

From: Allen Campbell
To: Info
Subject: I can't believe you are billing the health care centers what happened to the plan of billing the patient or there insurance sounds like you are trying to make it easy on you. As to the idea that you cannot run two units at once. What happened to mutual...
Date: Tuesday, January 12, 2021 11:38:14 AM

Sent from my iPhone

From: Angela Sanford
To: Info
Cc: Kim Bangerter; Divya Sharma
Subject: Community health concerns related to policies
Date: Wednesday, January 13, 2021 3:10:21 PM
Attachments: LPRFPD Ordinance Letter_01.13.21.pdf High
Importance:

Good afternoon!

We are reaching out today with our concerns regarding Ordinance 2019-03 and Board Policy 600.02. Our concerns lie with the decisions made by your personnel regarding the health impacts of our community per the two policies referred to as detailed in the attached letter.

Thank you and have a great day!

Angela Sanford

Accounting & Operations Manager

Central Oregon Independent Practice Association (COIPA)

1230 NE 3rd Street, Suite A-200, Bend, OR 97701

[P] 541.585.2590 | [F] 541.585.2591

asanford@coipa.org | www.coipa.org

[Click here to access the COVID-19 web page](#)



January 13, 2021

Dear La Pine Rural Fire Protection District,

The Central Oregon Independent Practice Association (COIPA) and its community partners are writing on behalf of healthcare providers and patients across Central Oregon in strong protest of Ordinance 2019-03 and Board Policy 600.02. While we understand the logistical difficulty in managing a rural region with only two ambulances and long response distances, we are concerned that the policy of charging medical facilities for ambulance transport deemed non-emergent will:

- Create a system where, due to the sometimes-nebulous symptoms associated with life-threatening conditions like heart attack and stroke, providers may second-guess or delay a decision to call for emergency transport
- Place undue financial burden on health care providers and clinics in La Pine, potentially leading to a reduction in staff and thus reduced access to care for residents

Of particular concern is that the ordinance vests the Fire Chief, who is not a physician or medical provider, with sole discretion in determining whether the ambulance call was appropriate or not. In reviewing the appeals to the Fire Chief's decisions made by La Pine Community Health Center, virtually all cases were acute problems requiring emergency treatment. In cases where the appeal was denied, no medical reasoning was provided. Several cases ultimately proved to be active stroke, heart attack, or pulmonary embolism. Given the extraordinarily time-sensitive nature of these conditions, we are very concerned about the lack of clear, documented criteria for assessing whether an ambulance transport was appropriate, particularly given the lack of a medical director or other experienced medical professional to review or guide the Fire Chief's determinations.

We strongly urge the LPRFPD Board of Directors to remove Ordinance 2019-03, or at the very least revise it to 1) create a clear, documented, and publicly available set of criteria outlining how decisions to invoice medical offices in La Pine for ambulance transport are made, and 2) create a system whereby these decisions are either made or reviewed by a medical director.

We thank you very much for your careful consideration of our concerns.

Sincerely,

DocuSigned by:
Kim Bangerter
334AA49B522490...
Kim Bangerter, MBA
Chief Executive Officer
Central Oregon IPA

DocuSigned by:

Donna Mills

A63BA8B8FF9E4C0...
Donna Mills

Executive Director

Central Oregon Health Council

DocuSigned by:

Justin Simill

DF92827FCAB64AE
Justin Simill, MHA, CMPE, FACHE

Regional Chief Operating Officer

Summit Medical Group Oregon

DocuSigned by:

Megan Haase

BBF70CDD0E82240E
Megan Haase, FNP

Chief Executive Officer

Mosaic Medical

From: anita clark
To: Info
Subject: Fw: Ordinance #2019-03
Date: Friday, January 8, 2021 12:16:55 PM

Anita Clark
Drug Mart Pharmacy
P.O. Box 159
51600 Huntington Rd. Ste A
La Pine, OR 97739
Ph: 541-536-1111
Fax: 541-536-1980

----- Forwarded Message -----

From: anita clark [REDACTED]
To: infor@lapinefire.org <infor@lapinefire.org>
Sent: Friday, January 8, 2021, 12:10:05 PM PST
Subject: Ordinance #2019-03

January 8, 2021

To: La Pine Rural Fire District

From: Anita Clark, Concerned La Pine Residence

Re: Ordinance #2019-03

I have been recently been made aware of the ordinance that went into effect in August 2019.

I need you to know that I highly disagree with the actions that this ordinance has enlisted.

I go to my doctor and respect his or her decisions. They have trained for years and are the ones that have my or their patients best interests in mind. Why would you think that the fire chief or an EMT that has not attended medical school or spent years accessing patients has the authority to determine that the doctor should not have asked for transportation to another facility (usually a hospital). Are you EMT's medical doctors? Are they qualified to disagree with a physician and attempt to argue that a patient is non-emergent? In my opinion, that is up to the doctor.

If the call is generated from a residence, consideration has to be given to the fact that the person who called may be in distress that a family member or loved one is in need of medical attention. To undermine their

concerns is wrong. I have been in this situation and it is very stressful. If there is doubt to the validity of the reason for the call, it should be discussed respectfully and if the patient/caller insists, then do the transport and bill the patient.

Secondly, why would the fire district bill the medical facility for the transport fee? If the patient has insurance, why are you not billing their insurance? Every other service organization bills insurance for the services they provide. My doctors do, physical therapy does and my pharmacy does. Why not my ambulance ride? I heard it may be because you do not have the personnel to handle this. Then maybe someone should be fired to handle these billings. I believe you phrased it as "inadequate care cannot or is not being provided by in-house capacity" to care for patients. Is your house understaffed?

I also think it is very unnecessary of you to state that the medical facility may "indiscriminately" call for emergency advance life support services. I again think that a doctor is the one to determine if emergency transportation is needed. I do not think that they would call for our services if they did not think that it was absolutely necessary. If the patient is un-insured or under insured, or is a Medicaid and/or Medicare participant, I believe that is where and when our tax dollars should kick in.

Sincerely,

Anita Clark

From: Ann Brush
To: Info
Date: Tuesday, January 12, 2021 2:28:49 PM

Local Healthcare Impact

- Imposes great financial strain on medical care offices that could lead to reduction of staff and services
- Creates doubt in medical providers minds when deciding whether to contact 9-1-1 for medical emergencies
- Creates conflict between the District and local medical professionals where there should be collaboration and a mutual respect for each other's office and competencies

-

Community Impact

- Creates a lack of confidence that urgent medical needs will be cared for in a timely manner
- May ultimately lead to reduction of health services in the local area
- Gives a sense of "rationed" services rather than increased service availability for a growing population.

I agree very much with the above concerns.

From: Candace Ford
To: Info
Subject: LPRFPD Jan 13, 2021.docx
Date: Wednesday, January 13, 2021 2:29:15 PM
Attachments: LPRFPD Jan 13, 2021.docx

public comment, with our thanks

January 13, 2021

Board of Directors
La Pine Rural Fire Protection District

We are responding to the discussion about renewal of Ordinance 2019-03 which gives Chief Supkis the right to determine whether an acute medical situation merits LPRFPD emergency transportation to the hospital. This right does not take into consideration what the attending medical doctor deems best for the patient.

Just as we would not want the health professionals at either of our local clinics to have authority to determine process and personnel regarding a potentially disastrous fire situation, we do not want the fire department leaders to make a critical medical decision for our friends, family, or general population.

For years, the LPRFPD has had continuing public support through tax levies and grants. That support is well deserved and we know our local fire department is full of dedicated, competent personnel. We depend on them with confidence for fire safety education and for fighting fires, both small and manageable -- and large and critical.

We want the fire experts to continue their solid work in their arena and leave the potentially life-saving medical decisions to those who have years of experience and education in their section of public service and patient safety.

Kindly acknowledge receipt of our comments. Thank you.

Sincerely,

John and Candace Gray

[REDACTED]

La Pine

[REDACTED]

From: Charla DeHate
To: Info
Subject: Public Comment Letter re Ordinance 2019-03
Date: Tuesday, January 5, 2021 3:45:09 PM
Attachments: Letter to RPRFPD re Ordinance 2019-03 1-5-2021.pdf

Please see attached letter.

Charla DeHate
Chief Executive Officer



51600 Huntington Rd.
P.O. Box 3300
La Pine, OR 97739
cdehate@lapinehealth.org
541-876-1835 phone
541-536-3435 main office
1-541-536-1040 fax
www.lapinehealth.org

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accessible and affordable health care provided with
kindness, integrity and respect.

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LaPine Community
**HEALTH
CENTER**

www.lapinehealth.org

51600 Huntington Rd. P.O. Box 3300 / La Pine, OR 97739 p: (541) 536-3435 / f: (541) 536-1040

January 5, 2021

Board of Directors
La Pine Rural Fire Protection District
PO Box 10
La Pine, OR 97739

RE: Public Comment re Ordinance 2019-03

Gentlemen:

First, please let me take a moment to thank the LPRFPD Fire and EMS crews for the work that they do on a daily basis preparing for and assisting our community members in emergency situations. We appreciate each of them.

Regarding the Ordinance 2019-03, La Pine Community Health Center (LCHC) is opposed for the following reasons:

- Patients do consent to transport and have the right to decline transport from LCHC. If they decline transport, they sign an "Against Medical Advice" form. Patients also know that their insurance and/or they will be billed for the emergency transport.
- The ordinance does not comply with the current Ambulance Service Area Plan that Chief Supkis participated in approving in 2018.
- No medical review of the invoiced transports is required to be made by a medical provider representing LPRFPD—all decisions are made by the Chief who, at this time, has no medical background.
- It places additional burden on medical providers when assessing a patient's medical emergency. They know that if their medical opinion is that emergency medical transport is necessary and the 9-1-1 system is activated, LCHC will most likely receive the bill, causing financial strain that will eventually result in the loss of programs for our patients and community.

LCHC understands that EMS costs were meant to be largely funded by user fees rather than to be subsidized by the tax base. However, it is clear that taxes from the local community and dollars from the county and the state that subsidize LPRFPD as a whole, as noted in the 2020 Financial Audit, "has had a positive effect on increasing operation revenues and help the district meet its corresponding increasing service demands." Also, per La Pine City Manager Geoff Wullschlager, the LPRFPD does receive tax dollars from taxpayers in Urban Renewal areas (though reduced), contrary to what has been stated in board meetings and in the 2020 Financial Audit. These dollars will continue to assist in subsidizing the LPRFPD and, ultimately, the EMS side of the business, as the community continues to grow.

La Pine Rural Fire Protection District
January 5, 2021
Page Two

As everyone who works in the medical industry knows, reimbursement from insurance companies rarely, if ever, covers all costs for the services rendered. This is why unreimbursed costs must be subsidized by additional income and for the LPRFPD EMS that is accomplished through the local taxes, state stipends and grants. Operating a medical business (such as EMS) is challenging and finding ways to pay for these services can seem daunting at times, LCHC is all too aware of this. Although, when it seems you are out of options, that is when it is time to go to the community, county and state to find assistance—not to rely on LCHC to subsidize your services, putting a strain on us that may ultimately lead to reduced medical services in the community.

My job as the CEO of LCHC is to protect the health of our community members by protecting our organization. This ordinance does not do either. Having a Federally Qualified Health Center such as LCHC in our community, makes a difference—if our medical team did not provide care for the 7,300+ people that are our patients, the EMS crews would be overwhelmed with all of the calls for the emergency transports that would ensue.

Please rescind Ordinance #2019-03 and allow the community to be part of the conversation to assist with the issue of limited resources, utilizing and considering accurate information. Now is the time to continue to work collaboratively with LCHC and to broaden the conversation to the community as a whole.

Please do what is right and good for the community.

Respectfully,

A handwritten signature in cursive script that reads "Charla DeHate".

Charla DeHate
Chief Executive Officer

From: COLLEEN DONZELLI
To: Info
Subject: 911 ambulance and the clinics
Date: Sunday, January 3, 2021 11:48:03 PM

Dear La Pine Fire, My husband and I want to express our support of billing the clinics for routine transports. I was a Paramedic for the San Francisco 911 ambulance service before we merged with the fire department and after. My husband was a Police Officer for San Francisco 911 Services and the City of San Francisco. We understand about the frequent flyer and the Urgent care Doctor not wanting to be sued so he passes the buck to the 911 service. This County has grown and the County planners have not planned for this issue. They think roads and parking are what's important when planning for growth. This county, like other rural counties need a non emergency transport system to take the burden off the 911 system. We called them Private Ambulance Companies. They would run EMT type runs and leave the 911 calls to the 911 system. Some ambulances would have a Paramedic and an EMT. They could back up the 911 system when they were overwhelmed. The privates would transport non emergency patients. It could be someone from a doctors office that the doctor called because he wanted the ER to rule out a heart attack. If the patient was stable for transport then they would transport. It was only the unstable patient that the 911 ambulance would transport. It was always left up to the Senior Paramedic to make the call. If there was a pissing match between the doctor and the Paramedic then we'd call the ER doctor/receiving hospital and put the decision on him. I'm glad the clinics feel the crunch of being billed. They are the ones requesting the service. Maybe if they have the patient wait outside and call 911 direct then the patient could be billed. That is actually what happened in the City 30+ years ago when we had the same issues. The County needs to either start up and run a non emergency transport service or put a call out to a nationally recognized Ambulance companies like AMR and contract with them. To begin the County could contract for only the hours that the clinics are open. Then 911 would be freed up at the clinic times. Just a few suggestions that might help. We agree that the clinics shouldn't be using La Pine Fire to transport from their facilities. As Residents of rural La Pine and Deschutes County We hate to see the ambulances responding to the clinics because that means when we have an emergency we won't get an ambulance for at least 1 hour or more because they are tied up on a taxi ride. If you would like us to speak with anyone about this and our experience in the matter, don't hesitate to contact us. Feel free to pick our brains for solutions that work and those that don't. We know it can really isolate the health professional and the Fire service. All both want is what's best for the patient. No one wants to talk finances but that is the real issue. Any way, we support the Ambulance Service. If you'd like our help, just contact us. We are both retired now so have time to talk or be part of a task force to solve this issue. Good luck on your endeavor.

Mark & Colleen Donzelli

[REDACTED]
La Pine, OR. 97739
[REDACTED]

Ps: keep us informed on what's happening please.

Sent from my iPad
Colleen Donzelli

From: Courtney Ignazzitto
To: Info
Subject: Public Comment - Ordinance #2019-03 - Ignazzitto
Date: Tuesday, January 5, 2021 10:31:57 AM
Attachments: Public Comment-Ordinance #2019-03-Ignazzitto.pdf

Hello,

My letter in response to the LPRFPD's request for public comment regarding Ordinance #2019-03 is attached. A hardcopy will be sent via certified mail.

Thank you,

Courtney Ignazzitto

Sent via email and certified mail

Courtney Ignazzitto

La Pine, OR 97739

January 5, 2021

La Pine Rural Fire Protection District
Attn: Board of Directors
PO Box 10
La Pine, OR 97739

Re: Request for Public Comment, Ordinance #2019-03

Directors of the Board,

I would like to thank all of you for your service to our community. I acknowledge that there are many decisions that rest on your shoulders—decisions that impact people’s lives in one way or another.

I write to you today, not only as an employee of La Pine Community Health Center (LCHC), but as a taxpayer and resident of La Pine.

I oppose Ordinance #2019-03 as written. I do not believe that the financial responsibility of the medical transport of patients, whether BLS or ALS, to be that of the medical provider who called 9-1-1.

As a patient of La Pine Community Health Center myself, I consented to the care of my provider when I became her patient. Each time I enter the exam room, I am consenting to be cared for by my provider. If she were to determine that based on my medical history and current condition that I needed to be taken to the emergency department by ambulance, I know that it would ultimately be my decision to be transported or not and that my insurance and I would be responsible for the bill.

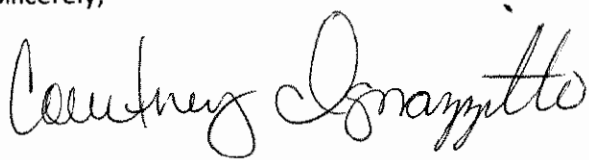
I understand that calls to 9-1-1 for situations such as lift assists warrant reimbursement, but urgent health concerns such as potential heart attacks, strokes, perforated bowels, head injuries—those are not inappropriate calls/transport. It is appalling that the ordinance has been seemingly used as a punishment tool, as Chief Supkis alluded to when he stated in an email to LCHC on December 2nd, “with more demand from a professional health care facility the bar for the District granted exceptions [in #2] goes up.”

The ordinance is also inconsistent with the Deschutes County Ambulance Service Area Plan as it does not consider whether a patient was stable or unstable per the ASA Plan. Though the ASA Plan is being revised and may lead to the resolution of some of the current issues, we must operate based on the current, signed ASA Plan.

I know that you are concerned that with our community growing like it is, there may soon be more demand for emergency services than the District can handle with its current resources, but I urge you, Sirs, to consider another route—one that considers the good of the entire healthcare system of La Pine and not only the District. Please work *with*—not against—the leaders of our local medical facilities to find a solution. Placing additional stress and financial responsibility on our communities already limited healthcare resources based on your own opinions, is not a solution that will benefit our community in the long run.

Thank you in advance for your willingness to hear the thoughts of our community members and respond with compassion and respect.

Sincerely,

A handwritten signature in black ink that reads "Courtney Ignazzitto". The signature is written in a cursive, flowing style.

Courtney Ignazzitto

From: Dan Ebert
To: Info
Subject: Transport Cost Issue
Date: Monday, January 4, 2021 11:38:40 AM

I am trying to know how to respond to the dispute between lapine fire and the medical providers in Lapine regarding transport decision before January 13th


Can you tell me how many transports were requested by St Charles Lapine in 2020? How many transports were requested by Lapine Community Health during the same period?

Do you bill for all transports whether ordered by one of the medical offices or private parties or accidents?

Do you have reason to doubt the medical necessity of transports requested by either LCHC or St Charles Lapine?
Do you feel your services are being abused by either?

Thank you.

Dan Ebert

 if you wish to call rather than respond by email. Thank you.

