

Tina Kotek, Governor

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AMBULANCE SERVICE PLAN RULE ADVISORY COMMITTEE

April 7, 2026

1:00 pm via Microsoft Teams

RAC MEMBER ATTENDEES

Amy Hanifan	Oregon Fire Chiefs Association
Ben Sorenson	Tualatin Valley Fire and Rescue
Charles Hodge	ComTrans of Oregon
Dan Brattain	Cal-Ore Life Flight/Reach/Airlink
Daniel Chase	Eugene Springfield Fire
Danny Freitag	Santiam Hospital and Clinics
David Jensen	Special Districts Association of Oregon
Devon Brown	Medford Fire Department
Heather Land	Treasure Valley Paramedics
Jackson Bauers	Jackson County Public Health
James Trout	Pioneer Ambulance Baker City
Jeff Mathia	Yachats Rural Fire Protection District
Jerimiah Kenfield	Crook County Fire and Rescue
Josh Beckner	Mid-Columbia Fire and Rescue
Joshua Keywood	Rapid Emergency Management
Justin Gibbs	Clatsop County; EMS Advisory Board
Kasey Lanning	Chiloquin Fire and Rescue
Katie Harris	Hospital Association of Oregon
Laurie Smallwood	Clackamas Fire District
Marissa Isaak	Adventist Health Columbia Gorge
Mark Fitzwater	Lebanon Fire District
Marshall Rasor	Ashland Fire and Rescue
Matt Dale	Canby Fire
Reilly Miller	Milton Freewater RDF; State EMS Advisory Committee
Robert McDonald	AMR Oregon

Rose Douglass	Lane Fire Authority
Sabrina Riggs	Oregon State Ambulance Association
Samantha Love	Pacific West Ambulance
Selene Jaramillo	Lane County
Shannon Edgar	St. Charles Health System
Sheila Clough	Mercy Flights
Tiffany Miller	Oregon APCO/NENA
Tige Harmon	Salem Fire Department
Tim Dooley	Association of Oregon Counties
Tim Hennigan	Scappoose Fire Department
Toni Grimes	Woodburn Ambulance
Trish Weber	Samaritan Lebanon Community Hospital
Tyler Stone	Wasco County

OTHER INTERESTED PARTY ATTENDEES

Aaron Monnig	Multnomah County
Amy Down-Maul	Hospital Association of Oregon
Annie Herbert	Kaiser Permanente
Charles Miller	Washington County EMS
Dawn OpBroek	Adventist Health
Haley Smoot	Legacy Health
Jay Meyer	GMR
Jesse Cornett	Kaiser Permanente
John Kubasak	Marion County Health and Human Services
Katrina Griffith	Marion County Health and Human Services
Vanessa Cornwall	Lane County

OHA ATTENDEES

Adam Wagner	PHD-EMS Program
Dana Selover	PHD-HCRQI
David Lehrfeld	PHD-EMS Program
Julie Miller	PHD-EMS Program
Justin Hardwick	PHD-EMS Program
Mellony Bernal	PHD-HCRQI

WELCOME AND MEETING PROCEDURES

Mellony Bernal welcomed RAC members, reviewed the agenda, and went over meeting procedures and expectations.

- It was noted that the meeting is being recorded and all information shared is a matter of public record and may be disclosed.

- Per OHA policy, members of the public may observe only. Should public members have information they would like to share, they can send information by email to mellony.c.bernal@oha.oregon.gov or to julie.k.miller@oha.oregon.gov following the meeting. Any information received will be shared with RAC members and OHA staff.
- Microsoft Teams features such as the Chat and Raise Hand features were reviewed and instructions on how to communicate during the RAC were shared.
- Information about the EMS Program's rulemaking activity website was shared including where people can find information about new and amended rules, temporary rules, proposed rules, and other relevant information.

Due to the number of participants in the RAC meeting and to save time, roll call and introductions were not completed. RAC members were asked to identify themselves in the Chat.

OVERVIEW, SCOPE AND TIMELINE

Mellony Bernal provided an overview of the rulemaking process explaining the steps involved, including when a RAC may or may not be convened, the rule drafting process, RAC membership selection, convening rulemaking advisory committees (RACs), submitting rules to the Secretary of State's Office, holding a public hearing, responding to public comment, and finalizing rules. The importance of the public comment process and the role of the Rule Advisory Committee was noted. If a RAC member cannot attend a meeting and they would like someone to attend in their place, the RAC member must email mellony.c.bernal@oha.oregon.gov to identify who will be attending.

