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Clackamas County
www.clackamas.us

April 30, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval of Professional Services Agreement with Oregon EMS Specialists to provide services as Associate Emergency Medical Services Medical Directors. Agreement Value is \$366,000 for 5 years. Funding is through the AMR Agreement, System Enhancement Funds. No County General Funds are involved.

Previous Board Action/Review: Previous agreement approved 210422.II.A2.

Performance Clackamas: Healthy People

Counsel Review: Yes, Andrew Naylor

Procurement Review: Yes

Contact Person: Kim La Croix, Public Health Director

Contact Phone: 971-806-0004

EXECUTIVE SUMMARY: The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of the Personal Services Agreement with Oregon EMS Specialists LLC, to provide services as Associate Emergency Medical Services (EMS) Medical Directors.

The Associate EMS Medical Director leads the medical aspects of emergency medical services and emergency preparedness activities in Clackamas County under the direction of the Clackamas County EMS Medical Director. Responsibilities include the development and modification of clinical protocols, quality improvement processes & performance metrics, along with training, consultation, and clinical advice for first responders in the Clackamas Ambulance Service Area.

This contract is effective upon signature and remains in effect for 1 year from the effective date, with the option to renew for 4 additional years.

Procurement Process:

On December 1, 2026, Procurement published a RFP #2025-84 for Associate EMS Medical Director in accordance with LCRB C-047-0260. Proposals were received from two (2) firms. An evaluation team with representatives from Public Health, Lake Oswego Fire, Canby Fire, and CC Disaster Management evaluated the proposals and recommended an award of two (2) contracts to the highest scoring firms. The

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recommendation to award to two firms was based on the skill and knowledge sufficient to meet the needs of the EMS program needs. The Notice of Intent to Award was issued on February 4, 2026 and no protests were received.

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve the Personal Services Agreement (12350) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh, Director

Health, Housing, and Human Services



**CLACKAMAS COUNTY
PERSONAL SERVICES CONTRACT
Contract #0000001661 H3S #12350**

This Personal Services Contract (this “Contract”) is entered into between Oregon EMS Specialists, LLC (“Contractor”), and Clackamas County, a political subdivision of the State of Oregon (“County”), on behalf of Health, Housing and Human Services.

ARTICLE I.

- 1. Effective Date and Duration.** This Contract shall become effective upon the date of last signature on this contract. Unless earlier terminated or extended, this Contract shall expire one year from the effective date. This Contract may be renewed for up to four (4) additional one-year renewals, subject to the mutual written agreement of the parties.
- 2. Scope of Work.** Contractor shall provide the following personal services: Associate Emergency Medical Services Medical Director (“Work”), as describe in RFP 2025-84, the negotiated scope of which is attached hereto as “**Exhibit A**”, and incorporated by this reference herein.
- 3. Consideration.** The County agrees to pay Contractor, from available and authorized funds, a sum not to exceed Sixty-Seven Thousand Eight Hundred dollars (\$67,800) per year for accomplishing the Work required by this Contract.

The County further agrees to reimburse Contractor for the following costs:

- a. Up to \$3,400 per contract year for costs associated with one out-of-state conference or training. Contractor shall obtain prior written approval from County before incurring conference or training costs, and must provide County all requested documentation regarding conference or training costs.
- b. Up to \$2,000 per contract year for the cost of Medical Professional Liability insurance and tail coverage insurance. Contractors shall submit original invoices from insurance brokers to support the request for reimbursement, together with all other documentation requested by County.

The total contract value, including all optional renewals and reimbursable costs, may not exceed Three Hundred Sixty-six Thousand Dollars (\$366,000). Consideration rates are on a fixed fee basis in accordance with the rates and costs specified in Exhibit A. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Exhibit A. The County may, in its sole discretion, agree to an annual 3-5% cost of living increase as part of any optional renewal. If the County agrees to such an increase, the not-to-exceed contract amount will be increased as part of the renewal amendment.

- 4. Invoices and Payments.** Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The invoices shall include the total amount billed to date by Contractor prior to the current invoice. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made in accordance with ORS 293.462 to Contractor following the County’s review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and the County will not be obligated to pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation

amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.

Invoices shall reference the above Contract Number and be submitted to:

PublichealthfiscalAP@clackamas.us

5. **Travel and Other Expense.** Authorized: Yes No

If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in the County Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: <https://www.clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the not to exceed consideration.

6. **Contract Documents.** This Contract consists of the following documents, which are listed in descending order of precedence and are attached and incorporated by reference, this Contract, and Exhibit A.

7. **Contractor and County Contacts.**

Contractor Administrator: John Turner Phone: 503-422-7143 Email: john@oremss.com	County Administrator: Bill Conway Phone: 503-313-9170 Email: WConway@clackamas.us
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Payment information will be reported to the Internal Revenue Service (“IRS”) under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records will subject Contractor payments to backup withholding.

ARTICLE II.

1. **Access to Records.** Contractor shall maintain books, records, documents, and other evidence, in accordance with generally accepted accounting procedures and practices, sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor, which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Contractor shall maintain such books and records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
2. **Availability of Future Funds.** Any continuation or extension of this Contract after the end of the fiscal period in which it is written is contingent on a new appropriation for each succeeding fiscal period sufficient to continue to make payments under this Contract, as determined by the County in its sole administrative discretion.
3. **Captions.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
4. **Compliance with Applicable Law.** Contractor shall comply with all applicable federal, state and local laws, regulations, executive orders, and ordinances, as such may be amended from time to time.
5. **Counterparts.** This Contract may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.

- 6. Governing Law.** This Contract, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon and the ordinances of Clackamas County without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the County of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. Contractor, by execution of this Contract, hereby consents to the personal jurisdiction of the courts referenced in this section.
- 7. Indemnity, Responsibility for Damages.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, any act, omission, or neglect of Contractor, its subcontractors, agents, or employees. The Contractor agrees to indemnify and defend the County, and its officers, elected officials, agents, and employees, from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Contract.

However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of County, purport to act as legal representative of County, or settle any claim on behalf of County, without the approval of the Clackamas County Counsel's Office. County may assume its own defense and settlement at its election and expense.