From: Dan Ebert
To: Info
Subject: Transport Cost Issue
Date: Tuesday, January 12, 2021 4:35:33 PM

I have reviewed information supplied by Chief Supkis in response to questions about the policy and the ordinance, and I have had a discussion with leadership at the Lapine Community Health Clinic. After considering the issue I believe that calls for transport service by medical providers should not be charged to the provider's organization, rather should be billed to the transported patient or their insurance provider by the fire district. I recognize this will result in some financial impact to the fire district but believe that it is reasonable for the community, through the district, to support this service. If the impact is sufficiently significant the district should seek additional operating funds from the taxpayers.

Thank you for seeking community input on this issue.

Dan Ebert

From: dan gandy
To: Info
Subject: La pine
Date: Sunday, December 27, 2020 4:52:00 PM

Its BS what your doing to our doctors and staff . and us . so lets talk about your dept. Past .

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From: Daniel Richer
To: Info
Subject: Review of LPRFD Ordinance allowing billing of Facilities
Date: Wednesday, January 13, 2021 11:10:56 AM

To whom this may concern,

Thank you for allowing me to add input into your consideration of this controversial Ordinance.

My stand on this situation is that the facility should not be responsible for billing of and for patient transfers to St. Charles in Bend.

The Facility is merely recommending that said patient, under Higher Medical Doctors Orders be transferred to a higher quality of medical care than is available in La Pine. My goal is to facilitate and demonstrate the need for a higher more advanced quality of care to be located in La Pine for the benefit of the entire community. I will continue to promote the need for provision of an URGENT or Higher care facility to be here within the city, thus reducing the out-of-service times on our limited EMS Ambulance resources, as well as reducing the cost of medical provision to our citizens.

I, after considerable research with all parties involved(LPRFD, LPCHCS, and St. Charles Immediate Care) understand the effects on all parties, and see that the only real answer to the situation is to provide a higher quality of medicine with our community, but until this lofty goal can be achieved, the next best remedy would be to guarantee the survival of the Health Systems and facilities that we have currently. Your Ordinance allowing billing of the facilities is not feasible in the survival of said facilities, as our federally funded facilities can not withstand the billing of transfers to the Bend St. Charles with the funding provided within their budget.

I hope that you will take within your consideration that the good of the entire community depends on the facilities we have now be maintained, and that medical transfers are a vital form of medicine needed by our citizens. I hope that in your goal of better serving the community as a whole you will see the greater good is achieved by review and modification of the Ordinance to remove responsibility from the facility and place it back on the patient, of whom should be allowed to make the choice of Self, CMT, or Ambulance transport to the Bend St. Charles, as these decisions are their own to make and not the EMS System.

Thank you very much,
Daniel Lee Richer
Mayor of La Pine
(541) 633-5807

From: Darlene Kieffaber
To: Info
Date: Sunday, December 27, 2020 12:27:23 PM

Please keep the ambulances here in La Pine for emergencies. Want to make sure that everyone gets emergency help they need. Especially living so far from a hospital.

From: Dave arthur
To: Info
Subject: Re: Medical Transport
Date: Tuesday, January 12, 2021 10:59:21 AM

It saddens me that you are choosing to not be available for those in this area that may need to be transported to Bend for medical attention without invoicing the Clinic or St. Charles. Guess I wrongly assumed that it was a service that you would be willing to provide when it was necessary without asking for additional funds above what the patient's insurance would provide.

We are definitely a growing area and appreciate having medical services that we may need throughout the year close by. It would be hard to see those services cut back because of this added financial burden to the Clinic and St. Charles.

From: DebnDennis Robinson
To: Info
Subject: Re: Board Policy #600.02 and Ordinance #2019-03
Date: Monday, January 11, 2021 12:56:48 PM

Please reconsider the above policy and ordinance. In the past I have needed emergency transport when collapsing at the La Pine Community Healthcare Clinic. I would have died without this service. Please make the language clear on what the criteria is for the denials. And please do NOT bill the clinics or doctors for my transport.

Thank you.

Dennis and Debra Robinson

[REDACTED]

La Pine, OR 97739

[REDACTED]

Sent from [Mail](#) for Windows 10

From: Denise Hopkins
To: Info
Date: Tuesday, January 12, 2021 9:47:17 AM

Since you are funded by us aren't you supposed to be providing a service for us. I believe there must be some mismanagement in your accounting to not have plenty of money to do what you need to do. The medical staff know what they are doing and make a tough choice when considering using your services for patients. They should not be penalized. Get your act together. We are paying you plenty!!

[Sent from Yahoo Mail on Android](#)

From: Denny Holiday
To: Info
Subject: Board Policy #600.02 and Ordinance #2019-03.
Date: Saturday, December 26, 2020 8:07:17 AM

My family has the Life flight and fire membership which is to cover emergencies. This policy will impact our medical services.

I have always voted for your tax increases, however that may change in the future.

Thanks.

[Sent from Yahoo Mail on Android](#)

From: don barnes
To: Info
Subject: ambulance service
Date: Wednesday, December 23, 2020 3:10:38 PM

LaPine Community Health Center is upset about recent changes to service and charges. As a former first responder, I think the EMT on site is the best one to decide who is most in need of urgent care
Also that fire department needs to be paid for the service.

name withheld

From: Donna Crye
To: Info
Subject: When ambulance transport requested by either LCHC or St Charles
Date: Friday, December 25, 2020 6:00:09 PM

Hello,

My opinion is that if a patient/family are agreeing to ambulance transport to St Charles ER, the patient/ pt's insurance carrier should be billed for that transport, not the provider (St Charles Immediate Care or LCHC).

Thank you,

Donna Crye

From: Dwayne Timmons
To: Info
Subject: Refusal of service
Date: Wednesday, December 23, 2020 2:19:17 PM

Help me understand two things:

Who pays for your services?

What medical background does your chief possess that makes him more qualified to determine who or who does not need a transfer to the hospital?

While I am at it how can you justify charging more than a standard 911 call for the medical providers than what you would charge any other la pine citizen?

I am just an ignorant la pine tax payer. Please enlighten me.

Thank you

Dwayne

From: Edeltraud Hoffman-Fales
To: Info
Subject: Please try to work this out
Date: Sunday, December 27, 2020 2:57:06 PM

This is like everything that involves money will create issues. Even so if it involves human lives. Paying for your services should not be any problems if it involves patient who are members of your organization even if a third party like a caregiver or attending doctor should call for your service as long it is in a local district and your services are covered.. I assume this is correct. All other well some are covered .I assume are those who are disabled and just not able to pay by the Humane services Dep. . Those who did not choose coverage With those ambulance services but are able to pay should be held responsible for the expenses. Otherwise could there not something be worked out with the institutions like the LA pine Community Health Center like they could be put on a yearly plan like paying a certain fixed sum that would cover any ambulance calls regardless how many. Perhaps like we pay a certain amount for one person even so there are perhaps more members in a family included. Perhaps some average number could be allowed based on a yearly amount off needed services of previous years. I am not sure if I can explain this right. I am sure you will get many suggestions and my sincere hope is that this can be worked out for all involved in a matter that none will be overwhelmed with those expenses but all patience who are in need of immediate care certified by some person having medical knowledge of the apparent crisis can be transported. I appreciate my membership and all those who work and take care of those who need your services. The comparable affordable amount Saves and gives peace knowing all is taken care off when using your service.

Thank you

Edeltraud Hoffman-Fales
Sent from [Mail](#) for Windows 10

From: Erin Gage-Fitzpatrick
To: Info
Subject: Opposing Board Policy #600.02 and Ordinance #2019-03
Date: Wednesday, December 23, 2020 11:39:15 AM

La Pine Community Health Center's mission is to care for the health of the community. As a rural location there are many considerations a licensed medical provider must make when sending a patient to the hospital by ambulance. The fire district has decided to add a new consideration, one that a provider should never consider, *if I send this patient by ambulance my employer will get a bill*. In a tough year with covid, the last thing any healthcare organization needs is a bill from a community partner, especially one where they are discounting medical advice. I imagine the issues that caused the development of this ordinance could be resolved in other ways; a \$37,000 bill is not one of them.

Please consider eliminating this harmful ordinance.

Together let's support each other and our community!

Erin Gage Fitzpatrick, PA-C
Director of Quality Improvement
La Pine Community Health Center
Phone: 541.876.2140
egage-fitzpatrick@lapinehealth.org



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January 12, 2021

Board of Directors
La Pine Rural Fire Protection District
P.O. Box 10
La Pine, OR 97739

RE: Public Comment for Ordinance 2019-03

Directors:

Have you read the Code of Ethics and EMT Oath for practitioners? I would venture to say you have not since your ordinance and the actions of your district do not align with the ethical code you are held to. Your chief has referenced himself and your district as the "Navy Seals" well Mr. Supkis if you were a Navy Seal you would "Humbly serve as a guardian to my fellow Americans always ready to defend those who are unable to defend themselves. I do not advertise the nature of my work, nor seek recognition for my actions. I voluntarily accept the inherent hazards of my profession, placing the welfare and security of others before my own." Refusing to transport patients experiencing an active emergency, placing judgement upon those who are less fortunate than you, insulting medical professionals and penalizing community members for your own gain are not the actions of a Navy Seal.

