

RESOLUTION # 21-2018

Resolution to Adjust Ambulance Service Rates

Resolution offered by the Supervisors of the Public Safety Committee

WHEREAS, pursuant to the Ambulance Service Agreement between the County and the two hospitals located in the County, the hospitals make certain charges to individuals that use the ambulance service in order to cover a reasonable portion of the actual costs of the ambulance service with the balance of such costs being paid by subsidies from the County to the hospitals, and

WHEREAS, the Emergency Management Department has continuously monitored the overall costs of the ambulance service and, due to the fact expenditures for such service have increased, it is recommended that a service charge of \$150.00 be established and charged to individuals requesting service calls; and increase the ambulance intercept rate from \$150.00 per emergency call to \$300.00 per emergency call charged to the ambulance services requesting the intercept;

NOW, THEREFORE, BE IT RESOLVED, the hospitals are authorized to charge a Service Charge of \$150.00 per person per service call effective June 1, 2018.

BE IT FURTHER RESOLVED, the hospitals are authorized to charge an Intercept rate of \$300.00 per person per emergency call for Intercept services effective June 1, 2018.

Vote Required: Majority = _____ 2/3 Majority = _____ 3/4 Majority = _____

The County Board has the legal authority to adopt: Yes No _____ as reviewed by the Corporation Counsel, _____, Date: 2/2/18

Approved by the Public Safety Committee this 15 day of February, 2018.

Consent Agenda Item: YES NO

Offered and passage moved by:

Supervisor signatures: [Handwritten signatures] Supervisor, [Handwritten signature] Supervisor, [Handwritten signature] Supervisor, [Handwritten signature] Supervisor, [Handwritten signature] Supervisor

_____ Ayes

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_____ Nays

_____ Absent

_____ Abstain

_____ Adopted

by the County Board of Supervisors this _____ day _____, 2018.

_____ Defeated

Tracy Hartman, County Clerk

David Hintz, County Board Chair

Ambulance Rate Adjustments/Fiscal Impact Statement

Rate Adjustment Proposal:

| Billing Description | Prior Rate | Adjusted Rate |
|---------------------|------------|---------------|
| Service Charge | \$00.00 | \$150.00 |
| Intercept Rate | \$150.00 | \$300.00 |

Fiscal Impact Statement:

Increase the County ambulance revenue annually by approximately: **\$55,350.00**