- 8. Independent Contractor Status.** The service(s) to be rendered under this Contract are those of an independent contractor. Although the County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; and (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits.
- 9. Insurance.** Contractor shall secure at its own expense and keep in effect during the term of the performance under this Contract the insurance required and minimum coverage indicated below. The insurance requirement outlined below do not in any way limit the amount of scope of liability of Contractor under this Contract. Contractor shall provide proof of said insurance and name the County as an additional insured on commercial and automobile liability policies. Proof of insurance and notice of any material change should be submitted to the following address: Clackamas County Procurement Division, 2051 Kaen Road, Oregon City, OR 97045 or emailed to the County Contract Analyst.

Required - Workers Compensation: Contractor shall comply with the statutory workers' compensation requirements in ORS 656.017, unless exempt under ORS 656.027 or 656.126.
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<input checked="" type="checkbox"/> Required – Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Medical Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per claim, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts. Contractor must also provide tail coverage.
<input checked="" type="checkbox"/> Required – Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.
<input type="checkbox"/> Required – Abuse & Molestation endorsement with limits not less than \$1,000,000 per occurrence if not included in the Commercial General Liability policy.

The policy(s) shall be primary insurance as respects to the County. Any insurance or self-insurance maintained by the County shall be excess and shall not contribute to it. Any obligation that County agree to a waiver of subrogation is hereby stricken.

- 10. Limitation of Liabilities.** This Contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent. Except for liability arising under or related to Article II, Section 13 or Section 20 neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms.
- 11. Notices.** Except as otherwise provided in this Contract, any required notices between the parties shall be given in writing by personal delivery, email, or mailing the same, to the Contract Administrators identified in Article 1, Section 6. If notice is sent to County, a copy shall also be sent to: Clackamas County Procurement, 2051 Kaen Road, Oregon City, OR 97045. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing, and immediately upon personal delivery, or within 2 hours after the email is sent during County’s normal business hours (Monday – Thursday, 7:00 a.m. to 6:00 p.m.) (as recorded on the device from which the sender sent the email), unless the sender receives an automated message or other indication that the email has not been delivered.
- 12. Ownership of Work Product.** All work product of Contractor that results from this Contract (the “Work Product”) is the exclusive property of County. County and Contractor intend that such Work Product be deemed “work made for hire” of which County shall be deemed the author. If for any reason the Work Product is not deemed “work made for hire,” Contractor hereby irrevocably assigns to County all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as County may reasonably request in order to fully vest such rights in County. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications. Notwithstanding the above, County shall have no rights in any pre-existing Contractor intellectual property provided to County by Contractor in the performance of this Contract except to copy, use and re-use any such Contractor intellectual property for County use only.
- 13. Representations and Warranties.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; (D) Contractor is an independent contractor as

defined in ORS 670.600; and (E) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

- 14. Survival.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Sections 1, 6, 7, 10, 12, 13, 14, 15, 17, 20, 21, 25, 27, 28, and 34, and all other rights and obligations which by their context are intended to survive. However, such expiration shall not extinguish or prejudice the County's right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.
- 15. Severability.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- 16. Subcontracts and Assignments.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County, which shall be granted or denied in the County's sole discretion. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Sections 1, 7, 8, 13, 16 and 27 as if the subcontractor were the Contractor. County's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 17. Successors in Interest.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- 18. Tax Compliance Certification.** The Contractor shall comply with all federal, state and local laws, regulation, executive orders and ordinances applicable to this Contract. Contractor represents and warrants that it has complied, and will continue to comply throughout the duration of this Contract and any extensions, with all tax laws of this state or any political subdivision of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318. Any violation of this section shall constitute a material breach of this Contract and shall entitle County to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract or applicable law.
- 19. Terminations.** This Contract may be terminated for the following reasons: (A) by mutual agreement of the parties or by the County (i) for convenience upon thirty (30) days written notice to Contractor, or (ii) at any time the County fails to receive funding, appropriations, or other expenditure authority as solely determined by the County; or (B) if Contractor breaches any Contract provision or is declared insolvent, County may terminate after thirty (30) days written notice with an opportunity to cure.

Upon receipt of written notice of termination from the County, Contractor shall immediately stop performance of the Work. Upon termination of this Contract, Contractor shall deliver to County all documents, Work Product, information, works-in-progress and other property that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all documents, research, objects or other tangible things needed to complete the Work.

- 20. Remedies.** If terminated by the County due to a breach by the Contractor, then the County shall have any remedy available to it in law or equity. If this Contract is terminated for any other reason,

Contractor's sole remedy is payment for the goods and services delivered and accepted by the County, less any setoff to which the County is entitled.

- 21. No Third Party Beneficiaries.** County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- 22. Time is of the Essence.** Contractor agrees that time is of the essence in the performance of this Contract.
- 23. Foreign Contractor.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.
- 24. Force Majeure.** Neither County nor Contractor shall be held responsible for delay or default caused by events outside the County or Contractor's reasonable control including, but not limited to, fire, terrorism, riot, acts of God, or war. However, Contractor shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.
- 25. Waiver.** The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.
- 26. Public Contracting Requirements.** Pursuant to the public contracting requirements contained in Oregon Revised Statutes ("ORS") Chapter 279B.220 through 279B.235, Contractor shall:
 - a. Make payments promptly, as due, to all persons supplying to Contractor labor or materials for the prosecution of the work provided for in the Contract.
 - b. Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of the Contract.
 - c. Not permit any lien or claim to be filed or prosecuted against County on account of any labor or material furnished.
 - d. Pay the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
 - e. As applicable, the Contractor shall pay employees for work in accordance with ORS 279B.235, which is incorporated herein by this reference. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract, and failure to comply is a breach entitling County to terminate this Contract for cause.
 - f. If the Work involves lawn and landscape maintenance, Contractor shall salvage, recycle, compost, or mulch yard waste material at an approved site, if feasible and cost effective.
- 27. No Attorney Fees.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Contract, each party shall be responsible for its own attorneys' fees and expenses.
- 28. Confidentiality.** Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential, including information that is protected under applicable law, including Personal Information (as "**Personal Information**" is defined in ORS 646A.602(11)).

Contractor agrees to hold any and all information that it is required by law or that the County marks as “Confidential” to be held in confidence (“**Confidential Information**”), using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and will use the Confidential Information for no purpose other than in the performance of this Contract, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by the County, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or the County’s request, Contractor will turn over to the County all documents, papers, records and other materials in Contractor’s possession which embody Confidential Information.

Contractor acknowledges that breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to the County that cannot adequately be compensated in damages. Accordingly, the County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of the County and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by the County to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by the County, from each of Contractor’s employees and agents who are performing services, and providing copies of such agreements to the County; and (b) performing criminal background checks on each of Contractor’s employees and agents who are performing services, and providing a copy of the results to the County.

Contractor shall report, either orally or in writing, to the County any use or disclosure of Confidential Information not authorized by this Contract or in writing by the County, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to the County immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor’s report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines and corrective action (including credit monitoring services) arising from disclosure of such Confidential Information caused by a breach of its data security or the confidentiality provisions hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor’s obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

DLLC/OR

**Andrew
Naylor**

Digitally signed by
Andrew Naylor
Date: 2026.04.13
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County Counsel

Date

**EXHIBIT A
SCOPE OF WORK**

Associate EMSMD is required to meet the following requirements:

- Must currently have and maintain an Oregon M.D. or D.O. licenses
- **Must be board certified or board eligible in Emergency Medicine and/or Emergency Medical Services**
- Provide current evidence of credentials, curriculum vitae, and continuing medical education activities
- Provide current DEA license for controlled medications
- **Able to qualify as an Oregon EMS physician supervisor (per OAR 847-035-0020)**

General Responsibilities of Associate EMS Medical Director

1. Serve as an Associate Emergency Medical Services Medical Director (“EMSMD”), a medical advisor to the County on EMS matters, including emergency preparedness, and acts as agent of the Clackamas County EMSMD.
2. Participate as a member of the Clackamas County Emergency Medical Services Physician Advisory Board (“EPHAB”) and at the Metro Region’s Protocol Development Committee.
3. Work with the Clackamas County Multi-Agency Training group to develop and implement semi-annual system-wide trainings.
4. Assist EMSMD in implementing a county-wide coordinated Quality Improvement Program.
 - The Quality Improvement Program will be integrated to include PSAP handling of medical calls, communications center EMS operations, Emergency Medical and Priority Dispatch, first response agencies, ambulance service providers and other related agencies and programs. Each agency Medical Director will be

responsible for administering the Quality Improvement Program within each agency and assuring that the agency participates in the countywide program.

5. Participate in design of EMS system evaluations and improvements with relevant stakeholders.
6. Participate regularly in local EMS board meetings, advisory committees, and associated committees.
7. Participate in site visits with agency personnel, including ride-alongs with first responders and transport agencies, and sit-alongs with dispatchers
8. Participate in a rotating schedule to provide 24/7 on-call consultation for responding to urgent or unexpected issues requiring prompt action.
9. Address urgent issues and complaints of an egregious clinical nature in coordination with the County EMS Medical Director in generating an immediate investigation and/or intervention. Complaints of a clinical nature and those that may have clinical components may be referred to the agency Supervising Physician and the EPAB for investigation.
10. Implement protocols for Emergency Medical Dispatch and Priority Dispatch.

11. Provide mutually agreed upon education activities on a quarterly basis, using virtual technology as needed.
12. Assist EMSMD in establishing standards for certification, equipment, standards of care, clinical protocols and patient hand-off procedures for Participating Provider agencies.
13. Assist the County in disaster preparedness and response.
14. Assist with developing and coordinating Telemedicine integration.
15. Assist in the development of a robust set of MIH protocols and medical oversight including high risk consultations. Assist EMSMD in defining clinical standards, referral criteria, and documentation for these programs.
16. Work with local hospitals and health systems to ensure seamless patient hand-off, including HDE and system-wide interoperability with hospital systems when possible.
17. Support development of real-time EMS dashboards.
18. Assist in developing a lead paramedic credentialing process.
19. Support EMSMD in ensuring our EMS system meets changing state and federal regulations.
20. Partner with public health to support responses to public health crises.
21. Support or initiate EMS focused clinical or systems research projects.
22. Review and improve surge capacity plans.
23. Collaborate on peer support programs for EMS providers. Facilitate or support just culture frameworks for clinical review and provider improvement.
24. Review EMS care delivery through an equity lens and ensure protocols don't unintentionally disadvantage vulnerable populations (e.g., language access, rural response).

Specific Responsibilities of Assigned Associate EMS Medical Directors

Clackamas County Public Health and the EMSMD may delegate the following responsibilities to an assigned Associate EMS Medical Director based on expertise, interest, organizational needs, and capacities:

- Serve as lead Medical Director for the public safety answering points (“PSAPs”) located within Clackamas County (Clackamas County Department of Communications (“C-COM”) and City of Lake Oswego Communications (“LOCOM”), which includes:
 - Meeting at least semi-annually with PSAP leadership to develop short and long-term goals
 - Evaluating each emergency medical dispatcher meets Oregon requirements for certification and maintenance of IAED certification and has the knowledge, skills and abilities to perform at the standards determined jointly by County and agency.
 - Evaluating each EMD’s skill performance annually.
 - Reviewing and approving all emergency medical dispatch protocols, providing oversight for quality improvement processes, and case reviews
 - Work in partnership with relevant stakeholders on advancing efforts to achieve accreditation through the International Academy of Emergency Medical Dispatch. Assure that the County’s contracted private ambulance services provider is available to provide technical assistance and additional support.

- Serve as lead for assigned local fire agencies that contract for EMS medical direction services through Clackamas County, which includes:
 - Meeting at least semi-annually with agency leadership to develop short and long-term goals
 - Ensuring EMS providers meet Oregon State requirements for licensure and have the knowledge, skills and abilities to perform at the standards determined jointly by County and agency
 - Evaluating and approving each EMS providers skill performance annually and being available to crews for regular consultations with support from agency's EMS Training Coordinator
 - Conducting case reviews, oversight of training courses and quality improvement
 - Participate in monthly agency-specific EMS / quality improvement committee meetings
 - Submit agency-specific reports and presentations to senior leadership or boards, upon request
 - Oversight of the maintenance, use, and documentation of all Automatic External Defibrillations (AEDs) provided for use by agency, in accordance with Federal and State regulations.

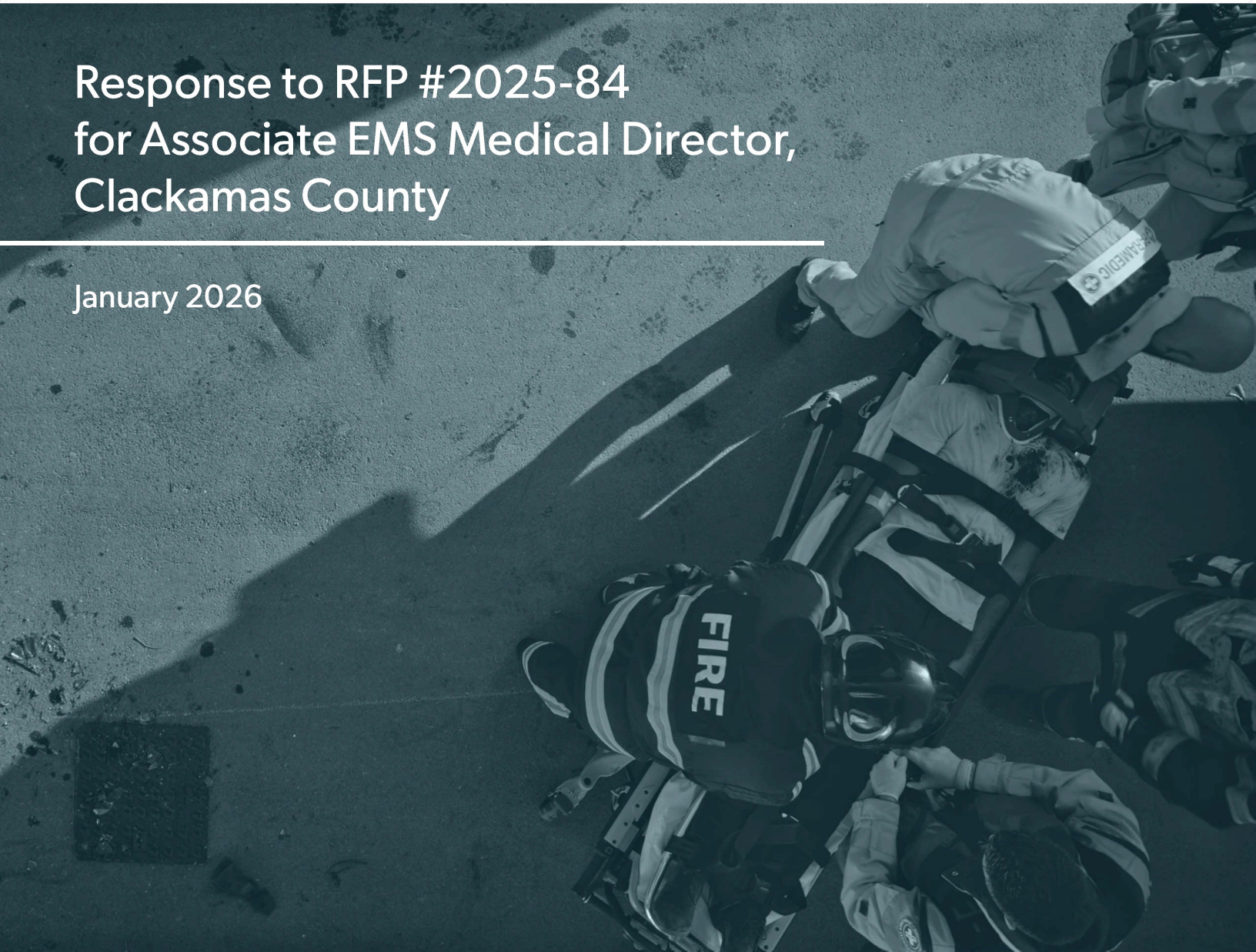
- Serve as lead Medical Director for Clackamas County SWAT Medic Program.

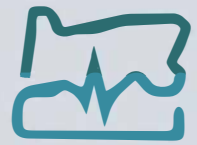


OREGON EMS SPECIALISTS, LLC
JOHN R. TURNER, MD

**Response to RFP #2025-84
for Associate EMS Medical Director,
Clackamas County**

January 2026





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Letter of Introduction

January 1, 2026

Thomas Candelario
Contract Analyst
Clackamas County Procurement Division
Clackamas County Public Services Building
2051 Kaen Road
Oregon City, OR 97045

Via online submission at: <https://bidlocker.us/a/clackamascounty/BidLocker>

Dear Mr. Candelario and Review Committee:

I am pleased to submit this proposal for Associate EMS Medical Director for Clackamas County for your consideration.

I have served as an Associate EMS Medical Director for Clackamas County since 2020 and respectfully submit this proposal based on demonstrated performance, continuity of service, and a sustained commitment to supporting the County's EMS system, partner agencies, and the communities they serve.

My approach to EMS medical direction emphasizes collaboration, accountability, clinical excellence, and system reliability. I view the Associate Medical Director role as one of stewardship—supporting the EMS Medical Director, strengthening agency partnerships, and ensuring that medical oversight remains responsive, evidence-based, and operationally grounded.

As the owner of my sole proprietor LLC, I am authorized to submit this RFP response.

Thank you for your consideration. I welcome the opportunity to answer any questions regarding this proposal.

Sincerely,



John R. Turner, MD
Owner
Oregon EMS Specialists LLC



Responses to RFP Questions 5.2: Proposer's General Background and Qualifications

5.2.1 Description of the Firm

Oregon EMS Specialists, LLC is a locally based sole-proprietor medical consulting practice established to provide EMS medical oversight, education, and quality improvement services. I, John R. Turner, MD, am the sole owner and the physician providing services under this proposal.

5.2.2 Credentials/experience of key individuals that would be assigned to this project.

I am a Board-Certified Emergency Physician and attended medical school at Oregon Health & Science University in Portland, Oregon. I completed Emergency Medicine residency training at University Medical Center in Las Vegas, Nevada and OHSU. I attended the NAEMSP Medical Director's Course and Practicum in 2020.

I have served continuously as an Associate EMS Medical Director for Clackamas County since 2020 and previously served as Chair of the Tri-County EMS Protocol Development Committee.

