



Clark County Health Department

Dr. Eric B. Yazel, Health Officer

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Dear Community Partner:

We are excited to announce this request for funding proposal for EMS services in Clark County, Indiana. This three year proposal will allow for a continuity of services that will be beneficial for both the service provider and the citizens of our county. I would like to take a moment to clarify two points on the proposal. While we have listed ten units as the recommendation, we do recognize that this may not be feasible for either party. It is certainly acceptable to respond with a proposal for a lower levels of coverage and/or proposals for multiple different levels of coverage (6 units, 8 units, etc.). We have also included a recommendation of location sites for coverage. This is to serve as a guide of our expectations. We understand that this will likely need to be adjusted based on the logistical set-up of your organization. However, it is important that the various municipalities of our county have assurances that they will be receiving a level of coverage acceptable to their needs. Please contact me using the above information with any questions, comments, or concerns. We look forward to hearing from you.

Respectfully,

Eric Yazel, MD
Clark County Health Officer



Public Health
Prevent. Promote. Protect.

Clark County Health Department

Request for Proposals for Emergency Medical Services Provider Clark County Health Department

The Clark County Health Department ("CCHD") is soliciting the proposals ("RFP's") from emergency medical services ("EMS") providers to provide EMS services within the territorial jurisdiction of the Clark County Health Department.

The Clark County Commissioners have established Ordinance 2-2014 (Public Safety Plan See Attachment A) to govern EMS throughout all of Clark County, Indiana. The "Public Safety Plan" is monitored and/or enforced by CCHD. Providers are directed to submit an original, so marked, five (5) copies of the Submittal and an email copy of the Submittal, signed by a person authorized to lawfully bind the Provider. All mailed/physically delivered proposals must be sealed and labeled on the outside of the sealed container with the following information: "Request for Proposals: CCHD EMS Proposal- DO NOT OPEN IN MAIL."

Any Submittal received after the date and time set for opening will be rejected and returned unopened. All Submittals must be delivered to CCHD Counsel, Zachary F. Stewart, 530 East Court Avenue, Jeffersonville, IN 47130, by U.S. Mail, common carrier or personal delivery and by email at zach@zacharyfstewartlaw.com. Call 502.648.9890 for questions. All submissions must be received no later than 5:00 p.m., March 14, 2022.

For more information, please go to CCHD website at www.clarkhealth.net or contact the Clark County Health Department, Dr. Eric Yazel, 1201 Wall Street, Jeffersonville IN 47130 or eyazel@co.clark.in.us.

The Clark County Commissioners will review the timely Submittals and decide what action to take. The Clark County Commissioners may decide to award a contract solely at its discretion. All Submittals and other responses will become the property of CCHD and will not be returned.

REQUIREMENTS FOR RESPONSES

I. Definitions

- A. "EMD" means emergency medical dispatch.
- B. "Provider" means to an EMS provider submitting an RFP.
- C. "QA/QI" means quality assurance and quality improvement for Provider clinical personnel.
- D. "RFP" refers to this Request for Proposal.
- E. "Submittal" means to the Provider's submission of the required documents.

II. General Qualifications

- A. The Provider shall supply a copy of the following (if applicable):
 - 1. Indiana Emergency Medical Services Commission – Levels of EMS Certification

2. DEA License
 3. Certificate of Formation/Articles of Incorporation or equivalent
 4. Bylaws
 5. Other governing documents (i.e. Company Agreement, Shareholders Agreement, etc.)
 6. A list of any person or entity with more than a 5 percent (5%) equitable ownership of Provider
 7. IRS Form W9
- B. The Provider shall supply the names, addresses and phone numbers of their Board of Directors or equivalent.
 - C. The Provider shall supply a list of all cities and counties or subdivisions thereof, for which it provides ambulance service, with the name, address and telephone number of a contact person representing each such city, county or township.
 - D. The Provider shall submit at least two (2) business references, preferably health care (i.e. hospitals, doctors, other EMS providers).
 - E. Provider shall supply a statement describing Provider's standing in other states within which Provider has done business in the past five (5) years, if applicable.
 - F. Provider shall supply a statement concerning any pending litigation against Provider and any judgment against Provider entered in the past five (5) years and the status of any such litigation or judgment.
 - G. For the purpose of evaluation of offers and award, respondents agree to hold their offers for one hundred twenty (120) days.

III. Personnel Qualifications and Staffing Plan

- A. The Provider shall supply the name, address, telephone numbers, 24-hour contact information, and resume containing the job experience, certifications, and education for the following (if applicable):
 1. Administrator of Record
 2. CEO/General Manager/EMS Director (if different than Administrator of Record)
 3. Medical Director- The Medical Director must be a physician who specializes in emergency medicine and practices within the County or reasonably close thereto.
 4. QA/QI Director (or equivalent)
 5. Operations Director (or equivalent)
 6. EMS Supervisors the Provider proposes to use to serve the County
- B. The Provider shall supply a staffing plan which would ensure 9-1-1 emergency ambulance coverage within the County with the following conditions:
 1. The Provider supplying all clinical personnel.
 2. Staffing at least 10 ambulances at varying levels of certification as prescribed in Attachment B, also include a staffing proposal for 8 ambulances as prescribed by your own staffing matrix. Proposals for less than 8 ambulances shall be reviewed with detailed staffing and coverage plans accompanying the proposal.
 3. Provider response times on 9-1-1 ambulance calls within the standards prescribed in Ordinance Number 2-2014 or commonly referred to as the "Public Safety Plan"
 4. The names, the EMS certification and position of all employees planned to be involved in service to Clark County, Indiana.

IV. Clinical Qualifications

- A. The Provider shall submit a copy of its medical protocols/standing orders/guidelines for its current level of ambulance service for the locale in which it operates closest Clark County, Indiana. If awarded, the provider is required to adopt or maintain minimal requirements of the Clark County Medial Protocol as outlined in the public safety plan.
- B. The Provider shall submit documents evidencing its QA/QI (or equivalent) process.
- C. The Provider shall submit documents evidencing its narcotics control process.
- D. The Provider shall submit documents evidencing its dispatch process, including, but not limited to, the following:
 - 1. The name of any third-party dispatch provider.
 - 2. The computer-aided dispatch system Provider uses.
 - 3. How calls are pushed to responding units.
 - 4. The type of radios and radio system Provider uses.
 - 5. How Provider intends to ensure radio compatibility with neighboring and/or overlapping agencies and first responders.
- E. The Provider shall submit its plan for integration of local first responders within the County. The provider shall be dispatched by the Clark County Office of Emergency Communications (CCOEC).
- F. The Provider shall submit its plan for use of mutual aid from neighboring EMS providers.
- G. The Provider shall submit evidence of its continuing education program as required by the “Public Safety Plan”

V. Equipment Qualifications

- A. The Provider shall give the year of manufacture, make and model of all ambulances or other vehicles planned to be assigned to service in Clark County, Indiana as required by the “Public Safety Plan”.
- B. The Provider shall give the manufacturer and year of manufacture of the primary equipment planned to be assigned to service to Clark County, Indiana. This includes, at a minimum, stretchers and heart monitors.

