

CITY OF BONDURANT, IOWA

REQUEST FOR PROPOSALS

Emergency Medical Services Medical Director
Bondurant Emergency Services

RFP Number	2026-EMS-01
Issue Date	September 16, 2026
Deadline for Written Questions	September 25, 2026 at 4:00 p.m. Central Time
City Response / Addendum	September 30, 2026
Proposal Due Date	October 9, 2026 at 4:00 p.m. Central Time
Anticipated Interviews, if any	October 12-23, 2026
Anticipated City Council Award	November 2, 2026
Anticipated Service Start	December 1, 2026

City of Bondurant

200 2nd Street NE | P.O. Box 37 | Bondurant, Iowa 50035
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Proposal Contact

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1. Purpose and Intent

The City of Bondurant, Iowa (the “City”) is requesting proposals from qualified physicians and qualified physician practices or organizations to provide Emergency Medical Services (“EMS”) Medical Director services for Bondurant Emergency Services (“BES”), beginning December 1, 2026. The City is seeking a clinically engaged Medical Director who will provide the medical oversight, provider credentialing, quality improvement, protocol leadership, training support, and system consultation required for a transporting advanced life support service.

The selected respondent will enter into a professional services agreement with the City. If the respondent is a physician practice, hospital, professional corporation, or other organization, the proposal must identify the individual Iowa-licensed physician who will serve as the designated EMS Medical Director. The City will contract only for services that comply with Iowa Code Chapter 147A and applicable Iowa Administrative Code requirements.

In parallel with this RFP, the City intends to publicly invite qualified Iowa physicians to express interest in serving as the BES Medical Director on a volunteer or nominal-stipend basis. A physician responding to this RFP may likewise propose a \$0 annual professional fee or a nominal stipend. Volunteer and no-fee candidates must meet the same legal qualifications and core clinical responsibilities as paid respondents. The City will compare all qualified options and select the arrangement that provides the best overall value, clinical leadership, availability, continuity, and fit for BES; no preference will be given solely because an arrangement is paid or unpaid.

2. Community and Department Background

Bondurant is a rapidly growing community in Polk County, located northeast of the Des Moines metropolitan area. BES is a combination fire and EMS department that provides emergency medical response, ambulance transport, fire suppression, rescue, and related public-safety services to residents, businesses, visitors, and mutual-aid partners.

BES provides advanced life support capabilities. The City’s most recently published annual report identified three frontline advanced life support ambulances and 861 EMS-related incidents during calendar year 2025. The department continues to evolve its staffing and service-delivery model to meet increasing call volume and community needs.

The Medical Director will work principally with the Emergency Services Director, the Assistant Fire Chief - EMS Coordinator, department officers, and credentialed EMS personnel. The Medical Director is responsible for clinical medical direction; City and BES management remain responsible for administrative, employment, labor-relations, budgetary, and operational decisions except where Iowa law assigns authority to the Medical Director.

3. Governing Requirements

The Medical Director must perform all services in compliance with applicable federal and state law, Iowa Department of Health and Human Services (“Iowa HHS”) requirements, and City/BES policies. At a minimum, the engagement is governed by Iowa Code Chapter 147A, Iowa Code Chapter 148, Iowa Administrative Code 641-Chapters 131 and 132, and other applicable EMS, pharmacy, patient privacy, and professional-licensure requirements, as amended during the contract term.

Iowa law defines an EMS medical director as a physician licensed under Iowa Code Chapter 148 who is responsible for overall medical direction of an EMS program. Iowa Administrative Code 641-132.3 requires an authorized EMS service program to maintain a designated medical director at all times and establishes specific duties for that role.

4. Scope of Services

The selected Medical Director shall provide all services required by Iowa law and the final professional services agreement. The following scope describes the City's minimum expectations and is intended to supplement, not limit, duties imposed by law.

