



1 Emergency Medical Health Care Facilities Board and shall not be subject to any term limits.  
2 Such Board shall, prior to the appointment of each member, submit a letter to the Board of  
3 Directors listing the name and occupation of each proposed member for review and/or  
4 comment by the Board of Directors. Members shall be residents and Qualified Electors of the  
5 City and shall take, and file, with the City Clerk, the Oath of Office prescribed by law.

6 (b) The Board of Directors shall make all reasonable efforts to ensure that the membership consists  
7 of persons whose occupation or expertise lies in the following fields:

8 (1) The Medical Director for the Emergency Medical Health Care Facilities Board.

9 (2) Attorney.

10 (3) Health Care Administrator.

11 (4) Business.

12 (5) Consumer.

13 (c) In addition to the membership set out above, if the Emergency Medical Health Care Facilities  
14 Board expands, pursuant to the Interlocal Agreement approved by the Board of Directors, to  
15 provide ambulance service to counties and other municipalities, not more than two (2)  
16 additional members per governmental unit may be added to the membership of such Board.  
17 The appointment of such new members, their terms, residency and other qualifications, shall  
18 be determined by the terms of the Interlocal Agreement providing for the expansion of service.  
19 The Interlocal Agreement must be approved by the Board of Directors.

20 (d) The Mayor of the City of North Little Rock may appoint two (2) members to serve on the Board  
21 who shall represent the interests of the City of North Little Rock. These members shall be  
22 residents of the City of North Little Rock and shall serve a term of five (5) years provided an  
23 Interlocal Agreement concerning ambulances between Little Rock and North Little Rock is in  
24 effect. Neither of these members shall be eligible to serve as Chairman of the Board.

25 **Sec. 5-28. May be Called Ambulance Authority.**

26 The Emergency Medical Health Care Facilities Board created by this article may be referred to  
27 as the "Ambulance Authority."

28 **Sec. 5-29. General Functions.**

29 The Ambulance Authority has authority to accomplish, establish, manage, operate, finance and  
30 contract for Emergency Medical Health Care Services and Facilities within, or near, the City.

31 **Sec. 5-30. Fiscal Procedures.**

32 The Emergency Medical Health Care Facilities Board is subject to all fiscal procedures of the  
33 City.

34 **Sec. 5-31. Powers.**

1 The Ambulance Authority is empowered, from time to time, to loan, acquire, construct,  
2 reconstruct, extend, equip, improve, sell, lease, and contract concerning Emergency Medical Health  
3 Care Services and Facilities as shall be determined by the Ambulance Authority to be necessary to  
4 effect the purposes of this article to provide adequate, efficient and professional Emergency  
5 Medical Health Care Services and Facilities as within, or near, the City. In addition, the Ambulance  
6 Authority shall have each of the powers set forth in A.C.A. § 14-137-111, and appropriate to the  
7 purposes for which the Ambulance Authority is created. The Ambulance Authority may enter into  
8 such contractual or cooperative agreements with such persons as may, in its discretion, be advisable  
9 to accomplish the purposes of this article, including without limitation, departments, agencies, or  
10 instrumentalities of the United States of America, the State, any County or Municipality of this  
11 State, or the City.

12 **Sec. 5-32. Insurance and Indemnity.**

13 The Ambulance Authority shall acquire, obtain, or otherwise contract for all forms of insurance  
14 that are necessary and advisable to fully protect, insure and hold the City harmless from any liability  
15 connected with the Ambulance Authority. In any event, the Ambulance Authority will indemnify  
16 and hold the City harmless from any liability the City may incur or suffer as a result of the  
17 Ambulance Authority's operations.

18 **Sec. 5-33. Issuance of Bonds.**

19 The Ambulance Authority may issue evidence of indebtedness, including, but not limited to,  
20 Revenue Bonds, notes or other evidences of indebtedness, from time to time, and may use the  
21 proceeds, either alone, or together with other available funds and revenues, to accomplish the  
22 purposes for which the Ambulance Authority is created as the same relates to the providing of  
23 adequate, efficient, and professional Emergency Medical Health Care Services and Facilities;  
24 provided that the accumulated indebtedness represented by such Revenue Bonds, notes, or other  
25 evidences of indebtedness shall be obligations only of the Ambulance Authority and shall not  
26 constitute an indebtedness for which the full faith and credit of the City or any of its revenues are  
27 pledged, and the principle and interest on the Bonds or other evidence of indebtedness shall be  
28 payable from and secured by a pledge of revenues from Emergency Medical Health Care Services  
29 and Facilities financed, in whole or in part, from Bond proceeds or other evidence of indebtedness  
30 and as authorized by, and in accordance with the provisions of the Public Facilities Board Act  
31 [A.C.A. §§ 14-137-101, *et seq.*], together with such other collateral as may be properly pledged  
32 under such Act and as the Ambulance Authority in its discretion may determine.

33 **Sec. 5-34. Excess Revenues.**

34 Any revenues of the Ambulance Authority accumulated in excess of the amount necessary to  
35 accomplish the purposes for which the Ambulance Authority is created and to comply with all

1 covenants and agreements of the Ambulance Authority in connection with any outstanding Bonds  
2 or other obligations shall be reported to the Board of Directors.

