Emergency Medical Services Recommended Plan July 2005

Presented by:

Whatcom County Emergency Medical Services Working Group

"Working Together for the Future of EMS in Whatcom County"

Whatcom County Emergency Medical Services Working Group Participants

The EMS Working Group was organized at the request of the Whatcom County Executive during the fall of 2004. Members are:

Deputy Administrator Dewey Desler (Chair)
County Executive Pete Kremen
Commissioner Harry Andrews, Fire District 6
Chief Dave Ralston, Fire District 2
Commissioner Bob Busch, Fire District 11
Chief Gary Russell, Fire District 7
Commissioner Rich Bosman, Fire District 13
Chief Ben Thompson, Fire District 19
Commissioner Floyd Roorda, Fire District 1
Chief Warren Gay, Lynden Fire Department
Mayor Jack Louws, Small Cities Representative
Commissioner Monty McIntire, Fire District 6
Chief Neil Good, Fire District 10
Commissioner Bob De Hon, Fire District 4
Chief Don Chumley, Fire District 4
Dr. Marvin Wayne, Medical Program Director
Rick Kowsky, Cascade Ambulance Service
Rob Wilson, Medic One Paramedic
Rich Kittinger, Medic One Paramedic
Chief Bill Boyd, Bellingham Fire Department
Roger Christensen, Medic One Director
Assistant Chief Gary Baar, Lynden Fire Department
Commissioner Butch Hinchey, Fire District 13
Chief Denise Christensen, Fire District 14
Chief Tom Fields, North Whatcom Fire and Rescue
Battle Nelson, Concerned Citizen

Whatcom County Emergency Medical Services Working Group

June 24, 2005

The Honorable Pete Kremen
Whatcom County Executive
311 Grand Avenue, Suite 108
Bellingham, WA 98225

Dear Executive Kremen:

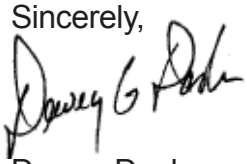
The Whatcom County Emergency Medical Services Working Group unanimously presents our recommended plan for the future of emergency medical services in Whatcom County. The working group members include elected and appointed officials, medical providers, paramedics and consumers: all Whatcom County residents.

At your request, over the past months, we have reviewed a variety of options and information to support the continuation of emergency medical services. This examination initially focused on serving Whatcom County without the City of Bellingham. We found the options that created a service excluding Bellingham to be very expensive and exceedingly difficult to establish by January 1, 2007. Since the beginning of this year, we have benefited from the participation of Bellingham City representatives. Our deliberations have been frequent and comprehensive with the working group and its committees normally meeting every other week.

We trust you will find the plan clear and compelling. The people of Whatcom County deserve a high quality, cost effective countywide emergency medical services system. In order to achieve that goal all fire districts, the cities and the County should actively participate in implementing this plan over the next six years.

The working group stands shoulder to shoulder in support of this plan for emergency medical services. With your help, support and leadership in implementing this plan the Medic One program can remain financially viable and able to serve the people of Whatcom County well into the future.

Sincerely,



Dewey Desler,
EMS Working Group Chair

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Emergency Medical Services Working Group Recommended Plan Summary

This list is in chronological order:

1. Maintain a unified countywide emergency medical service.

2. 2005 - Develop a tiered level of service in conjunction with changes and enhancement through the 911 dispatch center– Medic One paramedics providing advanced life support response and transport; fire department and district emergency medical technicians (EMTs) providing first response, basic life support and transport.

3. 2005 - Adjust the Medic One Joint Powers Agreement to allow for the appropriate use of Medic One reserve funds and longer term commitments to the four Medic One units through the end of 2006.

4. 2005 - Reconstruct the Emergency Medical and Ambulance Advisory Board with a charge of active and comprehensive oversight of emergency medical services in Whatcom County.

5. 2005 – Recommend that all cities, fire districts and Whatcom County adopt formal resolutions supporting implementation of the recommended plan.

6. 2005 and 2006 - Develop and distribute comprehensive and up-to-date information on the progress of changes and status of emergency medical services.

7. 2005 and 2006 - Use the Medic One reserve fund to support the projected program deficit.

8. 2005 and 2006 - Develop a comprehensive service agreement covering future emergency medical services in Whatcom County for 2007 forward.

9. 2006 through 2012 -Maintain and moderately increase the Whatcom County and City of Bellingham General Fund contributions to the Medic One program.

10. 2006 – Recommend that Whatcom County, all cities and fire districts resolve to support a voter considered revenue measure that will cover the 2007 through 2011 projected deficit of approximately 10 million dollars in the Medic One program .

11. 2006 - Recommend that the County Council, following approval of an interlocal agreement with all cities, place a measure before the voters in September 2006 requesting a 1/10th of 1% increase in sales tax. The tax would be used exclusively for EMS and in compliance with state law.

12. 2008 - Develop a paramedic supervisor chase car countywide.

13. 2010 - Add a 5th Medic One unit through Fire District 7.

Whatcom County
Emergency Medical Services Background

Historical Perspective

Prior to the 1970's, most ambulance service in the United States was provided by either private ambulance and/or funeral homes. Landmark federal transportation legislation and funding, coupled with the medical lessons learned during the Vietnam War, propelled the idea of sophisticated medical care to the street level. Paramedic programs began to surface in the late 1960's in metropolitan areas like Miami, Seattle, Pittsburgh, and Los Angeles. In the early 1970's, the media heightened public awareness of the transition of emergency medical services from basic transport services to sophisticated pre-hospital treatment and transport and introduced the concept of para-medicine into millions of households. This not only demonstrated the versatility, capacity, and efficiency of providing EMS through the fire service but, created a public expectation for this level of service.

Locally, until 1974, private ambulance companies provided basic life support ambulance transport for most of Whatcom County. There was little to no coordination or "system" in place for providing countywide emergency medical services (EMS). In 1974, the private ambulance company suddenly shut down their service to the County. With little warning or time to prepare, the Bellingham Fire Department stepped in, providing countywide emergency medical ambulance transports with firefighter/EMT's. Some of these firefighter/EMT's were then trained locally to become paramedics (the first class performed their field internship in Seattle), forming the foundation of the current countywide Whatcom Medic One program.