The purpose of this rulemaking was reviewed. The following key topics will be considered:

- Clarify current review process and procedures
- Clarify enforcement responsibilities
- Necessary requirements when transitioning or vacating ambulance service area
- Provider selection process
- County EMS quality improvement program
- Interfacility transport

RAC members will be asked to provide input on the proposed changes to administrative rules, the fiscal and economic impact, and how the rule may affect racial equity in Oregon.

Two additional meetings have been scheduled for May 12 and June 2. Meeting dates may change based on how quickly the RAC is able to review the proposed rules.

The tentative time frames for the rulemaking process were shared:

Scope – Rule Text Filing Deadlines

July 17, 2026	Deadline to submit rule text and filing forms to PHD Rules Coordinator
July 27, 2026	<ul style="list-style-type: none">• PHD Rules Coordinator to file notice of proposed rulemaking with Secretary of State• Notify interested parties about public hearing and how persons may provide oral testimony or submit written comments.
August 1, 2026	Notice appears in the Oregon Bulletin
August 17, 2026 (or later)	Public hearing to be held to seek public comments
August 24 (or later)*	Public comment period will close
August 25-31, 2026*	Program to review public comments, consider possible changes to rule and respond to public comments
September 15, 2026*	Final rule text showing changes and responses to public comment due to the PHD Rules Coordinator. PHD Rules Coordinator files permanent rules
October 1, 2026	Effective Date

- Date(s) will adjust based on when the public hearing is scheduled, receipt of Hearing's Officer report, and length of time needed to review public comment

AMBULANCE SERVICE PLAN (ASP) – OVERVIEW

Dana Selover provided an orientation to RAC members on the following:

- RAC focus including clarifying the difference between responsibilities of the Oregon Health Authority (OHA), EMS Program and the county. These roles are not always clear based on questions that come up during an ASP review.
- ASP Rule History:
 - 1977 || ASP statute adopted
 - 1986 || Administrative rules adopted at the request of county officials.
 - 1987 || Rules were amended to extend the time required for counties to submit plans.
 - 1990 || Rules were amended to clarify the county and state relationship; a certification requirement providing assurance that the county has approved the plan being submitted; requiring an ASP to include the entire county; and process for assigning and reassigning ambulance service areas.
 - 1994 || General housekeeping changes were made.
 - 2001 (last revision) || Added non-emergency medical transport (NEMT) and interfacility transfers; 5-year review requirements; quality assurance provisions; allowing more than one NEMT per ambulance service area; and other system element changes
- ASP General Overview:
 - ASPs are the foundation of ensuring ambulance response in Oregon.