Health care professionals and community members have worked tirelessly to find a solution to this ordinance, only to have the proverbial door shut in their face by the chief. Community workgroups have been created, patient care has been delayed and community members have tried multiple times to work with the chief only to receive flagrant comments and public insults for their efforts.

When a community member calls 911 or accepts medical advice and agrees to EMS transport from a location, they are placing their well-being in your hands. They are also accepting responsibility for the expense and agreeing to have their insurance billed, not another entity. You would not accept responsibility for my personal expenses, yet you expect that from your community partners.

Please take a moment and read the oath listed below. I think you will find your ordinance needs to be rescinded and the actions of your district improved. This community is depending on you to do what is right.

Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the

merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.

- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals, or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Concerned Citizens,

Mark & Erin Trapp

From: Gloria Fleming
To: Info
Subject: Ambulance services
Date: Sunday, December 27, 2020 2:58:03 PM

I am writing in opposition to ordinance #2019-03

When the Fire department first requested a tax levy be initiated in 2013 it passed with the understand that growth was imminent and as town area grew so would the revenue. In 2018 money was added to the levy amount to accommodate increased costs of service. That was the main reason it passed. I am very disappointed that now the Fire District seems to be passing on some of their costs by penalizing the local medical facilities for doing their job. I do not believe they have abused the ems as it seems they are being accused of. I have had the personal experience of going to the local St. Chas facility in an emergency situation. (severe laceration on my leg) but was not life threatening. They said I needed to go to emergency in Bend because at the time xray was not available. My husband drove. BUT not always that simple. A lot of elderly that are in precarious health. When we voted on the last levy we were assured the same if not better service. No way did we believe those costs would be passed on to our local medical facilities. They are struggling to maintain services also.

Gloria Fleming – registered voter within LPFD

From: jacqueline schommer
To: Info
Subject: La Pine Rural Fire Protection District - Board Policy #600.02 and Ordinance #2019—03.
Date: Tuesday, January 12, 2021 12:08:55 PM

January 12, 2021

Dear La Pine Rural Fire Protection District,

My husband and I retired and moved to La Pine in 2017. We selected this city because it is a rural community with a comprehensive development plan that addresses future growth.

For us, the most important factor is La Pine medical services. As retirees, having patient care that is accessible, effective, safe, and affordable plays a huge part in the quality of our lives.

We've chosen to use the Clinic but with St. Charles Family Care opening in La Pine there are choices in outlets for medical care. We have a high level of confidence in the health care professionals and services available to La Pine residents.

This letter is being written in opposition to Board Policy #600.02 and Ordinance #2019—03.

As we read through this ordinance and board policy, it does not speak to a concern for quality care for La Pine residents. That one emergency may not be considered as important as another is troubling.

Rationing EMS resources does not seem equitable. It seems cruel. And questioning the competency of our local medical professionals is offensive.

It seems to me the financial impact to both La Pine Community Health Center (LCHC) and St. Charles Family Care - La Pine is potentially devastating. We have a rapidly growing community. We need increased services, not fewer.

Board Policy #600.02 and Ordinance #2019—03 do not serve our community.

Sincerely,

Jacqueline and John Schommer



La Pine, OR

From: James Weese
To: Info
Cc: St. Charles Health System
Subject: Transport dispute
Date: Wednesday, December 23, 2020 2:23:46 PM

Good Day La Pine Fire, SCHS, LPHC

This is in regarding the transport dispute, aired in several local news sources and via email this morning, by both sides. I have gone thru the info presented by LPHC this AM on that dispute and have read accounts from St Charles and the La Pine fire district.

Concerns I don't have knowledge of

- 1) Do the state police get billed if they call someone to a traffic accident?
- 2) Does ODOT get billed if they call someone to a traffic accident?
- 3) A budget or audit showing how the costs of the transports fits with the tax dollars for the district to pay expenses.

I understand there is some difference of responsibility legally after a person has arrived at a clinic and is sent on for care unavailable at the clinic.

I don't understand why LPHC would be billed if the state police and ODOT aren't billed also.

I understand an EMT has less training than a NP or MD or DNP. Should not NP or MD or DNP opinions prevail other than when there are more calls than service personal and equipment available and a choice must be made amongst them.

Is staffing available for a 3rd ambulance as referenced in 2018?

It seems reasonable managers should be able to work this out. If legislative action is needed, that should be recommended. Shouting in public most often brings ignorance and loud voices that don't help solve problems. Be above the childish behavior we have seen in our national public offices.

Sincerely

Jim Weese

[REDACTED]
La Pine, OR 97739
[REDACTED]
[REDACTED]

From: Joanna Weigel
To: Admin List
Subject: Medical Care Recovery Cost
Date: Saturday, January 9, 2021 6:25:38 AM

As people who have dealt with Medicare when they would not pay for ambulance service. The problem was how the doctor coded the need/lack of need for transport.

In our case the St. Charles doctor was mad that my husband refused surgery and wanted to be transferred to OHSU. I could go into details, but the jist is the OHSU doctor was able to over ride the St. Charles' doctor's coding and Medicare paid.

The problem is the coding practice.

Thank you,
Joanna Weigel

From: John Torres
To: Info
Subject: Manage your budgets to sustain your mission
Date: Thursday, December 24, 2020 8:47:33 AM

Our property taxes go up 3% every year and we have no sewer system, street lights, sidewalks or paved streets and you want more money. I believe due to the growth of La Pine and the increased revenue from new property taxes; you should make cuts to upper management, reduce the bureaucratic empire to meet the service needs of the community.

From: Kathy Redwine
To: Info
Subject: Transport
Date: Tuesday, January 12, 2021 12:55:17 PM

To whom it concerns. I've owned property since the 80s in central Oregon. I love this town and have always supported la pine. I'm appalled at the way ems is treating our local health care facilities. You by charging clinics for transportation are jus taking funds that could go to the needs of the people in this community. This is not for the greater good of this community I'm against your ordinance. I hope it gets revoked. Shame on you!!

Get [Outlook for Android](#)

From: Bryan Beebe
To: Info
Subject: Shame on you
Date: Monday, January 11, 2021 3:01:36 PM

This doesn't surprise me. Your paramedics refused to transport me when I had appendicitis because they were 99.9% sure it was a stomach bug. 99,9% sure. Well they were 100% wrong. I had appendicitis and almost died.

Not to mention the fact that your paramedic MADE me sign a document stating I refused transport which I did not. I was so sick that I didn't argue and signed it. Talk about taking advantage of the sick.

These are the things that can happen when someone makes the decision as to whether or not they should be transported. Every case is an individual case and should not be lumped together. The care of the individual should be priority not the bottom dollar. You guys should be ashamed of yourselves for putting items like this into practice. My tax dollars pay for your services, therefore I should be able to use those services. Just wait until we get to vote on a new bond measure or new funding for LRFD. It probably won't go thru.

Sincerely

Laura Beebe



From: Leslie Hicker
To: Info
Subject: Ordinance 2019-03
Date: Wednesday, January 13, 2021 12:18:24 PM

Please allow medical professionals to determine what constitutes a medical emergency.
They are trained to know when to do this.
This is why insurance should cover the cost of transport, not the medical professional or their office.
Thank you.
Respectfully submitted, L. Hickerson

From: Linda
To: Info
Subject: Fire Department Fraud
Date: Monday, January 11, 2021 12:30:33 PM

I don't believe an EM has more experience than a doctor to determine if it is necessary to take a person by ambulance to the hospital. Billing clinics and individuals for transportation is unrealistic. What is covered by the tax we pay? Salaries for putting out fires? I read what is covered by the tax, was it stated to only get the tax passed?

Thank you for hearing me out.

Linda Vassalli

[Sent from the all new AOL app for iOS](#)

From: Marian Mengel
To: Info
Subject: Board Policy #600.02 and Ordinance #2019-03
Date: Monday, December 28, 2020 12:22:22 PM

Chief Supkis and Board of Directors,

I am writing to you out of concern regarding the ordinance you have regarding ambulance transport from the local medical facilities. It is absolutely absurd that you are charging the medical facilities for transports from their facilities when a physician has deemed it medically necessary for that transport. **The patient's insurance should be the one billed first and foremost** and then the patient if insurance doesn't pay all. You are endangering the valued services that the medical facilities provide by severely limiting the funds they need to provide badly needed services the community needs.

Furthermore, how is it legal, that according to Board Policy #600.02 District personnel (ie. Paramedics and the Chief who has no medical background) can triage and decide a transport decision overriding a Medical Doctor's decision? This is not "triage for the greater good on every call." This is endangering the lives of the citizens of this area!

I STRONGLY OPPOSE THE RENEWING OF BOARD POLICY #600.02 AND ORDINANCE #2019-03.

Marian Mengel

From: Marie Manes
To: Info
Subject: Ordinance 2019-03
Date: Tuesday, January 5, 2021 4:15:48 PM

Hello.

I would like to voice my concern over the above-mentioned ordinance. Medical providers go through many years of schooling and if they feel that a 911 transport is needed for a patient, I don't believe they should be charged for initiating the call. They are using their training and medical backgrounds to support the health of their patients. Having this ordinance is not only harming our La Pine medical offices but also the community as a whole. I am asking that you reconsider this ordinance and rescind it. It seems to be separating the collaboration of care between the community and the fire department that is greatly needed. The community members know that there may be a charge to them when this service is used and that their insurance will be billed. If you are billing the patient's insurance and billing the medical clinics that would be considered double billing and is not ethically nor legally right.