Prior to those roles, in a volunteer capacity, I had several years' experience at Clackamas Fire and County Multi-Agency Training. This experience has allowed me to develop meaningful professional relationships with agency leadership, field providers, and County partners, and to gain familiarity with the operational realities of EMS delivery in Clackamas County.

Finally, I explicitly affirm that I meet the following qualifications in the RFP.

- ✓ I am board certified in Emergency Medicine.
- ✓ I have an active unrestricted Oregon MD license.
- ✓ I have an active DEA License.
- ✓ I meet the requirements of an Oregon EMS physician (ORA-847-035-0020) and am currently a registered agent.
- ✓ I am credentialed to practice emergency medicine at Kaiser Sunnyside Medical Center, Kaiser Westside Medical Center, and Legacy Meridian Park Medical Center.

My CV is attached. I fulfill ongoing CME requirements for board certification by participation in state and national conferences to stay current with best practices, technology, and network with other experts.

I am actively insured for personal and professional liability through a group policy with Dr. Ritu Sahni dba NW EMS Associates LLC, under contract with the County as EMS Medical Director.



5.2.3 Description of the firm's ability to meet the requirements in Section 3.

I meet or exceed all qualifications listed in Section 3 of the RFP and have demonstrated the ability to perform the required services through five years of active service in this role. My experience includes county-wide quality improvement work, protocol development, assisting with agency medical oversight, education, and collaborative system leadership.

5.2.4 Description of what distinguishes the firm from other firms performing a similar service.

What distinguishes my work is continuity combined with system-level execution. Over the past five years, I have not only participated in County EMS initiatives but helped operationalize them — particularly in airway management, quality improvement infrastructure, education, and cross-agency collaboration.

Responses to RFP Questions 5.3: Scope of Work

5.3.1 Do you provide services for other organizations? List organizations, types of services, time commitment

Attending Emergency Physician: NW Permanente. Credentialed at Kaiser Sunnyside Medical Center and Kaiser Westside Medical Center. Average 12-13 shifts/month (approx. 110 hours/month).

Associate EMS Medical Director, Clackamas County. Approx 24-36 hours/month, including agency and County meetings, education, ride-alongs and station visits, case reviews, QI activities, protocol and science review, research participation, and on-line medical consultation.

Secretary/Treasurer, Executive Committee, Oregon Medical Association Board of Trustees. 2 hours of monthly business, governance and advocacy meetings of the largest association representing physicians in the State.

These commitments are compatible with the responsibilities outlined in this RFP.



5.3.2 Describe your leadership experience, include any formal training, which have prepared you for this position.

My leadership development includes formal EMS medical director training, national EMS quality and safety education, and sustained leadership roles at the county, regional, and state level. I have attended the NAEMSP (National Association of EMS Physicians) Medical Director's Course & Practicum, the Quality & Safety Course, and the Empowering Leadership Course. I remain active in NAEMSP and attend annual conferences to stay current on the latest in best practices and research.

I have twice attended the ACEP (American College of Emergency Physicians) Leadership and Advocacy Conference which provides foundational training in organizational leadership and health policy engagement.

Before changing careers into medicine, I worked as a policy advisor in the state legislature and ran political campaigns. These experiences always required leadership, team and relationship building, and working to find opportunities for consensus.

Whether it was managing a campaign that included the candidate, various consultants, campaign team and employees, volunteers, donors and other interested parties... Or whether it was working in the legislature to draft legislation, develop strategy, conduct public outreach and being creative to find angles that sometimes disparate parties could agree on. Those experiences required the development of several leadership skills that are paramount to me: to listen and ensure others are being heard, to effectively communicate, to be honest, available and reliable, to establish vision and mobilize and inspire others to work together toward a common goal.

Medicine is a very complex and important aspect of our lives and of the economy. We as skilled and ethical practitioners of the art and science of medicine must be advocates for our patients and our profession. It is incumbent upon us as leaders to be active in the policymaking process and to be trusted advisors and collaborators with policymakers. I am currently Secretary/Treasurer of the Oregon Medical Association and have served on the Executive Committee for several years. This has allowed me an opportunity to regularly interact with and lobby lawmakers and administrative rule makers.

In the last 2 years, I have served on the Oregon State Alcohol & Drug Policy Committee (Medications for Opioid Use Disorder) MOUD in the ED workgroup that crafted policy recommendations and drafted legislation for the 2024 and 2025 Oregon Legislative Sessions. The intent was to create an integrated system of care (including ED and EMS care) for patients experiencing addiction. EMS is often the first and only point of contact in the medical care continuum for these patients, and we have a unique and well positioned role to play.

Of course, as an emergency physician, leadership is exercised daily through coordination of multidisciplinary teams in high-stakes clinical environments.

This is the depth and breadth of leadership that I bring as an Associate Medical Director.



5.3.3 As an EMS medical professional, describe how you would ensure that each field provider maintains clinical competency and skills.

Clinical competency is best maintained through integrated education, case review, and performance feedback.

Over the past five years, agencies I support have requested follow-up on approximately 2-5 clinically complex or instructive cases per week, creating ongoing opportunities for education and quality improvement. I have participated in recorded case reviews, ride-alongs, and station visits to support this work.

Clackamas County has a strong history of collaborative education through Multi-Agency Training, allowing clinicians from multiple agencies to train together in high-yield, low-stakes environments. While semi-annual training remains essential, asynchronous education has become increasingly important given geographic size, variable schedules, and diverse learning styles.

For example, advanced airway management and particularly endotracheal intubation is a high-risk, relatively low-frequency call type that requires expert skill and safety for good patient outcomes. I worked with EMS agency leaders to select a next-generation video laryngoscope system scheduled for implementation in early 2026. This platform allows procedural recording for QI review, peer-to-peer debriefing and on-scene education, and systemwide educational use, supporting both skill maintenance and KPI performance.

I have also participated in monthly AMR New Employee orientation to meet new crews to Clackamas and Washington County. NAEMSP has called for medical directors to “provide education on the state of the science of addiction causes and treatment options to facilitate early identification and to destigmatize addiction”. As part of my role with Project Hope in Clackamas County, I have been providing continuing education and onboarding of clinicians to our options for EMS treatment of withdrawal and the system of care in Clackamas County for addiction services and coordination. I have also provided education to emergency departments in the county on the state of addiction science, as well as treatment and referral options in order to improve the system of care for this vulnerable population.

