

CLEARANCES	Initial	Date	Date Received in Council Office	Agenda Date	Assigned to:
Originator: ADS-Finance	<i>DBD</i>	11/2/99		11/9	Intro
Division Head:				11/23	Finance/Public Hearing
Dept. Head:					
Prosecutor	<i>KAF</i>	11/4/99			
Purchasing/Budget:					
Executive:	<i>PR</i>	11-4-99			

SUBJECT:

Ordinance Amendment the fee schedule for ambulance service charges

ATTACHMENTS:

Ordinance; Information sheet from the Bellingham Fire Department showing current and proposed rate changes

Related County Contract #:

Should Clerk schedule a hearing: NO / / YES / / Requested Date: 11/23/99

SUMMARY STATEMENT:

The interlocal agreement between the City of Bellingham and Whatcom County to provide emergency medical care and transportation services (ambulance) requires that the City and Whatcom County agree on and establish fees by ordinance. Ordinance 95-001 adopted on 1/10/95 adjusted user rates to make the service fully funded. This proposed ordinance would adjust the fee schedule to make the charges truly reflective of the cost of providing the service.

The fees are not included in the Unified Fee Schedule for Whatcom County because the City of Bellingham Fire Dept. collects the fees.

Ordinance & Resolution Distribution Request

To keep down our copying costs, indicate only those who must receive a copy after Council action. List names to the right.

ADS Facilities Management	
ADS Finance	Brad Bennett
ADS Human Resources	
ADS Info Services	
Assessor	
Auditor	
Cooperative Extension	
District Court	
Executive	Francine Kincaid Dewey Desler
Health	
Hearing Examiner	
Jail	
Juvenile	
Parks	
Planning	
Prosecutor	
Public Works	
Sheriff	
Superior Court	
Treasurer	
Other	

RECOMMENDED ACTION:

Adoption of Ordinance

COUNCIL ACTION TAKEN:

1999 - 447 11/9/99: Introduced
 11/23/99: Failed 2-5, Imhof, Nelson in favor
 12/7/99: Reconsidered and adopted 5-1, Brown opposed,
 Hoag abstained Ord. #99-085

Relat

Ordinance or Resolution Number
 (this item): **ORD # 99-085**

SPONSORED BY: Finance
PROPOSED BY: ADS Finance
INTRODUCTION DATE: 11/9/99

ORDINANCE NO. 99-085

ORDINANCE AMENDING ORDINANCE 95-001,
ESTABLISHING SERVICE FEES AND SETTING A FEE SCHEDULE RELATED TO
AMBULANCE SERVICE CHARGES

WHEREAS, an interlocal agreement between the City of Bellingham and Whatcom County provides for emergency medical care and transportation services (ambulance) and also requires that the City and Whatcom County agree on and establish the fees by ordinance; and

WHEREAS, the base rates established in Ordinance 95-001 need to be adjusted to reflect increased costs of providing the service,

NOW, THEREFORE, BE IT ORDAINED by the Whatcom County Council that the fee schedule for ambulance services in Section A and B of Ordinance 95-001 is now superseded by a new Sections A through G as follows:


A. Base Rates:

	In Dollars
Emergency Medical:	
Basic life support (no transport)	\$ 75
Basic life support transport (county)	320
Basic life support transport (out of county)	370
Advanced life support (no transport)	200
Advanced life support transport (county/supplies included)	540
Advanced life support transport (county/supplies additional)	517
Advanced life support transport (out of county/supplies included)	590
Advanced life support transport (out of county/supplies additional)	567
Non-Emergency Transfers:	
Basic life support (county)	270

	In Dollars
Basic life support (out of county)	320
Advanced life support transport (county/supplies included)	385
Advanced life support transport (county/supplies additional)	362
Advanced life support transport (out of county/supplies included)	430
Advanced life support transport (out of county/supplies additional)	407
B. Mileage Charges:	
Mileage per mile, from the point at which the patient is accepted to the point of delivery.	11
C. Standby Service:	
Standby service (per hour)	50
D. Oxygen Usage Charge:	
Oxygen	18
E. Multiple Patients Charge:	
Multiple patients in one ambulance: Two or more patients carried by one ambulance, an additional charge of \$75/each patient above the first patient shall be added to the base rate (see "A" above). This amount shall then be pro-rated among the patients.	75
F. Disposable Supplies Charge:	
Medications and cardiac monitoring	Per Medicare Fee Schedule
G. Non-Resident Charge:	
Non-resident and non-owner of real property in Whatcom County user	100

ADOPTED this 7 day of ~~November~~^{December}, 1999.

ATTEST:


Dana Brown-Davis, Clerk of the Council

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON


Marlene Dawson, Council Chair

APPROVED AS TO FORM:


Civil Deputy Prosecuting Attorney

Approved Denied


Pete Kremen, County Executive

WHATCOM MEDIC ONE

Ambulance Service Rates

The following rates are proposed for ambulance service to users of Whatcom Medic 1 service:

- A. Base rates plus those charges described in B, C, D, E, F, and G.

	Current	Proposed
Emergency Medical:		
Basic life support (no transport)	\$ 75	No change
Basic life support transport (county)	260	\$320
Basic life support transport (out of county)	310	370
Advanced life support (no transport)	200	No change
Advanced life support transport (county/supplies included)	420	540
Advanced life support transport (county/supplies additional)	397	517
Advanced life support transport (out of county/supplies included)	470	590
Advanced life support transport (out of county/supplies additional)	447	567
 Non-Emergency Transfers:		
Basic life support (county)	\$210	\$270
Basic life support (out of county)	260	320
Advanced life support transport (county/supplies included)	325	385
Advanced life support transport (county/supplies additional)	302	362
Advanced life support transport (out of county/supplies included)	370	430
Advanced life support transport (out of county/supplies additional)	347	407

- B. Mileage Charges:

Mileage per mile, from the point at which the patient is accepted to the point of delivery.	\$ 7	\$ 11
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- C. Standby Service:

Standby service (per hour)	\$ 50	No Change
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	Current	Proposed
D. Oxygen Usage Charge:		
Oxygen	\$ 18	No Change
E. Multiple Patients Charge:		
Multiple patients in one ambulance: Two or more patients carried by one ambulance, an additional charge of \$75/each patient above the first patient shall be added to the base rate (see "A" above). This amount shall then be pro-rated among the patients.	\$ 75	No change
F. Disposable Supplies Charge:		
Medications and cardiac monitoring	Per Medicare Fee Schedule	Per Medicare Fee Schedule
G. Non-Resident Charge:		
Non-resident and non-owner of real property in Whatcom County user	\$100	No change