4.1 Medical Direction and Coverage

- Maintain continuity of medical direction and cooperate in any transition so that Medical Director duties are not relinquished before a new or temporary replacement is functioning in that capacity.
- Provide or coordinate timely physician consultation for clinically significant incidents, unusual cases, protocol questions, or patient-care concerns.
- Maintain an alternate-coverage plan identifying how real-time medical direction will be provided when the Medical Director is unavailable. The proposal must explain whether alternate coverage will be provided personally, through a physician group, through a receiving hospital, or through another arrangement.
- Maintain reasonable availability to BES leadership by telephone, secure electronic communication, and in-person or virtual meeting as appropriate.

4.2 Protocols and Clinical Practice

- Develop, approve, maintain, and update BES service protocols so they meet or exceed Iowa HHS minimum EMS clinical guidelines and remain within the City's EMS service level of authorization and provider scopes of practice.
- Review state guideline changes, evidence-based practice developments, and relevant local system needs and recommend protocol changes when appropriate.
- Participate in implementation of significant protocol changes, including communication and education needed for safe adoption.
- Consider and, when appropriate, approve additions to Iowa HHS clinical guidelines that are lawful, within BES authorization, and consistent with acceptable medical practice.
- Assist with physician, physician assistant, registered nurse, or other exception/authorization processes when applicable to BES.

4.3 Provider Credentialing and Clinical Authority

- Clinically credential EMS providers rostered with BES for the emergency medical skills they are authorized to perform.
- Ensure the clinical duties assigned to EMS providers do not exceed provider scope of practice or the City's authorized EMS service level.
- Be available for individual evaluation and consultation with BES personnel regarding clinical performance, remediation, competency, and return-to-practice considerations.
- Exercise the Medical Director's lawful authority to restrict the City's authorized functional EMS service level when clinically necessary.
- Exercise the Medical Director's lawful authority to temporarily or permanently restrict an individual provider to a lower scope of practice or prohibit a provider from providing patient care when clinically necessary.
- Coordinate clinical credentialing and restriction decisions with BES leadership so that patient-safety decisions are implemented promptly while City employment and labor-relations processes remain with City management.

4.4 Continuous Quality Improvement and Medical Audit

- Approve and actively support the BES Continuous Quality Improvement (“CQI”) program and written CQI policy.
- Perform or complete medical audits required under the BES CQI program, or appoint a qualified designee to perform or complete those audits.
- Personally conduct random audits of patient-care documentation at least quarterly, as required by Iowa Administrative Code.
- Randomly review audits completed by any qualified appointee or designee.
- Participate in review of high-risk, high-acuity, unusual, adverse, sentinel, complaint-related, or protocol-variance cases as reasonably requested by BES.
- Assist the City in identifying trends, closing identified quality gaps, and documenting clinical remediation or improvement actions.
- Participate in at least quarterly CQI/clinical oversight meetings with BES leadership. Meetings may be held remotely when appropriate, but the City prefers periodic in-person engagement.
- Provide an annual summary of major medical-direction activities, including protocol updates, credentialing activity, CQI participation, significant system recommendations, and training completed, in a form mutually agreed upon by the parties.

4.5 Education, Training, and Clinical Development

- Advise BES regarding clinical continuing-education priorities based on CQI findings, protocol changes, emerging practice, and service needs.
- Provide, arrange, or participate in periodic case review, physician-led education, skills review, or other clinical education when reasonably requested and mutually scheduled.
- Support clinical remediation plans when provider performance indicates a need for additional education, supervised practice, testing, or reassessment.
- Assist BES with development of evidence-based clinical expectations for new or expanded services within the City’s authorized level.

4.6 Regulatory and System Support

- Complete Iowa HHS-sponsored Medical Director training within one year after assuming the role if not already current, and complete required refresher training at least once every three years thereafter.
- Assist BES in maintaining compliance with Iowa EMS rules applicable to clinical medical direction.
- Support medication, controlled-substance, and pharmacy policies and agreements to the extent medical-director participation is required by Iowa law or the City’s chosen pharmacy model.
- Cooperate with Iowa HHS inspections, investigations, data-quality or clinical-compliance inquiries that involve medical direction.
- When reasonably requested, provide clinical input related to EMS complaints, claims, litigation, regulatory reviews, or public-safety investigations. Extraordinary legal or expert-witness services outside routine medical-direction duties may be separately compensated only if approved in advance by the City.