Finally, I support continued development of data-informed credentialing processes for high-risk, low-frequency procedures, using procedure logs and performance data to support ongoing competency verification, and can envision a system where validation is demonstrated to agency representatives and associate MDs as needed.



5.3.4 Describe how you would design or enhance quality improvement activities for Clackamas County's EMS Program. Describe how you see the role of the County in quality improvement.

A well-designed quality improvement program monitors both clinician and system performance to achieve and sustain high standards of patient care. QI should be non-punitive, grounded in just culture, and integrated with education and operational feedback.

The County's central and integrated patient care data platforms such as ESO and FirstPass/FirstWatch provides strong infrastructure to support this work. We need to continue to move these projects and programs forward.

We are exceptionally fortunate in Clackamas County to have not only excellent clinicians and a high performing system, but we have a well-supported QI system and process that continues to expand for emergent medical conditions including implementation of Key Performance Indicators (KPIs) for Stroke, STEMI, OHCA, airway management. As part of the recent County ASA Contract update, I drafted the Airway KPIs, which serve to measure and incentivize patient-centered clinically relevant performance.

For almost the last decade, I have produced a comprehensive advanced airway performance analysis for the County QI Committee. This work has helped guide protocol changes, education, and clinician feedback, resulting in sustained improvements in airway management and patient centered outcomes (and anecdotally clinician satisfaction as well).

More recently, we have implemented NEMSQA airway performance measures and established a multi-agency Airway QI Workgroup, which I assembled and led in accordance with recommendations from the County EMS Strategic Plan. This allows us to track our system performance locally and also compare us to available nationwide benchmarks, particularly among high performing EMS systems. This has also provided the benefit of training up talent, creating subject matter experts from representative agencies who can educate their peers, spreading best practices, and thinking innovatively.

I have also produced an analysis of high-risk behavioral health encounters that require physical restraints with the administration of sedative medications, focusing on safe performance and thorough, appropriate documentation.

In the future, Clackamas County has an opportunity to more fully implement more standardized NEMSQA measures into regular ongoing QI work and monitoring. We also need to create automatically updating dashboards for our emergent medical conditions so that we can identify trends and outliers. We should also identify the opportunity for public facing dashboard measures that not only create transparency for the public but for accountability for the system as well.



I view the County's role as steward and integrator of system-wide QI efforts, supporting agencies while maintaining consistent standards.

Hospital Data Exchange

Hospital Data Exchange (HDE), as referenced in the SOW, is essential to closing the EMS-hospital feedback loop. HDE enables bidirectional data exchange that improves continuity of care, provider education, and system QI.

This has been an ongoing project regionally for the last 5-10 years. Currently, patient data exchange is a one-way street with EMS agencies faxing completed patient care reports to hospitals hours after a call, to be scanned into patient charts more hours and even days later. Currently, they are never used by a patient's ED or hospital care team in an efficient or productive manner. Further, EMS crews often do not have access to patient outcomes and diagnoses which is professionally frustrating, morally defeating, and filled with missed educational opportunities. Infrequently EMS clinicians have been able to request follow up through agency staff or medical directors to gain insight into their patient's outcomes. This is a nationwide problem that is caused by multiple factors.

HDE is a two-way communications platform that benefits hospital systems by getting legible data for compliance and patient care in a more efficient, timely automated and cost-effective manner. It benefits EMS by providing real-time follow-up and opportunities for more robust system-QI and education, which can be professionally rewarding for clinicians and improve clinical care.

Given my work with the Oregon Medical Association and a history of advocacy and policy work, I was able to network with several groups, including the Oregon Health Leadership Council (OHLC) to present this problem to hospital system leaders. After meeting with several executive groups and providing education and a call to address this problem, the OHLC HIE-Commons Committee decided to invest in and support HDE deployment regionally. Over the next year, two major hospital systems will be implementing and rolling out HDE connections that will likely cover tens-of-thousands of ambulance transports annually in the metro region. These demonstration projects will serve as pilots for wayfinding to a statewide HDE implementation.

This is an example of thinking innovatively to solve complex problems, leverage relationships, and find common goals and motivations to make progress and change.



5.3.5 Clackamas County has a commitment to equity and fostering diversity. Describe how you would apply this commitment to the role you identified in number 1 above.

Let me first appreciate that the County recognizes that diversity is important. When we have a workforce, particularly in medicine, that represents our patients, we can more faithfully represent these lived experiences, challenges, and perspectives, and improve trust and care for everyone.

There are disparities in care, as repeatedly evidenced in the literature, whether because of lack of knowledge or other barriers like system design and conditions. Recognition is the first step in being able to address disparities to ensure equity. Improving our QI processes and measures to include data and analysis for sub-populations will allow us to target education and resources toward addressing them, such as bystander CPR education initiatives in historically underserved communities.

On a personal note, I have lived openly as a member of the LGBTQ+ community with a husband and a son, because as I grew up, I didn't see many role models and representatives particularly in medicine or in my community. It has become important for me to be a model for a younger generation, so that they too can see that their authentic goals and dreams are possible.

Related Scope of Work initiatives - Innovative Care Delivery

Several topics referenced in the Scope of Work merit brief discussion.

Healthcare systems are increasingly challenged to deliver the right care, at the right time, with finite resources. EMS plays a critical role in matching resources to patient needs. Oregon also faces a looming challenge with massive cuts to Medicaid, which will force us to be more innovative and efficient with resources.

Some of this work has already begun with the implementation of BLS response and differentiating priority response by code-1 and code-3 at dispatch. Nurse-navigation has also been a tool to decrease need for EMS response and preserve resources. Community Paramedicine also presents opportunities to reach patients that fall through the cracks of the traditional healthcare system. They often provide the glue, the care coordination, the "in-home" perspective, and can best address frequent use of 911 services.

As I wrote in my 2020 RFP, "Community Paramedics and partners in the County Public Health Department can provide assessment, care coordination between patients and treatment providers, community resource navigation, wellness and recovery goals, and assistance, to address barriers in cases in which individuals are failing to engage in treatment..." Metro SHS funds should be considered a source of funding for a sustainable model of community paramedicine to support the care of the homeless and near-homeless population.