VI. Financial Qualifications

- A. The Provider shall submit a copy of its most current rate and/or fee schedule for the locale in which it operates closest to Clark County.
- B. Provider shall provide evidence that clearly documents the financial history of the organization. All financial information should be reported for the operational unit responsible for the Submittal. If the organization is a multi-site operator or subsidiary operation, it may report consolidated financial information. The Provider shall also provide and document the following:
 - 1. Access to sufficient capital to provide for implementation and start-up of the contract.
 - 2. Any issue or potential event that may have a material bearing on the financial condition, solvency or credit worthiness of the organization. These should include any material contingent liabilities or uninsured potential losses.
 - 3. If the company is not publicly traded, copies of financial statements for the last three (3) years. If the organization is a multi-site operator or subsidiary operation, it may report consolidated financial information.
 - 4. The Provider shall detail any Indiana Department of Homeland Security and all other regulatory investigations, findings, actions, complaints and their respective

resolutions within the last five (5) years. Providers will specifically include details about any and all emergency (9-1-1) contract terminations within the last five (5) years.

- C. Provider shall provide evidence of its billing process. If Provider uses a third-party billing service, Provider must provide the name of such third-party billing service. If Provider does internal billing, Provider must provide the following information:
 - 1. The name and qualifications of Provider personnel supervising the billing operation.
 - 2. Evidence of a compliance program for the billing operation.
- D. The provider policy limits must meet or exceed the standard defined in the “Public Safety Plan”. The provider must provide current insurance carrier and policy limits for the following:
 - 1. Commercial General Liability
 - 2. Automobile Liability
 - 3. Cybertheft or Data breach
 - 4. Errors and Omissions or Professional Liability
 - 5. Property
 - 6. Workers Compensation

VII. General Terms and Conditions

- A. The Clark County Commissioners anticipate the term of the agreement will be three (3) years for the effective date thereof.
- B. The Clark County Commissioners may provide a subsidy to the successful Provider at the sole discretion of the Clark County Commissioners.
- C. The successful Provider must submit an annual audit of its operations for Clark County, Indiana, no later than March 15 of every year.
- D. The successful Provider shall operate in conformity with the Rules and Regulations pertaining to Emergency Medical Service Commission of the Indiana Department of Homeland Security, as they currently exist and as they maybe amended from time to time (hereinafter referred to as “EMS Regulations”), and the Ordinances of Clark County, Indiana.
- E. The successful Provider shall meet all OSHA standards and requirements for EMS providers.
- F. The successful Provider shall respond to all requests for service without regard to the patient's race, sex, age, national origin, or ability to pay.
- G. The successful Provider shall provide adequate indemnities to the Clark County Commissioners and all other entities as established by the “Public Safety Plan”
- H. Confidentiality of Submitted Material
 - 1. All material submitted in response to this RFP will be considered confidential to the extent allowed by law. This provision is designed to protect proprietary information in a Provider's submission, if any.
 - 2. All Submittals and other materials submitted to the Clark County Commissioners will become the property of Clark County Commissioners and will not be returned.

- I. The successful Provider will be required to assume coverage of the Clark County on April 1, 2022 or a date agreed-upon thereafter by the winning Provider and the Clark County Commissioners.
- J. Clark County Commissioners reserve the right to waive irregularities in Submittals and reject any and all Submittals.
- K. The Clark County Commissioners reserve the right to select the Submittal that best meets the needs for EMS service.
- L. The Clark County Commissioners reserve the right to negotiate more favorable terms with any and all Providers.

VIII. Required Reports

Provider shall provide the following annual reports to CCHD:

- A. *Staffing Report.* Provider shall disclose to CCHD documentation of staffing no later than March 15 of the current year. The staffing report of Provider's personnel must detail the state certifications held by the personnel. The individual names of the members of Provider need not be reported in the staffing reports. A monthly in service attendance requirement shall be employed as provision of the contract.
- B. *Lawsuits.* Provider shall provide to CCHD – in care of the CCHD Counsel at or before the time of the Clark County Commissioner's next occurring meeting, but not later than twenty (20) days after receipt – a copy of any lawsuit, third party claim for monetary damages, agency administrative proceeding or criminal filings affecting Provider. In delivering such copies to the CCHD Counsel, Provider shall have the right to redact and maintain confidential any information required to be so maintained under applicable state or federal law but all non- confidential information or any information directly or indirectly affecting CCHD shall be provided.
- C. *Report of Non-compliance.* In the event Provider receives official notice of non-compliance with a Federal, State or local statute, ordinance, rule or regulation, Provider shall so notify CCHD in writing (in care of CCHD Counsel) within ten (10) days after receipt.
- D. *Annual Report.* Provider shall provide to CCHD annually, in the month of February, a report of the number and nature of EMS calls originating from all Provider stations in the District. The report shall cover the period from January 1 through December 31 of the prior year.

In addition, Provider agrees to evaluate fully the components of Provider operations and procedures from time to time. Provider agrees to present an annual performance review and plan. As each annual review and plan are adopted, Provider shall provide quarterly updates regarding the achieving and implementation of the goals established in annual performance review and plan for the future.

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- E. *Monthly Report.* Each month, Provider shall deliver a written report no later than the 10th day of each month covering the previous month's activities and review same with the CCHD. This report shall contain at least the following information:
1. Number of requests for service by EMD category.
 2. Number of transports by EMD category.
 3. Average response times of the ambulance for all responses to scene.
 4. Unit hours actually staffed.
 5. Important events, including, but not limited to:
 - a) Personnel complaints
 - b) Work-related injuries
 - c) Exposures
 - d) Needlesticks
 - e) Fleet accidents involving more than \$500 in vehicle damage
 - f) Injuries to patients
 6. **Customer service complaints.** Each complaint shall have a summary report including, but not limited to, the type of complaint, time of complaint, time complainant was contacted, corrective actions that have occurred to date, current status of complaint, and closure of any open complaints.
 7. Critical vehicle failures, which is defined as any time a vehicle cannot respond or must discontinue a response or transport because of mechanical or other operational failure.
 8. Mutual aid given to and received by any agency, including differentiation of normal coverage of demand and that is given or received for multi-casualty incidents and disasters.

IX. Provider Default and Provisions for Early Termination

- A. Conditions and circumstances that constitute a default of the contract include but are not limited to the following:
1. Failure of the Provider to operate the system in a manner which CCHD and the Provider to remain in compliance with federal or state laws, rules or regulations.
 2. Falsification of information supplied by the Provider during or subsequent to this procurement process.
 3. Creating patient responses or transports so as to artificially inflate run volumes or deflate run times.
 4. Failure of the Provider to provide data generated in the course of operations including, by way of example, but not by way of exclusion, dispatch data, HIPAA-compliant patient report data, response time data, on-scene time data or financial data or other reporting requirements.
 5. Excessive and unauthorized scaling down of operations to the detriment of performance during a "lame duck" period.
 6. Failure of the Provider's employees to conduct themselves in a professional and courteous manner and presentation of a professional appearance.
 7. Failure of the Provider to maintain equipment in accordance with manufacturer-recommended maintenance procedures.
 8. Failure of the Provider to cooperate with and assist CCHD after default has been declared.

9. Acceptances by the Provider or Provider's employees of any bribe, kickback or consideration of any kind in exchange for any consideration whatsoever, when such consideration or action on the part of the Provider or Provider's employees could be reasonably construed as a violation of federal, state or local law.
 10. Payment by the Provider or any of the Provider's employees of bribe, kickback or consideration of any kind to any federal, state or local public official or consultant in exchange for any consideration whatsoever, when such consideration could be reasonably construed as a violation of any federal, state or local law.
 11. Failure of the Provider to meet the system standards of care.
 12. Failure of the Provider to maintain insurance and indemnity in accordance with the contract.
- B. If conditions or circumstances constitute a default as set forth above, the Clark County Commissioners shall have all rights and remedies available at law or in equity under the contract, specifically including the right to terminate the contract. Clark County Commissioners remedies shall be cumulative and shall be in addition to any other remedy available to Clark County Commissioners. In the event of contract breach, Clark County Commissioners will give the Provider written notice, return receipt requested, setting forth with reasonable specifics the nature of the breach. Within ten (10) calendar days of receipt of such notice, the Provider will deliver to Clark County Commissioners in writing, a plan to cure such breach. The plan will be updated, in writing, every ten Calendar days until the breach is cured. The Provider shall have the right to cure such breach within thirty (30) calendar days of receipt of notice of breach. If the Provider fails to cure such breach within the period allowed for cure (such failure to be determined by the sole and absolute discretion of the Clark County Commissioners, or the Provider fails to timely deliver the cure plan, or updates to Clark County Commissioners), Clark County Commissioners may immediately terminate the contract. The Provider will cooperate completely and immediately with Clark County Commissioners to affect a prompt and orderly transfer of all responsibilities to another provider as awarded by Clark County Commissioners.
- C. The Provider will not be prohibited from disputing any findings of default through litigation; provided, however, that such litigation will not have the effect of delaying, in any way, the immediate transfer of operations to another provider as awarded by the Clark County Commissioners. Such dispute by the Provider will not delay Clark County Commissioners access to funds made available by any letter of credit or cash account. These provisions will be specifically stipulated and agreed to by both parties as being reasonable and necessary for the protection of public health and safety. Any legal dispute concerning the finding that a default has occurred will be initiated and shall take place only after the transfer of operations to another provider as awarded by Clark County Commissioners has been completed, and will not, under any circumstances, delay the process of transferring operations to Clark County Commissioners or delay Clark County Commissioners' access to performance security funds if needed by Clark County Commissioners to finance such transfer of operations.
- D. Notwithstanding the above, either party may terminate the contract without cause upon 60 days written notice to the other

Attachment A

STATE OF INDIANA

BEFORE THE BOARD OF CLARK COUNTY COMMISSIONERS

ORDINANCE NO. C/- -2014

AN ORDINANCE AMENDING THE PUBLIC SAFETY PLAN AND EMERGENCY MEDICAL SERVICE REQUIREMENTS FOR CLARK COUNTY, INDIANA

WHEREAS, this Board of Commissioners of Clark County, Indiana (this "Board"), is the executive body of Clark County government pursuant to the provisions of I.C. 36-2-2-2;

WHEREAS, this Board is also the legislative body of Clark County government pursuant to the provisions of I.C. 36-1-2-9;

WHEREAS, this Board and the Clark County Council (the "Council") has previously adopted an *Amended and Restated Administrative Ordinance Implementing Clark County Public Safety Plan and Regulating Emergency Medical Service For Clark County, Indiana*. (Restated Commissioner Ordinance# 9-2008 and Restated Council Ordinance#23-2008).

WHEREAS, from time to time, it is necessary to amend the Public Safety Plan and Medical Services Requirements (the "Plan");

WHEREAS, this amended ordinance is enacted to establish the 2013 Plan concerning administrative and operations provisions;

WHEREAS, Clark County Hospitals, by and through their administrators, have indicated support for this plan;

WHEREAS, Clark County, Indiana, and the units of local government within said county have historically experienced difficulty in maintaining stable emergency medical ambulance service providers and wish to provide the residents of Clark County, Indiana, with top quality ambulance services throughout the county;

WHEREAS, the most effective and cost-effective way to provide emergency medical care to the residents of Clark County is through the centralization of the Clark County Health Department, acting by and through the Clark County Health Officer ("Health Officer") and Clark County Board of Health ("Board of Health"). The Health Officer and Board of Health shall administer oversight of all emergency medical ambulance services provided in the county, including but not limited to, emergency and convalescent services.

NOW, THEREFORE, BE IT ORDAINED by this Board of Clark County Commissioners the following Plan and Regulations:

UNIFORM AMBULANCE REGULATIONS

SECTION 100.01 - PURPOSE:

The purpose of this section is to implement the public safety plan for all ambulance services to individuals within Clark County, Indiana and for the delegation of specific oversight to the Clark County Health Officer.

SECTION 100.02 - DEFINITIONS:

Advanced Emergency Medical Technician (AEMTI) - *[this title is classified as EMT-I until July 1, 2014]*-is an individual who can perform at least one (1), but not all of the procedure of a paramedic and who:

- a) has completed a proscribed course in advance life support;
- b) has been certified by the commission;
- c) is associated with a single supervising hospital;
- d) is affiliated with a provider organization; and

is certified under I.C. 16-31 and by the Clark County Health Officer within sixty (60) days of employment.

Ambulance - is any conveyance on land or water that is used or is intended to be used for the purpose of:

- a) responding to emergency life-threatening situations and providing transportation of an emergency patient service; or

- b) providing transportation service to, from, and between any convalescent, non-convalescent, hospital, residence, nursing home, medical treatment facility, etc.

The definition also includes any motor vehicle equipped with facilities to convey infirm or injured persons. This does not include wheelchair vans.

Ambulance Driver - means an individual who is certified by the Clark County Health Officer to driver and ambulance. This certification shall occur within sixty (60) days of employment.

Ambulance Patient - means any ill, infirm, or injured person transported in an ambulance to or from a hospital, physician's office, nursing home or other healthcare facility.

Ambulance Service System - means an organized, fully coordinated and legally established network of individuals and organizations capable of a coordinated response to an emergency medical incident. Essential components include, but are not limited to, single point termination telephone access to the system, centralized professional dispatching, and system status management by dispatchers, who are certified in emergency medical dispatch in direct radio contact with each ambulance operating in the system and who have the full authority and responsibility to manage the system response.

Clark County Office of Emergency Communication (CCOEq) - is the Countywide Emergency Communication Center and is responsible for enhanced 911 operations such as wired, wireless, and voice-over internet protocol; seven digit emergency reporting; primary emergency radio communication operations and emergency fire, police, first responder (*this term changes to Emergency Medical Responder [EMRJ after June 30, 2014]*) and emergency medical communications.

Commission - means the Indiana emergency medical services commission.

Convalescent Patient - is a patient who does not need emergency medical services.

Convalescent Transport - is a transportation of a convalescent patient.

Emergency Medical Ambulance Services - means the transportation of emergency patients by ambulance and the administration of emergency medical care to emergency patients at the scene of an accident, illness, or during transport.

Emergency Medical Ambulance Services Provider (EMASP) - means any person who is not a volunteer provider and who provides emergency medical ambulance services within Clark County (either VAP or VRAP). Any emergency medical ambulance services provider operating within the service area must have a minimum of four (4) ambulances with a minimum of two (2) EMT-BA or EMT-1/AEMT ambulances (*after June 30, 2014 the classification of two (2) non paramedic ambulances will change to two (2) AEMT ambulances*) and two (2) paramedic ambulances operating within Clark County for 24 hours per day. One EMT-B/EMT-BA or EMT-1/AEMT ambulance and one (1) paramedic non-transport vehicle in combination shall be considered equivalent to one (1) paramedic ambulance. If run volume is low, one (1) non paramedic ambulance may be removed from service for as long as eight (8) hours between 7 pm

and 7 am each day. The CCOEC shall be notified of this change of capacity before the ambulance is removed and when it is returned to service.

Emergency Medical Care - means:

- a) assessment of emergency patients;
- b) administration of medications;
- c) utilization of mechanical breathing devices;
- d) performance of cardiopulmonary resuscitation;
- e) applications of dressings and bandage materials;
- t) application of splinting and immobilization services;
- g) utilization of lifting and moving devices to ensure safe transport;
- h) utilization of defibrillator, if the defibrillator is used in accordance with training procedures established by the Indiana Emergency Medical Services Commission; or
- i) other procedures authorized by the Indiana Emergency Medical Services Commission.

Emergency Medical Dispatching - is the reception, evaluation, processing, and provision of dispatch life support. It also included management of requests for emergency medical assistance, participation in ongoing evaluation and improvement of the emergency medical dispatch process. The process includes, but is not limited to, identifying the nature of the request, prioritizing the severity of the request, dispatching the necessary resources, providing medical aid and safety instructions to the callers and coordinating the responding resources as needed. It does not include call routing itself.

Emergency Medical Responder {EMR} - *(this title is classified as a first responder until July 1, 2014)* - is an individual who is:

- a) certified under I.C. 16-31 *et. seq.* and who satisfies the commission's standards for first responder certification; and
- b) the first individual to respond to an incident/dispatch

Emergency Medical Technicians {EMT} - exist in different levels as defined below.

- I. **Emergency Medical Technician {EMT}** - *(this title is classified as EMT-B until July 1, 2014)* - means an individual who is certified under I.C. I 6-31 *et. seq.* to provide basic life support, whether at the scene of an accident, treating an illness, or in transport. An EMT shall be certified within sixty (60) days of employment by the Clark County Health Officer.
- II. **Emergency Medical Technician - Basic Ambulance** - *(this classification changes to EMT Ambulance after June 30, 2014)* - means an ambulance staffed by a duly state and county certified Emergency Medical Technician - Basic and shall possess all the supplies and equipment required for EMT-B level care.

- III. **Emergency Medical Technician - Basic Advanced (EMT-BA)** - *(this title is deleted after June 30, 2014)* means an individual who is certified under LC. 16-31 *et. seq.* to provide basic life support, whether at the scene of an accident, treating an illness, or in transport, and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement. An EMT- BA shall be certified within sixty (60) days of employment by the Clark County Health Officer.
- IV. **Emergency Medical Technician - Basic Advanced Provider Organization** - *(this term is deleted after June 30, 2014)* - means an ambulance service provider or other provider organization certified by the commission to provide basic life support services administered by Emergency Medical Technicians - Basic Advanced and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement in conjunction with a supervising hospital.
- V. **Emergency Medical Technician - Intermediate {EMT-D}** - *(this title changes to Advanced Emergency Medical Technician [AEMTJ after June 30, 2014)* means an individual who can perform at least one (1) but not all of the procedure of a paramedic and who:
- a) has completed a prescribed course in advanced life support;
 - b) has been certified by the commission;
 - c) is associated with a single supervising hospital;
 - d) is affiliated with a provider organization; and
 - e) is certified under I.C. 16-31 *et. seq.* and by the Clark County Health Officer within sixty (60) days of employment.
- VI. **Emergency Medical Technician - Intermediate Ambulance** - *(this classification changes to Advanced Emergency Medical Technician [AEMTJ Ambulance after June 30, 2014)* means an ambulance staffed by a duly state and county certified Emergency Medical Technician - Intermediate and shall possess all the supplies and equipment required for EMT-I level care. An Emergency Medical Technician - Intermediate Ambulance will become a paramedic ambulance when it is staffed by a duly state and county certified paramedic and when it contains the supplies and equipment necessary for paramedic level care.

Emergency Patient - means and individual who is acutely ill, injured, incapacitated or helpless, and who requires emergency medical services within Clark County. Such services include, but are not limited to the transportation of a patient in a vehicle certified as an ambulance.

First Responder (FR) - *(this title changes to Emergency Medical Responder (EMR) after June 30, 2014)* means an individual who is:

- a) certified under I.C. 16-31 *et. seq.*;
- b) meets the commission's standards for First Responder certification; and
- c) the first individual to respond to an accident

Life-Threatening Emergency - means a situation posing immediate threat to human life or of long-term disability, including, but not limited to, acute respiratory distress, shock, airway blockage, bleeding beyond control, acute poisoning, acute cardiovascular distress or central nervous system injury.

Medical Audit - means an official inquiry into the circumstances involving an ambulance run or request for service, conducted by the Health Officer or his duly authorized designee. No physician performing a medical audit shall have been directly involved in the care of the patient who is the subject of the audit. Any individual or board member whose actions are under review may not be excluded from the audit process and shall have the right to appear and be heard.

Medical Control - means direction given to ambulance personnel by a physician through direct voice contact as required by applicable medical protocols approved by the medical director of each emergency medical ambulance service provider.

Medical Protocol - means any diagnosis-specific or problem-oriented written statement of standard procedure or algorithm, approved by the Health Officer and the medical directors of the ambulance services as the normal standard of pre-hospital care for a given clinical condition.

Mutual Aid - means the voluntary provision of services by organizations to assist each other pursuant to a written mutual aid agreement.

Paramedic - is an individual who has completed a prescribed course in advance life support, has been licensed by the commission under LC. 16-31 *et. seq.*, is certified by the Clark County Health Officer and who is:

- a) affiliated with a certified paramedic provider organization;
- b) affiliated with a supervising hospital approved by the commission; or
- c) employed by an ambulance provider who has a contract for in-service education with a hospital approved by the commission.

Paramedic Ambulance - means an ambulance staffed by a duly state and county certified paramedic and shall possess all the supplies and equipment required for paramedic level care. An EMT-I/AEMT Ambulance will become a paramedic ambulance when it is staffed by a duly state and county certified paramedic and when it contains the supplies and equipment necessary for paramedic level care. One (1) EMT-B/EMT-BA/EMT or EMT-1/AEMT Ambulance and one (1) paramedic non-transport vehicle in combination shall be considered equivalent to one (1) paramedic ambulance as long as both units are stationed within their service area.

Paramedic Non-Transport Vehicle-means a motor vehicle, other than an ambulance, used for emergency medical services, transports a duly state and county certified paramedic, and contains the supplies and equipment necessary for paramedic level care.

Person - means any natural person or persons, firm, partnership, corporation, company, association or joint stock association or a governmental entity other than an agency or instrumentality of the United States.

Primary Provider - means an Emergency Medical Ambulance Services Provider or a Volunteer Ambulance Provider who has a contract with the commissioners to serve a particular service area.

Public Safety Officials - means any persons associated with emergency services organizations such as police, fire and EMS.

Response Time - means the actual elapsed time between notification of the Emergency Medical Ambulance Services Provider by the CCOEC that an ambulance is needed at a location and the arrival of that ambulance at the location.

Senior Paramedic In Charge - means that individual among the personnel assigned to a Paramedic Ambulance within their service area, who is a Paramedic designated as the individual in command of the ambulance, its operation and any other persons assigned to the ambulance on a given shift, or is assigned to a Paramedic Non-Transport Vehicle. The Emergency Medical Ambulance Services Provider shall designate the Senior Paramedic in charge.

Service Area - means the township, district, or municipality served by an EMASP or VAP contracted with the Clark county commissioners.

Special Ambulance Provider - means hospitals and other institutions that provide specialized mobile intensive care services.

Station - means the standby location within their service area from which an ambulance or Paramedic Non-Transport Vehicle respond.

Volunteer Ambulance Provider <VAP> - is a non-profit organization which provides ambulance service for emergency patients who need emergency medical service. This provider is the primary emergency ambulance for their service area established by a contract with the County Commissioners. If the service area has a population of less than thirty thousand (30,000) persons and a land area less than two hundred (200) square miles, then the provider is required to operate three (3) ambulances for 24 hours a day. One (1) shall be a paramedic ambulance and two (2) shall be an EMT-1/AEMT level or higher. The combination of one (1) EMT-B/EMT- BA/EMT or EMT-1/AEMT Ambulance and one (1) paramedic non-transport vehicle shall be considered equivalent to one (1) paramedic ambulance. If either of the above population or land area limits is exceeded, then the ambulance number requirements are the same as for an Emergency Medical Ambulance Services Provider.

Volunteer Reserve Ambulance Provider (VRAP) - means any non-profit organization which provides ambulance service for emergency patients, who needs emergency medical services. Majority of the manpower furnished by the volunteer provider shall not receive any salary, wages, or other pay for their work for the VRAP. A VRAP shall have available one (1) EMT/EMT-BA ambulance. This ambulance functions in a reserve role and is only used when the primary ambulance provider will have a long response time or needs assistance with multiple emergency transports. The VRAP *shall* have a mutual aid agreement with the contractually designated primary provider for their service area This agreement shall be approved by the Health Officer. The VRAP shall not make convalescent transports. When possible, the CCOEC

should notify the VRAP, when the primary provider does not have an ambulance available within the VRAP response area for more than one (1) hour.

*** All terms which are not defined in this chapter or in the context of this ordinance will have the meanings as such terms are defined in LC. 16-31 *et. seq.*, LC. 36-8-16, and any statutes, rules, or regulations promulgated thereunder by the Emergency Medical Services Commission of the State of Indiana or by the Indiana Legislature.

SECTION 100.03 - PROIBITED ACTS:

It shall be unlawful to:

- A. perform duties as an ambulance driver, EMT, EMT-BA, AEMT, EMT-I or Paramedic without a current certificate issued by the Clark County Health Officer unless newly employed for less than sixty-one (61) days;
- B. permit a person to work as an ambulance driver, EMT, EMT-BA, AEMT, EMT-I or Paramedic without a current certificate issued by the Clark County Health Officer unless newly employed for less than sixty-one (61) days;
- C. provide emergency medical ambulance services within the geographical area unless authorized by this plan or exempted by the provisions of Section 100.04; or
- D. knowingly give false information to induce the response of an ambulance.

SECTION 100.04 - EXCEPTIONS:

The provisions of this section shall not apply to ambulances and their personnel who are:

- A. owned and operated by an agency of the United States government;
- B. rendering assistance at the request of the CCOEC in cases of disaster or major emergencies;
- C. engaged in process of transport:
 - 1. originating in Clark County and terminating outside of Clark County; or
 - 11. originating outside of Clark County and terminating within Clark County.
- D. private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained by performing their work; or
- E. privately owned and designated for the transportation of the chronically infirmed or physically handicapped and used solely for the benefit of its owner and family, and is not for hire. The Health officer shall determine whether or not the ambulance is to be used for the sole benefit of the owner or his family in permitting use of the privately owned vehicle.

CERTIFICATES PERMITS AND CERTIFICATIONS

SECTION 101.01 -APPLICATION OF PROVISIONS:

This section applies to participants in the ambulance service system and those bound by the provisions of this Ordinance.

SECTION 101.02-THOSE REQUIRED TO HOLD A CERTIFICATE:

No person shall be employed or volunteer as an ambulance driver, EMT, EMT-B, EMT-BA, AEMT, EMT-I or Paramedic on an ambulance regulated by this chapter unless they hold a certification issued by the Health Officer.

SECTION 101.03-CRITERIA FOR CERTIFICATION:

- A. The Health Officer shall set requirements to obtain a certificate as an ambulance driver, EMT, EMT-B, EMT-BA, AEMT, EMT-I or Paramedic; and
- B. All ambulance drivers, EMT, EMT-B, EMT-BA, AEMT, EMT-I or Paramedics must maintain state certification.

SECTION 101.04 -APPLICATION FOR CERTIFICATION:

Applications for certification as an ambulance driver, EMT, EMT-B, EMT-BA, AEMT, EMT-I or Paramedic shall be made on forms prepared or approved by the Health Officer. Each application may require a non-refundable application fee.

SECTION 101.05 - CRITERIA FOR PERMITS:

- A. The Health Officer shall set the requirements to obtain a permit for any ambulance providers regulated by this chapter and including special use providers; and
- B. Provider Permits shall be of 4 types:
 1. Volunteer ambulance provider;
 11. Volunteer reserve ambulance provider;
 111. Emergency medical ambulance service provider; or
 - 1v. Special ambulance provider.

SECTION 101.06 -APPLICATION FOR VEIDCLE PERMITS:

Applicants for vehicle permits shall be made on forms prepared and approved by the Health Officer. Each application may require a non-refundable application fee.

SECTION 101.07 - AMBULANCE SERVICE PERMIT LIABILITY INSURANCE STANDARDS:

No ambulance service provider permit shall be issued under this sub-chapter, nor shall such permit be valid for issuance, nor shall any provider vehicle be operated in the area unless

the ASP has valid insurance coverage and has submitted a certificate of insurance demonstrating that the applicant has auto, general and medical liability insurance. The certificate must show the policy includes as additional insured's Clark County Government and the Clark County Health Department and all agents thereof (Clark County Health Officer, Health Department Administrator, Administrator Clark County Office of Emergency Communications, etc.) and the policy:

- A. is in effect with an insurer that is authorized to write insurance in Indiana and the insurer is rated A or better by Best;
- B. provides a combined single limit of at least one million dollars (\$1,000,000) for the injury or death of any number of persons in any one (1) occurrence;
- C. provides medical liability insurance to provide for limitation of each claim of not less than \$1,000,000; and,
- D. has an one million dollars (\$1,000,000) umbrella policy providing additional coverage to all underlying liability policies;
- E. If and insurance policy required under this section:
 - 1. is canceled during the policy's term;
 - ii. lapses for any reason;
 - iii. has the policy's coverage fall below the required amount
 - iv. the person or organization to whom the certification was issued shall immediately notify the Health Officer and must also immediately replace the policy with another policy that complies with this section.
- F. If the insurance policy for an emergency medical services provider vehicle that is required to be insured under this section is canceled, lapses for any reason, or has the policy coverage fall below the required amount, the use of the emergency medical services vehicle:
 - 1. must immediately cease; and
 - ii. shall not resume until approval to resume its use has been obtained in writing from the Health Officer.

SECTION 101.08 - PERMIT REQUIRED:

- A. No person or organization shall operate an ambulance service rendering pre-hospital care or transportation to ambulance patients unless that person or organization has obtained and currently holds a provider permit as determined in this section.
- B. No organization shall operate an ambulance for the provisions of emergency or non-emergency ambulance service to ambulance patients except as authorized hereunder by the Health Officer.

SECTION 101.09 - TERM OF CERTIFICATIONS AND PERMITS: RENEWAL:

- A. All permits and certification issued pursuant to this sub-chapter shall be valid for a period of two (2) years from the date of issuance except as herein expressly provided.

- B. It shall be the responsibility of a permit or certificate holder to apply for a new permit or certificate no later than thirty (30) days prior to the expiration of the current permit or certificate.
- C. The Clark County Health Officer may, at his discretion, require renewal applicants to demonstrate knowledge and skills then currently required of a first time applicant.

SECTION 101.10 - REVOCATION OR SUSPENSION OF PERMITS AND CERTIFICATION; COMPLIANCE:

- A. The Health Officer shall in his/her own capacity or by a designee named by the Health Officer enforce all provisions of the ordinance. Upon determining that a violation has occurred that does not meet the requirements for revocation or suspension below the Health Officer, or his/her designee shall issue a written letter to the party requiring compliance within 15 days. If the violation is not timely resolved by the date requested the Health Officer may issue a cease and desist order and assess a fine payable to the Safety Fund for each day of violation. (See Penalty Section).
- B. The Health Officer is authorized to recommend to the Board of Health revocation or suspension of any permit or certification issued pursuant to the provisions of this section if the ambulance driver, EMT, EMT-B, EMT-BA, AEMT, EMT-I, Paramedic, VRAP, Special Use provider, emergency medical service provider or non-emergency medical service provider who:
 - 1. fails to maintain the qualifications or otherwise constitutes a danger to the safety and health of patients; or
 - 11. fails to cure violations that are subject to the provisions of subsection (a).
- C. Prior to revocation or suspension of a certificate, a medical audit shall be conducted by the Health Officer or his designee. The report shall be forwarded to the Board of Health. The Board of Health shall notify the affected person of audit results and offer to hold an administrative hearing for him/her. The Board of Health then determines if revocation, suspension, or any other disciplinary action is warranted.
- D. If the Health Officer determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing before the Board of Health shall be scheduled to convene within ten (10) working days of the suspension or disciplinary action to consider revocation of the certification or disciplinary action. The Health Officer may require a physical and mental examination be conducted prior to the hearing.
- E. The Health Officer, or an authorized representative, may issue a Citation to any person or organization which may be found to be in violation of this ordinance. The Citation will specify the nature of the violation of this Ordinance. The person(s) or organization receiving a Citation shall be required to appear, at a time designated, in any circuit or superior court in Clark County, Indiana for a hearing upon such Citation. The Court shall conduct a hearing upon the alleged violation of this Ordinance. The attorney for the Board of Commissioners, or any attorney appointed by it, is authorized to civilly prosecute said Citation in the name of the

Clark County Health Department in such hearing. If the Court finds, at the conclusion of all the evidence, by a preponderance of evidence, that this Ordinance, has been violated, the Court shall impose the sanctions and penalties described below.

- F. **Penalties** - Any person or organization convicted of a violation of this ordinance shall be punished by a fine of not less than Twenty-five and No/100 Dollars (\$25.00) and not more than Two Thousand Five Hundred and No/I 00 Dollars (\$2,500.00) for each such violation [See I.C. 36-1-3-8(10)]. Each day, or part of a day, that each violation occurs shall constitute a distinct and separate offense punishable by said fine. Each fine hereunder shall be in addition to, and not in substitution of, any other penalties which may be set forth under any chapter, section, or provision of this ordinance and nothing contained herein shall be construed as preventing the enforcement of the ordinance by injunction or any other equitable or legal relief as provided by I.C. 36-1-6, et LC. 16-1-4-13 or any other applicable law.

SECTION 101.11-ADDITIONAL CERTIFICATION AND PERMIT REQUIREMENTS.

- A. All books and records of any provider shall be available to the Clark County Health Officer or his designee within limits of patient confidentiality restrictions.
- B. All providers under the terms of this section shall report to the Health Officer and provide the following information:
 - 1. on a monthly basis the number of calls received by the provider per month and the average response time for each call and in addition thereto the type of transport emergency or non-- emergency; and
 - 11. all permitted providers shall file an annual audited financial statement. They shall also file an annual report specifically showing the number of calls, the type of transport (emergency or non-emergency), average response times and any other information as required or requested by the Health Officer.

STANDARDS OF OPERATION

SECTION 102.01 - RESPONSE TIME:

This section shall apply to Primary Providers and VAPs

- A. An ambulance shall be on the scene of each life-threatening emergency call within eight (8) minutes on 80% of all calls originating within the service area, and 95% within ten (10) minutes of all calls originating within the service area. For all presumptively designated life-threatening emergencies best efforts will be made to place an FR/EMR unit on the scene within five (5) minutes. The response times shall be recorded by CCEOC.
- B. For each life-threatening emergency response exceeding twelve (12) minutes, the contracted provider shall generate within ten (10) days a summary of the run and

the action it has taken to reduce the number of long responses. This report shall be sent to the Health Officer; and

- C. To provide prompt initial care, an FR/EMR program shall be promoted by the Health Officer with assistance of other agencies and parties providing emergency care. This system shall have a goal of on-scene response within five (5) minutes.

SECTION 102.02 -PATIENT AND SCENE MANAGEMENT:

- A. The senior paramedic in charge at the scene of an emergency shall have authority for patient management.
- B. Authority for management of the emergency scene, exclusive of medical control over patients, shall rest with public safety officials.
- C. In the event an Indiana licensed physician appears on the scene and desires to assume direction and control of patient care, he/she shall do so by presenting credentials or having his licensure verified by CCOEC, with the Indiana Professional Licensing Agency, using information from a valid driver's license. It is also expected that the physician would accompany the patient to their final destination.

SECTION 102.03 -DESTINATION DETERMINATION:

- A. For all life-threatening emergency calls, the patient shall be taken to the nearest appropriate facility for that clinical condition in accordance with approved medical protocols, unless otherwise directed by an emergency room physician.
- B. For all non-life-threatening emergency calls, the patient shall be taken to the destination of the patient's choice, or in cases where the patient is incompetent or unable to make such a judgment, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient. If no person is available to act for the patient, he shall be delivered to the nearest available emergency receiving facility.

SECTION 102.04 - REMOVAL OF AMBULANCE FROM SERVICE:

This section shall apply to Primary Providers and VRAPs

- A. No Emergency Medical Services Ambulance or Paramedic Non-transport Vehicle may be removed from service without first advising the CCOEC and recorded into the permanent record.

SECTION 102.05 - OBEDIENCE OF TRAFFIC LAWS:

- A. All ambulance providers and their employees shall comply with all applicable laws of the State of Indiana relating to operation of an emergency vehicle.

SECTION 102.06 - DISPATCHING; RULES AND REGULATIONS:

This section shall apply to Primary Provider, VAPs, and VRAPs

- A. This ordinance envisions all ambulance services to be provided by a limited number of single providers. However, Clark County government recognizes the valuable role that VRAPs may play in the system. To that end, the system adopted herein shall include a role for volunteer providers.
- B. Additional Provisions:
 - I. No rule relating to VRAP and adopted by the Health Officer shall be inconsistent with anything in this section. All VRAPs subject to regulation in this sub-chapter shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.
 - 2. The Health Officer, with recommendations from the CCOEC operations board, will carefully examine and consider historical, suggested, and legally required emergency medical dispatch practices and protocols. Emergency medical dispatch protocols shall be utilized in operations of the ordinance:
 - 1. to the extent of available funding through the Enhanced Emergency Telephone System Fund or other funds as provided by Clark County Government; and
 - ii. as required by statute.
 - 3. Public Safety Officials, who receive a request for emergency ambulance service, shall immediately transfer the requests to the CCOEC. This transfer should be made in such a manner as to allow the CCOEC dispatcher to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to arrival of the ambulance or FR/EMR. If there is an ambulance request for emergency service within a non-participating service area, the non-participating township, district, or municipality shall notify the CCOEC that an ambulance has been dispatched.
 - 4. In all calls originating within a service area, the CCOEC shall dispatch the primary provider in that township or dispatch VRAP. Rules concerning patient transport shall be defined in a mutual aid agreement between both services and approved by the Health Officer.