4.7 Service Expectations

The City is seeking a Medical Director who is meaningfully engaged with BES. Proposals should describe the respondent’s normal response times and availability. The final agreement may establish

service-level expectations, including immediate access for time-sensitive medical direction, prompt response to urgent clinical matters, and reasonable turnaround for routine protocol, credentialing, or administrative requests.

5. Minimum Qualifications

The proposed designated Medical Director must meet all of the following minimum requirements throughout the contract term:

- Be a physician (MD or DO) licensed to practice medicine in Iowa under Iowa Code Chapter 148, with an active license in good standing and no restriction that would materially impair the physician's ability to perform the requested services.
- Be legally eligible to serve as an EMS Medical Director under Iowa Code Chapter 147A and Iowa Administrative Code 641-Chapter 132.
- Have completed the Iowa HHS Medical Director workshop within the required period, or commit to completing the required training within one year after assuming Medical Director duties and every three years thereafter.
- Demonstrate knowledge of contemporary prehospital emergency care and the clinical practice of EMTs, AEMTs, and paramedics.
- Have the professional judgment, availability, and organizational capacity necessary to provide the required medical direction and alternate coverage.
- Maintain professional liability insurance meeting the requirements of the final agreement.
- Disclose any current or pending professional discipline, license restriction, exclusion from federal health-care programs, criminal matter, malpractice matter, or other circumstance that could reasonably affect the physician's ability to serve the City.

6. Preferred Qualifications

The following are preferred but are not mandatory unless otherwise required by law:

- Board certification or substantial clinical experience in Emergency Medicine, EMS, Family Medicine with significant emergency-care practice, trauma/critical care, or another specialty directly relevant to prehospital care.
- Prior experience serving as a medical director for an Iowa EMS service or system.
- Experience with ALS transport services, combination fire/EMS departments, suburban or rapidly growing communities, and multi-agency mutual-aid systems.
- Experience with EMS quality improvement, provider credentialing, protocol development, simulation, education, and performance remediation.
- Familiarity with Iowa HHS EMS authorization requirements and Iowa EMS clinical guidelines.
- Established relationships with regional hospitals, emergency departments, EMS systems, physician groups, or medical-control resources that improve continuity of care and alternate medical direction.
- Demonstrated ability to work collaboratively with public-sector leadership while maintaining independent clinical judgment.

7. Proposal Requirements

Proposals should be concise but sufficiently detailed to allow the City to evaluate the respondent's qualifications, approach, availability, and cost. Proposals should include the following information in the order listed.

7.1 Cover Letter

Identify the respondent, designated Medical Director, primary contact person, address, telephone number, and email address. If a paid proposal is submitted through a physician practice, hospital, professional corporation, or other entity, identify the legal form of the contracting entity. An individual physician seeking a volunteer or nominal-stipend appointment may respond in the physician's individual capacity. The cover letter must be signed by the physician and, when applicable, a person authorized to bind the contracting entity.

7.2 Physician Qualifications

Provide the proposed Medical Director's curriculum vitae or resume; Iowa medical license number; board certifications, if any; relevant EMS, emergency, trauma, critical-care, or other clinical experience; and status/date of Iowa HHS Medical Director training.

7.3 EMS Medical Direction Experience

Identify current and prior EMS medical-director assignments, including service type, approximate size, level of care, dates of service, and the physician's role. Describe experience with Iowa EMS regulation and protocols.

7.4 Service Approach

Describe how the respondent would perform the Scope of Services, including protocol management, provider credentialing, CQI, chart review, significant-case review, education, and communication with BES leadership.

7.5 Availability and Alternate Medical Direction

Describe 24/7 medical-direction coverage, alternate or backup physician arrangements, expected response times, routine office availability, and how continuity would be maintained during vacation, illness, professional travel, or other absences.