Thank you for your attention to this matter.

MM

From: Mark
To: Info
Subject: St Charles and LPCHC
Date: Wednesday, December 23, 2020 8:55:56 PM

I guess the real issue is (in my opinion) is the company or individual who has the most training should be deciding on to transport or not. In this case, I'd say the medical staff at the medical facilities. The charges for the trip to Bend should be the same regardless who initiates the call. The only difference should be the departing location. Over charging a facility isn't right and only takes away from what they can offer to a community. We all know, it's the insurance companies that run our medical costs. I guess the real problem is the lack of emergency transportation vehicles and that should be brought up to the county commissioners. If you want to be paid, work a deal with the person or company that initiates the call and get the PT's insurance information and you work to get paid from the insurance and don't bill the medical facilities.... it's the PT that received the service... not the medical facilities. Unfortunately our health care system isn't great and so many people either don't have insurance, can't get insurance and payment is near impossible.

La Pine is a growing small town. Everyone should be working together in giving the community the best care possible.... and I'm sure you do. But, if I'm at one of these clinics and my FNP says I need to be transported, that's what I want done. Not to be triaged again and another decision having to be made. That's critical time wasted that could be better served getting care in Bend.

And on another note: Thank you, each and everyone of you, for what you do. You're all amazing at what you do and to add all the crazy people you have to deal with on a daily basis. Thank you again. Merry Christmas and a very Happy New Year!

Ps: loved the fire truck in the parade!!!! Thanks again!

Mark Corey
Sent from my iPhone

From: Mark Donzelli
To: Info
Subject: Recovery of ambulance services
Date: Monday, January 11, 2021 10:11:23 AM

My wife and I were both with 911 emergency services in San Francisco Calif. I was a police officer in various specialized services. My wife was an advanced life support, and pediatric life support paramedic. She worked for the Department of Public Health.: Which then merged with the S.F.F.D. Where she retired as a captain. We are both very familiar with your problem of not getting paid by "frequent flyers". We are behind your Ordinance #2019-03 for recovery of fee's.

We had an emergency where I was almost killed by falling ice and snow off of my roof in 2017. I was bleeding from my face, and had clear fluid coming from my nose and ears. Which could have been an indication of a brain injury. La Pine fire responded and in a very professional way transported me to St. Charles for treatment. If you were unable to transport me for this emergency. It could have been very bad for me. If you were out of service for a medical transport. I might have died. Most people don't understand the difference of an EMERGENCY 911 transport. And a medical transport. I had insurance and was billed by La Pine Fire for services rendered. We paid our out of pocket amount. My question is: If a person gets themselves to one of the clinics. And is not having a life or death situation. Why is the doctor calling 911? Could it be a CYA for the doctor? And if the patient doesn't call 911 themselves. Then it must not be a true emergency. And the patient should be able to get to St. Charles on their own. Please use this e-mail in any manner that supports your cause. We are both behind the ordinance for cost recovery. We have lived here almost 21 years and have seen the progress La Pine Fire has made over the years. We don't need anymore property taxes to pay for non-emergency transports for drs. Or patients unwilling to pay for services rendered. We paid! We will give you all the support you need to recover costs. Please contact us if you need our help. Thank You, Mark Donzelli, Colleen Donzelli [REDACTED] La Pine Or. 97739 home phone [REDACTED]. This is a landline. No texts.

From: Marvin Pugh
To: Info
Cc: Candace Gray
Subject: Response to Request for Public Comment re. Ordinance 2019-03, Submitted for January 14 Board of Directors Meeting
Date: Monday, January 11, 2021 10:24:34 AM
Attachments: Letter submitted to LPRFPD"s board of directors for 1-14 meeting.docx

Good Morning,

Attached please find our letter regarding the annual renewal of Ordinance 2019-03, which we respectfully submit for the January 14 meeting of the board of directors. Acknowledgement of its receipt would be appreciated.

Thank you,

Marvin Pugh and Andrea Hine

TO THE BOARD OF DIRECTORS OF THE LA PINE RURAL FIRE PROTECTION DISTRICT:

As La Pine residents since May 2015, we have had the pleasure of gaining "inside" perspective on the important services provided by the La Pine Rural Fire Protection District (LPRFPD): through multiple interviews and resultant articles written for the town's local newspaper, and as members of the Services Support Team.

Our admiration for the dedication and professionalism of everyone with whom we've interacted – from Chiefs Mike Supkis and Dan Daugherty to firefighters and EMS personnel, students enrolled in the scholarship program, and administrative staff – has only grown stronger over time.

Yet despite this high regard, we must speak out as the LPRFPD board of directors meets for an annual review of Ordinance 2019-03, which allows the LPRFPD to bill local health care providers for emergency medical transport from their offices. We strongly urge that the ordinance not be renewed.

Our reasoning is simple: we are vehemently and unalterably against the right of Chief Supkis to decide whether or not a patient's need for transportation from the doctor's office to the hospital by LPRFPD ambulance is emergent. Instead, we firmly believe that this decision – which can be critical in averting the patient's risk of long-term complications, or even death -- should be made by the medical doctor who called 911, not by our local fire chief (despite his qualifications in many other areas).

We ask board members to give our input (and that of other informed community residents) every consideration, and again urge that Ordinance 2019-03 not be renewed.

Thank you,

Marvin Pugh and Andrea Hine

[REDACTED]

La Pine, OR 97739

[REDACTED]

From: Michael Allen
To: Info
Subject: Please remove ordinance 2019-03 and policy #600.02
Date: Wednesday, January 13, 2021 2:43:36 PM

January 12, 2021

La Pine Fire District Board,

First and foremost, thank you for the services you provide to the community of La Pine. Having worked as a medical provider in the La Pine Community Health Center for the last 5.5 years, I have grown to care deeply for this area. I chose La Pine due to its rural nature and size having grown up in a very similar town in Idaho. I understand the needs of rural healthcare and potential strain on resources if everyone is not working together. That is why I feel board policy #600.02 and Ordinance #2019-03 are so dangerous to this community.

Placing the financial burden at the feet of La Pine's medical clinics is irresponsible and taking away further resources from our patients. The more we spend paying you, means less money we spend on services for our patients. As a non-profit organization, all our profits are put back into services for our patients. This in turn means sicker patients which will ultimately lead to more emergent calls to 911. You say you want to "maximize the greater good to the community at large" as stated in this ordinance. This takes away precious resources we can offer our patients to improve their health and keep them out of the hospital. This ordinance is a very backwards way of thinking you are saving resources and in fact will do the opposite.

We consistently hear from Chief Supkis that we are a higher level of care and that is why this ordinance was accepted and put in place. This is not how primary care works despite what you have been told. As we have explained many times, we do not and will not have emergency services within our clinic. As you are aware, we do not have our own emergency transport vehicles as that is not within the scope of primary care and you would be hard pressed to find a family physician's office in this country that does. If an emergency occurs or a patient is deemed unstable and not safe to transport themselves, it is industry standard to call local EMS to take the patient to the nearest emergency department. They work together as a team and not try to gouge each other for money. Our providers take great care to balance what is the most appropriate way to safely get patients to ED. They understand that we only have two ambulances available to the entire area. The majority of patients needing to be evaluated in the emergency room from our clinic are in fact sent by private vehicle. When our providers call for EMS, it is appropriate. They are putting their licenses at risk by sending them by private vehicle if they are unstable. This has been mentioned several times by providers leaving our organization for other reasons, as part of the stress of working in La Pine. Working in rural clinic already has built in disadvantages due to lack of services, the feeling of potentially putting a patient at risk by sending them to the ER via private vehicle vs potentially costing the organization money and resources adds unnecessary stress to an already high stress career. This ordinance is costing La Pine healthcare providers.

You also need to have someone with a medical degree reviewing the appropriateness of the transports and also the appeals. To my knowledge, Chief Supkis does not have any, or at least, extremely limited medical background. This is completely inappropriate. Prior to this ordinance, we were able to speak to Dan or even Chief if they felt we had called inappropriately. We are happy to work with our providers and EMS to ensure we are not abusing or overusing our town's resources. We are happy to explain why we felt it was needed to call 911. We would love to have mutual respect and a great working relationship with our fire district, but this drives an enormous wedge. There are many factors taken into account before we activate the emergency response system such as medical history, risk factors, active presentation, lab and imaging findings, vitals, amongst many other things. None of this seems to be taken into account with your current invoice system. There is no clear criteria of when we get an invoice as Chief does not have sufficient training to review these cases to make this determination. Many of the invoiced transports meet criteria set forth in the ASAP as an unstable patient, but yet we still are charged.

Again, I sincerely thank you for all you do as you are an enormous resource for our community. We understand the complexities of navigating the medical field and finances. We hope we can soon return to working together for the mutual benefit of our community instead of wasting time on this inappropriate ordinance that was instituted without the opportunity for public comment and goes against the current ASAP. We were consistently told by Chief Supkis that we "were just caught in the middle" and this was a St. Charles issue. That obviously is not the case as we have been invoiced 10s of thousands of dollars. He has said the only number of acceptable calls from our clinic is "zero" which is absurd and unreasonable as that does not happen at any family medicine clinic in this country. I am not sure why we are being held to a different standard than thousands of other clinics.