3 **Sec. 5-35. Organization and Reports.**

4 The Ambulance Authority shall adopt such Bylaws and other Rules and Regulations as shall  
5 be necessary for the conduct of its business and consistent with the provisions of the Public  
6 Facilities Boards Act [A.C.A. §§ 14-137-101, *et seq.*]. The Ambulance Authority shall cause to be  
7 filed with the City Clerk the annual report described in A.C.A. § 14-137-123 and the Ambulance  
8 Authority shall further provide the City with Monthly Financial Statements in a form acceptable to  
9 the City.

10 **Sec. 5-36. Responsibilities.**

11 The Ambulance Authority shall provide developmental and financial oversight on all matters  
12 concerning Ambulance Service in the City. The Ambulance Authority shall study, review, analyze,  
13 advise and report on all matters of public policy affecting ambulance service that come before the  
14 Board of Directors including, but not limited to, applications for Franchises, Franchise Fees,  
15 applicable rates and proposed regulations and ordinances.

16 **Sec. 5-37. No Subsidy.**

17 The City shall not lend, transfer, give or otherwise extend any monies or subsidize the  
18 Ambulance Authority in any way except to the extent of assistance to the Ambulance Authority  
19 which may be financed through Ambulance Franchise Fees collected by the City.

20 **Sec. 5-38 Exclusivity.**

21 The Ambulance Authority shall have exclusive Franchise within its service areas to provide  
22 Advanced Life Support (ALS) and Basic Life Support (BLS) Ambulance Services subject to any  
23 exceptions in the Little Rock Code.

24 **Secs. 5-39—5-55. Reserved.**

25 **ARTICLE III. AMBULANCE SERVICE**

26 **Sec. 5-56. Definitions.**

27 The following words, terms and phrases, when used in this article, shall have the meanings  
28 ascribed to them in this section, except where the context clearly indicates a different meaning:

29 *Advanced Life Support (ALS)* means a level of emergency service provided by an Emergency  
30 Medical Technician-Paramedic trained at the level of Advanced Life Support, including  
31 resuscitation techniques such as intubation, intravenous access, and cardiac monitoring.

32 *Ambulance* means any motor vehicle equipped with facilities to convey infirm or injured  
33 persons in a reclining position.

1           *Ambulance Authority, or the Authority*, means the City of Little Rock, Arkansas, Emergency  
2 Medical Health Care Facilities Board. The Ambulance Authority does business as Metropolitan  
3 Emergency Medical Services, or “MEMS.”

4           *Ambulance Control Center* means the facility designated by the Ambulance Authority from  
5 which all ambulances are dispatched and controlled.

6           *Ambulance Patient* means any person who is ill, infirm, injured or otherwise incapacitated,  
7 bedridden, or helpless and requires or requests Ambulance Service or Helicopter Rescue Service  
8 to or from a hospital, physician’s office, medical clinic, nursing home or other health care facility.

9           *Ambulance Personnel* means Paramedics, Emergency Medical Technicians, Emergency  
10 Vehicle Operators and Emergency Medical Responders.

11           *Ambulance Run* means a patient transport by ambulance on a for-hire fee for service or prepaid  
12 capitation basis.

13           *Ambulance Service area* means that area which is contained within the boundaries of the  
14 municipal limits of the City and the area of those jurisdictions participating by Interlocal Agreement  
15 in the MEMS System.

16           *Arkansas Emergency Physicians’ Foundation, Inc., or AEPF* means the non-profit professional  
17 and charitable organization composed of licensed physicians, a majority of whom are regularly  
18 engaged in the full-time professional practice of emergency medicine. This term may apply to this  
19 organization, or to any similar organization, or to a separate Board created by the City.

20           *Base Station Physician* means a physician licensed under the Arkansas Medical Practices Act  
21 (A.C.A. §§ 17-95-201, *et seq.*) and certified by the AEPF or the American College of Emergency  
22 Physicians or operating under the supervision of such a physician.

23           *Basic Life Support (BLS)* means a level of emergency service provided by an Emergency  
24 Medical Technician that includes basic techniques such as bleeding control, simple airway  
25 maneuvers and administration of oxygen.

26           *Dispatcher* means any person who works in the Ambulance Control Center and dispatches  
27 ambulances.

28           *Driver* means an Emergency Vehicle Operator or any other person who is certified by the  
29 license officer to drive ambulances in the City.

30           *EMS* means Emergency Medical Services.

31           *Emergency Medical Technician, or EMT* means any person certified by the State as an  
32 Emergency Medical Technician.

33           *Exclusive Franchise* means the exclusive right to engage in all emergency and nonemergency  
34 intracity patient transports and intercity and intracounty patient transports originating from within

1 the City. This definition also includes the Ambulance Authority’s operating area as established by  
2 Interlocal Agreement.

3 *First-Responder* means any person capable of providing qualified First-Responder Emergency  
4 Care as required by the AEPF or as further defined by the Arkansas Department of Health.

5 *Intercity patient transport* means an ambulance run which transports a patient from a point  
6 within the City to another City, or from another City to a point inside the City.

7 *Intracity* means that which takes places solely within the City.

8 *License Officer* means the authorized agent of the City Manager.

9 *Life-Threatening Emergency* means an Echo or Delta level response that is designated as time  
10 critical and life threatening as defined by the International Academies of Emergency Dispatch  
11 (“IAED”). The response time component of life-threatening emergency calls will be measured  
12 based on the baseline and benchmark standard endorsed by the Commission on Fire Accreditation  
13 International (“CFAI”) which also takes into consideration the population density as well as the  
14 service area.