Prior to 2004, the Medic One program provided virtually all emergency medical transports in Whatcom County whether they were the result of non-life threatening circumstances, a basic life support (BLS) call, or potentially life threatening circumstances, an advanced life support (ALS) call. The service had grown from one Medic One unit to four units over its 30-year history. Two of the units are located in the County and two are located in the City of Bellingham. The City of Bellingham also staffs and provides additional "backup" paramedic response as needed to meet peak call load volumes. Usually two highly trained paramedics staff each Medic One unit.

Current Structure and Funding Challenges

Whatcom Medic One is jointly funded by Whatcom County and the City of Bellingham and is operated by the City of Bellingham. This service is partially funded by user fees (billings to Medicare, Medicaid, private payers and insurance companies). The remaining uncovered expenses are funded equally by Whatcom County and the City of Bellingham under a Joint Powers Agreement. Funding in 2004 was approximately 53% (3.1 million) from user fees and 47% (2.7 million) from County/City general funds.

In recent years, problems have arisen with funding Whatcom Medic One services. Revenues from user fees are decreasing. Recent changes in Medicare law cap these funds at a reimbursement rate well below the cost of providing the service. In 2004, Medicare paid 74 cents for every dollar billed for services; Medicaid paid 33 cents for every dollar billed. 64% of the total fee revenues in the Medic One system come from federal and state Medicare and Medicaid funds. Over the next ten years these reimbursement rates are scheduled to decrease even further as federal and state governments reduce spending in these areas. Uninsured/private pay individuals account for

11% of the system revenue. The recovery rate for this group is 30 cents for every dollar billed. The remaining 25% are from individuals covered by private health insurance. The collection rate on these accounts is approximately 90 cents for each dollar billed.

Expenses are rising faster than revenues. State law requires that binding arbitration rules cover firefighter/paramedic union contracts and fire departments have very little control over firefighter salary and benefit increases awarded through these rules. In addition, fuel costs, medicine and medical supply costs continue to climb. Complicating this picture is the fact that calls for EMS service have, and are projected to, increase at an average rate of greater than 6% annually over the next few years.

Due to this rapid growth in EMS calls, the Medic One system needed a 5th unit twenty-four hours per day by 2003 if it was to continue providing all emergency service transports. Adding a full time medic unit costs approximately 1.2 million dollars per year. Due to lack of funding this unit was never added, placing Whatcom Medic One in the impossible situation of trying to handle the increasing call load with existing resources. The result was the Bellingham Fire Department would often deploy all available Medic One units, City fire staff and medic resources to medical emergencies throughout the County. Thus the City of Bellingham found itself delivering services throughout Whatcom County without the benefit of full reimbursement for costs.

We are also faced with voter approved tax initiatives that limit the ability of governments to raise revenues without voter approval. Meaning that neither the County government nor the City of Bellingham has the capacity, in their general budgets, to continue increasing their support for EMS without reducing other important services. In November of 2003, the County and the City of Bellingham proposed a countywide EMS levy. The levy failed and the Medic One program will not be able to continue to provide countywide service beyond December 31, 2006 without additional financial support.

In 2004, County Executive Pete Kremen formed an EMS Working Group to examine the problem and recommend solutions. The initial working group was composed of representatives from the County, the Whatcom County Fire Commissioner's Association, and the Whatcom County Fire Chief's Association. This working group has been examining several different models for emergency medical service delivery and developing recommendations to ensure continuation of efficient, effective, and safe pre-hospital medical care into the foreseeable future.

In November of 2004, the City of Bellingham asked their constituency for a voter-approved EMS levy. That measure was also defeated. The working group has since been expanded to include representatives from the City of Bellingham, the medical community, private ambulance and local paramedics. All these local government, fire department and medical officials worked together to recommend significant improvements and modifications to the current countywide system. This recommended plan will ensure our community continues to receive quality emergency medical services.

The Emergency Medical Service (EMS) Working Group's Recommended Plan

The EMS Working Group was organized at the request of the Whatcom County Executive during the fall of 2004. The working group is made up of fire district commissioners and chiefs, representatives from cities, private ambulance, paramedics, the medical community and the County Executive's office. The basic charge to the group was to develop and recommend to the County Executive a plan for the future of emergency medical services in Whatcom County. The fundamental challenges faced by the working group included a notice of termination of Medic One services provided by the City of Bellingham, rising costs, falling revenues and no existing capacity to deliver a paramedic response to communities outside of Bellingham.

After reviewing many options, including starting up a county stand-alone system, the working group **recommends continuation of a unified fire-based countywide system with adjustments and improvements.** An emergency medical service system that remains unified with all fire districts and fire departments, including the City of Bellingham. The group believes this unified approach continues to be the most cost effective method for providing EMS services to the people of Whatcom County.

For the past several years Whatcom Medic One has struggled with how to manage the rapidly increasing call volumes with the limited funding available. The current planning process identified a **tiered level of service** as the most cost effective and efficient option of providing future EMS service. Using this model, the primary role of Whatcom Medic One will be to provide emergency advanced life support (ALS) care and transport service. Local fire districts and departments with available staff will provide basic life support (BLS) care and transport service. Volunteer firefighter staff in more rural areas are not as readily available for transport responsibilities, especially during the daytime. In these areas Medic One will continue to be the primary provider for emergency transportation regardless of BLS or ALS designation.

Involving fire districts and departments in the delivery of BLS transports will relieve Medic One of a large portion of the anticipated BLS call volume in the short term. This allows Medic One to continue to handle anticipated call volumes with four medic units until 2008.

Private ambulance service can be an appropriate and effective adjunct to the existing and projected BLS transport needs anticipated under this plan. Fire districts and departments, either individually or collectively, have been encouraged to consider private ambulance service in a primary or supportive BLS transport role.

Stipulating service standards is an important step in providing BLS transport service. Other issues that need to be considered include staff training and certification standards, coordination with Medic One transport capacity, assignment of dispatch costs and fee for service billing responsibilities.

In 2008 the community would see the **implementation of a supervisor chase car.** This chase car will have one supervisor paramedic available twenty-four hours a day, seven days per week. The chase car will be used for additional emergency call coverage as needed and provide a paramedic supervisor to assist in managing complex emergency medical situations. The paramedic supervisor would answer the call in a well-equipped SUV type vehicle. The closest BLS transport unit would handle the transport of the patient, if necessary, with the paramedic on board. An EMT from the transport unit would follow in the chase car. The chase car paramedic would handle other duties such as quality assurance, training, supervisory duties and assistance with transport during periods of high emergency call volumes.

