

ORDINANCE 2023-22

AN ORDINANCE OF THE COUNTY COUNCIL OF VOLUSIA COUNTY, FLORIDA, AMENDING THE CODE OF ORDINANCES OF THE COUNTY OF VOLUSIA, BY AMENDING PART II, CHAPTER 46 – EMERGENCY SERVICES, ARTICLE III EMERGENCY MEDICAL ADMINISTRATION; BY AMENDING SECTION 46-83 “CIVIL REMEDIES”; BY AMENDING SECTION 46-85 “VOLUSIA COUNTY EMERGENCY MEDICAL ADMINISTRATION DIVISION”; BY AMENDING SEC. 46-87 “CREDENTIALING”; BY AMENDING SEC. 46-89 “DATA REPORTING”; BY AMENDING SEC. 46-90 “MEDICAL ADVISORY BOARD”; BY AMENDING SEC. 46-92 “CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)”; BY AMENDING SEC. 46-96 “CONTINGENCY TRANSPORT”; PROVIDING FOR INCLUSION IN THE CODE OF ORDINANCES; PROVIDING FOR SEVERABILITY; PROVIDING FOR CONFLICTING ORDINANCES; AND PROVIDING FOR AN EFFECTIVE DATE.

BE IT ORDAINED BY THE COUNTY COUNCIL OF VOLUSIA COUNTY, FLORIDA, AS FOLLOWS:

(Words in ~~strike-through~~ type are deletions; words in underscore type are additions.)

SECTION I: That Chapter 46, Emergency Services, Article III, Emergency Medical Administration, of the Code of Ordinances, County of Volusia, is amended as follows:

...

**Sec. 46-83. Civil remedies.**

The county council, or any aggrieved person, may have recourse to such remedies in law and in equity as may be necessary to ~~insure~~ ensure compliance with the provisions of this article, including injunctive relief to enjoin and restrain any person from violating its provisions. If the county prevails in any such litigation, whether by judicial decree or by settlement, it shall be awarded all of its costs and expenses, including a reasonable attorney's fee, in addition to any other relief awarded or obtained.

...

1   **Sec. 46-85. Volusia County Emergency Medical Administration Division.**

2   ...

3   (f) The EMA director shall act as the liaison between the division and the EMS system  
4       stakeholders, including, but not limited to, county departments, the general public, the various  
5       EMS system providers, the Volusia County Medical Advisory Board, the Volusia County  
6       Fire Chief's Association and other EMS providers.

7   ~~(g) No later than August 31, 2010, the division shall prepare an analysis of the data submitted by~~  
8       ~~providers pursuant to subsection 46-89(b) for any imbalance between jurisdictions of closest~~  
9       ~~unit emergency medical response provided by each provider and recommend to the council~~  
10      ~~whether a fee schedule should be established which requires the compensation of providers~~  
11      ~~by recipient local government jurisdictions. If the division recommends the establishment of~~  
12      ~~a fee schedule, it shall propose the criteria for compensation and methodology to establish the~~  
13      ~~amount of compensation.~~

14   ...

15   **Sec. 46-87. Credentialing.**

16   ...

17   (c) The medical director shall establish a process by which paramedics are credentialed.  
18       Credentials shall be valid for a period of time not to exceed two years. The credential holder  
19       shall agree to any conditions specified by the medical director.

20   ...

21   ~~(e) Credentials shall be valid for a period of time not to exceed two. The credential holder shall~~  
22      ~~agree to any conditions specified by the medical director.~~

23   ~~(fe)~~ (f) The medical director has all authority and responsibilities granted by F.S. ch. 401, state rule  
24       and this Code, including, but not limited to, the authority to condition, limit, modify or  
25       suspend any credential of an EMD, EMT, or paramedic.

26   ...

**Sec. 46-89. Data reporting.**

(a) *Minimum data set.* All providers authorized to provide emergency medical services within Volusia County shall comply with the collection and reporting of a minimum data set (MDS) as required by the division. ~~The MDS shall consist of clinical and operational data necessary in order to maximize the performance of the EMS system, including, but not limited to, call volume, response times and clinical skills proficiency.~~ Data reporting shall be submitted manually or the provider may provide access to data for the entire medical record through an electronic reporting system.