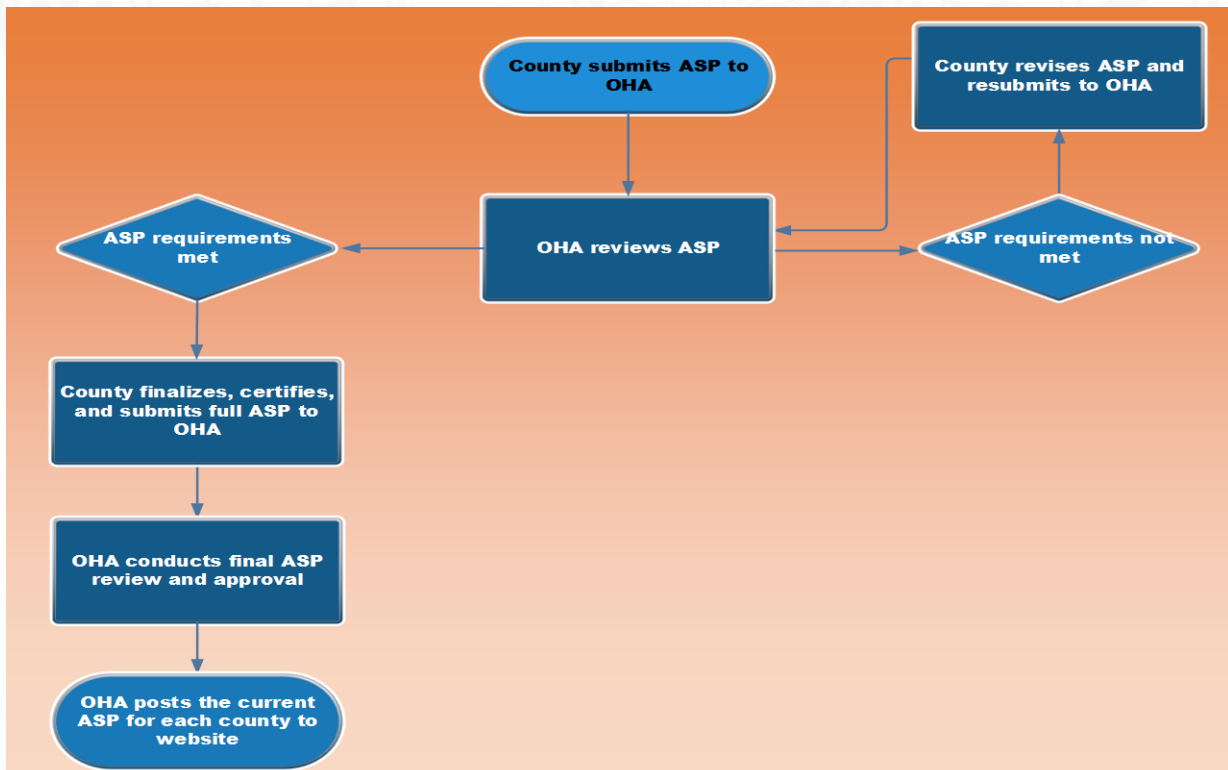
- ASPs connect to the overall EMS system in Oregon including 911 EMS dispatch, EMS first response, emergency ambulance transport and urgent and interfacility transport.
- Counties are the foundation of ensuring ambulance service transport availability, not just EMS response.
- ORS 682.062 and ORS 682.063 are the foundational statutes relating to ASPs and what drives the OHA's authority to adopt rules. Rules may clarify statutory language but cannot replace. As discussions ensue about changes to rules, these statutes will be referenced to ensure rules stay within the statutory authority.
- Counties Role:
 - Each county **must** develop an ASP; or two or more contiguous counties **may** develop one plan relating to the need for and coordination of ambulance services and establish one or more ambulance service areas.
 - The ASP must be submitted to OHA for review and approval.
 - Counties must adopt and enforce the ASP. While the OHA reviews and approves ASPs, the responsibility for enforcements lies with the county.
 - Additional requirements for adoption of ASP including considering all submissions, ensuring applicants meet all plan requirements (counties need to confirm that the plan meets requirements established by the county), considering all existing boundaries and avoid granting certain preferences.
- OHA Role:
 - Establish administrative rules which include specifying subjects that have to be addressed in the ASP for ambulance services and ambulance service areas; specifying subjects to be addressed in the adoption of the plan; and consideration of unique circumstances of local districts.
 - Review ASP and respond within 60 days of receiving plan; determine whether the draft ASP meets requirements or identify areas that are non-compliant and provide an explanation.
 - Final certified ASP must have OHA final approval.
 - Status of ASP approval can be found on the web at: <https://app.smartsheet.com/b/publish?EQBCT=cb1780b832e44797b30d73e441331257>
- Rule review – two different versions of the rules were shared with RAC members including a clean version that is easier to read and a version that tracks changes so that persons can identify what is

existing text and what is being modified. A summary of the rules was shared:

- Summary of Rules - OAR 333-260-
 - 0000 County and State Relationship
 - 0010 Definitions
 - 0020 Review Process
 - 0030 Subjects to be Addressed in ASP – Appendix A
 - 0040 Boundaries
 - Maps and response times
 - 0050 System Elements
 - 911, transfers, level of care, personnel, medical supervision, Quality Improvement etc.
 - 0060 Coordination
 - Mutual aid, disaster response, emergency communications and more
 - 0070 Provider Selection
 - County role, process requirements for ASA application, assignment, and designation etc.

ASP Review Process

A diagram of the ASP review process was shared and D. Selover reviewed with RAC members.



- County submits the ASP for review
 - Reasons for submission:
 - County has updated its ASP
 - County has received a request from OHA to submit the current ASP
 - OAR 333-260-0020(7): The OHA shall review each county plan no less than once every five years to ensure compliance with the statutes and administrative rules pertaining to a county ambulance service area plan.
 - County emails a certified and complete ASP with all appendices to OHA.
- OHA-EMS ASP Review
 - Intake and Triage
 - If incomplete, OHA-EMS, ASP Coordinator requests missing documentation
 - If complete, OHA-EMS, ASP Coordinator confirms receipt of the ASP (OHA has 60 days to complete review)
 - County is notified when the review begins
 - A typical ASP submission requires more than one round of review
 - Upon review completion, OHA emails the county with either a Further Development Required or a Compliance Met Letter
- If further development is needed by the county, the county will make changes to the ASP and resubmit to the OHA. The OHA will repeat the review process and notify the county if further development is required.
- The ASP will be considered for final review and approval by OHA when the county submits a final certified ASP complete with all appendices and attachments. The OHA will complete the final review and send approval letter and post on website.

D. Selover noted that EMS team members Justin and Julie have worked on updating the process for several years and have improved technical assistance tools, the consistency of the review process, and meeting established timelines.

D. Selover shared problem areas including:

- The order of operations – timing of submission to OHA and certification by the county. Challenges include:

- County submits the ASP for review and already updated their ordinance before obtaining OHA approval.
- An ASP is updated but did not get reviewed or approved by the OHA.

Responsibility for the ASP usually resides with the county's public health department or emergency management; however, it may also reside within the general county government structure. The OHA is requesting feedback from RAC members on what process makes sense given how the counties operate and what terms counties use including when an ASP is considered official by the county. The OHA will also seek feedback on what the county will do if a plan is vacated and managing temporary gaps if an ambulance service provider stops providing a service; interfacility transport and first right of refusal; and quality improvement/assurance processes.

RAC member inquired why ORS 682.031, which authorizes counties to adopt local ordinances regulating EMS providers and ambulances was not included in the RAC scope. D. Selover noted that while ORS 682.031 allows counties to regulate their own EMS providers and ambulances, it does not include regulating the ASP.

ADMINISTRATIVE RULE REVIEW

OAR 333-260-0000 – This is an existing rule that has been updated to provide information on the purpose of the rules including identifying required subject matter that must be considered, addressed and included in an ASP; establishing the review process; and clarifying that the OHA is not responsible for enforcement of the ASP provisions.

No comments from RAC members.

OAR 333-260-0010 – Definitions were reviewed and it was noted that many of the changes made were to align with ORS chapter 682. New definitions include ambulance service plan administrator, ambulance service area provider, ambulance services, and these rules.

RAC members shared the following comments:

- RAC member expressed concern about the definition of ambulance service plan administrator and its reference to "point of contact." They expressed that as an ASP administrator they have been appointed by the board and delegated some authority to regulate and take on responsibilities of the county board.
 - RAC member responded that the proposed definition is specific to how the term is used in rule and as such should be acceptable. It

does not mean that an individual does not have additional authority. They suggested adding additional text that the ASP administrator may have other delegated authority.

- RAC member suggested that rather than an individual, the rule refer to a position given individuals will change over time.
- RAC member via Chat indicated that a county has a point of contact but did not believe they have authority.
- RAC member via Chat indicated that their "ASD Director" is advisory to the county but their authority is limited and everything is taken to a board first, and then the county.
- D. Selover noted that earlier versions of the rule included specific roles but not all counties will operate in the manner described. Possible options for consideration is to have a definition for "point of contact" and "administrator." She also noted that the program could have interpretive guidance that addressed this concern. RAC members were encouraged to submit possible ideas for changes.
- Via the Chat, a RAC member asked where the OHA may publish or keep a list of primary contacts. Staff noted that the point of contact list is not published and used for internal purposes only.
- RAC member questioned the inclusion of term "aircraft" in the definition of ambulance and noted that ambulance service areas are applying for ground transport.
 - RAC member inquired why reference to "operated by a Division-licensed ambulance service" was removed, as well as "non-emergency" which is still listed in the definition of "ambulance services." Concern was expressed that while the definitions are based on statute, they are not consistent. It was questioned whether the definition could be interpreted to include search and rescue assets.
 - RAC member reiterated remarks about reference to aircraft.
 - RAC member asked for clarification on whether aircraft should be part of ambulance service plans. D. Selover clarified aircraft are not and noted that the definitions will be looked at further despite what may be in statute.
 - RAC member further requested that the OHA clarify whether it intends to license zodiacs, inflatable boats or UTVs that are used to transport ill or injured people to a point of care.
 - RAC member inquired whether treat-in-place would be included in the definition of ambulance services. D. Selover shared that staff will consider further including how relevant it may be for these rules.