I implore you to fully investigate the ramifications of this ordinance and get all the facts. It must be rescinded and all invoices to our community medical clinics dropped.

Thank for your time and consideration,

Michael Allen DO

From: Mike Hudson
To: Info
Cc: Michael Hudson
Subject: Request for Public Comment
Date: Friday, December 25, 2020 9:12:29 PM

Sirs:

I find it distressing that St. Charles Health System has resorted to a lawsuit to settle differences with ambulance transport by the La Pine Fire District.

It appears ambulance services have increased since St. Charles opened an Immediate Care in La Pine.

It also appears that cases of non emergent transport by ambulance to St. Charles are occurring at a rate of two a week.

This results in ambulances, potentially, being off site with simple transport services and not available for the true emergencies for which the vehicles are designed and the EMTs are trained.

There should be no controversy if a physician, physician assistant, or nurse practitioner deem a patient acute enough to require an ambulance.

However there must be a community friendly, safer, and less expensive solution to the issue of dealing with the increased non emergent needs for transport that the new St. Charles clinic has produced.

Respectfully
Mike Hudson

Michael R. Hudson, MD

[REDACTED]
Bend, Oregon 97707
[REDACTED]

From: Mike Lee
To: Info
Cc: Mike Lee
Subject: Public comment on Ordinance 2019-03
Date: Monday, January 11, 2021 3:08:02 PM

Honorable La Pine Rural Fire District Board of Directors,

In regards to Ordinance #2019-03 I have few concerns. First is the the review of the call and how it is decided if it will be invoiced or not. In my opinion the call should be reviewed by a third party doctor of the district's choosing to confirm if it truly was a ALS call or if it is a BLS transport. By having the Paramedics and the Chief make the determination of level of care required it could put the district in a difficult position at time of litigation. That is my big takeaway the district needs a Doctor to review each case. As it stands currently the higher level of medical education will win in my opinion. Beyond the ordinance more funding needs to be secured for staffing another medic unit and the funding should come from the La Pine Community Clinic and St.Charles as they have caused the extra strain on our district Resoures . If I can be of any assistance in work groups are such please don't hesitate to reach out as I am happy to help.

Best Regards,
Mike Lee

Sent from my iPad



www.pumptechnw.com

Disclaimer:

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From: Pamela Perrine
To: Info
Subject: Ordinance 2019-03
Date: Wednesday, December 23, 2020 12:27:40 PM

1. If a patient required an ambulance anywhere outside a clinic, the patient is responsible for the cost and relies on insurance if available to help pay so patient should pay for emergency ambulance at clinic as well.
2. Patient getting treatment at the clinic is responsible for paying for the cost of the treatment and if that requires an emergency ambulance then patient should be responsible for that cost as well. Insurance and Airlink help pay.
3. The fire department should only provide ambulance transportation for emergency situations for the clinics. We need our ambulances available for emergency trips and other calls in the covered area.
4. If the clinics have a patient that needs a Non-emergency trip to Bend, the clinics should not be calling an ambulance but let patient work out solution through friends, family, neighbor, veteran services, taxi, etc. La Pine is very good at helping each other when someone asks for help.
5. We are a small community and I hope the fire department and clinics can work out a solution so there is no animosity and only teamwork which is how our town operates.

Thank you for the opportunity to provide comment.

Pamela Perrine

From: Paul Hatcher
To: Info
Subject: EMS Response
Date: Monday, December 28, 2020 5:42:39 PM

Mike,

I think what you are doing is great.

Charla? (La Pine Community Clinic GM) if we had a chamber breakfast meeting I would have talked to you there. Now the email request you sent out does not allow replies to the clinic.

The email only provided the EMS email. How sad.

It is usually best to let both sides know what the customer/patient wants or needs and thinks at the same time.

Mike feel free to send this to her. She knows me and can call me.

Now, I would require all patients to sign a "liability to pay" form prior to receiving transportation. (if they are physically cognizant / able to). This is what the hospitals require you to sign before admitting and if you are not cognizant they get it from you prior to discharge and also \$200 from you in the hospitable bed. (personal experience).

I also would require the clinic to hand the phone over to the patient to request an ambulance service. If not, the clinic is on the hook.

Then if a patient does not pay in a timely manner, do as the hospitals do and get a judgement.

Then when they are trying to buy a house, and also maybe selling a house, this gets paid in escrow. I know of quite a few people this happen to in the last 7 years. Even though the charge was 10 + years ago.

Now this allows the clinic not to be liable if they are not requesting the ambulance if the patient is the one on the phone requesting transportation and it also allows the EMS from making decisions what is crucial and what is not.

We do not need EMS transporting them to hospital for a broken leg when another person is @ home having a heart attack and there is no ambulance available. The broken leg patient can call a taxi or a friend. I personally have been driven to the clinic & hospital for chainsaw mishaps and other semi-serious situations.

Also, why isn't everyone not paying the yearly dues for ambulance service?

Then crying the blues when they get a bill.

I would wager they have money for energy drinks, coffee, beer, pot, etc.

This is not a socialist society. If you want this move to Canada.

Last paragraph is probably not called for. Tired of people not being responsible for their own action!

Paul Hatcher


From: Pauline Miller
To: Info
Subject: Billing for medical transportation
Date: Tuesday, January 5, 2021 4:20:46 PM

I just heard that La Pine Fire District will Bill my doctor's office instead of my insurance company if I was being sent by my doctor for a medical emergency.

I DO NOT UNDERSTAND WHY THIS WOULD HAPPEN.

I have insurance for this purpose. It makes no sense why it would cost my doctor for transferring my care by EMS to a hospital or emergency clinic.

If you continue to do this my doctor at LCHC or St. Charles La Pine clinic, pmight refuse to see me knowing that they might have to cover the charge if I needed to go to emergency.

I'm sorry to say this but this is totally STUPID and makes no sense whatever.

Pauline Miller



I had a husband (Kirk Miller) that had cancer and was transferred many times. We live in a rural area knowing the cost and that we have to carry insurance for this purpose.

I would never expect my doctors office to cover this charge.

We need our clinics and EMS in La Pine.

This problem needs to be fixed.

Thank you.

[Sent from Yahoo Mail on Android](#)

From: Richard Burdick
To: Info
Subject: Incredible
Date: Wednesday, December 23, 2020 1:33:05 PM

This is how societies become extinct. This is how organization become irrelevant. This is how you lost my support.

In the words of joe peche. “ go fuck yourself “

Sent from my iPhone

La Pine Fire Ordinance 2019-3

The La Pine Rural Fire Protection District (District) was formed in 1971 and started providing Advanced Life Saving (ALS) ambulance service in 1987. The District’s taxpayers decided user fees, not tax dollars were to be the major supporter of ALS services. The District is not staffed for, and does not provide Basic Life Saving ambulance transport services.

Prior to the adoption of this Ordinance District staff and the Board of Directors noticed an increasing volume of non-ALS 911 calls coming primarily from St. Charles La Pine Family Care Clinic (St. Charles) and La Pine Community Health Center (LCHC) requesting transport to the St. Charles ED in Bend. The District never denied transport even though it was apparent these were not all ALS qualified requests for transport. The majority of the non-ALS 911 costs were borne by the District taxpayers.

A portion of the Ordinance states “Whereas, The Board of Directors has determined that it is not unreasonable that medical facilities and/or care facilities should use the most appropriate and efficient method of transport for their residents or patient and indiscriminately calling for emergency advanced life support paramedic to transport, a facility resident or patient should not have the cost burden of that decision, especially if not allowed by federal Medicaid and/or Medicare reimbursement rules for emergency transport...”

This is not an unreasonable position to take but both St. Charles and LCHC have balked at paying the cost of non-ALS transports when they are the ones who initiated the non-ALS 911 call in the first place. Even though the taxpayers made it clear in 1987 that user fees were expected to cover the cost of transports both St. Charles and LCHC have passed the cost burden they initiated back to the taxpayers thereby relieving themselves of this expense.

Both St. Charles and LCHC have the financial capacity to pay the cost of non-ALS transports. The following table reflects certain information from the tax form 990 of the LCHC.

	000's	10/31/2017	10/31/2018	10/31/2019
Revenue		7,030.8	6,922.4	7,325.3
Net		548.7	(63.0)	56.2
Total Comp		4,482.5	4,797.7	5,226.8
Cash/Near Cash		3,109.2	2,855.0	3,064.2

As can be seen the growth in total compensation has surpassed the growth in revenues thus causing the reduction in net income starting in 2018. It is also apparent that LCHC has shown the ability to retain cash even as they shift the cost burden of non-ALS transport back to the taxpayers. St. Charles in La Pine does not file a 990 as they are consolidated into St. Charles Health Systems, Inc. who at year end 12/31/2018 reported cash balances of \$57,612,400.

St. Charles and LCHC are direct competitors both of whom should be covering their expenses themselves and not shifting them to the District taxpayers. If they are looking for a cheaper way to transport non-ALS patients now would be a good time for them to provide a means of transport or partner with someone who can.