~~(b) *Closest unit emergency medical response data.* The division shall promulgate a reporting methodology that includes the following data for each closest unit emergency medical response: The time of release by an emergency medical dispatcher, the time of arrival at the incident scene and other information deemed relevant by the division. All providers shall maintain and submit data to the division consistent with this methodology on a schedule established by the division.~~

**Sec. 46-90. Medical advisory board.**

...

(d) The medical advisory board shall be chaired by the medical director and shall include the following members:

- (1) The medical director;
- (2) The emergency department physician director from each licensed hospital emergency department, excluding freestanding emergency departments, in the county ~~and the Central Florida Regional Hospital in Sanford, Florida;~~
- (3) The physician medical director or administrator of the Volusia County Health Department. If the member is the administrator, the member is ex officio;
- (4) A physician representative of the county medical examiner's office; ~~and~~
- (5) A physician representative of the Volusia County Medical Society; ~~and~~
- (6) The Emergency Medical Administration division director (ex officio).

...

**Sec. 46-92. Certificate of public convenience and necessity (COPCN).**

...

1 (b) *Applications for a nontransport COPCN* shall include:

2 ...

3 (5) A description of all vehicles and equipment the applicant proposes to use to supply the  
4 service, including make, model, year of manufacture, vehicle identification number,  
5 vehicle type, and current state license number (if applicable) ~~and a listing of all medical~~  
6 ~~equipment to be utilized in the provision of emergency medical services under the~~  
7 ~~certificate;~~

8 ~~(6) Proof that the applicant has employed an adequate number of state certified and~~  
9 ~~eredentialed personnel, and possesses all required federal or state licenses and permits;~~

10 ~~(7)~~ (6) A notarized statement that the applicant agrees to utilize the services of the county  
11 medical director for the duration of the certificate;

12 ~~(8)~~ (7) A notarized statement by the applicant that it shall provide a closest unit emergency  
13 medical response to each emergency medical condition within its service area;

14 ~~(9) Proposed EMD plan;~~

15 ~~(10)~~ (8) Proof that the applicant is in compliance with all applicable federal, state and local  
16 requirements, protocols, policies and directives;

17 ~~(11) A summary of the training and experience of the applicant in the provision of~~  
18 ~~nontransport advanced life support services;~~

19 ~~(12)~~ (9) The address of the intended headquarters and any substations, and the address to which  
20 the public may have access in person during normal business hours;

21 ~~(13)~~ (10) The applicant has furnished evidence of adequate insurance coverage for claims  
22 arising out of injury to or death of persons and damage to the property of others resulting  
23 from any cause for which the owner of such business or service would be liable. The  
24 applicant must provide insurance in such sums and under such terms as required by the  
25 Florida Department of Health, Bureau of EMS. In lieu of such insurance, the applicant  
26 may furnish a certificate of self-insurance evidencing that the applicant has established  
27 an adequate self-insurance plan to cover such risks and that the plan has been approved  
28 by the department of insurance; and

1 (1411) Such other information as the county council, county manager, or their designee may  
2 deem necessary and relevant.

3 (c) *Applications for an ambulance COPCN* shall include:

4 ...

5 ~~(6) Proof that the applicant has employed an adequate number of state certified and~~  
6 ~~credentialed personnel, and possesses all required federal or state licenses and permits;~~

7 ~~(7) A notarized statement that the applicant agrees to utilize the services of the county~~  
8 ~~medical director for the duration of the certificate;~~

9 ~~(8) Proposed EMD plan;~~

10 ~~(9) Proof that the applicant is in compliance with all applicable federal, state and local~~  
11 ~~requirements, protocols, policies and directives;~~

12 ~~(10) A summary of the training and experience of the applicant in the provision of~~  
13 ~~ambulance services;~~

14 ~~(11) The address of the intended headquarters and any substations, and the address to~~  
15 ~~which the public may have access in person during normal business hours;~~