- RAC member noted that the term "non-emergency ambulance" is used in 333-260-0070(3). RAC member asked what the expectation is for non-emergency transportation and under what authority can an ambulance transport patients in a non-emergent manner.
- Staff noted that the definition of ambulance service includes reference to the term prehospital care and may address concerns if it were added to rule.
 - Prehospital care means care rendered by emergency medical services providers as an incident of the operation of an ambulance and care rendered by emergency medical services providers as incidents of other public or private safety duties, and includes, but is not limited to, "emergency care.
 - Emergency care means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications prescribed by a licensed physician or naturopathic physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. "Emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures."
- RAC member asked staff to revisit the removal of the definition of emergency medical services due to the fact that the ORS 682.062 refers to 'county plan for ambulance and *emergency medical services*.' Additionally, it was requested that staff consider a definition for interfacility transfer and asked whether interfacility transfer is separate and independent from specialty care transport.
- RAC member via Chat stated that they want to make sure that an emergency medical services provider definition does not start to expand to care givers that may have licensing/training but may be working for a non-EMS provider such as a community transportation provider that may provide some medical or disability transport services.
- D. Selover thanked RAC members for their feedback and noted that as the RAC continues to look through the rules, it will need to consider whether additional definitions are necessary. It was further noted that staff will consider possible edits based upon implementing requirements for an ASP only; whether a definition may be out of scope for ASPs; and lastly, consider impacts to counties that have interest in providing a certain service based on specific populations. Counties have

a wide variety of approaches on how they provide ambulance services. The administrative rules establish a minimum standard and counties retain the authority to adopt additional or more stringent measures.

OAR 333-260-0020 - D. Selover reviewed the elements of this rule relating to the ASP review process.

Section (1) provides specific definitions to provide clarity on the OHA and county review and approval process (see definitions for 'approved' and 'certified.')

And a definition for 'proposed ASP' has been added to clarify a plan that has not been certified by the county. A proposed ASP is one where the county may ask the OHA for initial feedback on the plan before submitting to the County for certification.

Section (2) of the rule describes the county's responsibility to develop and adopt an ASP and establish one or more ambulance service areas.

Section (3) describes the county process to submit an ASP to the OHA.

Section (4) describes a preliminary review process for a county's ASP and OHA notification about identified deficiencies. This process allows counties an option to get OHA feedback before going through a formal county review and certification process.

Section (5) describes the approval review process by the OHA once the county has certified the ASP including notification requirements.

Section (6) describes the requirement for OHA review every 5 years and when a county may need to resubmit the ASP for review.

Sections (7) and (8) provide information on what must be included in the submission for a preliminary review and approval review.

Section (9) clarifies that an ASP remains approved by the OHA until the county completes the approval review process and the OHA approves a new or amended ASP.

RAC discussion:

- RAC member asked for further clarification on section (7) relating to providing contact information the ASP Administrator expressing concern that there's not an expectation that a person's name or contact information be included in a county ordinance when certifying an ASP. D. Selover responded that the information is typically provided by e-mail and is in the 'submission,' but not necessarily the plan itself.