15 *Medical Control* means online medical direction given to ambulance personnel by a base  
16 station physician through direct voice contact via telephone or other communication device or  
17 platform, or via offline medical direction through the use of standing orders through written clinical  
18 guidelines.

19 *Medical Propriety Dispatch System, or MPDS* means a unified system used to dispatch  
20 appropriate aid to medical emergencies including systematized caller interrogation and pre-arrival  
21 instructions.

22 *Medical Protocol* means any diagnosis-specific or problem-oriented written statement of  
23 standard procedure, or algorithm, approved by AEPF as the normal standard used to determine  
24 level of response, pre-arrival instruction and prehospital care for that given clinical condition.

25 *Medical Quality Review* means an official inquiry into the circumstances involving an  
26 ambulance run or request for service.

27 *Nonlife Threatening Emergency* means a Charlie, Bravo, Alpha or Omega response as defined  
28 by IAED. The response time for these emergencies shall be determined by AEPF.

29 *Paramedic* means a person licensed by the state as a paramedic.

30 *PSAP* means a public safety answering point, e.g., 911 call center.

31 *Response Time* means the time interval from the initial call from the requestor to the arrival of  
32 the first ambulance on scene. Response time consists of the following components:

- 33 (a) Dispatch Time: the time interval from initial call from the requestor until the first  
34 dispatch notification for a unit to respond.

1 (b) Turnout Time: the time interval from when response personnel receive the dispatch  
2 notification until there is a staffed ambulance responding.

3 (c) Travel Time: the time interval from the staffed ambulance initiates response until it  
4 arrives at the scene of the incident.

5 (d) Dispatch to First Unit Arrival: is a cumulative time for the time components of Turnout  
6 and Travel times. This is the time controlled only by the responding resources and not  
7 the ambulance control center.

8 The EMS agency response time begins when it receives a response from the primary PSAP and  
9 both a full address and a MPDS call determinate has been obtained. The measurement of time  
10 stops when the ambulance or other unit arrives at scene of an incident or at a staging area awaiting  
11 the arrival of another public safety official due to an unsafe scene.

12 *Senior Paramedic in Charge* means that individual among the licensed personnel on Board an  
13 ambulance unit who is not the driver and who is a paramedic currently certified under State Law,  
14 and who is designated by his employer, or immediate supervisor, as the individual in command of  
15 the ambulance and its operation. If two (2) or more licensed EMTs on the ambulance, or at the  
16 scene, are at the same level of training and experience, the person with the lowest EMT License  
17 Number shall be the individual in command of the ambulance, and as applicable, at the scene.

18 *Special Use Permit* means a permit issued by the license officer to hospitals serving the public  
19 for the provision of specialized mobile intensive care services to clinically defined patient  
20 populations (such as neonatal transport) and permits issued pursuant to Little Rock Code Section  
21 5-79(c).

22 *System Status Management* means the formal and orderly process of continuously locating  
23 ambulance units available for dispatch among post locations throughout the geographic area being  
24 served to maintain the best possible readiness configuration at all times.

25 **Sec. 5-57. Penalty.**

26 Any person convicted of a violation of any of the provisions of this Article shall be punished  
27 as provided in Little Rock Code Section 1-9. Each day that any violation, of or failure to comply  
28 with this Article, is committed, or permitted to continue, shall constitute a separate and distinct  
29 offense under this Section and shall be punishable as such hereunder. Each ambulance run  
30 unlawfully performed shall be considered a separate offense. Each hour of illegally rendered  
31 standby services shall be considered a separate offense. Each incident of willful falsification of  
32 data by a licensee shall be considered a separate offense. Each ambulance run for which records  
33 are willfully omitted shall be considered a separate offense. Each instance of willful participation  
34 in the committing of an offense by an individual working as a Paramedic, EMT or Dispatcher shall  
35 also be considered a separate offense.

1       **Sec. 5-58. Purpose and General Intent.**

2       (a) *Purpose.* It is the purpose of this article to establish a regulated Ambulance Service System  
3           that can provide each ambulance patient with the best possible chance of survival without  
4           disability or preventable complication.

5       (b) *General Intent.* It is the intent of the Board of Directors of the City that:

6           (1) Exclusively is mandatory because it is neither fair nor financially feasible to require a  
7           high level of emergency performance from one (1) Ambulance Company while  
8           simultaneously allowing other ambulance companies to select certain preferred non-  
9           emergency business.

10          (2) Substantive regulation requiring clinical excellence and Citywide life-saving response  
11          time performance cannot reasonably be imposed on an unsubsidized Ambulance  
12          Company without simultaneously granting that Ambulance Company an exclusive  
13          contract to furnish all Ambulance Service, both emergency and non-emergency, to  
14          residents of the City.

15          (3) If the Ambulance Authority is not operated as a Public Facilities Board (with  
16          Ambulance Services provided by employees of the Board), it may, after bid  
17          procedures, select a private Ambulance Company for an exclusive contract to provide  
18          ambulance personnel to operate the ambulance service in the City. The Ambulance  
19          Company shall provide the ambulance personnel necessary to operate the equipment  
20          owned by the Ambulance Authority and to provide those management functions  
21          delegated to it under contract by the Ambulance Authority. The Ambulance Authority  
22          shall own, or shall serve as a primary lessee of, all ambulance and communication  
23          equipment and shall provide all administrative oversight for the ambulance service  
24          system. Nothing in this paragraph shall prevent the Ambulance Authority from  
25          operating the Ambulance Service and providing its own personnel.

