

CLERK OF THE COUNCIL
Dana Brown-Davis, C.M.C.

COUNTY COURTHOUSE
311 Grand Avenue, Suite #105
Bellingham, WA 98225-4038
(360) 676-6690



COUNCILMEMBERS
Barbara Brenner
Rud Browne
Barry Buchanan
Sam Crawford
Pete Kremen
Ken Mann
Carl Weimer

WHATCOM COUNTY COUNCIL

**AGENDA REVISION NOTICE
FOR MARCH 11, 2014
(DISTRIBUTED AT 4 P.M. ON MARCH 10, 2014)**

THE FOLLOWING ITEM HAS BEEN ADDED TO COUNCIL, INTRODUCTION:

7. Ordinance establishing charges/fees for providing advanced life support (ALS) ambulance transport services in Whatcom County (AB2014-121) (paperwork attached below)

CLEARANCES	Initial	Date	Date Received in Council Office	Agenda Date	Assigned to:
Originator:	twh	3.4.14	RECEIVED MAR 07 2014 WHATCOM COUNTY COUNCIL	3.11.14	Introduction
Division Head:				3/25/14	Hearing
Dept. Head:					
Prosecutor:	<i>DL</i>	03/06/14			
Purchasing/Budget:	<i>[Signature]</i>				
Executive:	<i>JL</i>	3-7-14			

TITLE OF DOCUMENT: Ordinance to increase EMS Transport fees

ATTACHMENTS: Ordinance Exhibit A

SEPA review required? () Yes () NO	Should Clerk schedule a hearing? () Yes () NO
SEPA review completed? () Yes () NO	Requested Date:

SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE: (If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)

Executive Louws respectfully requests Council approval of the proposed fee increases for ALS Transport fees.

COMMITTEE ACTION:	COUNCIL ACTION:
--------------------------	------------------------

Related County Contract #:	Related File Numbers:	Ordinance or Resolution Number:
-----------------------------------	------------------------------	--

Please Note: Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County's website at: www.co.whatcom.wa.us/council.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

SPONSORED BY: consent
PROPOSED BY: Executive Louws
INTRODUCTION DATE: 03/11/14

ORDINANCE NO. _____

Ordinance Establishing charges/fees for providing Advanced Life Support (ALS) Ambulance Transport Services in Whatcom County

WHEREAS, in June 2012, the Whatcom County Council and the Bellingham City Council passed a Joint Resolution of the City of Bellingham and Whatcom County Adopting the Jointly Recommended Business Model for County Wide emergency Medical Services (EMS); and

WHEREAS, the June 2012 Joint Resolution called for establishment of an EMS Oversight Board ("EOB") and a Technical Advisory Board ("TAB"); and

WHEREAS, RCW 52.12.131 conveys the authority for any fire protection district which provides emergency medical services, to establish and collect reasonable charges/fees for these services in order to reimburse the district for its costs of providing emergency medical services; and

WHEREAS, Whatcom County contracts with the City of Bellingham and Fire Protection District No. 7 for the provision of ALS transport and emergency medical services; and

WHEREAS, the Fire Protection District No. 7 had not adjusted their fees since 2008 and the City of Bellingham has not adjusted their rates since 2007; and

WHEREAS, the Technical Advisory Board made a recommendation to the EMS Oversight Board for consideration and approval of ALS Ambulance Transport Services fees as outlined in Exhibit A which also includes increased rates for Basic Life Support (BLS) Transport Fees; and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44

WHEREAS, the EOB approved for recommendation to County Council the ALS fees outlined in Exhibit A and approved the BLS rates to be encouraged for adoption by all Whatcom County Fire Protection Districts for consistency throughout the system; and

NOW, THEREFORE, BE IT ORDAINED by the Whatcom County Council that the Advanced Life Support (ALS) Ambulance Transport Services Fees to be charged by agencies under contract with Whatcom County are increased as shown in Exhibit A in the column recommended by EOB; and

BE IT FURTHER ORDAINED these changes will be deemed operative within ten (10) calendar days from the signing of this Ordinance.

ADOPTED this ____ day of _____, 2014.

ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

Dana Brown-Davis, Clerk of the Council

Carl Weimer, Council Chair

APPROVED AS TO FORM:

WHATCOM COUNTY EXECUTIVE
WHATCOM COUNTY, WASHINGTON

Daniel L. Gibson

Chief Civil Deputy Prosecutor

Jack Louws, County Executive

() Approved () Denied

Date

Signed:

Exhibit A

EMS MEDIC TRANSPORT FEES Proposed Increases

Service	District 7 Current Fee (1/1/14)	Bellingham Fire Current Fee	Recommended By EOB
BLS Emergency	\$550.	\$450.	\$590.
BLS Non-Emergency	\$550.	\$390.	\$550.
ALS 1	\$750.	\$675.	\$750.
ALS 2	\$950.	\$675.	\$950.
Specialty Care Transport	\$950.	\$675.	\$950.
Mileage	\$15./mile	\$12./mile	\$15./mile

Service Description

Basic Life Support (BLS) Emergency: Majority of BLS calls are billed as Emergency BLS. Ambulance response in the quickest time possible.

Basic Life Support (BLS) Non-Emergency: This fee is used infrequently. Calls are made for planned or scheduled responses.

Advanced Life Support (ALS) 1: Can be emergent or non-emergent. Must be an ALS vehicle and personnel at least of the EMT-Intermediate level and; must have the administration of ALS drug (ie; IV, IM, MAD) or ALS intervention. Can also be 12-lead if medically necessary. (2012, IV start, or attempt, no longer qualify)

Advanced Life Support (ALS) 2: Emergent only. Must be an ALS vehicle and personnel at least of the EMT-Intermediate level and; must have the administration of at least three medications by intravenous push/bolus or by continuous infusion excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate); or the provision of at least one of the following ALS procedures;

1. Manual defibrillation/cardioversion
2. Endotracheal intubation
3. Central venous line
4. Cardiac pacing
5. Chest decompression (LUCAS device)
6. Surgical airway
7. Intraosseous line

SCT: (Specialty Care Transport) Emergent only. Means interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training (ie; ACLS certification).

Mileage: Mileage to and from the scene of the call.

References/Sources:

CFR 414.605

Implemented: 03/19/2009 / Revised: