

## EMS Council Workshop

### Chapter 3½ Ordinance Review

**Date:** 1/15/2026

**Time:** 2:00 PM – 4:55 PM

**Location:** Office of Medical Examiner and Trauma Services

---

#### 1. Call to Order

Chair **Dr. Frederick Keroff** called the workshop to order at 2:00 PM.

---

#### 2. Announcements

County Attorney **Javier Navas**, accompanied by **Alex Lozada**, stated the workshop was informational and no votes would be taken. Formal recommendations will occur at a future EMS Council meeting. The purpose of the workshop is to gather information and evaluate potential revisions to Chapter 3½ governing ambulance transportation in Broward County.

Dr. Keroff noted this is the first time during his tenure as Chair that the County Commission has requested a comprehensive EMS Council review of Chapter 3½. He acknowledged historical concerns regarding interfacility transfers utilizing 911 services and emphasized that patient welfare must remain the guiding principle in all deliberations.

---

#### 3. Introduction and Overview

**Alison Zerbe** explained that, following discussion at the November 13 Commission meeting, the EMS Council was asked to conduct a comprehensive review of Chapter 3½. At the December 4, 2025, EMS Council meeting, the Council requested additional time, resulting in this workshop.

Key issues discussed by the Commission included:

- Creation of a **Class 6** small business EMS provider COPCN category
- Creation of a **Class 7** provider category for airport and seaport transports (non-emergency hospital transports only)
- Hospital exemption allowing hospitals to transport patients within their system if no fee is charged
- Potential conflicts between the ordinance and State COPCN requirements

Due to the broad potential impact, the Commission requested a full revision review.

Dr. Keroff noted additional workshops may be scheduled if necessary.

---

#### **4. Goals and Objectives**

Participants identified the following objectives:

- Develop recommendations for Chapter 3½ revisions
  - Establish a defensible needs-determination methodology
  - Review and revise current survey metrics if necessary
  - Identify stakeholders required to provide input
  - Develop a project timeline for Commission consideration
- 

#### **5. Needs Determination Discussion**

##### **Existing Survey Review**

The prior hospital survey was provided for review for content. Questions included:

- Number of contracted private ambulance providers
- Use of non-contracted providers
- Whether transport needs are met
- Overall provider performance rating

Key observations:

- Ordinance requires private provider data submission
- Historical data includes transfer volumes and response times
- Other counties use varied methods: surveys, applicant-demonstrated need, population ratios, or open entry

##### **Comparative County Methods**

- Broward, Orange, Martin: surveys and public input
- Miami-Dade: applicant demonstrates need
- Palm Beach: broader entry
- Jacksonville: COPCN-to-population ratio
- Port St. Lucie: Broward survey model

The Council needs to decide if they need to recommend redesigning the survey and expand data collection.

---

## **6. Breakout Working Groups**

Participants reviewed assigned ordinance sections and proposed revisions.

---

### **GROUP 2 – Emergency Call Zones & Applications**

**Sections:** 3½-5 and 3½-6

#### **Emergency Call Zones**

- Proposed elimination of zones as ineffective for major incidents

#### **Class 5 Hospital Providers**

- Proposed exemption from emergency backup requirement
- Proposed requirement: accredited hospital-based system (including freestanding EDs)

#### **Application Process**

- Replace continuous applications with submission windows (January & June)
- 90-day decision period
- Denied applicants may reapply in subsequent cycles

#### **Needs Determination Metrics Proposed**

- Unit utilization hour (UHU)
- Dispatch and transport time intervals (ALS, critical care, routine)
- Hospital demand reporting
- Staff hours vs. transport request volume

Members emphasized hospital participation is essential for valid needs assessment.

Additional concepts discussed:

- Standardized reporting form documenting delayed transports
- Tracking hospital use of 911 as safety net
- Expanded private provider reporting requirements

Consensus: establish defined application windows based on demonstrated need.

---

### **GROUP 1 – Definitions, Exemptions & Classifications**

**Sections:** Pages 1–7

### **Hospital Transport Exemption**

- Recommendation to remove hospital exemption
- Hospitals should obtain COPCN if billing for service

### **Classification Updates**

- Remove outdated language (“within jurisdictional boundaries”)
  - Maintain separate Class 2 (ALS) and Class 3 (BLS) categories
  - Debate on Class 5 specialty transport:
    - Some supported removal
    - Others recommended redefining using hospital certification rather than ECMO/transplant specificity
  - Support for Class 6 small business category (with exemption from emergency backup)
  - Limited support for Class 7 airport/seaport category
- 

## **GROUP 3 – Review Committee & Complaints**

**Sections:** Pages 13–23

### **EMS Review Committee Composition**

- Proposed replacing nongovernmental EMS representative with hospital representative

### **Complaints and Renewal**

- Recommended replacing “complaint” with “adjudicated complaint”
- Complaint must be investigated and substantiated prior to affecting renewal

### **COPCN Scope**

- Clarification needed whether BLS complaints affect ALS certification

County Attorney Navas confirmed complaints are investigated by Consumer Affairs and adjudicated by the EMS Review Committee.

---

## **7. Open Discussion Highlights**

Key themes:

### **COPCN Applications**

- Consensus to eliminate rolling applications
- Applications should open only when need is demonstrated

### **Data Collection**

- Hospitals and providers must both report standardized data
- Capture delay causes (provider vs. facility readiness)
- Track interfacility 911 utilization
- Consider multiple timestamps per transport

### **Hospital Transport Systems**

- General support for hospital-operated transport systems
- Concern about impact on private providers
- Discussion of specialty transports (NICU, PICU, ECMO, critical care)

### **Performance Accountability**

- Need measurable metrics for both providers and facilities
- Contracts alone insufficient to measure system performance

### **Patient-Centered Focus**

- Avoid inappropriate 911 use for routine transfers
- Ensure proper transport level for clinical condition

---

## **8. Data Requests and Next Steps**

- Staff will request standardized data from private ambulance providers and hospitals
- Alison Zerbe will prepare a draft revision framework based on workshop input

---

## **9. Next Workshop**

**Date:** Thursday, February 26, 2026

**Time:** 1:30 PM

**Location:** Medical Examiner's Office

---

## **10. Adjournment**

The workshop adjourned at 4:55 PM.