- RAC member expressed appreciation for the addition of section (9). They asked how often a county certifies and approves an ASP, and then OHA identifies something that needs to be revised? D. Selover and staff responded that based on new processes in place including dedicated resources, it is very rare. RAC member remarked that the preliminary review process allows for some back and forth with the OHA and if the OHA were to indicate the ASP is ready for county certification and OHA would sign-off, this would make persons happier from a process standpoint and address administrative burden especially for rural and frontier counties. D. Selover noted that this is the current process and staff will consider what may be able to move to interpretive guidance versus rule.
- RAC member asked how existing certified ASPs will be handled with the adoption of any revised requirements including whether counties will be given a time frame to come into compliance. D. Selover responded that staff will take that into consideration and follow-up.
- RAC member suggested moving language regarding preliminary review at the very top as the language is currently buried and seems to contradict itself. D. Selover noted that once rules are in place, tools will be developed to assist counties in understanding the rules and noted that the preliminary review is optional for counties. Statutes do not require a county to complete the preliminary review process.
- RAC member inquired whether an amendment to an ASP would require the full plan to be resubmitted, noting that the county has delegated authority to allow non-substantive changes to the plan without triggering the county to recertify. It seems odd to make an amendment that is authorized by the board but still requires review and approval by the state, which then requires re-certification. D. Selover noted that staff will need to consider and discussion with legal counsel.
- RAC member indicated that the term "certified" is not a term used in their county which usually uses the terms "adopted" or "promulgated" by the Board.
- RAC member concurred that "certified" is not a term used when adopting a plan or an ordinance. The ordinance usually adopts the plan by reference. RAC member shared that they do not have any

objection to the term certified as long as the intent is clear that the county board or court has identified what the final plan is for enacting into ordinance.

- RAC member suggested that paragraph (8)(c)(B) be modified replacing the term "certified by the county governing body" to "adopted by the county governing body." The attestation should indicate that the county 'certifies that this is the adopted plan.' D. Selover noted that staff will review references to "certification" and based on feedback received make sure the use makes sense.

333-260-0030 – This rule identifies the format and subjects required in an Ambulance Service Plan in an Appendix. Establishing the format in rule will ease review for the OHA. D. Selover noted that staff will need to consider further language related to existing ASPs that don't meet the prescribed format including applicability and effective dates.

- RAC member asked what is meant by "health indicators" under Appendix A, Subsection (2)(d) and whether a definition should be included. Staff responded that this will be considered further and noted that Section (2) in Appendix A was added due to a number of questions about what kind of demographic or geographic description is needed.
- RAC member noted that Appendix A, Section 2 is duplicated in OAR 333-260-0035 and based on feedback from public health staff, it was questioned whether the information requested is already in the community health assessment and can the county just link to that information?
 - Staff noted that with the exception of the table of contents and sections 1, 3 and 8, the other sections identified in Appendix A have a corresponding rule number that provides additional detail.
 - Section 2: OAR 333-260-0035 – Demographics and Geographic Description
 - Section 4: OAR 333-260-0040 - Boundaries
 - Section 5: OAR 333-260-0050 – System Elements
 - Section 6: OAR 333-260-0060 – Coordination
 - Section 7: OAR 333-260-0070 – Provider Selection

- RAC member asked if there is a prescribed format in terms of Section 1 and the certification requirement, including what additional documents may be necessary. Also, it was suggested adding a section for "record of changes" that could be used to aid in the review process. Additionally, with respect to Section 4 (boundaries), if there is only one ASA and the boundary is the county line with no fire departments providing ambulance services, or there is no PSAP dispatching an ambulance, is it important for those boundaries to be submitted? Staff responded that the ASP is the document that, in the event of a major catastrophe or emergency, and electronic communications were down, county and state emergency managers would use to determine what resources to send where. The ASP can identify the county line as the boundary. RAC member noted that PSAPs dispatching fire for first response is not subject to regulation under the ASP so why would those boundaries need to be submitted?
 - Staff will consider further noting the narrative description boundary is the one for each ASA. Boundaries are not needed for fire districts, PSAPs, etc.
 - RAC member shared that they don't know how anyone can read a narrative description and actually get any meaningful information. It was suggested that an option be added to refer to GIS files as narrative descriptions could be inaccurate. Referring to actual detailed GIS files would be optimal. Staff noted that descriptions (whether GIS or narrative) are necessary in the event of complaint investigations to determine possible violations, such as call jumping.
 - RAC member via Chat stated couldn't the boundaries be depicted by a digital map rather than a narrative description and agreed with other county RAC members sharing concerns about the narrative description. Another RAC member agreed via Chat.
 - RAC member via Chat noted that they would support removal of a narrative description of geography if a GIS layer was submitted. Additionally, they commented that under 0040, they don't believe that the intent is for many pages of GPS coordinates to be submitted.