7.6 Transition Plan

Describe the steps and estimated timeline necessary to assume medical direction from the incumbent Medical Director without a gap in state-required coverage, including protocol adoption, credentialing, pharmacy/medication coordination, and notification or documentation required by Iowa HHS.

7.7 References

Provide at least three professional references, preferably from Iowa EMS agencies, fire departments, hospitals, counties, or municipalities for which the proposed physician has provided comparable services. Include organization, contact person, title, telephone number, email address, and dates/nature of services.

7.8 Insurance and Risk Information

Describe current professional-liability coverage and identify the carrier and coverage limits. Disclose material claims, professional discipline, sanctions, exclusions, or other matters requested under Section 5.

7.9 Conflicts of Interest

Identify any actual, potential, or perceived conflict of interest, including employment, ownership, referral, hospital, pharmacy, vendor, or competing EMS relationships that could affect performance for the City. If none, state "None."

7.10 Contract Exceptions

Identify any requested exceptions to the requirements of this RFP or anticipated City contract terms. Silence will be treated as acceptance of the RFP requirements, subject to negotiation of the final agreement.

7.11 Cost Proposal

Complete the pricing information described in Section 8 and Exhibit A.

8. Compensation Proposal

To support consistent comparison among proposals, respondents must clearly identify the proposed compensation model. The City will consider (1) volunteer/no annual professional fee, (2) nominal annual stipend, and (3) fixed annual professional-services fee arrangements. Any paid proposal should state a fixed annual amount covering all routine Medical Director responsibilities described in this RFP and separately identify rates for extraordinary services that are not reasonably included in that amount.

- Annual professional-services fee or stipend for routine Medical Director services. A volunteer/no-fee proposal may state \$0.
- Hourly rate for extraordinary services approved in advance by the City, such as extended litigation support, deposition or trial testimony, or unusually extensive project work outside normal medical-direction responsibilities.
- Any separate charge for physician-led training beyond routine CQI/case review expectations.
- Any travel or mileage charge. The City prefers ordinary local travel associated with routine performance to be included in the annual fee.
- Any other charge, pass-through cost, administrative fee, or condition that could increase the City's total cost.

A respondent may propose an alternative pricing model in addition to the requested format if the respondent believes the alternative would provide a measurable benefit to the City. All compensation, pass-through costs, and conditions must be disclosed.

9. Evaluation and Selection

The City intends to select the qualified physician or proposal that provides the best overall value and clinical partnership for Bondurant. The lowest-cost proposal will not necessarily be selected, and a volunteer/no-fee candidate will not be selected solely because the proposed fee is \$0. Minimum legal qualifications will be reviewed on a pass/fail basis before scored evaluation. The City may compare paid RFP responses and qualified candidates received through the parallel volunteer recruitment using the same core qualifications, service expectations, availability, and clinical-leadership criteria.

Evaluation Factor	Points	Considerations
Qualifications and relevant experience	25	Iowa licensure; EMS and emergency-care experience; prior medical-direction work; references; familiarity with Iowa EMS regulation.
Approach to medical direction and CQI	25	Protocol development; credentialing; chart review; quality improvement; provider remediation; clinical leadership.
Availability and continuity of coverage	20	24/7 access; alternate medical direction; response expectations; transition and backup coverage.

Evaluation Factor	Points	Considerations
Department engagement and provider development	15	Communication, education, collaboration, in-person/virtual engagement, understanding of a combination fire/EMS system.
Cost and overall value	15	Annual fee or stipend (including \$0 volunteer proposals), extraordinary rates, transparency, predictability, scope included, insurance allocation, and overall value to the City.

The City may conduct interviews, request clarification, check references, verify licensure and disciplinary history, request additional information, negotiate with one or more respondents, and request a best-and-final offer. The City may consider information obtained independently of the proposal when relevant to qualifications, professional standing, performance, or risk.

10. Anticipated Contract Terms

The selected physician or respondent will be required to execute a professional services agreement, volunteer appointment agreement, or other written agreement acceptable to the City, as applicable to the selected compensation model. The following terms are anticipated and may be refined during final agreement negotiation.