Richard Swails

District Taxpayer and District Budget Committee Member

From: Mike Supkis
To: Tracy Read
Subject: FW: 600.0 AND 2019.03
Date: Tuesday, January 12, 2021 12:04:11 PM

For public comment

From: robert christman [REDACTED]
Sent: Tuesday, January 12, 2021 9:16 AM
To: Mike Supkis <chiefsupkis@lapinefire.com>
Subject: 600.0 AND 2019.03


Good Morning Chief,
Boy have I gotten opinionated in my old age!!
I received an email from the Health Center (WHOM I ENJOY THEIR SERVICES) regarding patient transportation and the lack of staff / or facilities your department has.
I'm of the thinking that the 2 local health providers need to create their own medical transportation service for non critical patients, your 2 units can't possibly cover all bases with our areas expanding population. Or St. Charles hospital donates funds for a 3rd / 4th emergency response unit.

Just my opinion,
Bob Christman

From: Les and Robin Adams
To: Info
Subject: Letter to the Board of Directors
Date: Tuesday, January 12, 2021 11:31:30 AM
Attachments: Letter to LaPine FireBoard of Directors.docx

Please find attached a letter to the Board in advance of Thursday's meeting. I've also copied into the body of this email in case you have concerns about opening an attachment.

Sincerely,

Robin Lannan Adams


Board of Directors
La Pine Rural Fire District
PO Box 10
La Pine, OR 97739

January 11, 2021

Gentlemen:

I have attended the past few Board meetings as an interested member of the Sunriver/La Pine community. I live in the District, and if my husband or I ever need emergency medical service, it likely will be provided by La Pine EMS.

I have been a physician for about 35 years. For the first part of my career, I practiced Internal and Critical Care medicine. For the past 20 years I have been an urgent care physician. In the interest of full disclosure, I hold appointment to the Medical Staff at St. Charles Medical Center, but I have no inpatient privileges. I am not now, nor have I ever been, employed by either St. Charles or the La Pine Community Health Center. I do not speak for St. Charles Medical Center administration or the medical staff but rather as a concerned resident of the District.

I have been shocked and dismayed by the discussion of EMS care and patient transport I've heard at the Board meetings. It appears that financial concerns of the District are taking precedent over the medical condition and safety of the patients. Medical providers are being held financially responsible for any request to transport ill or injured patients to the hospital. When that decision is appealed by the provider, the appeals are being decided on criteria that do not take into account the medical condition of the patient and whether the patient was or had the potential to become unstable. The appeals are decided by people who have no medical training, but do have a financial stake in the outcome.

Chief Supkis stated at the last meeting that "There are no illegitimate medical calls. If someone calls 911, they need help." Yet when providers at the local clinics call 911 for transport of a critically ill or potentially unstable patient to a higher level of care, they face pushback and the possibility of financial liability.

Providers are being asked to make medical decisions on financial grounds. It is not ethical for a medical provider to refuse emergency care to a patient based on that patient's ability to pay, but it seems to me that is exactly what La Pine Rural Fire District is doing.

At a previous meeting, one of the directors stated that he did not feel that taxpayer dollars should be spent on patient transport. No provider asks for EMS transport as a matter of convenience, but because it is in the best interest of the patient. I ask you, what is the voter-approved EMS budget for, if not to

provide emergency services in the best interest of the patient, even if that service requires transport?
I ask that you reconsider this policy for the safety and well-being of our Fire District residents.

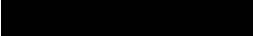
Sincerely,

Robin Lannan Adams MD

From: S JAYNES
To: Info
Subject: Response
Date: Monday, January 11, 2021 1:04:23 PM

I do not think it should be up to the fire dept med response team to Bill a Dr office for a requested emergency transport. A Dr or provider has the most up to date medical assessment on their patients. Why would anyone without any knowledge of the patients combined medical history ever think they know more then the patients own provider. I believe if the transport costs weren't so high, there would be more people able to pay for the needed transport they received. I personally had to file bankruptcy on the high cost of transport related to a medical emergency. Why bill the doctors office for their request for transport. Why not look at why it costs so much.

Respectfully ,
Shelley M. Jaynes



From: Shelley Miesen
To: Info
Subject: St Charles and LCHC
Date: Tuesday, December 29, 2020 10:50:41 AM

I do NOT agree to billing St Charles and/or La Pine Community Health Center for an ambulance transport. If a patient is transported to the hospital from La Pine, at the direction of a DOCTOR, the patient's insurance should be billed.

Also, if a doctor makes a call to transport a patient to the hospital, the EMS personnel should NOT be able to override that decision. Doctors should be making these decisions, NOT fire department personnel!!

I intend to remember this ridiculous decision by the fire department and their board of directors the next time I'm asked to vote on a bond measure!!

Shelley Miesen

Sent from my iPad

From: Sophia Sullivan
To: Info
Subject: EMS teams
Date: Tuesday, January 12, 2021 9:44:14 AM

Hi,

I think that things need to change to where primary care offices such as La Pine Community Health Center should not be billed for a mutual patients transport to the hospital. I see this causing more financial hardship on their company. Which then I see them having to cut costs for other resources they offer to our community in order to pay for these transportation costs. I feel that no matter where the patient is being picked up at, it should be billed to the patient's insurance or to the patient themselves. I think that maybe something could be worked out to help the patient pay for those costs, but the entire bill should not be billed to the facility they were at. I don't think Bi-Mart would be billed because one of their customers was picked up at their store. Overall the patient and/or their insurance needs to be billed for their health emergencies. Otherwise that is just silly for making someone else pay for it. The patient should be offered to deny EMS transport is they do not want to pay for it and that is their decision... It's their life and their choices.

From: TAMMY LESUEUR
To: Info
Subject: Ordinance 2019 03
Date: Monday, January 11, 2021 2:26:22 PM
Attachments: Ordinance 2019 03.pdf

This letter is in response to the call for public input on the

Ordinance 2019-03

Thank you

Tammy Lesueur

January 6, 2021

Board of Directors
La Pine Rural Fire Protection District
PO Box 10
La Pine, Or 97739

Re: Public Comment re Ordinance 2019-03

Gentlemen:

I am a long-time resident of La Pine Community and I have always felt thankful and have voted to use my tax dollars to support the La Pine Rural Fire Department and the access to our Ambulance Service. Over the years both have served this community. Thank you.

The Ordinance 2019-03 concerns me. In fact, I am so upset by the ordinance it has caused me to lose confidence in our Ambulance service. Here are my concerns:

1. La Pine is a rural community and our only **emergency room** services are 40 miles north of us. There is no other viable transportation to the hospital other than driving yourself, having a friend drive you, or via transport of our *tax-based ambulance service*. As resident of La Pine, I like to believe if I needed emergency medical care that required transportation to the hospital, and I could not drive myself and I had no one to drive me, the La Pine Ambulance service would come to my aid. Apparently, this is a false assumption, since I now know that the question of weather, I need transport or not, is not a decision my doctor can make but its left in the hands of the Chief who has no medical training!
2. The very existence of Ordinance 2019-03 decreases the level of medical care I can expect from my own primary care doctor, simply because if he feels its imperative that I get to the hospital under supervised care and he calls the ambulance service his organization will be billed rather than my insurance. This sets up a situation where my doctor is forced to consider the financial wellbeing of the organization that employs him over my medical care. **(I do not want my doctor to worry about the money, I want him to worry about me!)**
3. As a voter and taxpayer, it concerns me that the La Pine Rural Fire department board feels that it is okay to burden our medical clinics with a bill that is **not** their responsibility. Most people know that ambulance and air ambulance service is your own responsibility.

I am asking the La Pine Rural Fire district board to re-consider ordinance 2019-03 and vote against it. I feel that ordinance 2019-03 does not serve me or my community!

Thank you

Tammy Lesueur

Tammy Lesueur


From: Terry Corey
To: Info
Subject: Charging LaPine Community Health Center for EMS
Date: Wednesday, December 23, 2020 11:18:51 AM

Hello,

I don't understand how the Fire Chief can make a decision over the provider if EMS is necessary for the situation at hand. I trust my provider and if they feel like I need to be transported by ambulance I want to feel confident that

It will be done. I don't want there to ever be a situation that my provider has to second guess. La Pine Community Health Center is a small clinic and the residents of La Pine rely on their providers not the Fire Chief to make these medical decisions for them. Please remove this ordinance and keep my health care between me and my provider.

Thank you,
Terry Corey

Terry Corey
Population Health Specialist
La Pine Community Health Center
Phone: 541.536.3435



From: Thomas Heimer
To: Info
Subject: Ambulance service
Date: Monday, January 11, 2021 1:41:30 PM

To whom it may concern,

I have reviewed the information concerning the transporting of patients to Bend and see the dilemma with only two ambulances available, seems everything always comes down to the same problem, money. I would hope some reasonable solution can be reached as we need emergency services in La Pine and I don't think it is reasonable to expect no patients needing transport from either of these facilities. I hope you will continue to work with both to reach a solution that doesn't bankrupt anyone, I have no suggestion what that would be but personally would be willing to more to prevent someone perishing due to lack of transport.

Sent from my iPad.