The new plan also proposes that a **5th Medic One unit (twelve hours per day, seven days per week) be added in 2010**. The paramedics on this new 5th unit will be employees of Whatcom County Fire District 7. The plan anticipates that **future growth in Medic One units will occur in fire districts in the Lynden and Blaine areas**. The location of the 5th medic unit and subsequent additions will depend upon service demands.

The Bellingham Fire Department will continue day-to-day operational oversight for the departmental Medic One units. Fire agencies would retain their authority and responsibilities as first responders and for BLS response and transports. Fire District 7 would, as well, maintain responsibility for the implementation of the 5th Medic One unit with financial support through the countywide EMS system.

The working group is recommending that the **County and City of Bellingham reconstruct the existing Emergency Medical and Ambulance Advisory Board** in order for it to become an official oversight committee. This board would monitor performance and make comprehensive recommendations regarding the Whatcom Medic One program. It is anticipated that the board would hold at least two large public meetings each year, one meeting in the spring to review accomplishments from the previous year and one in the fall to analyze and comment on the projected budget and goals for the coming year.

Costs for emergency medical services continue to rise and the Medic One program currently operates with higher expenditures than revenues. The working group recommends that **the existing Medic One reserve fund be used to cover the deficit resulting from maintaining existing services for 2005 and 2006**. This fund of approximately 1 million dollars has previously been used to pay for unanticipated but necessary emergency equipment purchases and to provide the cash flow necessary to keep the program financially stable. The amount necessary to support Medic One from the reserve fund for 2005 will be approximately $350,000 and for 2006 the amount will be approximately $650,000. As a result, it is anticipated that the reserve fund will be exhausted by the end of 2006.

The EMS working group strongly recommends that **the City of Bellingham and Whatcom County continue their current Medic One contributions from their respective general funds**. As an example, Whatcom County currently contributes 1.323 million dollars to the program. These contributions will increase at 1% per year under the recommendation of the EMS realignment plan.

Unfortunately, as a result of increasing calls for service and their associated costs, coupled with decreasing support from Medicare, Medicaid, private insurance and fee revenue, the projected Medic One deficit will continue to grow. This projected deficit is projected to reach $870,000 in 2007, 1.6 million in 2008, and 2.6 million in 2009. The combined deficit for the period 2007 through 2011 is anticipated to be approximately 10.1 million dollars. The combined deficit for the period 2007 through 2012 is anticipated to be approximately 13 million dollars.

The EMS Working Group recommends that **the Whatcom County Council and Executive along with the City of Bellingham**

Mayor and Council consider and support a revenue measure that would be placed before the voters of Whatcom County in 2006. The working group also recommends similar support be expressed through resolution from all other cities and fire districts in the county.

Included in this plan are financial projections based on the service model recommended by the working group. Many other models for service were considered and following analysis rejected as either too expensive or inadequate for the future emergency medical service needs for Whatcom County. The elected leadership of Whatcom County, following consultation with the cities and fire districts, should **announce and formally propose, by at least 2006, a specific voter supported measure that will fully fund the projected deficit** for 2007 to 2011 or 2012.

The working group recommends **a 1/10th of 1% increase in the sales tax measure be placed before the voters to be used to support EMS**. This measure would follow a unanimous agreement among the County and all cities to commit the allowable portion of the voter approved sales tax revenues to emergency medical services. The official ballot measure should specify an ongoing commitment to direct the funds for emergency medical service. If a sales tax measure is not approved by Council then the working group recommends, as an alternative, a property tax measure to be used exclusively for EMS.

Adjustments to the Medic One Joint Powers Agreement are also necessary to maintain high quality emergency medical services through the end of 2006. These technical amendments will clarify the use of the Medic One reserve fund and also allow for reimbursement to the City of Bellingham by Whatcom County for the direct costs associated with the hiring of replacement firefighters. Hiring firefighters as fire department vacancies occur will allow existing paramedics to remain in all four Medic One stations rather than be rotated back to firefighter positions. The financial adjustments associated with the

hiring of firefighters will be moot if an adequate funding source is adopted to allow the recommended unified program to remain operational in 2007 and beyond.

The working group has concerns over the lack of readily available, up-to-date, accurate, and complete information regarding emergency medical services, especially among the many hundreds of people currently involved in providing EMS. In an effort to resolve this issue, the group is recommending **an active committee be formed to oversee the compiling and distribution of information to these EMS providers.** Providers include hospital personnel, the medical community, EMTs, paramedics, firefighters, elected officials, first responders, fire district volunteers and staff, fire commissioners, etc.

The working group requests that **a formal resolution be crafted and submitted for adoption to the County, all cities and all fire districts for their approval.** The resolution would indicate active support for the goals of the plan and an ongoing commitment to work cooperatively in implementing this recommended plan.

Finally, **a new agreement between the County, the City of Bellingham and other EMS organizations** will be necessary to carry out the key service elements of emergency medical services beyond 2006. This agreement would detail the key roles and responsibilities of all EMS providers as well as standards for service that are clear and measurable.

2005 - 2012 Realigned EMS System Projections

2005 - 2012 REALIGNED EMS SYSTEM PROJECTIONS with BLS Reimbursements for Bellingham only									
	4.5 units	**4 units**	**4 units**	**4 units**	**4.5 units**	**4.5 units**	**5 units**	**5 units**	**5 units**
	Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	2004	2005	2006	2007	2008	2009	2010	2011	2012
REVENUE									
Fee for Service	2,798,370	2,267,959	2,313,319	2,359,585	2,406,777	2,454,912	2,504,010	2,554,091	2,605,173
Bellingham BLS Transport Rev	-	508,610	518,782	529,158	539,741	550,536	561,547	572,777	584,233
City Contribution	1,365,272	986,072	995,933	1,005,892	1,015,951	1,026,110	1,036,372	1,046,735	1,057,203
County Contribution	1,322,970	1,322,970	1,336,200	1,349,562	1,363,057	1,376,688	1,390,455	1,404,359	1,418,403
Interest Income	32,294	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000
Miscellaneous Income	26,315	52,178	4,500	4,500	38,500	38,500	4,500	38,500	4,500
	5,545,222	5,162,789	5,193,733	5,273,697	5,389,026	5,471,746	5,521,883	5,641,463	5,694,511
EXPENDITURES									
Wages	3,215,640	2,966,630	3,161,683	3,311,082	3,905,272	4,150,483	4,417,053	4,582,692	4,754,543
Benefits	644,464	690,249	784,049	882,868	1,099,908	1,229,947	1,361,940	1,477,705	1,603,310
Fire Life Insurance	12,768	12,768	12,768	12,768	12,768	12,768	12,768	12,768	12,768
Facilities (Utilities/R&M)	16,074	19,234	19,619	20,011	20,411	20,819	34,750	35,445	36,154
Medical Supplies	161,497	200,000	204,000	208,080	212,242	216,487	220,817	225,233	229,738
Other Supplies	110,173	93,155	95,018	96,918	98,856	100,833	102,850	104,907	107,005
Fuel	34,482	38,000	40,280	42,697	45,259	47,975	50,854	53,905	57,139
Services (including MPD)	109,285	143,348	146,215	149,139	152,122	155,164	158,267	161,432	164,661
Miscellaneous	15,117	16,560	16,912	17,269	17,621	17,973	18,330	18,697	19,071
Training Class	-	-	-	24,000	48,000	48,000	48,000	12,000	-
Travel & Training (Other)	27,064	25,700	26,214	26,738	27,273	27,818	28,374	28,941	29,520
R & M	142,819	143,359	146,226	149,151	152,134	155,177	158,281	161,447	164,676
Motor Pool	37,308	19,746	20,141	20,544	20,955	21,374	21,801	22,237	22,682
B&O Taxes	40,834	15,826	16,143	-	-	-	-	-	-
Communications (Postage,Phone,O	32,607	35,521	36,231	36,956	37,695	38,449	39,218	40,002	40,802
Dispatch	599,515	577,378	600,473	624,492	649,472	675,451	702,469	730,568	759,791
Indirect Costs	176,232	204,458	208,547	212,718	216,972	221,311	225,737	230,252	234,857
BLS Reimbursements	-	131,580	139,475	147,844	156,715	166,118	176,085	186,650	197,849
Equipment	143,473	188,111	174,000	159,000	124,000	776,025	141,025	187,025	152,025
Total Expenditures	5,519,352	5,521,623	5,847,994	6,142,275	6,997,675	8,082,172	7,918,619	8,271,906	8,586,591
Net Expenditures Over Income	25,871	(358,834)	(654,261)	(868,578)	(1,608,649)	(2,610,426)	(2,396,736)	(2,630,444)	(2,892,080)
						2007-2012 Deficit		(13,006,912)	
						2007 - 2012 Average Per Year		(2,167,819)	
						2007-2011 Deficit		(10,114,832)	
						2007 - 2011 Average Per Year		(2,022,966)	

Assumptions for 2005 - 2012 Realigned EMS System Projections

Add 0.6 FTE billing person in 2005 in order to maximize revenues.

Add chase car supervisor to handle surge capacity in 2008.

Add one training officer January 1, 2007, net 3.25 supervisory level employees added 2008, six firefighter paramedics January 1, 2010, trainees for Fire District 7 Medic One unit in 2008.

Add Fire District 7 (12/7) Medic One unit in 2010 - assigned $600,000 for location and outfitting capital costs in 2009.

Add 5th location ongoing facility costs in 2010; based on 2004 Smith Road costs (plus $3,000 repairs and maintenance reserve) projected for 2010

User fees increase at 2%

Whatcom County / City of Bellingham contributions increase at 1%

Difference between City of Bellingham and Whatcom County contributions is made up by reserve capacity currently in the Bellingham Fire Department budget

City wages increase at 3.75%, benefits increase at 8.5%; Ferndale wages increase at 3.7%, benefits at 8.5%

Other costs generally increase at CPI: 2%

Except dispatch: 4%

Except BLS reimbursement and fuel increase at call volume: 6%

Assumes running three training classes in the period of July 1, 2007 - March 31, 2011

Assumes user fees will no longer be enough to cover one-half of system costs by 2007 and Medic One system will qualify for B & O tax exemption

Whatcom Medic One
Recommended Plan Timeline

Quarter	2005
2nd	Adopt Amendment to Joint Powers Agreement
3rd	Adopt Amendment to Emergency Medical and Ambulance Advisory Board Ordinance
3rd	Clarify Dispatch Cost Allocation Among EMS Providers
3rd	Review and Determine Funding Sources for EMS
3rd	Develop BLS Letters of Understanding
3rd	Implement Firefighter Recruitment/Retention
3rd	Presentation of Realignment Plan
3rd	Recommend Districts and Regions Establish and Report Roles and Responsibilities for BLS
3rd & 4th	Results of Communications Committee – Newsletters
3rd & 4th	Seek Resolutions of Support from Districts/Cities
3rd & 4th	Formalize Quality Assurance and Organizational Structure Around BLS in Smaller Districts
4th	Implement Computerized Dispatch Triage

Quarter	2006
1st	Finalize Implementation of Computerized Dispatch Triage
1st	Develop New EMS Agreement (2007-2012) between County, City of Bellingham and other EMS Providers
2nd	Develop Contingency Plans for Districts and Cities if Necessary
2nd	Continue Recruitment of Firefighters
3rd	Possible Vote of Citizens on Funding for EMS
4th	Finalize 5th Medic Unit Operations Model (training timeline and deployment)

Quarter	2007
1st	Retain Training Officer
2nd & 3rd	Finalize Functions, Assignments and Location of Chase Car/Medic Supervisors
3rd	Initiate Training Classes/Attrition (6+)
4th	Determine Functions and Assignment of 5th Medic Unit
4th	Determine Equipment Acquisition Schedule for 5th Medic Unit

Whatcom Medic One Recommended Plan Timeline Continued

Quarter	2008
1st	Retain and Implement Chase Car Personnel – Medic Supervisors
2nd	Ferndale to Recruit and Hire Personnel for 5th Medic Unit
3rd	Initiate Training for New 5th Medic Unit Personnel
2nd & 3rd	Determine Location/Deployment of Medic Units / 5th Unit
4th	Initiate Acquisition of 5th Medic Unit Location

Quarter	2009
2nd	Evaluate Staffing/Training Requirements for 2011 and 2012
All	Continued Training of 5th Medic Unit Personnel
All	Finalize Acquisition of 5th Medic Unit Site and Develop as Needed

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Quarter	2010
1st	Deploy 5th Medic Unit
2nd & 3rd	Review Long Term EMS Funding Issues
4th	Review Services and Funding Issues for 2012-2018

Quarter	2011
2nd	Finalize 2012 and Beyond Strategy
3rd	Define Funding Requirements for Future Service Requirements

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Appendix

Whatcom County Emergency Medical Services
Recommended Plan

Questions and Answers

1. Who is the Whatcom County "EMS Working Group" and what are they recommending?

The EMS Working Group was organized at the request of the Whatcom County Executive during the fall of 2004. The working group is made up of fire district commissioners and chiefs, representatives from cities, private ambulance, paramedics, the medical community and the County Executive's office.

