Agenda

Ambulance Service Area Advisory Committee
Date/Time: July 8, 2026, 10:00 am - 11:30 am
Location: HHS 3160 Center St. NE, Salem (Rockaway Conference Room A) and MS Teams
Facilitator: Brian Butler **Recorder:** Sam Andress

Appointed: ☒ Sherry Bensema ☒ Brian Butler ☒ Jordan Donat ☒ Frank Ehrmantraut ☐ Danny Freitag ☒ David Gerboth ☒ Troy Gregg ☒ Toni Grimes ☒ Stephanie McClung ☒ Tim Morris ☐ Dan Mullen ☒ Melvin Peterson

Attendees: ☒ Sam Andress ☐ Rosa Antoine ☐ Darrin George ☐ Brandi Johnson ☒ John Kubasak ☐ Kyle McMann Angel Lanke

Time	Agenda Item (Who) Information/Discussion	Description
10:00 – 10:02 am	Welcome and Introductions – **Brian** **Microsoft Teams** Need help? **Join the meeting now** Meeting ID: 287 361 039 927 43, Passcode: CQ2yk7A2	
10:02 – 10:05 am	Open for Public Comment	No public comment
10:05 – 10:10 am	Review Minutes from 4/8/26 Meeting – **Brian**	Brian Butler asked for a motion to approve meeting minutes from April as written. Frank Ehrmantrout motioned. Toni Grimes seconded. No discussion. All in favor. Minutes approved as written.
10:10 – 10:25am	Rules Advisory Committee Update – **Toni, Danny**	**Interfacility Transfers (IFTs)** • Continued discussion on the proposed IFT language in the ASA rules. • The language appears to be more of a clarification/cleanup than a new requirement. • The word "must" will remain because it is required in the rule. • No consensus was reached to change the language, so it will stay as written. • Counties are still responsible for deciding how IFTs are handled based on their local resources, as long as the issue is addressed in their ASA plans.

		• Members discussed the nationwide challenge with IFTs, noting that delays in transferring patients are contributing to hospital bed shortages. • Hospitals are increasingly relying on 911 ambulance services for IFTs, especially for transfers from rural Oregon to Portland-area hospitals. • Discussion included whether hospital administrators and other partners should be involved in future IFT conversations. Overall, relationships between partners were described as positive, though progress has been slow. **Non-Transporting EMS Agencies** • OHA considers non-transporting agencies to be part of the EMS system but does not license or oversee them. • Counties can decide how these agencies fit into their local EMS systems. • Licensed EMS providers are required to have a supervising physician, but that requirement cannot be extended to non-transporting agencies. • The group felt this is already adequately addressed in the proposed rules. **Performance Measures** • Discussion focused on moving beyond response times as the only way to measure an EMS system's effectiveness. • Counties will monitor agencies using evidence-based measures that focus on patient outcomes. • Counties can still include response-time standards if they choose. • Trauma system response-time requirements will remain in place. **GIS Mapping** • OHA has backed away from requiring detailed written descriptions of service areas.

		• Digital GIS maps showing boundaries, response zones, time zones, and major roads will be acceptable instead. • Members agreed this is much easier to understand than written narratives. **Quality Improvement/Quality Assurance (QI/QA)** • Members expressed concerns that some proposed QA/QI expectations reflect the resources available in larger counties. • Smaller and rural counties may not have dedicated EMS physicians or staff to conduct chart reviews and oversight. • There were also concerns about duplicating agencies' existing QA/QI efforts. • The general feeling was that counties should ensure agencies have effective QA/QI programs rather than trying to perform those functions themselves. **Rulemaking Timeline** • Draft rules expected to be submitted **July 17**. • Public hearing notice could be issued as early as **July 27**. • Public hearing expected **August 17 or later**. • Public comment period closes **August 24**. • Comments reviewed **August 31**. • Responses to comments expected **September 15**. • Earliest implementation date is **October 1, 2026**. **Current Contracts** • Question was raised about whether agencies with existing multi-year contracts would need to update them immediately. • Current understanding is that existing contracts will be allowed to run their course and new requirements will apply when contracts are renewed or resubmitted.

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10:25 – 10:55 am	REACH Team Update – **David**	Just completed 3-month review and are coming up on 6 months.  Three-Month REACH Update_V3.p They have received funding for the model in Fiscal Year 27 from the city. The County has committed to the first 6 months of Fiscal Year 27. They have submitted for a grant to allow for sustainability and expansion. At this time, they are staying in Marion County but will look to expand to Polk County when possible. They are available 40 hours a week with 4 10-hour shifts, but would like to expand to 7 days a week depending on funding. The team met with 988 recently to address some challenges.
10:55 – 11:30 am	Roundtable Discussion	**Salem Fire** • Salem Fire will provide reimbursement for county fair EMS coverage. • Response time reports were discussed. • Salem Fire recently reached the one-year mark of providing ambulance service and will be presenting a one-year update to City Council. • Reported improvements across several performance metrics, including staffing hours, mutual aid, and Level Zero events. • Currently overstaffed with paramedics and continuing to build the workforce through the EMT > Paramedic > Firefighter career pathway. • Working with Chemeketa Community College to develop internship opportunities and increase regional involvement. **Polk County**

		• Reported an ambulance collision. No injuries occurred, and everyone involved is okay. • A replacement ambulance has already been ordered. • DME recertification is underway. • Current fleet is sufficient to maintain operations while awaiting the replacement vehicle. • Staff expressed appreciation for the support received following the incident. • Rural Health Transformation Program (RHTP) have been released. Polk County is partnering with Willamette Health Council for community paramedicine initiatives. **Regional Training & Grant Update** • Funding was received through the Safe Streets for All grant program. • The funding will support regional collaboration and help neighboring agencies. • Work is underway to develop free or low-cost regional training opportunities. • Ongoing participation from partner agencies will be important to sustain the program over time. Future Agenda Topics: • REACH • Rules Advisory Committee Looking at year over year review for reporting

Next Meeting: Wednesday, October 14th, 2026, 10:00 am – 11:30 am

Location: HHS 3160 Center St. NE, Salem (Rockaway Conference Room A) and MS Teams