16 ~~(12) The applicant has furnished evidence of adequate insurance coverage for claims~~  
17 ~~arising out of injury to or death of persons and damage to the property of others~~  
18 ~~resulting from any cause for which the owner of such business or service would be~~  
19 ~~liable. The applicant must provide insurance in such sums and under such terms as~~  
20 ~~required by the Florida Department of Health, Bureau of EMS. In lieu of such~~  
21 ~~insurance, the applicant may furnish a certificate of self-insurance evidencing that the~~  
22 ~~applicant has established an adequate self-insurance plan to cover such risks and that~~  
23 ~~the plan has been approved by the department of insurance;~~

24 ~~(13) A proposed detailed budget, and if public funds will be needed for operation;~~

25 ~~(14) A written analysis and evaluation of the activity level of the proposed service,~~  
26 ~~including an evaluation of the unit hour utilization (UHU) of ambulances to be~~  
27 ~~operated under the terms of the COPCN;~~

1 (4510) A schedule of the applicant's intended rates, if any, and the length of time they will  
2 remain in effect. Any changes to the rate structure will require prior approval by the  
3 county council; and

4 (4611) Such other information as the county council or county manager, or their designee  
5 may deem necessary and relevant.

6 ~~(d) Applications for an alternative transport service COPCN shall include:~~

7 ~~(1) The names and addresses of all principals of the proposed operator, including the chief~~  
8 ~~administrative officer;~~

9 ~~(2) The trade or other name, if any, under which the applicant does business and proposes~~  
10 ~~to do business;~~

11 ~~(3) The boundaries of the territory to be served;~~

12 ~~(4) A description of all vehicles and equipment the applicant proposes to use to supply the~~  
13 ~~service, including make, model, year of manufacture, vehicle identification number,~~  
14 ~~vehicle type and a listing if all equipment to be utilized in the provision of ATS~~  
15 ~~services under the certificate;~~

16 ~~(5) A notarized statement that the applicant agrees to comply with the clinical guidelines~~  
17 ~~for ATS services promulgated by the county medical director for the duration of the~~  
18 ~~certificate;~~

19 ~~(6) Proof that the applicant is in compliance with all applicable federal, state, and local~~  
20 ~~requirements, protocols, policies and directives;~~

21 ~~(7) A summary of the experience of the applicant in the provision of ATS services;~~

22 ~~(8) The address of the intended headquarters and any substations, and the address to which~~  
23 ~~the public may have access in person during normal business hours;~~

24 ~~(9) The applicant has furnished evidence of adequate insurance coverage for claims arising~~  
25 ~~out of injury to or death of persons and damage to the property of others resulting from~~  
26 ~~any cause for which the owner of such business or service would be liable. The~~  
27 ~~applicant must provide insurance in such sums and under such terms as required by the~~  
28 ~~Florida Department of Health, Bureau of EMS. In lieu of such insurance, the applicant~~  
29 ~~may furnish a certificate of self insurance evidencing that the applicant has established~~  
30 ~~an adequate self insurance plan to cover such risks and that the plan has been approved~~  
31 ~~by the department of insurance;~~

32 ~~(10) A proposed detailed budget, if public funds will be needed for operation;~~

33 ~~(11) A schedule of the applicant's intended rates, if any, and the length of time they will~~  
34 ~~remain in effect. Any changes to the rate structure will require prior approval by the~~  
35 ~~county council; and~~

36 ~~(12) Such other information as the county council or county manager, or their designee may~~  
37 ~~deem necessary and relevant.~~

1 (~~ed~~) *Fees.* Applications for new COPCNs shall require a nonrefundable application fee of  
2 \$1,500.00, or one-half of the total cost of evaluating the COPCN application, whichever is  
3 greater, to cover the cost of processing the application. This provision shall not apply to an  
4 application for a COPCN from existing providers which is necessary to become compliant  
5 with the changes to this article.

6 (~~fe~~) *Notice.* The county council, at a regularly scheduled meeting within 60 days after receipt of  
7 an application deemed to be complete by the division, shall set a public hearing date for the  
8 application and authorize notice thereof, which shall be published in a newspaper of general  
9 paid circulation in the county at least ~~24~~ 10 days prior to the date of the hearing.