After reviewing many options, including starting up a county stand-alone system, the working group is recommending continuation of a unified countywide system with some modifications. The group recommends this approach as the most cost effective option for providing quality EMS services.

2. What challenges did the group face?

The EMS Working Group resolved to develop a plan for EMS that is cost effective, meets service needs and is sustainable for many years into the future. Challenges included:

- Call volume increases of over 6% each year.
- Increasing elderly population.
- Significant population growth.
- Significant changes in health care delivery systems (shorter in-patient hospital stays, more out-patient surgeries, etc., causing a greater reliance on Medic One as a primary health care access program).
- Limits on Medicare, Medicaid and private insurance payments.
- Limited fire district personnel available to transport patients.

Complicating these challenges are increasing costs for medications, fuel, salaries, benefits and equipment.

- EMS revenue is increasing at 1.5% annually.
- EMS program costs are increasing at 7.1% annually.

3. What models were looked at?

The EMS Work Group looked at multiple options including:

- One paramedic and one EMT per Medic One unit.
- One paramedic within a chase car.
- Two paramedics per Medic One unit.
- Fire-based paramedic system.
- Non fire-based paramedic system.
- County stand-alone with one and one-half units, two units, and three units.
- Unified system with the City of Bellingham.
- Private ambulance.

4. What changes are recommended in this new plan as compared to the plan proposed in the fall of 2003?

The main change from the previous plan is the cost for the Whatcom Medic One paramedic service. We have been able to realize cost savings because some of the larger county fire districts and city fire departments have begun transporting less seriously ill or injured patients to the hospital instead of relying on the exclusive use of Whatcom Medic One to provide this service.

The previous plan added a 5th Medic One unit in 2004. Since BLS transport

capacity has been shifted to fire personnel in larger districts/departments, the new plan proposes that a 5th Medic One unit not be added until approximately 2010. Paramedics for this new 5th unit will be provided and employed by Whatcom County Fire District 7.

The previous plan requested voters approve a 38.5 cent EMS levy in the fall of 2003. The revenue that would have been collected over the six years (2007–2012) from this 38.5 cent levy would have been approximately 38.3 million dollars. The new plan proposes the need to find approximately 13 million dollars in new revenues over that same six year period (2007-2012).

One other major change in the new proposal is the continued substantial contribution from both the City of Bellingham and Whatcom County general fund budgets. As an example, Whatcom County currently contributes 1.323 million dollars to fund Medic One in 2005. Under this new plan the County and City of Bellingham would be requested to continue to increase their contribution each year by 1%.

One of the major challenges facing the future of Whatcom Medic One will be covering the future deficit resulting from increased long-term costs and reduced revenues. This is a problem we need to solve as a community.

5. What are ALS and BLS?

Basic Life Support (BLS) Treatments and procedures applicable to non-life threatening medical situations such as lacerations, broken arm or leg, or minor car accident injuries.

Emergency Medical Technicians (EMTs) are trained to provide first responder and basic life support (BLS) care. EMT training consists of pre-hospital care and definitive field treatment and transport of non-life threatening conditions. The training also covers emergent first response care in life threatening situations. Training is 120 hours inclusive of classroom and field observation.

Advanced Life Support (ALS) – Treatments and procedures applicable to serious life threatening medical situations such as cardiac arrest, heart attack, choking, uncontrollable bleeding, major trauma or complex pediatric emergencies.

Paramedics provide advanced life support (ALS) care. Paramedic training consists of over 1200 hours of classroom and clinical site time plus several months of successful field internship treating patients. An individual must be an EMT with at least one year of field experience to enroll in paramedic training. Because of the additional training, paramedics have substantially better tools to deal with life and limb threatening conditions.

6. How will EMS service be delivered with the new realigned system?

When a call for service is received at the dispatch center, the dispatcher determines the response necessary for the call. Both the closest first responder unit and appropriate transport unit respond. If advanced life support is not needed, the fire district will transport the patient. This frees up the Medic One unit to respond to more serious calls.

Fire districts are staffed with emergency medical technicians rather than paramedics. Emergency medical technicians, although well trained in first responder and basic life support care, are not trained or qualified to administer most drugs. During basic life support trans-

ports, the emergency medical technicians will make the patient as comfortable as possible and provide the appropriate level of care.

7. In recent years various plans for emergency medical services proposed establishment of an independent government authority to operate or contract for services. Did the working group consider a new government entity as an independent administrative vehicle to deliver EMS?

Yes. The working group reviewed the option of setting up a new government authority similar to the Whatcom Transit Authority or the Council of Governments. Its sole function would consist of delivering and or contracting for EMS in Whatcom County.

The working group, early on, considered a new independent government option as costly and potentially time consuming to set up. They believe that using the existing administrative capacity of county government was a more cost effective approach. Training and certifying a new group of paramedics and EMTs as well as duplicating the existing administrative capacity of the County and existing fire departments/districts was determined to be too costly, unnecessary and unwise. Therefore, the working group recommends building on the existing fire and rescue capacity of fire departments and districts.

8. Why do the costs of service keep increasing?

Medicare and Medicaid insurance patients account for nearly two-thirds of all EMS calls. Reimbursements received from these sources do not cover the cost of the calls and Medicare reimbursement rates are projected to decrease through 2010. Medic One is not allowed to charge Medicare and Medicaid patients for amounts not covered. Private insurers are beginning to tie their reimbursement rates to Medicare rates. Collection rates on private payers (including uninsured) average less than 30% of the amounts billed.

Costs attributable to wages and benefits, medical supplies, fuel and equipment are growing at a faster rate than reimbursements from user fees. Washington State law limits the latitude local governments have in setting wages and benefits for public safety employees. The law mandates binding arbitration be used if the parties cannot mutually agree to union contract terms. Furthermore the law requires that wages and benefits be paid commensurate with comparable jurisdictions in terms of population and assessed property value. Neither cities, fire districts nor Whatcom County have any control over the amounts set through binding arbitration. They also have no control over the amounts charged for pharmaceuticals, medical supplies, fuel or sophisticated equipment.

For the period 2007-2012, Medic One revenue is projected to increase by 1.5% per year and costs are expected to rise at 7.1%.

9. How will oversight of the Medic One program be handled?

The EMS Working Group is recommending that the existing Emergency Medical and Ambulance Advisory Board be expanded and used as an oversight committee to make recommendations regarding the Whatcom Medic One program.

The board would hold at least two large public meetings each year, one to check on accomplishments from the previous

year and one to review and comment on the projected budget and goals for the coming year.

Elected officials from Whatcom County, the cities and districts will have the final authority over all major budget and program decisions.

The Bellingham Fire Department and individual fire districts will continue the day-to-day operational oversight for the program.

10. What will happen to the money that the City of Bellingham and Whatcom County currently contribute to Whatcom Medic One?

The City and County will continue their current contributions. As an example, Whatcom County currently contributes 1.323 million dollars to fund Medic One. These contributions will increase at 1% per year under the recommendation of the EMS realignment plan.

11. Why does a fire engine respond when I call 9-1-1 for a medical emergency?

Pre-hospital emergency medical services in Whatcom County operate under a tiered response system. The first responders are predominately EMT firefighters from local fire districts or departments. They are dispatched from the closest station to where the emergency occurred and are trained to provide life saving care. After the paramedics arrive, the firefighters provide support to the paramedics as they care for the patient. If the injuries or medical situation is not severe the local firefighters/ emergency medical technicians will provide treatment and/or transport to the hospital. Some fire districts do not have the capacity to provide transport, in that case Medic One will transport.

This system, utilized in many cities throughout the nation, provides quick response and enough personnel to provide effective, safe, and efficient patient care. Most Whatcom County fire agencies are equipped with semi-automatic defibrillators, allowing firefighters to quickly administer life saving electrical stimulation to patients in cardiac arrest. The success of this procedure depends almost entirely on administering the shock as soon as possible.

12. What part does private ambulance play in providing EMS services in Whatcom County?

During the 1960's, when the Medic One system first began, it provided all medical transports including transfers between hospitals and nursing home facilities and other non-emergency transports.

Cascade Ambulance Service, Inc. currently provides these types of services in Whatcom County. Cascade reports providing over 5,000 non-emergency transports per year, which leaves the Medic One system available for an ever-increasing volume of 911 emergency calls.

Private ambulance service can be an appropriate and effective adjunct to the existing and projected BLS transport needs anticipated under this plan. Fire districts and departments, either individually or collectively, have been encouraged to consider the use of private ambulance service in a primary or supportive BLS transport role.

13. How is Medic One Paid For?

Medic One is funded by approximately 50% user fees and 50% from contributions from the City of Bellingham and Whatcom County. A small amount is also

funded by training grants, interest income and private donations.

Demand and costs have been rising at a greater rate than revenue. This will result in a deficit situation beginning in 2005. The system will begin using its reserve fund balance to cover the deficit as we maintain existing EMS and transports. The reserve fund balance has only enough funds to cover deficits for approximately two years.

14. How are emergency medical services delivered in Whatcom County?

All county and city fire service agencies have worked cooperatively for over 30 years to provide responsive, quality prehospital emergency medical services and ambulance transport. The City of Bellingham Fire Department manages and operates Whatcom Medic One, which provides paramedic-staffed emergency medical services and ambulance transport countywide. Whatcom Medic One is the advance life support component of a comprehensive emergency medical response system that today involves more than twenty government agencies.

Seventeen fire districts throughout Whatcom County respond to emergencies in their areas. These seventeen fire departments are staffed mostly with volunteers. Often volunteers are the first responders to arrive at a medical emergency scene, and are trained as medical first responders or emergency medical technicians (EMTs). Fire district boards of commissioners, elected by voters in these service areas, collect property taxes within their boundaries to support their operations. The City of Lynden also operates a municipal fire department, employing firefighters who are trained and respond to emergency medical needs.

Within Bellingham, all firefighters are cross-trained as emergency medical technicians (EMTs) to respond to medical emergencies in addition to their fire duties. The Bellingham Fire Department's forty-one paramedics, which staff the Whatcom Medic One program, are trained to perform more sophisticated procedures called advanced life support (ALS). They respond to medical emergency calls countywide. The Bellingham Fire Department also provides EMS dispatch services (9-1-1) for all fire agencies throughout the county.

15. EMS levies placed before the voters have failed twice in the last two years. How will EMS services be provided should both elected officials and the voters of Whatcom County not approve a long-term funding source?

Without voter support and approval of supplementary funding for EMS, the working group recommends a six month transition period in 2007. During that period the County would assist the cities and fire districts in developing a level of EMS response and transport consistent with individual fire district and cities capability.

Difficulties in providing a clear answer to this question center on the commitment of over twenty entities that have a stake in EMS services. Exactly what level of commitment would be continued by each of these agencies is unknown. It is clear we would not be able to maintain a unified EMS system. The working group believes that a fragmented system would ultimately be more expensive

to consumers, taxpayers and providers.

Many districts would have to initially utilize volunteers to transport patients to the hospital.

The working group did evaluate the level of response that could be provided through a county stand-alone system outside of Bellingham should the County continue to support EMS services at the current general fund contribution rate of 1.323 million dollars. This amount would only fund one full-time paramedic unit when the projections to meet call volumes show a need for three units.

There are many difficulties in developing new paramedic services outside the Bellingham service area including time constraints, training requirements and costs. These challenges remain the same for both public or private ambulance service.

Projected calls for service are growing rapidly. As a result, existing and projected revenues will not allow a paramedic response throughout Whatcom County or likely even an adequate BLS response. Levels of service would probably vary considerably with some districts and cities able to provide a higher level of service than other areas. These fragmented services would be more expensive and would not provide the level of care or consistency currently available.

The cost of a BLS and ALS Medic One system inside of Bellingham would be more expensive to Bellingham residents than a unified countywide system.

16. Outside consulting firms have examined Whatcom County Medic One over the past few years. What did they conclude and recommend? What changes have taken place based on these conclusions?

Four significant studies involving the Whatcom Medic One program/ Bellingham Fire Department have been conducted since 2000:

1. Ambulance Report Assessment, The Abaris Group, September, 2000.
2. Whatcom County Emergency Medical Service Long Term Strategic Planning Process, TriData Corporation, August, 2002.
3. Medic One Cost of Service Analysis, Financial Consulting Solutions Group, December, 2002.
4. Bellingham Fire Department Planning Study, Matrix Consulting Group, July, 2004.

