



## **Board Meeting Agenda**

December 1<sup>st</sup>, 2025

3:00 p.m.

Mid-Columbia Fire and Rescue Station 1  
1400 West 8<sup>th</sup> Street, The Dalles, Oregon

**1) Call Meeting to Order**

**2) Pledge of Allegiance**

**3) Roll Call**

**4) Agenda Changes**

**5) Public Comment**

- a) During this portion of the meeting, a citizen may speak on any subject upon being recognized by the Board President. The citizens must state their name, address, and their discussion topic for the minutes. Five minutes per person will be allowed. If a response by the District is requested, the speaker will be referred to the Fire Chief for further action. At the discretion of the Board President, the issue may appear on a future meeting agenda for Fire District consideration.
- b) The public may observe and/or listen to the meeting virtually by using either the link or the telephone number and access code provided below:

TELEPHONE NO.: +1 (914) 614-3221  
AUDIO ACCESS CODE: 136-459-335

Please register for **MCFR Special Board Meeting (December 2025)** on **Dec 1, 2025**  
**3:00 PM PST** at:

<https://attendee.gotowebinar.com/register/3879248998086157909>

**Webinar ID**  
611-731-947

After registering, you will receive a confirmation email containing information about joining the webinar.

**6) Old Business**

- a) None

**7) New Business**

- a) Information Sheet – Ambulance Service Plan

**8) Adjournment**

### **OUR MISSION:**

*"We are committed to providing professional emergency and non-emergency services to minimize suffering, protect life, environment and property."*

Upon request, auxiliary aids and/or special services will be provided. To request services, please contact us at 541-296-9445 or through Oregon Relay 1-800-735-2900 at least 48 hours in advance.

# MCFR INFORMATION SHEET

**DATE:** December 1<sup>st</sup>, 2025

**TO:** Fire District Board of Directors

**FROM:** David Jensen, Fire Chief

**ISSUE:** Consensus from the Board on the Ambulance Service Area

**SYNOPSIS:** I am seeking consensus of the Board of Directors for which principles they do and do not support in the scope of a future Ambulance Service Plan (ASP) and application.

## **BACKGROUND:**

The Board of Directors is aware of an alternative ambulance service area plan developed outside of the County Commissioner-established committee, which is charged with developing updates to the plan. As the Fire Chief, I have been very active in sending information to the County Commissioners and in opposition of any provision of a plan that would certainly or likely reduce the emergency services MCFR provides to our community.

Procedurally, we have been successful in consolidating our concerns with those of other providers and jointly communicating the public safety risks of the plan developed by the County administration. The County providers (MCFR, Wamic Fire and EMS, South Wasco County Ambulance Service, Jefferson County Fire and EMS, and the Hood River Fire Department) are unified. However, the pressure to entirely change ambulance services in Wasco County has yet to be resolved.

I am happy the State of Oregon has made it known that they will be communicating to clarify to Wasco County that they will not approve the plan until the commissioners attest they have followed the established process. However, the fact remains that the County Commissioners can make the ultimate determination on ambulance services in Wasco County. We have made it absolutely clear with real data they would put the public and our emergency responders at risk if they were to provision a plan that reduces MCFR's emergency services.

Soon we will need to make decisions on what plan to support and what MCFR will submit in the application to protect the community in our service area.

I am asking for consensus from the Board of Directors on principles they support and on which requirements from the county go too far in separating the District

from its mission and obligated service area. The Board of Directors has been very consistent on the opinion that MCFR desires to protect our constituents by providing ambulance services. I have not heard any mention that this opinion has changed. Based on this, the District will need to decide what it can offer and what the limitations of the service will be.

MCFR is funded through two primary mechanisms:

**Ambulance Revenue** - Ambulance revenue is derived from a fee-for-service system in which each user of the system pays for the services they receive. Most of this revenue comes from private insurance and Medicaid/Medicare.

**Fire District Tax Revenue** - The tax rate was established in 1995 through a vote of the people within the Fire District Boundary who formed MCFR to provide fire protection services. ORS 478.260 allows fire districts to operate an ambulance service, and ORS 682.062 requires each county to ensure ambulance services are provided for their entire county.

### **BUDGET IMPLICATION:**

In 2025-26 the District paid about \$950,000 in direct ambulance-only expenses (this does not include dual role staff Firefighters/EMS providers). In the same year, the District received \$2.11 million in direct ambulance revenue. This revenue is not sufficient to pay for the personnel to respond and transport patients at the demand for this service. The performance levels the district is able to achieve is only made possible by the District cross training firefighters to respond on either a fire apparatus or Ambulance.

To staff the ambulance service, MCFR uses the ambulance revenue funds to cover the costs of about 1 ¼ ambulances of the 4-5 ambulances staffed by the Fire District. In 2024, MCFR responded to 1,405 concurrent emergency calls for service (calls with at least 1 other emergency at the same exact time). All of these calls were served because the fire District receives tax dollars for fire protection and then uses its staff to respond on fire apparatus and ambulances.

Likewise, fire response is augmented because of ambulance revenue. If the County were to decide to contract with another provider for ambulance services, the District would need a reduction in expenses beyond just ambulance-related expenses. However, the District will see additional revenue in the next few years, which may help maintain service levels. Funds in this scenario would logically be dedicated to the District's primary and statutory mission of rescue, fire suppression, investigation, public education, etc.

## **RECOMMENDATION/ACTION:**

If the District were to be awarded the ambulance contract as currently presented, the district would be required to use tax dollars intended for fire suppression and investigation to supplement ambulance services in all of Wasco County. Additionally, available staff for wildland and structure fire responses would be significantly diminished.

