



Memorandum Date: October 2, 2024

Meeting Date: October 22, 2024

TO: Lane County Board of Commissioners

PRESENTED BY: Eve Gray, Health and Human Services Director

AGENDA ITEM TITLE: Emergency Medical Services in Lane County challenges and solutions task force.

I. MOTION

None: Presentation Only.

II. AGENDA ITEM SUMMARY

Emergency Medical Services in Lane County challenges and solutions task force

Summary of recent and long-term challenges to local EMS systems and an overview of the plan to assemble a taskforce of local EMS leaders, elected officials, and stakeholders to review and recommend solutions.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

The Board is responsible for assigning Ambulance Providers in line with Lane Code Chapter 18 for the geographic sections of the county known as Ambulance Service Areas. A subcommittee of the Public Health Advisory Committee (PHAC) meets quarterly to review quality assurance data submitted by providers. Updates to Chapter 18 are currently in progress, incorporating feedback from providers and compliance/definition updates recommended by the Oregon Health Authority.

B. Policy Issues

In October 2011, the Joint Elected Officials Ambulance Transport Task Force (ATTF) began meeting to review options to tackle funding challenges faced by central Lane County ambulance providers: Eugene Fire & EMS Department; Springfield Fire & Life Safety Department; and Lane Rural/Rescue District (now Lane Fire Authority). South Lane Fire and Rescue, Western Lane Fire & EMS Authority and Oakridge Fire and Emergency Medical Services were not participants in the task force.

Task force members were:

- Eugene City Councilor Andrea Ortiz
- Eugene City Councilor Mike Clark
- Springfield City Councilor Sean VanGordon
- Springfield City Councilor Marilee Woodrow
- Lane County Commissioner Jay Bozievich
- Lane Rural Board Vice President Pete Holmes
- Lane Rural Board Member Jim Drew

In May 2012 the ATTF shared their recommendations with Eugene and Springfield City Councils, Lane County Commissioners, and the Lane Rural/Rescue Board. The recommendation at that time was to choose one of three options:

1. **Do nothing.** Jurisdictions would remain responsible for providing and funding ambulance transport within its assigned Ambulance Service Areas (ASA). Under this option, jurisdictions recognize stabilizing the fund could require additional fee increases, continued reduction in expenditures, change in service levels, and/or on-going General Fund support for the continued high-quality provision of this core service. The elected bodies could choose to make General Fund support the permanent solution to the problem. However, the Task Force believes that, for the sake of preserving other local government services to the greatest extent possible, General Fund support should be viewed only as a short-term solution. Further, residents who do not live in the city limits but reside within the ambulance service area will not be contributing to the support of the service under this scenario.
2. **Privatize.** The Cities of Eugene and Springfield currently contract with a private provider for non-emergency transport. Under this contract, the Cities remain responsible for the service provided within the ASA. Under full privatization, the public would not only relinquish quality control, but also the emergency response versatility afforded by the firefighter/paramedics now staffing local ambulances. The goal would be to find the equilibrium point between these two ends of the public/private partnership spectrum. For this option, a feasibility study would be required including a review of costs to each jurisdiction to maintain fire response for medical calls in the event the ambulance transport system is contracted to a private provider in its entirety. For example, jurisdictions would need to maintain contracts for a supervising physician, which are currently funded by individual Ambulance Transport Funds. Additional considerations include payment for first response by the private provider and the financial stability of a private provider to ensure long-

term, high quality service.

3. **Form Ambulance Transport District.** A new limited special-purpose district could be formed in central Lane County, or the region could annex to an existing health district to provide ambulance service. These options require governance by an elected board of directors. Alternatively, a county service district could be established. This type of entity would be governed by the Lane County Board of Commissioners. Forming a district requires an affirmative vote of the electorate within the proposed district.

No single option was fully implemented. Since these recommendations were made, Eugene and Springfield merged their Fire and EMS agencies into Eugene-Springfield Fire, and the ASA boundaries between Eugene and Lane Rural were amended to better reflect the urban/rural boundaries of Eugene.

Ambulance funding continues to be a challenge faced by Lane County's Emergency Medical Services (EMS) providers. Providers have reported that these challenges are faced across the state and country. While there are many reasons for these funding challenges, a substantial challenge is that many ambulance trips do not result in full reimbursement of cost to the providers. Medicare and Medicaid do not reimburse the full cost of an ambulance trip, and ambulance use by uninsured users often goes unpaid. Providers have raised rates for ambulance services, but staffing shortages (resulting in overtime costs) and longer offload times (the time taken to admit a patient to hospital) remain contributors to deficits in EMS budgets. While there is flexibility for some changes in requirements for providers per Lane Code Chapter 18, cost savings for providers as a result (for example, reducing reporting requirements) would be minimal. These budgetary challenges are affecting all EMS services in Lane County, with Oakridge experiencing the most acute need and risk.

Should a provider reach a critical point and no longer be able to provide EMS transport for their ASA, it would fall to The Board to find a new provider. There are currently no for-profit EMS providers serving an ASA in Lane County. The City of Oakridge has shared that when it previously looked into finding a private EMS provider to take over their ASA it was deemed non-profitable and no vendors were interested. Providers have speculated that this is the case for most of the ASAs in Lane County. Should The Board not find any suitable replacements applying to take over an ASA, The Board would have to assign it to one of the other providers in Lane County to remain compliant with State regulations for Ambulance services.