Each of these studies evaluated the different areas of EMS delivery as provided by the Bellingham Fire Department/ Whatcom Medic One, and developed specific recommendations. Below is a brief summary of each study, key recommendations, and resulting changes:

Ambulance Report Assessment, The Abaris Group - 2000

The purpose of the study was to conduct an independent analysis of the capabilities and methods of the Medic One program, and compare the program to other programs and models. They also evaluated the Medic One program budget. Key recommendations included:

1. Justify the indirect cost allocation for all FTE's assigned to the Medic One budget. (Completed)
2. Implement a 4th medic unit in the county. (Completed)
3. Establish and monitor EMS performance standards. (Will be included in new agreement.)

4. Consolidate EMS advisory committees into an EMS authority. (Amendment in progress to reconstruct Emergency Medical and Ambulance Advisory Board.)
5. Immediately conduct a strategic planning process to develop the future Medic One program. (Completed)
6. Stabilize funding, perhaps through an EMS taxing district. (Attempted)

This study resulted in the deployment of a 4th Medic One unit, which is now located in the county to best serve the north/east county areas. It also stimulated movement towards the strategic planning process conducted by the TriData Corporation in 2002.

Whatcom County Emergency Medical Service Long Term Strategic Planning Process, TriData Corporation - 2002

The purpose of this study was to conduct a comprehensive strategic planning process that would guide countywide EMS into the future. The process involved the entire EMS system; first responders, hospital representatives, citizens, physicians, elected officials, private industry, private ambulance providers, and local fire agency representatives. The most important recommendations resulting from the planning process were:

1. Pass a six-year EMS tax levy.
2. Create an interlocal cooperative agreement among the seventeen fire protection districts.
3. Build the Bellingham/Whatcom County EMS System partnership.
4. Construct a distribution formula to allot EMS levy funds.
5. Rejuvenate county fire district volunteer recruitment programs.
6. Use any extra funds-if available-to fund programs and positions that benefit all system participants.

Based on these recommendations, the primary providers of EMS - the county fire districts, the City of Bellingham, and Whatcom County, developed a funding formula and interlocal agreement, that placed a six-year 38.5 cent EMS levy on the November 2003 ballot. This ballot measure failed, as did a subsequent City of Bellingham only EMS levy ballot measure in November 2004.

Medic One Cost of Service Analysis, Financial Consulting Solutions Group (FCSG) - 2002

FCSG was hired to analyze the current and alternate cost allocation methods that may be appropriate for providing Medic One services to the cities and county areas. They also identified the cost of the service as well as different methods for allocating the costs between City and County services.

Bellingham Fire Department Planning Study, Matrix Consulting Group - 2004

In January, 2004, the City of Bellingham hired the Matrix Consulting Group to assist the Bellingham Fire Department in evaluating current fire response operations and plan for the future. Medic One was not the focus of this study; however, they analyzed Medic One as a countywide service through 2006 and as a City-only service after that. At the time the study was conducted, the countywide EMS levy had failed and it appeared the Medic One system was headed towards dissolution as a countywide service. The key recommendations of the study included:

1. Increase the number of ambulance transport units to five between the hours of 10 a.m. and 10 p.m.

(Effective April, 2005, Bellingham Fire Department started a BLS ambulance transport program using existing Bellingham fire engine EMT crews throughout the city. This immediately added the equivalent transport capacity of approximately one medic unit.)

2. Develop alternative EMS system delivery models and funding sources to ensure the sustainability of the countywide EMS program. (Currently underway by the EMS working group.)
3. Work with public health agencies to identify alternative pathways to entering the health care system by those who use EMS inappropriately.
4. Acquire the necessary software interface for the dispatch computers, allowing for more rigorous quality assurance for the Emergency Medical Dispatch triage system. (Currently seeking funding.)
5. Keep all stations open. Keep daily minimum staffing the same, but immediately move to a deployment model that redistributes paramedics from stand alone medic units to each engine company, creating a four person crew that can be split into two teams of two ("2+2"), and two teams of "3+2".
6. Reduce the Battalion Chief staffing from four to three and increase their work-week to align them with the operations firefighters schedule. (Changed the Battalion Chief schedule back to a three platoon schedule, improving shift communications, continuity, and accountability.)
7. Continue with the current programs that maximize the utilization of line personnel. Consider opportunities to improve pre-fire planning as part of the company inspection efforts already ongoing.
8. Reduce staffing in the Life Safety Division by reassigning the Inspector position, and implement an intensive workload data collection effort for the next two to six months to quantify current division work activities. (Reduced one position in the Life Safety Division, initiated a six-month audit of work activities for reassessment, and assigned an inspector to the Permit Center on a part time basis.)
9. The Life Safety Division should remain within the Fire Department. However, one of the division personnel should maintain scheduled office hours in the Permit Center. (Reduced one position in the Life Safety Division, initiated a six-month audit of work activities for reassessment, and assigned an inspector to the Permit Center on a part time basis.)
10. Carefully monitor the utilization of the county fire district training consortium (FRITS). Future consideration should be given to withdrawing from the program. (Withdrew participation in the joint training program.)
11. Implement administrative changes to create a second Assistant Chief position, which also includes the creation of a Fire Marshal position. Reduce staffing in the Training Division by two positions. (Eliminated one Training Captain position.)
12. Increase fees for plan reviews and inspections, and consider implementing response-based fee for service. (Fees have been raised for fire plan reviews and inspections to more fully recover the cost of providing this service. Imple-

mented in July 2005.)

13. Consider implementing fees in lieu of taxes for certain entities, and for some types of mutual aid response outside of the typical mutual aid activities. (Carefully reevaluating participation in other interlocal agreements, and seeking ways to lower costs/improve service.)

Additional Matrix Information

During the study, Matrix Consultants identified two additional potential cost saving options; (1) Privatizing the ambulance transport system (estimated cost savings between $544,000 and $3.4 million depending on level of implementation), and (2) Re-consolidating the law enforcement and fire dispatch centers (estimated cost savings $519,000). Matrix chose not to include this information in the final report because they felt they did not have sufficient information to offer anything more than preliminary potential cost-savings information. However, they did submit their preliminary findings in a supplemental letter to the Bellingham Fire Chief, and presented this information along with the plan findings to the Mayor and City Council.