26          (4) This article will:

27           a. Furnish bona fide monitoring and medical control of present ambulance  
28           operations.

29           b. Allow the City to contract with AEPF to develop written Medical Standards,  
30           Protocols, Controls, Medical Quality Reviews and system evaluation and to  
31           provide complete medical control over and evaluation of the City's Ambulance  
32           Service System.

33           c. Require the development of a First-Responder Program.

34          (5) The Ambulance Authority shall be required to:



- a. Designate a single EMS Control Center in the City, or County, from where all ambulance dispatching shall take place.
- b. Purchase an appropriate complete Communication and Recording System.
- c. Design the communication system and control center operation to allow for full-time recording of all ambulance-related radio and telephone traffic.

(c) Basic Life Support: Non-life threatening emergencies. Notwithstanding any other provision of this chapter, the Ambulance Authority may provide for BLS responses to non-life threatening emergencies as permitted by the State Department of Health, as consistent with this chapter, and as approved by AEPF.

**Sec. 5-59. Operation on Fee or For-Hire Basis.**

Except as provided in Little Rock Code Sections 5-58 and 5-60, no person or entity, public or private, shall operate an ambulance to transport the sick, injured, or infirm on a fee or for-hire basis, regardless of whether it is an emergency or routine non-emergency patient transport, upon any street within the City or other contracted areas.

**Sec. 5-60. Exemptions.**

An Ambulance Service License shall not be required for Ambulance Services which are:

- (1) Owned and operated by an Agency of the United States Government.
- (2) Rendering requested assistance to an ambulance which is currently licensed in cases of disaster, in a major emergency too great for local resources, or in response to provisions of a written mutual aid agreement approved by the Ambulance Authority.
- (3) Engaged in intercounty or intercity patient transport from facilities anywhere outside of the City and its Franchise Area extended by Interlocal Agreements, but which ambulance run ends anywhere inside the City and its Franchise Area.
- (4) Rendering ambulance services under contract with the Ambulance Authority.
- (5) Private companies which use an ambulance solely for the transportation of their employees for illness or injury sustained while performing their work.
- (6) Operating a privately-owned ambulance designed especially for the transportation of the infirm or physically handicapped where the ambulance is used solely for the benefit of the owner and not for hire on a fee for service or pre-paid basis.
- (7) Ambulances owned and operated by a licensed hospital and used exclusively for specialized mobile intensive care or for institutional transfers of their own admitted patients or residents, provided such hospital shall apply for and receive a special use mobile intensive care license or be eligible for grandfather licensing, as provided for under Little Rock Code Section 5-79. Such Special Use Permit is non-transferable by the hospital.

1       **Sec. 5-61. Medical Director Generally.**

2           The Medical Director shall be a licensed physician selected by AEPF, or a similar organization.  
3       He shall serve at the pleasure of same.

4       **Sec. 5-62. Reserved.**

5       **Sec. 5-63. Intracity Ambulance Service.**

6           It shall be unlawful for any person, or entity, public or private, to operate an Intracity  
7       Ambulance Service which provides emergency or nonemergency prehospital care or patient  
8       transports except as specifically allowed pursuant to the provisions of this article.

9       **Sec. 5-64. Deviation from Medical Protocol.**

10          Base Station Physicians may, for cause, deviate from approved medical protocol in a specific  
11       case where authorized deviation is warranted by special circumstances.

12       **Sec. 5-65. Control by Board of Directors.**

13          The Ambulance Authority is authorized to operate the City's Ambulance Service System under  
14       the supervision and control of the Ambulance Authority's Board of Directors.

15       **Sec. 5-66. Management Options and Mandatory Requirements.**

16       (a) Mandatory requirements for exclusive contract method are as follows:

17           (1) The Ambulance Authority shall operate, or cause to be operated, a licensed Ambulance  
18           Service System for the City, and for neighboring areas if appropriate contractual  
19           relationships can be developed with those neighboring areas for the equitable sharing  
20           of equipment costs, operating costs, medical costs, control and audit costs and  
21           management costs. The service operated by the Ambulance Authority shall have the  
22           following characteristics:

- 23           a. The services rendered must at all times be in compliance with the provisions  
24           of this Article.  
25           b. All emergency equipment utilized in this service must be owned by or leased  
26           to the Ambulance Authority as primary lessee.  
27           c. All legal proceedings which are necessary, shall be performed by the  
28           Ambulance Authority.

29          The Ambulance Authority shall own, or shall be the primary lessee of, all ambulance  
30       and communication equipment, shall be responsible for all billings and collections, but  
31       may outsource the billings and collections, as needed, and shall provide administrative  
32       oversight for the Ambulance Service System. AEPF shall provide all medical advice,  
33       medical control, Medical Quality Reviews and medical oversight.

34       **Sec. 5-67. Physician Supervision and Medical Quality Control.**

1 (a) Advisory Contract. The City Manager may contract with AEPF, or any similar organization,  
2 to provide medical advice to the Ambulance Authority and physician supervision and medical  
3 quality control over the City's Ambulance Service System.