SECTION 102:07 - GENERAL STANDARDS OF OPERATION:

The following general terms of operation, procedures and protocol shall apply:

- 1. EMT/EMT-B Ambulances may provide convalescent transport.
- 2. Ambulances must be strategically stationed throughout their service area subject to approval by the Health Officer.
- 3. An ambulance should be no more than two (2) miles from its station unless it is making a run.
- 4. A Paramedic Non-transport Vehicle should not be outside of its service area unless it is making a run.

5. No station shall be left uncovered for more than two (2) hours. CCOEC shall be notified of station coverage changes that last more than one (1) hour.
6. Convalescent runs should not significantly interfere with the ability to provide emergency medical transport.
7. The CCOEC shall provide Emergency Medical Dispatching (pre-arrival instructions) as much as possible.
8. All Emergency Medical Services protocols for the county will be standardized among the services and must be approved by the Health Officer.
9. Copies of all reports for or audits sent to the State of Indiana or Federal officials shall be sent to the Health Department within ten (10) days after final action, review by the Board of Health within the limits of patient confidentiality restrictions.
10. The Health Department shall be able to perform random inspection of records within the limit of patient confidentiality restrictions and also equipment and supplies of the ambulance services related to their operations in Clark County.
11. Ambulance personnel will cooperate fully with properly trained and certified FR/EMR.
12. The primary providers shall have a mutual aid agreement with at least one other primary provider.
13. The primary providers, in cooperation with the fire departments, police departments and the Health Department, will coordinate protocols for utilization of air ambulances.
14. The Health Officer shall recommend rules and regulations for VRAP. These rules and regulations may include on-board equipment and communication standards.
15. The rules and regulations covering VRAPs may require periodic local certification of volunteer crew members.
16. All provider personnel shall maintain certification by the National Incident Management System appropriate for their position.
17. CCOEC FR/EMR dispatch protocols, when practical, shall be reviewed and suggested changes offered by the participating agencies before the protocols are adopted.
18. All Emergency Medical Services Medical Directors (as defined by the Commission) shall practice within Clark County or a county contiguous to Clark County unless otherwise approved by the Health Officer.
19. All Emergency Medical Services shall utilize a supervising hospital located in Clark County.

ADMINISTRATION

SECTION 103.01 - STANDARDS, PROTOCOLS AND AUDITS:

The Health Officer shall manage the following element of the public safety plan:

- A. Criteria for the issuance, renewal, suspension and revocation of permits and certifications.
- B. Production standards related directly or indirectly to clinical performance and patient care.

- C. Diagnosis-specific and problem-oriented medical protocols to serve as the required standards of pre-hospital emergency care.
- D. Procedures governing the relative provision of 24 hour medical control.
- E. Procedure for the provision of medical control over the delivery of advance life support procedures by ambulance personnel.
- F. Standards for the medical control communications system.
- G. Elements of a disaster plan designed to provide prompt quality care and rescue of persons in disaster situations.
- H. Standards, rules and regulations governing VRAPs.
- I. There will be medical audits performed when it is determined that a specific incident merits investigation or an element of the ambulance service system may be improved.
- J. Other Provisions:
 - 1. The Health Officer shall be compensated for his services;
 - 11. The Health Officer may appoint ad hoc committees to assist in his/her responsibilities under this plan; and
 - 111. The Health Officer may delegate duties to qualified physicians or others whose expertise is necessary for complete and thorough medical audits.

SO ORDAINED this ':fo-fa- day o .lvaff, 2014.
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Members voting "NO":

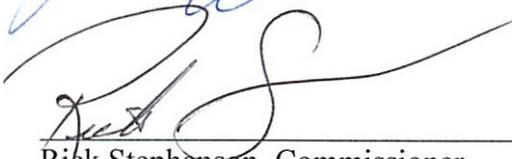
Members voting "YES":

 Jack Coffman, Commissioner



 Jack Coffman, Commissioner

 Rick Stephenson, Commissioner



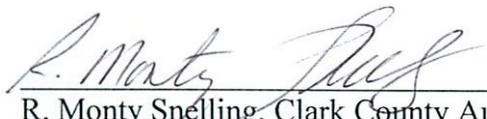
 Rick Stephenson, Commissioner

 John Perkins, Commissioner



 John Perkins, Commissioner

Attested by:



 R. Monty Snelling, Clark County Auditor

Attachment B

Ambulance Standby Locations

Jeffersonville City/ Clarksville Town/ Utica

1 Advanced EMT Unit	Highway 62 and New Chapel Road	8a – 12a
1 paramedic Unit	Veterans Parkway and Sam Gwin	8a – 12a
	Eastern and Lewis and Clark	12 a – 8a
1 Advanced EMT Unit	Stansifer Ave at Sherwood	8a – 12a
1 Paramedic Unit	Nachand at Knobloch	24 Hours
1 Paramedic Unit	Tenth and Renfro	8a – 12a
	Tenth and Allison	12a – 8a

Charlestown/ New Washington and Adjoining Townships

1 Advanced EMT Unit	Highway 62 at Decker Lane	8a – 12a
1 Paramedic Unit	Highway 3 at 403	24 Hours

Henryville/ Monroe Township

1 Paramedic Unit	Monroe Station One	24 Hours
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Sellersburg/ Borden and Adjoining Townships

1 Advanced EMT Unit	Highway 60 and 111	8a – 12a
1 Paramedic Unit	Highway 31 and 311	8a – 12a
	Highway 60 and 311	12a – 8a

The Provider shall have the ability to backfill units when primary units are on runs.

It shall be the responsibility of the provider to have a mutual aid agreement in place for such times the system becomes overloaded.

Dedicated 911 units **will not** be used for convalescent runs or special event coverage.

Special Events that require EMS coverage will require additional units.