Term. The City anticipates an initial three-year term from January 1, 2027 through December 31, 2029, with up to two additional one-year renewal options by mutual agreement. The final agreement or appointment will be structured to ensure uninterrupted medical direction during any transition.

Independent / Nonemployee Professional Capacity. The Medical Director and any contracting entity will serve in a nonemployee professional capacity and will not be employees, agents, or representatives of the City except to the limited extent expressly provided by Iowa EMS law or the final written agreement.

Continuity / Transition. The contractor shall not relinquish Medical Director responsibilities until a new or temporary replacement is functioning, consistent with Iowa law. The contractor shall reasonably cooperate with transition of protocols, credentialing, records, pharmacy arrangements, and regulatory notifications.

Termination. The final agreement is expected to allow termination without cause upon written notice, provided continuity requirements are satisfied. The City may provide for immediate or expedited termination for loss or restriction of licensure, exclusion, material breach, patient-safety risk, professional misconduct, failure to maintain insurance, or other cause.

Confidentiality and Records. The contractor shall protect patient information and City confidential information in accordance with HIPAA, Iowa law, City policy, and applicable professional standards. City records remain subject to applicable public-records requirements.

Professional Liability. The designated physician shall maintain professional liability/malpractice coverage of not less than \$1,000,000 per claim and \$3,000,000 annual aggregate, or other limits accepted by the City, throughout the contract term and any required reporting/tail period.

Commercial Insurance. If the contracting entity has employees or business operations beyond the individual physician, the City may require commercial general liability, workers' compensation, and other customary coverage. The City may require additional-insured status on applicable nonprofessional policies.

Indemnification. To the extent permitted by law, the contractor will be responsible for claims, damages, losses, and expenses arising from the negligent, reckless, or wrongful acts or omissions of

the contractor and persons for whom the contractor is legally responsible. Final language will be established in the agreement.

Assignment / Subcontracting. The selected respondent may not assign the agreement or substitute the designated Medical Director without prior written City approval. Alternate medical-direction coverage is permitted as described in the accepted proposal and final agreement.

Compliance. The contractor shall comply with applicable federal, state, and local law, professional standards, Iowa HHS requirements, and City/BES policies that lawfully apply to the services.

Public Records. The City is subject to Iowa Code Chapter 22. Respondents should clearly identify information they believe is confidential under applicable law, but the City will make the final determination regarding disclosure obligations.

Governing Law. The agreement will be governed by the laws of the State of Iowa, with venue in an Iowa court of competent jurisdiction as provided in the final agreement.

11. Questions, Addenda, and Communications

Questions concerning this RFP must be submitted in writing to the Proposal Contact by September 25, 2026 at 4:00 p.m. Central Time. The City anticipates issuing any written response or addendum by September 30, 2026. The City expects to review proposals and volunteer applications and conduct interviews or comparison meetings, as needed, from October 12 through October 23, 2026, finalize a recommendation during the week of October 26, and present the recommended selection to the City Council on November 2, 2026.

To protect the integrity of the selection process, respondents should direct substantive communications regarding this procurement to the Proposal Contact. Contact with elected officials or other City personnel for the purpose of influencing the selection may be considered in the City's evaluation to the extent permitted by law.

12. Proposal Submission

Submit one electronic proposal in PDF format by email to jjness@cityofbondurant.com with the subject line "EMS Medical Director Proposal - [Respondent Name]" no later than October 9, 2026 at 4:00 p.m. Central Time. Physicians wishing to be considered on a volunteer/no-fee or nominal-stipend basis may submit the same proposal materials and clearly identify the proposed compensation model.

Proposals should be organized in the order of Section 7 and should generally not exceed 20 pages, excluding the cover letter, curriculum vitae, insurance evidence, required forms, and appendices. Clarity and responsiveness are more important than length.

