. –Section 31-1434
- An area of a city that is within a fire district which is also the provider of the ambulance service to that area of the city can only withdraw from the district with the consent of the EMSS district board. -Section 31-1429
- The EMS laws about agency licensure will be rewritten to align with the requirement for district endorsement as a condition of licensure.
- Fines will be the primary method of penalty for agencies failing to conform to district or state requirements.
- All remaining sections of ambulance district code would be repealed.