4 (b) The AEPF generally:

5 (1) Powers and Duties. The powers and duties of AEPF are generally to provide the  
6 Ambulance Authority with information about the necessary elements of the City's  
7 Ambulance Service System and to:

- 8 a. Establish reasonable standards of production and patient care, including  
9 standards for vehicles and on-board equipment.
- 10 b. Make official recommendations to the Ambulance Authority and to the City's  
11 Board of Directors.
- 12 c. Establish medical protocols.
- 13 d. Establish standards, procedures and protocols for the operation of the EMS  
14 Control Center.
- 15 e. Establish procedures and protocols for first-responder medical care.
- 16 f. Establish standards and procedures governing the reliable provision of twenty-  
17 four (24)-hour medical control.

18 (2) Medical Quality Reviews.

- 19 a. The AEPF, or similar organization, shall perform Medical Quality Reviews  
20 when requested by the License Officer, at the request of the Chairman of the  
21 Ambulance Authority, the City Manager, any member of the Board of  
22 Directors, any Certified Paramedic, any licensed physician, or any member of  
23 the Ambulance Authority Board in accordance with the terms and conditions  
24 of its contract with the City.
- 25 b. A Medical Quality Review performed upon the request of an authorized party  
26 and which is related to a particular incident, rather than to a concern about a  
27 general protocol or system procedure, shall be initiated by a review of all  
28 recordings, dispatch records, patient report forms, hospital records, and other  
29 records, documents, and information related to that incident. If, in the opinion  
30 of the reviewing physician, additional inquiry or action is appropriate, an oral  
31 review of the matter shall be conducted by the reviewing physician. The  
32 person whose performance is the subject of such Medical Quality Review shall  
33 be notified of the time and place of such oral review, and the person whose  
34 performance is the subject of the Medical Quality Review may not be excluded  
35 from the oral review.

- 1           c. The Medical Quality Review Procedure is intended to be educational and  
2           positive and not vindictive or punitive. Any individual whose actions are  
3           under review may not be excluded from the review process and shall have the  
4           right to appear and be heard.
- 5           (3) Medical Director. The Medical Director shall implement the policies established by  
6           AEPF and upon approval of AEPF and the Ambulance Authority, may appoint an  
7           Assistant to the Medical Director who shall serve in that capacity at the pleasure of the  
8           Medical Director.
- 9           (4) Annual Report. The Medical Director and the Chairman of the Ambulance Authority  
10          may, at their discretion, make a written report to the Board of Directors on January 1<sup>st</sup>  
11          of each year detailing the status of the Ambulance Service System.
- 12         (c) Radio Communication.
- 13           (1) The Ambulance Authority shall ensure that at all times its field personnel have direct  
14           access by reliable radio or telephone communications to medical consultation and  
15           direction concerning the care of patients in the field. To ensure that reliable medical  
16           communications exist at all times and to ensure that all medical communications are  
17           appropriately monitored for backup purposes, the Ambulance Authority shall furnish  
18           or otherwise acquire a reliable Medical Communications System.
- 19           (2) All medical control radio traffic shall be continuously recorded by the ambulance  
20           control center. All tapes or other recording media shall be retained for 120 days and  
21           may then be recycled, destroyed or erased.
- 22         (d) Run Reports and Reviews. A copy of the approved Run Report Form, approved by the  
23           Ambulance Authority, shall be left with the emergency receiving facility to which each patient  
24           is delivered. The receiving facility physician may request a medical quality review to be  
25           performed relative to the prehospital or interhospital care of that patient. Ambulance personnel  
26           involved directly in the handling of a medical quality reviewed case after notification from the  
27           Medical Director shall attend the reviews of that case. Failure to attend the medical reviews  
28           without good cause is grounds for disciplinary action by the Executive Director.
- 29         (e) Appeals. AEPF shall make its findings and recommendations to the Director of Operations,  
30           who shall be responsible for any disciplinary action taken against ambulance personnel or  
31           performance improvement plans for ambulance personnel. Such actions may be appealed to  
32           the Executive Director. In the case of Fire Department First-Responders, AEPF shall make its  
33           findings and recommendations to the Fire Chief, who shall be responsible for any disciplinary  
34           action taken against Fire Department Personnel, in accordance with the City's Personnel Policy  
35           and Civil Service Rules and Regulations.

1       **Sec. 5-68. Standards of Production and Performance.**

2       The Ambulance Authority shall follow the following as minimum standards:

3       (1) Equipment and Management Capability. Each and every ambulance and all on-board  
4           equipment utilized by the Ambulance Authority in performing services which are the subject  
5           of this article shall comply with applicable standards required for licensure. The Ambulance  
6           Authority shall maintain the equipment and shall employ sufficient backup equipment to ensure  
7           that a safe level of reserve equipment capacity is available to provide peak period ambulance  
8           coverage even at times when unusual occurrences of equipment breakdown and routine  
9           equipment maintenance coincide.

10       (2) Personnel. The Ambulance Authority shall ensure:

11           a. That each ambulance is staffed by personnel as required by the Arkansas Department  
12           of Health.

13       (3) Clinical Performance. The clinical performance of the Ambulance Authority and its personnel  
14           shall be consistent with and shall conform to the operating procedures and medical protocols  
15           adopted by AEPF. Where clinical performance deficiencies are discovered, the Ambulance  
16           Authority shall efficiently and promptly take all reasonable measures to correct the  
17           deficiencies.

18       (4) Response Time Performance. Response time performance standards are as follows:

19           a. Life-Threatening Emergency Calls.