If the District were to be required to provide ambulance services for South Wasco County with current staffing and without additional revenue, it likely would have to remove staffed fire apparatus from service. In its current state, I cannot recommend assuming the entire county as presented. I do recommend applying for the Ambulance service with specific provisions.

I am asking the Board of Directors to provide me with their consensus on which requirements of the County's proposed plan take the Fire District too far outside of our mission and scope to serve the Fire District effectively.

### **ASA Board Position Request:**

1. Full county-wide responsibility if an ambulance provider vacates or refuses a contract (P. 5, Sec. 4.a para 1)

#### ***Consensus opinion on current language:***

2. "Reinforce the ability of ambulance providers to timely respond with appropriate assets and expertise" (P. 5, Sec. 4.a para 2)

#### ***Consensus opinion on current language:***

3. Expectation of providing other services for all providers in the County (P. 5, Sec. 4.a para 2)
  - a. Non-durable medical equipment supplies
  - b. Ambulance Loan
  - c. Provide a Quality Improvement program county wide
  - d. Co staff ambulances for rural areas
  - e. Develop protocols for all providers in the county
  - f. Maintain records
  - g. Provide ambulance billing
  - h. And re licensing for providers and ambulances in the county

#### ***Consensus opinion on current language:***

4. Share Revenue from ASA 2 (the current MCFR area) with subcontractors (Hood River, Dufur, Wamic, South Wasco EMS, Jefferson County Fire and EMS, and AMR) (P. 5, Sec. 4.a para 2)

***Consensus opinion on current language:***

5. Paying for a Supervising physician for all providers in the County (P. 5, Sec. 4.a para 2) and (P.17, Sec. 5. a.)

***Consensus opinion on current language:***

6. Bring subcontractors into minimum ambulance equipment standards (P. 5, Sec. 4.a para 2)

***Consensus opinion on current language:***

7. Required to provide initial and continued training program for subcontractors (P. 19, Sec. 5. i)

***Consensus opinion on current language:***

8. Requires ASA Provider to provide all transfers to the Hospital (Does not distinguish between Non-emergency and Emergency) (P. 5, Sec. 4.a para 2)

*“The Provider of ambulance services in Subarea 2 will be required to provide ambulance services to Mid-Columbia Medical Center. Services will continue to be provided without reduction in response times or service levels. Non-emergent ambulance and inter-facility transports will be provided to area hospitals and care facilities”.*

- i. Important items to distinguish are what is the current service level provided.
- ii. No provisions or quality assurance for hospital providers initiating interfacility transfers,
- iii. No resolution for current issues with interfacility transfers,
- iv. no provisions for non-emergency interfacility transfers,
- v. removes any negotiating ability to resolve transfers through innovative agreements (public private partnerships).
- vi. No provisions for other emergencies that are occurring in our community

***Consensus opinion on current language:***

9. Quality Assurance Programs moves from internal agency process to one conducted by the ASA Committee and requires their access to our patient care reports. Nothing in the document affirms the County's ability to maintain Privacy our have normally protected copies of patient care information.

***Consensus opinion on current language:***

10. Required to provide training to Sheriff Deputies and maintain their documentation (P. 5, Sec. 4.a para 2)

***Consensus opinion on current language:***

***Other significant changes the County Administration Ambulance Service Plan includes:***

- Creates a 45-minute ambulance response time threshold for the current MCFR ambulance service area
- Removes four of the ASA providers from representation on the ASA Review Committee (Current plan can have 24 members including 8 public members at-large among each ASA and every ambulance provider).
- Removes the responsibility of the ASA Committee to review and update the plan
- Makes Mutual-aid agreements subject to prior approval by the Wasco County Board of Commissioners
- In the ASA Committee presented plan, the language for selection (Section 7) was:

*"The Wasco County Board of Commissioners recognizes the value of fire-based ambulance transport. Integrating the services enhances the all-hazard response to the community through integration, cross trained EMS providers, and reinvestment of funds to improve the system. Thus, a fire agency within the County will have the first right of refusal to serve any available ASA's.*

*All eight (8) ASAs have been previously assigned to Providers. If a Provider remains in good standing as of the effective date of this Ambulance Service Plan, the Board may assign the ASA Area to that Provider without requiring the submission of a full application as specified below. The Board may rely on County staff for*

*recommendations and may request limited information in its discretion.” (ASA Committee Plan, 2024)*

**Note:** *OHA approved this language and did not contest this process in their review of this plan.*

In the County Administration Plan it now specifically excludes this process. It was changed to say (Section 7):

*“The Wasco County Board of Commissioners recognizes the value of maintaining and enhancing contributions towards ambulance services from rural ambulance services, such as volunteer fire departments and non-profit organizations. Retaining those services and providers, and integrating the services with the Provider, enhances the all-hazard response to the community through integration, cross trained EMS providers, and reinvestment of funds to improve the system.*

*If a current Provider remains in good standing as of the effective date of this Ambulance Service Plan, the Board may approve the current Provider as a Subcontractor for that ASA Subarea without requiring the submission of a full application.as specified below. The Board may rely on County staff for recommendations and may request limited information in its discretion.*

*Selection of the Provider will be through a Request for Proposal (“RFP”) process. As part of that RFP process current Providers will be asked to confirm whether they elect to continue providing ambulance services and to identify their needs. The RFP Applicants will then be given an opportunity to address those needs with the current Provider and in its RFP submission. Memorandum of understanding between the RFP Applicant and the current Provider will be accepted.*

*County staff may communicate with the applicants and advisors to discuss service options. Upon being fully advised, the Board will appoint the initial Provider under this Ambulance Service Plan and Subcontractors for Subareas.”*