Responses to RFP Questions 5.4: Fees

5.4 Fees (proposer to provide its hourly rate for service)

In reviewing the proposal, it appears to be a one-year contract with an option for 4 additional extensions.

Oregon EMS Specialists LLC proposes an annual initial retainer of \$67,800 paid in equal monthly installments of \$5,650, consistent with the County's stated budget.

Mileage expenses at applicable IRS rate.

Educational conference expenses up to \$3,400 annually.

Professional liability insurance and tail coverage for OREMSS LLC are covered by NW EMS Associates LLC as a group policy through a separate existing contract with the County and reimbursement is not necessary under this RFP.

Total not-to-exceed of \$71,200.



Responses to RFP Questions 5.5: References

The County requests references from clients that OREMSS LLC has served in the past 3 years, including a new client and one long-term client. The following include long term relationships through EMS over the past 5 years, and more recent relationships through Public Health and Addiction Medicine.

Ritu Sahni, MD

EMS Medical Director, Clackamas County
EMS Medical Director, Washington County
ritu@nwemsa.com
C: 503-407-7881

Matt Dale

Fire Chief, Canby Fire District
Chair, Clackamas County EMS Council
O: 503-263-2760
mdale@canbyfire.org

Justin Colvin EMT-P

EMS Training Officer, Clackamas Fire District #1
C: 971-266-7538
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Tina Beeler

Former Clinical Education Specialist, Clackamas AMR
C: 503.932.5674
Tina.Beeler@gmr.net

Apryl Heron, MPH

Public Health Sr. Program Coordinator, Project Hope
Clackamas County Public Health Division, H3S
O: 971.334.0516
C: 503.577.8142
AprylHer@clackamas.us

Mitch Doig

Senior Alcohol & Drug Policy Analyst
Oregon Alcohol and Drug Policy Commission
O: 503.979.8603
Mitch.A.Doig@oha.oregon.gov



Letter of Support from Chief Dale



CANBY FIRE DISTRICT

221 S. Pine Street, Canby, OR 97013
Bus. 503-266-5851 / Fax 503-266-1320

September 11, 2025

John Turner, MD FACEP
Associate EMS Medical Director - Clackamas County, Oregon
john@oremss.com

RE: Letter of Support

To whom it may concern,

I have worked with Dr. Turner for many years as a Clackamas County Associate Medical Director, the Physician Lead responsible for bringing the Buprenorphine treatment into Clackamas County Paramedic protocols to care for patients suffering from opioid addiction, and an ongoing number of current and former successful projects of the EMS Council and its many successful sub-committees benefiting all citizens of Clackamas County.

Throughout this partnership I have come to respect Dr. Turner for his true compassion for patients, his team-player attitude with agencies and their representatives, and the high quality of work performed during these roles.

Please accept this letter as my support and professional recommendation for Dr. Turner as a continuing Associate Medical Director for Clackamas County.

Matt Dale

Matt Dale
Fire Chief and Clackamas County EMS Council Chair
971-413-0419 / mdale@canbyfire.org
Canby Fire District

Medical, Ambulance, Fire, Prevention, & Preparedness

www.canbyfire.org



Curriculum Vitae

John R. Turner, MD, FACEP

john@oremss.com

PROFESSIONAL EXPERIENCE

Associate EMS Medical Director

Clackamas County Public Health Department, EMS Division (January 2020 – Present)

- AMD agent assigned to Clackamas Fire District #1, a first responder fire/EMS agency with 23 stations and 300+ EMTs and Paramedics serving an urban/suburban and rural population of over 220,000 permanent residents and covering nearly 228 square miles.
- Responsible for regular coordination with EMS Chief, EMS Training Officer, EMS QI Officer and Training Division. Ongoing involvement in continuing education, recruit academy and clinician onboarding, QI/QA, credentialing, and Community Paramedic program amongst many facets of the organization.
- Vice-Chair, County Quality Improvement Committee, January 2020-present.
- Chair, Tri-County (Portland, Oregon) EMS Protocol Development Committee, 2020. Project management for committee of NW Oregon/SW Washington EMS medical directors and EMS first responding and ambulance transporting agency leadership. Facilitated strategic plan for monthly meetings, annual protocol development and revision, discussion of latest EMS science and practices. During the early COVID pandemic, facilitated workgroup with the development of time sensitive and rapidly evolving pandemic related protocol changes.

EMS Physician Lead for Clackamas County HHHS - Project Hope, Opiate Overdose Prevention and EMS Buprenorphine Project

(2022 – present)

- Launched innovative EMS based opioid use disorder (OUD) treatment program with new EMS treatment protocol to administer medications (Buprenorphine/Suboxone) for withdrawal, system of care design with referral to public health team for follow up, case management, peer response, and coordination with hospital systems and EDs.

Attending Emergency Physician

Northwest Permanente (March 2025 – Present)

- Credentialed at Kaiser Sunnyside, a 303-bed hospital, Comprehensive Stroke Center, STEMI receiving center, with a Labor and Delivery Unit, and Kaiser Westside, a 122-bed hospital.

Attending Emergency Physician and Partner

Northwest Acute Care Specialists (NACS) (July 2018 – March 2025)

- Credentialed at Legacy Silverton Hospital (Silverton, Oregon), a 21-bed ED and 48-bed rural type-B hospital, Level IV Trauma Center, with a Labor & Delivery Unit.
- Credentialed at Legacy Meridian Park Hospital (Tualatin, Oregon) a 25-bed ED and 128-bed hospital, Stroke Center and STEMI receiving center.



Attending Emergency Physician

Providence Willamette Falls Hospital (July 2018 - October 2018)

- Credentialed Attending Emergency Physician. Left to pursue full time opportunity at NACS

Volunteer Assistant Medical Director

Clackamas Fire District #1 (Portland, Oregon) (November 2017 - December 2019)

- Attended district EMS & CQI committees and conducted research on airway and intubation success.
- Instructor for Multi-Agency Training for career EMTs and Paramedics in Clackamas County and for CFD volunteers.
- Accepted contracted professional position as Associate EMS Medical Director for County agencies, including CFD1.

PREVIOUS PROFESSIONAL EXPERIENCE

Editorial Assistant

Journal of Oral & Maxillofacial Surgery (June 2009 - May 2011)

- Primary assistant to the Editor-in-Chief and Managing Editor of the official journal for the American Association of Oral & Maxillofacial Surgeons.
- Left to attend medical school.