13. City of Bondurant Rights and Reservations

The City intends to conduct this procurement fairly and in a manner that promotes full and open competition consistent with the City's procurement policies. The City reserves the right, in its sole discretion and to the extent permitted by law, to:

- Reject any or all proposals, in whole or in part, when the City determines that doing so is in the public interest.
- Cancel, suspend, modify, or reissue this RFP.
- Waive minor informalities or technical defects that do not materially affect competition.
- Request clarification, supplemental information, presentations, interviews, or best-and-final offers.

- Investigate and independently verify any respondent's qualifications, references, licensure, professional history, and representations.
- Negotiate scope, compensation, contract language, and other terms with one or more respondents.
- Select the proposal that the City determines provides the best overall value rather than the lowest price.
- Reject a proposed designated physician, alternate physician, subcontractor, or material change in the respondent's proposed team.
- Terminate negotiations and begin negotiations with another respondent if agreement cannot be reached.
- Make no paid-contract award, including if the City selects a qualified physician through the parallel volunteer/no-fee recruitment process.

This RFP does not commit the City to award a contract or reimburse any cost incurred in preparing or submitting a proposal, attending an interview, negotiating an agreement, or otherwise participating in this process.

EXHIBIT A - COST PROPOSAL FORM

Respondent: _____

Designated Medical Director: _____

Compensation Model: ☐ Volunteer / no annual professional fee ☐ Nominal stipend ☐ Paid
professional-services fee

Cost Item	Proposed Fee
Annual fee / stipend - routine Medical Director services	\$_____ per year / \$0 volunteer
Extraordinary services - hourly rate	\$_____ per hour
Physician-led training outside routine scope	\$_____ / Included / Other
Mileage / travel	Included / \$_____
Other recurring fee (describe)	_____
Other one-time fee (describe)	_____

Describe any assumptions, exclusions, minimum charges, travel limits, escalation provisions, or other conditions affecting price:

The undersigned certifies that the pricing above is complete and that all material charges have been disclosed.

Authorized Signature: _____ Date: _____

Printed Name / Title: _____

EXHIBIT B - RESPONDENT CERTIFICATION

- ☐ The proposal is genuine and is not made in the interest of, or on behalf of, an undisclosed person or entity.
- ☐ The respondent has not directly or indirectly induced or solicited another respondent to submit a false or sham proposal or to refrain from proposing.
- ☐ The respondent has disclosed all known actual or potential conflicts of interest relevant to the proposed services.
- ☐ The designated Medical Director holds, or will hold before service commencement, all licensure and qualifications required by Iowa law and this RFP.
- ☐ The respondent will promptly notify the City of any material change in licensure, professional standing, insurance, disciplinary status, alternate coverage, or other qualification during the procurement or contract term.

☐ The respondent understands that proposals may be public records under Iowa Code Chapter 22, subject to applicable legal exceptions.

Respondent / Entity: _____

Designated Medical Director: _____

Authorized Signature: _____ Date: _____

EXHIBIT C - APPLICABLE LEGAL AND REGULATORY REFERENCES

The following references are included for convenience. Respondents are responsible for compliance with all current requirements, including amendments adopted after issuance of this RFP:

- Iowa Code Chapter 147A - Emergency Medical Care - Trauma Care.
- Iowa Code Chapter 148 - Medicine and Surgery and Osteopathic Medicine and Surgery.
- Iowa Administrative Code 641-Chapter 131 - EMS provider certification, authority, and related requirements.
- Iowa Administrative Code 641-Chapter 132 - EMS service program authorization and operations, including rule 641-132.3 regarding Medical Director duties and CQI.
- Iowa HHS EMS clinical guidelines, forms, training, and Medical Director workshop requirements.
- Applicable Iowa Board of Medicine, Iowa Board of Pharmacy, HIPAA, controlled-substance, patient-privacy, and professional-practice requirements.

EXHIBIT D - CITY CONTACTS

Role / Contact	Email	Phone
Proposal / Administrative Contact - Jené Jess	jnjess@cityofbondurant.com	515-630-6981
Emergency Services Director - Aaron Kreuder	akreuder@cityofbondurant.com	515-630-3933
Assistant Fire Chief - EMS Coordinator - Tony Rauterberg	arauterberg@cityofbondurant.com	515-630-3935