20               1. The Fire Department shall make a diligent good faith effort to manage all  
21               available resources to achieve the response times for life-threatening  
22               emergency calls set by CFAI. Response times under exceptional  
23               circumstances, *e.g.*, mass casualty events, shall be exempt from these  
24               requirements.

25               2. The Ambulance Authority shall make a diligent good faith effort to manage  
26               all available resources to achieve the response times for life-threatening  
27               emergency calls set by CFAI. Response times under exceptional  
28               circumstances, *e.g.*, mass casualty events, shall be exempt from these  
29               requirements.

30               3. Where an ambulance unit is dispatched from a non-transporting first-response-  
31               only status, its response time may be counted as the Ambulance Authority  
32               ambulance response time even though the patient was transported by a  
33               different ambulance. In addition, the response time of a neighboring  
34               ambulance service responding by mutual aid request may also be counted as  
35               the Ambulance Authority's ambulance response time, provided the level of

1 life support capability furnished by the neighboring ambulance service is  
2 comparable to that required under this article, as determined by AEPF, and  
3 provided that reliance upon neighboring Ambulance Service Operators is only  
4 an occasional event and not a routine method of operation of the Ambulance  
5 Authority.

6 b. Nonlife-Threatening Emergency Calls. The Ambulance Authority shall make a  
7 diligent good faith effort to manage all available resources to achieve the response  
8 times for nonlife-threatening emergency calls set by the Center for Public Safety  
9 Excellence.

10 c. Other Types of Calls (Nonlife-Threatening). The Ambulance Authority's response to  
11 other types of calls shall be reasonable, but in every case where a conflicting demand  
12 for resources occurs, responses to life-threatening and nonlife-threatening calls shall  
13 take precedence over requests for non-emergency BLS transfer service. Furthermore,  
14 the Ambulance Authority shall display sound judgment in developing its System Status  
15 Management Plans to preserve a safe level of emergency response capability at all  
16 times by delaying response to requests for non-emergency BLS service until additional  
17 ambulance units become available whenever the number of remaining ambulance units  
18 available for dispatch falls below a reasonably established safe level of emergency  
19 reserve capacity, as determined by historical demand analyses.

20 (5) Continuous Physician Medical Control Required. The Ambulance Authority shall be  
21 responsible for ensuring that its field personnel at all times have access to qualified medical  
22 control and direction concerning the care of patients in the field by a base station physician or  
23 designee. All medical control and direction shall be available by reliable radio, telephone, or  
24 other communication platform, according to the Communications Standards and other  
25 standards of medical control set forth in Little Rock Code Section 5-67.

26 (6) Data systems and Reporting. The Ambulance Authority shall comply at all times with the data  
27 system and reporting standards required by AEPF, applicable Statutes and the Arkansas  
28 Department of Health requirements.

29 (7) In-Service Training Program Required. The Ambulance Authority is required to furnish or  
30 otherwise make available without charge to its employees an In-Service Training Program  
31 which conforms to the standards for in-service training adopted by AEPF. All ambulance  
32 personnel are required to attend these In-Service Training Programs in accordance with the  
33 guidelines promulgated by AEPF.

34 (8) Fully Centralized Dispatch Required. All dispatching movements of ambulance units subject  
35 to regulation under this article shall be directed from the designated EMS Control Center or

1 other designated area. It is unlawful to dispatch or control any ambulance unit subject to  
2 regulation under this article from any location other than the designated EMS Control Center  
3 or other designated area. At all times, the EMS Control Center or other designated area shall  
4 have full authority to direct the positioning, movements and run responses of all manned  
5 ambulance units, and to activate on-call crews following the then current System Status  
6 Management Procedures.

7 **Sec. 5-69. First-Responder Program.**

8 (a) The City will continue to provide “emergency first-responder” program and personnel,  
9 provided this service shall maintain at least Emergency Medical Responder Certification, as  
10 certified by the State Health Department.

11 (b) The Ambulance Authority’s Communication Center personnel shall request first-responder  
12 units provided by the City. The Fire Department will maintain control over the use of fire  
13 apparatus as first-responders, and shall be advised by the ambulance system dispatch personnel  
14 as to the need for such “first-responder” response. The Director of Operations, or his/her  
15 designee, shall be advised by the Central Station District Chief of the non-availability and  
16 resumption of availability of first-responders. The Fire Department shall retain control over  
17 the decision to divert fire apparatus from first-responder activity in the event such units are  
18 needed for fire purposes.

19 (c) The Ambulance Authority shall make its training program available to first responder  
20 programs. The City will use its best efforts to have its first responder personnel avail themselves  
21 of this training.

22 (d) The Ambulance Authority will fully cooperate with the City’s Communication Center in  
23 establishing radio monitoring capability of the ambulance service system’s activities and all  
24 necessary communication linkages between the various emergency provider organizations’  
25 operations.

26 **Sec. 5-70. Vehicle permits.**

27 It shall be unlawful for any person subject to regulation by this article to operate an Ambulance or  
28 Helicopter Service unless a currently valid State Vehicle Permit has been issued.

29 **Sec. 5-71. Dispatch Personnel Certification, etc., Required.**

30 (a) General requirements for Ambulance Personnel. Every ambulance shall be staffed as mandated  
31 by the State Health Department.

32 (b) Dispatchers.