C. Board Goals

N/A

D. Financial and/or Resource Considerations

Lane County H&HS may provide support with facilitating meetings of the task force in line with the staff support allocated to the ASA Subcommittee.

E. Health Implications

N/A

F. Analysis

A reconvening of the Ambulance Transport Task Force (ATTF) is recommended, with similar membership as the previous task force, except all ASA providers in Lane County will be invited to attend. Representation would include EMS administrators and one elected official from each affected jurisdiction. This is to ensure that there is a mix of expert knowledge and policy makers who are able to assess the feasibility and potential implications of proposals.

While the ATTF will not be limited in the scope of solutions they assess, the focus will likely be on the following:

- Reviewing the current and future impacts on ambulance services if no action is taken, including potential costs to city/agency general funds and the risks if one or more EMS providers is unable to continue to provide ambulance services,
- Review alternatives for funding ambulance services such as forming or reforming fire, health of county service district(s) and/or consolidating services into one provider.
- Review the revenue requirements and potential tax rate compression of a new district and identify any further analysis required.
- Consider the potential impacts if privatization of EMS services becomes the only available options, which other communities have chosen when public funding can no longer support public ambulance services.

Any proposals or recommendations from the ATTF will be shared with The Board and all other participating organizations. Future steps or enacting of the task force's recommendations are likely to require further collaboration between ASA providers and their respective parent agencies/cities. As the body governing ASA assignment and provider selection in Lane County, the Board of Commissioners will have a critical role in choosing which recommendations to advance for the Lane County Community.

IV. Alternatives/Options

N/A

V. RECOMMENDATION

H&HS returns to the Board with an agenda item re-convening the ATTF to include all ASA members to focus on the items listed above.

VI. ATTACHMENTS



EMS Funding Challenges

Background

Ambulance funding crisis began in 2002

- Medicare limits on reimbursement added to already tight Medicaid and VA reimbursement budgets
- Reimbursement was 25-30% of the cost of transport once this was fully implemented
- Medicare and Medicaid comprised 70% of transports
- Of billable transports, many people are unable to pay

First Joint Elected Official Task Force

Convened in 2009

Included County, Eugene, Springfield, and Lane Rural (now Lane Fire Authority)

Recommendations

- Temporary general fund support of ambulance services – Implemented
- Special fire district, to include ambulance services – Not implemented
- Reconfigure Ambulance Service Area boundaries – Implemented
- Mobile Health Care System – Slowly becoming a reality
- Enhance FireMed Marketing – Implemented
- Continue to Lobby Congress for relief – Ongoing

First Joint Elected Official Task Force

Recommendations Considered but Rejected

- Continue to Raise Rates
 - Undue financial burden on commercially insured/uninsured
- Privatize Ambulance Services
 - There is limited privatization through subcontracts for non-emergent transport
 - Privatizing seen as relinquishing quality control and reducing versatility of service, proven challenges elsewhere in Oregon.
- Countywide Health District for Ambulance Services
 - Time intensive and risky option
 - Seen as outside the scope of a regional JEO task force
- Market FireMed as an Alternative to Additional Taxation
 - Too volatile an option for sustainable ambulance services

Second Joint Elected Official Task Force

Convened in 2011

Included County, Eugene, Springfield, and Lane Rural
(now Lane Fire Authority)

Options Considered

- Do Nothing
 - Would require ongoing general fund support
 - Not recommended in order to preserve other, critical government services
- Privatize
 - Concerns about relinquishing quality control, versatility, and whether reimbursement would sustain a private provider
- Form Ambulance Transport District
 - Either regional or countywide
 - Task force recommended a group study this option

Second Joint Elected Official Task Force

Recommendations

- Continue to sustain services with general fund, as needed – Ongoing
- Merge Eugene & Springfield Fire & EMS departments – Partially Implemented
- Explore a more sustainable public funding option – Not Implemented
- Enhance FireMed marketing – Implemented
- Reconfigure ASA boundaries between Eugene & Lane Rural – Implemented
- Accelerate work toward creating a regional mobile healthcare system - Ongoing
- Continued lobbying to state and federal government for sustainable support – Ongoing, but not a recent joint priority

Current State

Most ASAs continue to struggle financially

Oakridge ASA is on the verge of collapse

Western Lane has created a sustainable funding source through a district

Other ASAs continue to question whether services can continue at the level expected by residents

County Responsibility

The county is responsible for identifying ambulance service areas and contracting with ambulance services

Oversight of ambulance services is a core function of the Lane County Board of Commissioners, with assistance from the Director of Health & Human Services

Should any part of the local ambulance system fail, Lane County will be responsible for identifying an alternative

Staff Recommendation

Create a Third Joint Elected Official Task Force

Invite all county ASAs instead of remaining a regional group

Consider the following options:

- Cost/benefit of continuing to provide services through a decentralized model
- Cost/benefit of providing services through a more centralized EMS system
- Cost/benefit of privatizing ambulance services
- Establish supplemental revenue stream for system stability (city/district taxpayers with an ASA are supplementing funding for those without)

Task force will make recommendations to the Lane County Board of Commissioners on next steps

Process Points

What We Are Asking Today

- Authorize the Joint Elected Official Task Force
- Assign a Lane County Commissioner for the task force

Next Steps

- Invite all Lane County ASA providers through their Fire Chief
- Participating Fire Chiefs work with elected bodies to recommend elected official representation
- Return to Lane County Board of Commissioners with recommended appointees and a drafted Notice of Board Action for final approval

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Questions?