- RAC member asked if it would be beneficial to add a definition for "what the system is" and when identifying system elements, and how a county is organized, whether PSAPs are considered a system element, or fall under Section 6 (coordination.) Conversely, why are non-transporting EMS agencies listed under coordination and not system elements? RAC member noted that their county is engaged in an EMS system enhancement project and they are looking at all ordinances including the ASP which may be updated to "EMS system plan." D. Selover noted that the adoption of an "ambulance service plan" is in statute and the county may need to seek changes to the statute.
- RAC member noted that not all counties track the information identified in Section 2 of Appendix A, and stated it is likely that the state does track the information which creates a burden on the county to recreate data that the state already has.
- RAC member concurred that the county demographic information is information that the state already has or is easily accessible. Secondly, during a 5-year rule review, this information may have changed and would cause requirement to change the plan when all other elements remain the same. Linking to another source of data that is continually updated may alleviate a need to resubmit the plan. Additionally, a narrative description is the least specific way to tell if another ambulance is crossing lines. Everyone is using some sort of GIS, or the state has access to GIS which would lead to better clarity on exactly where the lines are.
- RAC member agreed with comments regarding links to demographic information and noted that other ambulance service members have shared that digital maps are more accurate and easier to provide than a long narrative.
- Via Chat, RAC member shared that the 2017 Public Health Modernization manual states that the local Public Health Emergency Preparedness Program will "Ensure the development and maintenance of the ambulance service area plan." It was noted that they have not found any references to Public Health Preparedness anywhere in these proposed rules. RAC member inquired whether this is no longer under the direct scope of duties of the PH Emergency Preparedness and Response program? D. Selover responded that PHEP is not required to review the ASP as it is a statutory requirement of the EMS program. County public

health departments are subject to a triennial review by the OHA which is where this language comes from but there is no requirement for a secondary review of the plan.

- Via Chat, RAC member asked whether the boundaries could be depicted by a digital map rather than a narrative description and concurred with previous concerns stated about a narrative description. Another RAC member concurred.
- Via Chat, RAC member indicated support of removing the narrative description of geography if a GIS layer was submitted and stated that they don't believe the intent is for many pages of GPS coordinates.

WRAP-UP

D. Selover thank RAC members for their feedback.

Next meeting is scheduled for May 12, 2026 and noted that based on today's progress the third meeting in June may not be necessary.

RAC members were encouraged to share specific language changes to mellony.c.bernal@oha.oregon.gov.

The Statement of Need, Fiscal and Equity Impact statement will be forwarded to RAC members prior to the next meeting.

FOLLOW-UP TASKS

- Definitions || Review and consider changes to or adding the following definitions:
 - Ambulance (aircraft/watercraft)
 - Ambulance service plan administrator (delegated authorities; position versus person)
 - Ambulance services (treat in place)
 - Certified and related terms to reflect county process and delegated authorities
 - Emergency care/non-emergency care/prehospital care
 - Emergency health indicators
 - Emergency medical services
 - Interfacility transfer

- Ensure EMS Provider definition does not expand to care givers that may have licensing/training but may be working for a non-EMS provider such as a community transportation provider that may provide some medical or disability transport services.
- 0020 (Review Process)
 - Consider reorganizing the layout of 0020 (Review process) so preliminary review is at the top
 - Consider updating "proposed ASP" to "preliminary ASP".
 - Consider how minor amendments can be processed through the review system by individuals with delegated authority to avoid review by OHA
 - Modify paragraph (8)(c)(B) to ASP was adopted by the county (not certified)
- 0035 (Demographic and Geographic Descriptions) and Appendix A
 - Clarify definition of "health indicators" (see definitions above)
 - Consider allowing counties to link to existing community health assessment or state data sources.
 - Review and reconcile content of Appendix A and corresponding rule sections to eliminate duplication and adding rule references where appropriate.
 - Consider adding to Appendix A "Record of Changes" for revised ASPs
 - Consider the categorization of systems elements versus coordination elements; do elements need to be moved to different sections?
- 0040 (Boundaries)
 - Consider updating the boundary description narrative requirement to allow for digital GIS files as an alternative.
- Consider applicability requirements in terms of when a county ASP must meet revised standards.