33 (1) General Responsibilities for Dispatcher. Any person employed for the purpose of  
34 receiving telephone or other requests for Ambulance Service and for dispatching  
35 ambulances in the City’s Ambulance Service System is required to receive Emergency

1 Medical Dispatch Training as provided by, or equal to, that provided by the Ambulance  
2 Authority.

3  
4 **Sec. 5-72. Insurance.**

5 (a) The Ambulance Authority shall maintain the following insurance:

6 (1) Automobile Liability Insurance in an amount not less than One Hundred Thousand  
7 Dollars (\$100,000.00) for injury to or death of, one (1) person, by reason of the  
8 carelessness or negligence of the driver of such ambulance; Three Hundred Thousand  
9 Dollars (\$300,000.00) for injury to, or death of, more than one (1) person, resulting  
10 from any single accident, by reason of the carelessness or negligence of the driver of  
11 such ambulance; and Fifty Thousand Dollars (\$50,000.00) for damage to property  
12 resulting from any single accident, by reason of the carelessness or negligence of the  
13 driver of such ambulance, issued by an insurance company licensed to do business in  
14 the state for each and every ambulance owned or operated, or both owned and operated,  
15 by the Ambulance Authority , providing for the payment of damages:

16 a. For injury to or death of individuals in accidents resulting from any cause for  
17 which the owner of the vehicle would be liable on account of liability imposed  
18 on him by law, regardless of whether the ambulance was being driven by the  
19 owner or his agent; and,

20 b. For the loss or damage to the property of another under like circumstances.

21 (2) Malpractice insurance providing a limitation on each claim of not less than Five  
22 Hundred Thousand Dollars (\$500,000.00).

23 (3) One Million Dollars (\$1,000,000.00) aggregate coverage.

24 (b) Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to  
25 the City Attorney, in such form as he may specify.

26 (c) Every insurance policy required hereunder shall contain a provision for a continuing liability  
27 thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability  
28 of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that  
29 until the policy is revoked or expires, the insurance company will not be relieved from liability  
30 on account of nonpayment of premium, failure to renew license at the end of the year, or any  
31 act or omission of the named assured. Such policy of insurance shall be further conditioned  
32 for the payment of any judgments up to the limits of the policy recovered against any person  
33 other than the owner, his agent, or employee who may operate the same with the consent or  
34 acquiescence of the owner.



1 (d) Every insurance policy shall extend for the period to be covered by the license applied for, and  
2 the insurer shall be obligated to give not less than thirty (30) days written notice to the insured  
3 before any cancellation or termination thereof earlier than its expiration date. The cancellation  
4 or other termination of any such policy shall automatically revoke and terminate the permits  
5 issued for the ambulances covered by such policy, unless another insurance policy complying  
6 with the provisions of this section is provided and is in effect at the time of such cancellation  
7 or termination.

8 (e) Each insurance policy shall name in addition to the Little Rock Ambulance Authority, the City  
9 and AEPF.

10 **Sec. 5-73. Fees.**

11 The City shall negotiate the fees to be paid for the services provided by AEPF in this Article.  
12 The City may assess this amount as a fee to be assessed the Ambulance Authority from revenues.

13 **Sec. 5-74. Reserved.**

14 **Sec. 5-75. Patient Management and Management of Scene.**

15 Authority for patient management in a medical emergency shall be invested in the Senior  
16 Paramedic, the Incident Command System, or, when only a BLS unit is involved in an incident, the  
17 lead EMT, as appropriate. Authority for the management of the scene of a medical emergency  
18 shall be vested in the Senior Paramedic until appropriate Public Safety Officials arrive on the scene  
19 and take control. The scene of a medical emergency shall be managed in a manner described to  
20 minimize the risk of death or health impairment to the patient and to other persons who may be  
21 exposed to the risks as a result of the emergency condition, and priorities shall be placed upon the  
22 interests of those persons exposed to the more serious risks to life and health. Public Safety Officials  
23 shall ordinarily consult the Senior Paramedic in charge at the scene in the determination of relevant  
24 risk factors.

25 **Sec. 5-76. Protocol for Determining Destination Facility.**

26 (a) For all calls designated as other than life-threatening emergency or nonlife-threatening  
27 emergency, the patient shall be delivered to the destination of the patient's choice, whenever  
28 practicable. However, in cases where the patient is incompetent or unable to make a choice,  
29 the patient shall be delivered to the destination requested by the appropriate party acting on  
30 behalf of the patient, whenever practicable.

31 (b) For all calls designated as life-threatening emergency or nonlife-threatening emergency calls,  
32 or which, during the course of a transfer become a life-threatening emergency call, the patient  
33 shall be delivered to the destination of the patient's choice, whenever practicable. However, if  
34 the patient is incompetent or unable to make a choice, the patient shall be delivered to the  
35 destination requested by the appropriate person acting on behalf of the patient, whenever

1 practicable. If no requested destination can be determined, the patient shall be delivered to the  
2 nearest medically appropriate emergency receiving facility.

3 (c) No life-threatening emergency or nonlife-threatening emergency type patients shall be  
4 delivered to an emergency receiving facility which does not have twenty-four (24)-hour  
5 physician coverage of emergency services, except as otherwise provided by law.

6 (d) Other provisions of this section notwithstanding, for calls retrospectively designated as life-  
7 threatening emergency, the patient shall be delivered to the appropriate emergency receiving  
8 facility in conformance with disease-specific or problem-specific transport protocols then  
9 currently in effect and approved by AEPF.