Thomas M Heimer

Sincerely,

From: Tom E. Loe Fly Fishing
To: Info
Subject: Potential EMS response changes
Date: Wednesday, December 23, 2020 1:01:41 PM

LPRFPD 12/23/2020

Happy holidays, and sincere thanks to all the first responders associated with the La Pine Fire District. As a full time resident; I will never take for granted the effort, and courage put forth by this crew.

I am writing in support of the La Pine Community Health Centers newsletter highlighting the potential for changes in EMS response policies.

My wife has had the misfortune of having to rely on the wonderful services provided by EMS personal, and I think it vital that the medical staff at LPCHC not be hindered by financial issues brought upon by new policies enacted by the LPRFPD.

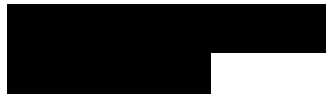
I firmly believe that decisions to transport; or not, should be made by medical doctors.

Consistency within the Deschutes County Ambulance Plan is vital to saving lives. Surely, the small percentage of 911 calls propagated by LPCHC should not influence major changes in how EMS crews respond to 911 calls emanating from urgent care; or health care facilities not staffed to handle potentially fatal emergencies.

I fully understand the need to address budgets, and how compensation should be allocated. As La Pine grows, so must its emergency services. That will eventually lead to increases in taxes; or costs to health care providers/patients. This is unfortunately a necessary evil. Emergency services to people should never be compromised over budgetary issues. Pursuing this option is superior to cutting services in my opinion.

Please accept my sincere thanks again for all the good the LPRFPD is doing, and has performed. Good on ya!

Tom Loe



From: Valerie Best
To: Info
Subject: Ordinance #2019-03
Date: Friday, January 8, 2021 4:08:16 PM

Good for you guys !!!

Thank you for being of service!!!

Valerie Best



La Pine, OR 97739

From: Vern Walter
To: Info
Subject: Response to Ordinance #2019-03 input
Date: Friday, January 1, 2021 10:10:31 AM

In response to requested public input on Ordinance #2019-03

I understand the lost revenue concerns: insurance companies, both private and federal not paying the full cost of an ambulance run; revenue lost due to Urban Renewal; property taxes not being paid. But transferring this shortcoming of revenue to the local health center and medical facilities is misguided for the following reasons:

1. The burden for the cost of an ambulance run is mine or by extension my insurance company. A third party whom I have made no prior arrangement with should not be billed.
2. I do not want an ambulance crew or the La Pine Rural Fire District (LPRFD) to come between my doctor and I. If my doctor says I should be transported I want to be transported as soon as possible. Not at the discretion or convenience of the LPRFD.
3. Ambulance service is tax based
 - a. 2014 ten year local levy money provided by tax payers to replace three ambulances.
 - b. 2014 five year local levy which was renewed in 2019
 1. Money paid by tax payers to maintain two ambulances in service
 2. Money provided by tax payers to provide for staffing for a third ambulance or a fire engine company

If tax monies were provided to staff a third ambulance but was used elsewhere, then this was a decision of LPRFD.

If this decision resulted in the ambulance service not being adequately funded, this is not the fault of local medical facilities or health center. They should not have to bear the financial burden of that decision.

What then can the LPRFD do to increase support of the ambulance service?

1. Negotiate with the city to recover some revenue lost to the LPRFD through Urban Renewal.
2. Cross-train more fire department employees so three ambulances can be staffed as advertised in the five year local levy.
3. Submit another bond issue to the tax payers for additional funds.
4. Put additional effort into billing patients or their insurance companies
5. Work with county to allow additional ambulance service in the district.
6. Put additional effort into seeking grants

7. Put effort into collaborating with local medical facilities instead of fostering an adversarial relationship.

Thank you for considering this input,
Vern Walter

From: Leah Bishop
To: Info
Subject: public comment on ordinance
Date: Wednesday, January 13, 2021 8:52:52 PM
Attachments: [fire district letter.docx](#)

I have attached my letter.

Thank you, Gary Bishop

January 7, 2021

Board of Directors

La Pine Rural Fire Protection District

P.O. Box 10

La Pine, OR 97739

Re: Public Comment regarding Ordinance 2019-03

My family and friends have been stunned by revelations of this ordinance and the policies put in place by the Board and the Chief. In short, it puts money and budgets ahead of patient care. As I have described what is taking place here in La Pine and what the ordinance says to everyone I know, the first response is disbelief. That can't be happening, people say. That has to be illegal, others say. No, I say, it is happening and it is happening because this ordinance was put into place quietly, and therefore illegally. I have encouraged all to write their own letters and I hope they do. And I hope you listen.

First of all, who are you to determine that "...adequate patient care cannot be or is not provided by in-house capacity..."? Have any of you run a medical clinic? An assisted living? Do any of you have a history working in the health care field? So, this assumption in paragraph 3 is just an opinion, not fact. I do know that our health care system is complicated and confusing and a struggle, but it takes the systems working collaboratively, not antagonistically, to do the best job for each other and our patients. If these places call, or someone calls from his/her house, they need help. They expect help. And frankly, you are receiving our tax dollars to provide that help. Yes, in healthcare, we all have great demands with limited resources. But that is what your job is: providing ambulance services for the La Pine community when they call.

Not only does the Fire District have tax dollars to provide this service, you have the ability to bill for your services to Medicare, Medicaid, and private insurances. It is unreasonable that you would think the medical facilities should be billed. It is expected and standard procedure that the patient would be billed for ambulance services, or EMS services, should the patient require it. Also, as a provider under the Oregon Health Plan, aren't you required to bill the patient's insurance? (ORS 410-141-3945) The Board needs to recognize that if managed correctly, the revenue generated from proper billing and reconciliation PLUS the guaranteed tax revenue should be more than enough to provide good and sustainable ambulance services.

Secondly, there are no emergency rooms, cardiac cath labs, or trauma centers in La Pine. Thankfully, we have 2 family practice clinics that have staff and resources allocated for same day walk in appointments, in other words, non-emergencies. It is unreasonable to determine that either of the 2 clinics can manage

or care for patients with suspected heart attack or stroke or diabetic/metabolic emergencies. They do not have the staff or the equipment. They are not hospitals. If my doctor calls an ambulance for me, I expect you to come and take me to the hospital and I expect my insurance to receive a bill for the transport. It is up to my insurance policy to determine if my transport meets the criteria for coverage, not the Fire District. And I am not expecting a delay in transport as the EMTs try to decide if I am enough of an emergency. You treat the patient in front of you. And if you find that all your ambulances are out all the time, or you do not have enough staff, get some more. That is one of your jobs, as I see it, for the Board and Chief. If you determine you need another ambulance, make a case for it, show the evidence, and ask for another bond or levy. As La Pine continues to grow (your own minutes showed an increase in home inspections), it is unreasonable to expect the ambulance calls are going to decrease or stay the same. As the community grows, you will get more calls. This is not a bad management, it is reality. So, I implore you to put your efforts towards figuring out how to meet the increase demands for ambulance services in our growing community, not how to blame or accuse other service providers for not doing their part. I find it hard to believe either of the medical clinics are using the ambulance service as “glorified taxi-cabs” or transporting “sprained ankles.” That is insulting language.

Thirdly, saying that medical facilities are “indiscriminately” calling for ambulance transport is an opinion, not a fact.

Additionally, referring to Section 1 and the determination of the fees, is the Fire Chief a medical doctor? Or any kind of medical provider? Then he is not qualified to determine if a situation is an emergency or not. I understand that the Fire District has a medical director. Are you utilizing his/her expertise in any way? Is the medical director involved at all in determining if a transport was “emergent” or “non-emergent”? Do you all consider the outcome of any of your transports, ie: was the patient admitted to the hospital? What was the final diagnosis? Did the patient live?

Finally, I feel you are doing a great disservice to our community and the other hard working health care providers with this ordinance. And putting your paramedics and EMTs in a terrible position. To transport or not to transport? Face the Chief or argue with a doctor? Let’s simplify the process and work together. Go when called, provide aid and transport, bill the patient’s insurance. That is our expectation. That is what our tax dollars are paying for. And I know it’s what you want to do.

Thank you.

Gary Bishop, taxpayer

From: Tyson Langeliers
To: Info
Subject: concerned citizen
Date: Wednesday, January 13, 2021 8:12:34 AM

Concerned citizen

Here are my concerns for the health and well being of my community and the surrounding area and access to health care and emergency medical services.

Local Healthcare Impact

- * Imposes great financial strain on medical care offices that could lead to reduction of staff and services potentially limiting access to health care.
- * Creates doubt in medical providers minds when deciding whether to contact 9-1-1 for medical emergencies and force patients to travel when not safe to do so under there own power or other mental physical state.
- * Creates conflict between the District and local medical professionals where there should be collaboration and a mutual respect for each other's office and competencies.

Community Impact

- o Creates a lack of confidence that urgent medical needs will be cared for in a timely manner and appropriately. Potentially lead to miss diagnosis and greater injury.
- o May ultimately lead to reduction of health services in the local area. Limiting and decreasing desire to utilize the EMS service and cause greater decline in health and well being of the community.
- o Gives a sense of "rationed" or limited services rather than increased service availability for a growing population. Goals should be to increase access to health care and availability for help not limit it.