Legislative Assistant

Senator and State Treasurer-Elect Ben Westlund (January 2008 - June 2009)

Finance Director

Committee to Elect Ben Westlund (December 2005 - August 2006)

Policy Advisor

Dr. Senator Alan Bates, DO (August 2006 - January 2008)

- Advanced our health policy portfolio, including the Healthy Oregon Act of 2007 which significantly decreased Oregon's uninsured population and led to the implementation of coordinated care organizations.

Chief of Staff

State Representative Peter Buckley (December 2004 - December 2005)

Field and Finance Director

Committee to Elect Alan Bates (June 2004 - December 2004)



EDUCATION

Bachelor of Arts, Politics

Willamette University, Salem OR (August 2000 – May 2004)

Bachelor of Science, Molecular & Microbiology

Portland State University, Portland OR (September 2007 - June 2011)

Doctor of Medicine (MD)

Oregon Health & Science University, Portland OR (August 2011 - June 2015)

Emergency Medicine Resident

*University Medical Center, * Las Vegas NV (July 2015- February 2016)*

- Left to continue residency and training at OHSU.

Oregon Health & Science University, Portland OR (February 2016 – June 2018)

OTHER PROFESSIONAL SERVICE

Oregon Health Leadership Council, SUD and MOUD in the ED Workgroup (2024-2025)

Oregon Alcohol & Drug Policy Commission, MOUD in the ED Workgroup (2024-2025)

Oregon Legislative EMS Modernization Taskforce, led by Rep. Dacia Grayber (2023)

COVID Pandemic EMS Crisis Care Guidelines Taskforce Member, Oregon State EMS Office, OHA (2020)

Oregon Medical Association

- 2025 - 2026, Secretary/Treasurer, Executive Committee, Board of Trustees
- 2024 - 2025, Speaker, Executive Committee, Board of Trustees
- 2023 - 2024, Vice-Speaker, Executive Committee, Board of Trustees
- 2022 - 2023, Ad hoc Member, Executive Committee, Board of Trustees
- 2018 - 2022, Early Career Physician Trustee, Board of Trustees
- 2011 - 2014, Medical Student Representative, Board of Trustees

Oregon College of Emergency Physicians

- 2018 - present, Legislative Committee Member
- 2016 - 2018, Resident Representative, Board of Trustees

* Previously "UNR at LV", now UNLV



PROFESSIONAL, ACADEMIC LECTURES & PRESENTATIONS

“EMS Buprenorphine – Clackamas County EMS & Project Hope”

State of Jefferson EMS Conference – Ashland OR, March 2025

“Administration of Buprenorphine in the Prehospital Setting – A Pilot Study in Clackamas & Multnomah Counties”

Oregon Conference on Opioids + Other Drugs, Pain + Addiction Treatment (OPAT) – Sunriver OR, 2024

“A Breath of Fresh Air”: Perspectives on EMS Airway Management

Timberline EMS Conference – Mt Hood OR, 2023

“The Greatest of 3 Ruling”

SAEM Conference, Health Policy Committee – New Orleans LA, 2016

ACADEMIC APPOINTMENTS

Clinical Assistant Professor, Department of Emergency Medicine

Oregon Health & Science University, School of Medicine (2024 - Present)

PROFESSIONAL CERTIFICATIONS & LICENSURE

- American Board of Emergency Medicine (ABEM) Board Certified (#68453)
- American College of Emergency Physicians - Fellow (FACEP)
- NAEMSP Medical Director Course & Practicum 2020
- Oregon Medical Board - MD license (MD187151)
- DEA license & X-waiver

PROPOSAL CERTIFICATION

RFP #2025-84

Submitted by: Oregon EMS Specialists LLC (Oregon)
(Must be entity's full legal name, and State of Formation)

Each Proposer must read, complete and submit a copy of this Proposal Certification with their Proposal. Failure to do so may result in rejection of the Proposal. By signature on this Proposal Certification, the undersigned certifies that they are authorized to act on behalf of the Proposer and that under penalty of perjury, the undersigned will comply with the following:

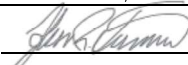
SECTION I. OREGON TAX LAWS: As required in ORS 279B.110(2)(e), the undersigned hereby certifies that, to the best of the undersigned's knowledge, the Proposer is not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means the tax laws of the state or a political subdivision of the state, including ORS 305.620 and ORS chapters 316, 317 and 318. If a contract is executed, this information will be reported to the Internal Revenue Service. Information not matching IRS records could subject Proposer to 24% backup withholding.

SECTION II. NON-DISCRIMINATION: That the Proposer has not and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation, gender identity, national origin, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

SECTION III. CONFLICT OF INTEREST: The undersigned hereby certifies that no elected official, officer, agent or employee of Clackamas County is personally interested, directly or indirectly, in any resulting contract from this RFP, or the compensation to be paid under such contract, and that no representation, statements (oral or in writing), of the County, its elected officials, officers, agents, or employees had induced Proposer to submit this Proposal. In addition, the undersigned hereby certifies that this proposal is made without connection with any person, firm, or corporation submitting a proposal for the same material, and is in all respects fair and without collusion or fraud.

SECTION IV. COMPLIANCE WITH SOLICITATION: The undersigned further agrees and certifies that they:

1. Have read, understand and agree to be bound by and comply with all requirements, instructions, specifications, terms and conditions of the RFP (including any attachments); and
2. Are an authorized representative of the Proposer, that the information provided is true and accurate, and that providing incorrect or incomplete information may be cause for rejection of the Proposal or contract termination; and
3. Will furnish the designated item(s) and/or service(s) in accordance with the RFP and Proposal; and
4. Will use recyclable products to the maximum extend economically feasible in the performance of the contract work set forth in this RFP.

Name: John R. Turner, owner OREMSS LLC Date: 01/01/2026
Signature:  Title: MD
Email: john@oremss.com Telephone: 503-422-7143
Oregon Business Registry Number: 1638820-96 OR CCB # (if applicable): _____

Business Designation (check one):

Corporation Partnership Sole Proprietorship Non-Profit Limited Liability Company

Resident Quoter, as defined in ORS 279A.120

Non-Resident Quote. Resident State: _____