10 (~~gf~~) *Medical director review.* Within ten days of receipt of an application deemed to be complete  
11 by the division under this article, a complete copy thereof shall be forwarded by the division  
12 to the medical director for review and recommendations. The medical director shall prepare  
13 a written report within 30 days of his receipt of the application, unless an extension of time is  
14 agreed to by all interested parties or is granted by the county council for good cause.

15 (~~hg~~) *Municipal review.* Within ten days of receipt of an application deemed to be complete by the  
16 division under this article, a complete copy thereof shall be forwarded by the division to the  
17 chief administrative officer of each municipality where the service is to be provided for the  
18 municipality's review and recommendation. The municipality may submit its  
19 recommendation to the county council in writing or in person at the public hearing.

20 (~~ih~~) *Provider review.* Within ten days of receipt of an application deemed to be complete by the  
21 division under this article, a complete copy thereof shall be forwarded by the division to the  
22 principal of record of each provider or operator within the proposed service area for the  
23 provider's or operator's review and comment. The provider may submit its comments to the  
24 county council in writing or in person at the public hearing.

25 (~~ji~~) *Standards.* Before taking action on an application under this article, the county council shall  
26 consider, where applicable, the following criteria:

27 ...

28 (~~kj~~) *Disposition of the application.* At the close of the public hearing on the application, the county  
29 council shall approve, approve with conditions, or deny such application. Approval of the

1 application shall result in the issuance of a COPCN which shall include the conditions upon  
2 which the COPCN was approved. The terms of the COPCN shall incorporate the boundaries  
3 of the service area and be conditioned on the representations set forth in the application. The  
4 COPCN shall be issued within 21 calendar days after the close of the public hearing.

5 ~~(k)~~ *Suspension or revocation.* The county council may suspend or revoke any certificate granted  
6 under this article for good cause, after a hearing upon reasonable notice to the holder of the  
7 certificate, and to any affected municipality. Good cause shall be deemed to include, but not  
8 be limited to one or more of the following circumstances:

9 ...

10 ~~(m)~~ *Rights and duties granted by certification.*

11 ...

12 ~~(n)~~ *Status of any current COPCN.* Any valid COPCN in force on the effective date of this article  
13 shall remain in full force and effect until its current expiration date unless the COPCN is  
14 suspended or revoked by the county council. Provision of services under a valid COPCN shall  
15 conform to this article, regardless of date of issuance. A closest unit response service area  
16 established by interlocal agreement between a certificate holder and other local government  
17 in effect on or before August 1, 2009 is incorporated by reference and made a part of the  
18 certificate holder's COPCN in effect on said date until the expiration of the interlocal  
19 agreement or COPCN, whichever occurs first. Any renewal of a valid COPCN shall comply  
20 with the application requirements in section 46-92.

21 ~~(o)~~ *Interfacility transfers and nonemergency transportation services.*

22 ...

23 (3) *Temporary COPCN for ~~interfacility transfers or nonemergency medical~~ emergency*  
24 *medical transportation services.* Regardless of the requirements of this section, the  
25 emergency medical administration director for the county or his/her designee may, ~~on a~~  
26 ~~case by case basis,~~ issue a temporary and conditional COPCN specially permitting  
27 certain ~~interfacility transfers or~~ emergency or nonemergency medical transport activity



1 ~~unrelated to an emergency medical response~~ from facilities and locations within the  
2 county if the following criteria are met:

- 3 a. The county is unable or unavailable to perform the requested ~~interfacility transfer or~~  
4 medical transportation services due to the need for specialized services during transport  
5 or other mitigating factors warranting the use of a medical transportation service  
6 provider other than the county or, forecasted emergency medical transportation demand  
7 is anticipated to overwhelm local emergency medical transport resources; and

8 ...