10 (e) This Section shall not apply to the Arkansas Trauma Communications Center and other State  
11 Agencies that dispatch ambulances.

12 **Sec. 5-77. Reserved.**

13 **Sec. 5-78. Medical Quality Review and Investigation of Consumer Complaints.**

14 (a) The Medical Quality Review process shall be conducted under the supervision of the Medical  
15 Director and each Medical Quality Review hearing shall be directly supervised by a physician  
16 appointed by the Medical Director pursuant to the terms and conditions of the contract between  
17 the City and AEPF, or other similar organization. A Medical Quality Review shall be  
18 performed at the request of the Executive Director, the Chairman of the Ambulance Authority,  
19 the City Manager, any member of the Board of Directors, any Certified Paramedic, any licensed  
20 physician, or any member of the Ambulance Authority Board.

21 (b) In addition to medical quality reviews performed upon request, AEPF shall also conduct  
22 additional selected reviews chosen on a diagnosis-specific or problem-oriented basis to  
23 periodically assess the ambulance service system's ability to deal effectively with specific  
24 clinical conditions. These reviews shall be periodically performed by reviewing a random  
25 selection of cases of each type desired. Furthermore, AEPF physicians may periodically ride  
26 as observers on ambulances to directly observe care rendered, and such observations shall be a  
27 form of Medical Quality Review for evaluation purposes.

28 (c) The Executive Director and AEPF shall establish procedures for formal investigation of  
29 consumer complaints. The Ambulance Authority and its employees shall cooperate fully with  
30 all investigations and shall answer in writing any inquiries by AEPF concerning such  
31 investigations. The Chairman of the Ambulance Authority or the Executive Director may  
32 instruct the staff of the Ambulance Authority to conduct an investigation on their behalf.

33 (d) If, as a result of findings from a Medical Quality Review Process, AEPF believes that a  
34 Certified Paramedic or EMT should be subject to restrictions as necessary to protect the public  
35 health and safety, a written recommendation shall be made to the Executive Director. He shall

1 make any additional necessary investigation and shall then determine and implement any  
2 necessary and appropriate action.

3 **Sec. 5-79. Provision for Special Use Licensure.**

4 (a) Upon application to and approval by AEPF, Special Use Licenses may be issued to licensed  
5 hospitals for provision of Specialized Mobile Intensive Care Services and to private companies  
6 for purposes restricted to the emergency care and transport of the company's own employees.

7 (b) Applicants for specialized mobile intensive care licensure must be hospitals, departments of  
8 hospitals, or the Ambulance Authority.

9 (c) Central Arkansas Radiation Therapy Institute (CARTI) is granted a Limited Special Use Permit  
10 for the purposes of continuing the transportation of CARTI patients from, and return to, CARTI  
11 facilities. Such permits for this medically necessary transportation may be restricted under this  
12 article depending upon the extent of future expansion of these services.

13 (d) Applications for such specialized licensure shall be made on such forms as may be described,  
14 prepared, or prescribed by the License Officer, and shall contain the information that is  
15 necessary and appropriate for AEPF to make an informed judgment. No fee shall be required  
16 for the processing of application for such special licensure.

17 (e) AEPF shall not arbitrarily or without cause withhold its authorization for the issuance of a  
18 special license, provided; however, that licenses so issued shall be clearly restricted to the  
19 special purposes defined herein, and provided there exists a clinical necessity for the special  
20 service to be offered, and provided that in the case of such special licensure for purposes other  
21 than specialized mobile intensive care, the applicant is able to demonstrate compelling reasons  
22 for allowing the draining off of fee for services revenues which would otherwise be available  
23 to support advanced life support production capacity to serve the City and other contracted  
24 areas. However, because the population served by the City's Ambulance Service System is, at  
25 best, too small to optimize advanced life support service economies of scale, the mere presence  
26 of a desire to operate a transfer service which does not provide specialized mobile intensive  
27 care shall not, by itself, constitute a compelling reason to allow the draining off of needed  
28 financial resources to support essential advanced life support production capacity.

29 **Section 3. Severability.** In the event any title, section, paragraph, item, sentence, clause, phrase, or  
30 word of this ordinance is declared or adjudged to be invalid or unconstitutional, such declaration or  
31 adjudication shall not affect the remaining portions of the ordinance which shall remain in full force and  
32 effect as if the portion so declared or adjudged invalid or unconstitutional was not originally a part of the  
33 ordinance.

34 **Section 4. Repealer.** All laws, ordinances, resolutions, or parts of the same, that are inconsistent with  
35 the provisions of this ordinance, including but not limited to Little Rock, Ark., Ordinance No. 17,255

1 (August 6, 1996) and Little Rock, Ark., Ordinance No. 14,062 (June 16, 1981), are hereby repealed to the  
2 extent of such inconsistency.

3 **PASSED: February 6, 2024**

4 **ATTEST:**

**APPROVED:**

5

6

7 \_\_\_\_\_  
8 **Susan Langley, City Clerk**

\_\_\_\_\_ **Frank Scott, Jr., Mayor**

8 **APPROVED AS TO LEGAL FORM:**

9

10

11 \_\_\_\_\_  
12 **Thomas M. Carpenter, City Attorney**

13 //

14 //

15 //

16 //

17 //

18 //

19 //

20 //

21 //

22 //

23 //

24 //

25 //

26 //

27 //

28 //

29 //

30 //

31 //

32 //

33 //

34 //

35 //