- 9 e. The medical transportation service provider:

- 10 1. Is, for the purposes of the requested ~~transfer or transport~~ services, providing  
11 emergency medical transportation services for or on behalf of any official, officer,  
12 commission, board, authority, council, committee, or department of the executive  
13 branch of the state government; or  
14 ~~2. Has performed no more than 12 such transfers or transports within the 12 month~~  
15 ~~period preceding the proposed date of transport or transfer.~~

16 A COPCN issued pursuant to this subsection shall: (i) be temporary in nature; (ii) apply  
17 only to the ~~interfacility transfer or nonemergency~~ emergency medical transportation  
18 service for which the application or request was made; and (iii) expire immediately after  
19 completion of the ~~interfacility transfer or nonemergency~~ emergency or requested time  
20 period medical transportation service for which such COPCN was approved. The  
21 emergency medical administration director or his/her designee shall maintain records of  
22 temporary COPCNs issued pursuant to this section and is authorized to issue any such  
23 COPCN or confirmation thereof to the medical transportation service provider in  
24 writing, which COPCN or confirmation may be delivered via courier service, U.S. Mail,  
25 facsimile, email, or other commonly accepted method of delivery.

26 ...

1   **Sec. 46-96. ~~Contingency~~ Municipal transport program.**

2       Municipalities may seek to provide emergency medical services transportation service under  
3 the municipal transport program (MTP) through an interlocal agreement with the county.  
4 Application to the MTP shall include:

5       (1)       Name of the organization;

6       (2)       Vehicle information for desired transport units; and

7       (3)       Any additional information required by the county.

8       ~~Emergency medical transport authorized by this section shall be referred to as contingency~~  
9 ~~emergency medical transport. The EMA division director may authorize, within his or her sole~~  
10 ~~discretion, a qualified nontransport COPCN holder to provide contingency emergency medical~~  
11 ~~transport under the transport COPCN of the county upon filing of a satisfactorily complete county~~  
12 ~~application form to provide such service. The medical director shall establish protocols governing~~  
13 ~~any authorized medical transport in accordance with section 46-86. Authorization granted under~~  
14 ~~this section is discretionary and may be limited, conditioned, suspended or revoked at any time,~~  
15 ~~without cause, by the EMA division director. Authorization granted under this section shall not be~~  
16 ~~construed to grant any license, right or property interest to a nontransport COPCN holder but shall~~  
17 ~~serve as an additional resource to the county in the performance of its transport COPCN and subject~~  
18 ~~to its sole control. Additional limitations and conditions may be directed at any time by the council.~~  
19 Continued participation in the MTP is predicated on adherence with the interlocal agreement.

20   ...

21       **SECTION II:** Authorizing Inclusion in Code. The provisions of this ordinance shall be  
22 included and incorporated into the Code of Ordinances of the County of Volusia, as additions or  
23 amendments thereto, and shall be appropriately numbered to conform to the uniform numbering  
24 system of the Code.

25       **SECTION III:** Severability. Should any word, phrase, sentence, subsection or section be  
26 held by a court of competent jurisdiction to be illegal, void, unenforceable, or unconstitutional,  
27 then that word, phrase, sentence, subsection or section so held shall be severed from this ordinance  
28 and all other words, phrases, sentences, subsections, or sections shall remain in full force and  
29 effect.

1       **SECTION IV:** Conflicting Ordinances. All ordinances, or part thereof, in conflict  
2 herewith are, to the extent of such conflict, repealed.

3       **SECTION V:** Effective Date. This ordinance shall take effect upon filing of a certified  
4 copy by e-mail with the Department of State.

5       **ADOPTED BY THE COUNTY COUNCIL OF VOLUSIA COUNTY, FLORIDA, IN**  
6 **OPEN MEETING DULY ASSEMBLED IN THE COUNTY COUNCIL CHAMBERS AT**  
7 **THE THOMAS C. KELLY ADMINISTRATION CENTER, 123 WEST INDIANA**  
8 **AVENUE, DELAND, FLORIDA, THIS 2ND DAY OF MAY A.D., 2023.**

9  
10  
11 ATTEST:

12  
13  
14  
15 \_\_\_\_\_  
George Recktenwald, County Manager

COUNTY COUNCIL  
COUNTY OF VOLUSIA, FLORIDA

\_\_\_\_\_  
Jeffrey S. Brower, County Chair