Shortly thereafter, information was distributed that incorrectly indicated that the supplemental Matrix letter was kept from the public, and that both options were part of the final report recommendations.

Matrix emphasized and clarified their position in a second follow-up letter to the Fire Department dated December 3, 2004, stating: "While the potential magnitude of these two alternatives is clearly significant, we could not conduct a complete and defensible analysis within the scope and resources available with this project. After reviewing these two analyses with the steering committee, we determined that it would be more appropriate to present these issues and potential alternatives to the City in a separate side letter."

Further discussion and review of these preliminary comments leads to the following response.

(1) The methodology used to evaluate the private ambulance option did not consider depth of response issues. Their cursory analysis looked only at per unit/hour call volumes and did not evaluate the local and system needs. Their proposal for privatization had no information which would allow the City and the County to evaluate their assertion. The working group has examined many models, including privatization of EMS, and continues to recommend a unified countywide service as the most cost effective option that best meets the needs of Whatcom County.

(2) What-Comm Dispatch Services used to be consolidated. In 1999, Fire/EMS dispatching moved to a separate dispatch center due to lack of space, increased specialization of the fire/EMS dispatcher position, and the need for a back up dispatch facility. Reconsolidation would not result in a reduction in the number of personnel identified in Matrix's preliminary analysis; however, it would most likely require a new location and facility at considerable expense.

Emergency Medical Dispatch

Emergency medical dispatch is the process used by a dispatcher to interview 911callers to arrive at a determination of what level of care is needed at a particular emergency.

Whatcom County now uses a process called "Priority Dispatch." This process is used internationally and is accepted as a reliable system. With this system, the dispatcher asks progressive questions until a dispatch level is identified. The answer to each question determines the next set of questions. The questions are designed in a manner to identify "priority symptoms" quickly. If the answers point to a less serious complaint, a longer interview is used to determine the required level of care. The interview does not stop when a dispatch is made but continues as long as needed to assist the caller and elicit required information. Dispatchers also provide instruction to the caller prior to the arrival of any first responder.

Diagnosing medical needs over the phone is very difficult. Emergency dispatchers are trained to err on the side of caution and defer to a higher level of care.

Tiered Care

The term "tiered care" refers to matching caregiver emergency medical capabilities to patient needs. In 2004, Whatcom County's 11,500 EMS calls received the closest available first responder. BLS and/or ALS caregivers are also dispatched as needed, matching medical needs with appropriate medical resources.

Basic Life Support (BLS) – Treatments and procedures applicable to non-life threatening medical situations such as lacerations, broken arm or leg, or minor car accident injuries.

Emergency Medical Technicians (EMT's) are trained to provide first responder and basic life support (BLS) care. EMT's training consists of pre-hospital care and definitive field treatment and transport of non-life threatening conditions. The training also covers emergent first response care in life threatening situations. Training is 120 hours inclusive of classroom and field observation.

Advanced Life Support (ALS) – Treatments and procedures applicable to serious life threatening medical situations such as cardiac arrest, heart attack, choking, uncontrollable bleeding, major trauma or complex pediatric emergencies.

Paramedics provide advanced life support (ALS) care. Paramedic training consists of 1200 hours of classroom and clinical site time plus several months of successful field internship treating patients. An individual must be an EMT with at least one year of field experience to enroll in paramedic training. Because of the additional training, paramedics have substantially better tools to deal with life and limb threatening conditions.

Role of Whatcom Medic One Fire Districts and Departments

Over the past thirty years, Whatcom Medic One has provided virtually all emergency ambulance transports. With increasing call volumes, decreasing service revenues, national and local health care struggles, and voter approved tax limitations the role of Medic One is changing.

The current planning process has identified providing a "tiered level of service" as the most cost effective and efficient method of providing EMS service into the future. Using this model the primary role of Whatcom Medic One will be to provide emergent ALS ambulance service. Local fire districts and departments with adequate staffing will provide BLS service. In more rural less populated areas Medic One will continue to be the primary provider for emergency transportation regardless of BLS or ALS designation.

Future roles for Whatcom Medic One may include assisting with quality management for the entire EMS system, billing and accounts receivable support for all transport agencies, assistance with BLS training, transport development programs and purchasing. These potential roles are cooperative in nature and require strong relationships with all provider agencies.

Other EMS Systems

There are many different EMS systems effectively operating around the world. Accurate evaluation of the potential success of other EMS models requires that we not only study what a successful system does but also the conditions defining why the system is successful in a particular area. The following is a brief description of some EMS delivery models reviewed by the Whatcom County EMS working group.

Skagit County – Population 108,800

Skagit County operates three separate ambulance services. The call volumes are estimated to be 10,500, which includes approximately 2,000 non-emergency interagency facility transports. Emergency call volumes for Skagit County are about 74% of those in Whatcom County. The upper Skagit area, including a small portion of Whatcom County, is served by Aero Skagit, a nonprofit private volunteer service. The Anacortes Fire Department serves the Anacortes area. Skagit Medic One serves most of the rest of Skagit County. Skagit Medic One is a non fire-based public ambulance service with four twenty-four hour a day seven days a week medic units staffed with paramedics, and one twelve hour a day seven days a week unit staffed with EMTs.

Funding is provided through a 25 cent countywide EMS levy and user fees. In addition to emergent 911 responses Skagit Medic One also provides inter-facility or non-emergent transports. They report that user fees from the non-emergent service help offset the cost of providing emergency medical response/transport. Skagit Medic One fees are similar to Whatcom Medic One fees. Budgets for Skagit Medic One (4.95 million in 2005)

and Whatcom Medic One (5.521 million in 2005) are within 11% of each other.

Medic units are mostly staffed with two paramedics, although in some cases one paramedic and one EMT is provided.

King County – Population 1,788,300
King County provides EMS through a public private partnership. The 911 EMS call volumes for King County are estimated at 125,000 per year.

Private for-profit ambulance companies provide most ambulance transports. The private ambulance portion is funded entirely by user fees with rates over 30% higher than rates in Whatcom County. Private ambulance companies also contribute to the 911 dispatch and radio service costs.

King County EMS contracts with city and county fire agencies for fire-based paramedic transport programs to provide ALS transport service within those jurisdictions. Different and varying levels of service are provided by numerous city and county fire agencies, including BLS transport by some. Funding for the public portion of EMS is through a 25 cent levy. In all parts of the county there is no charge for public ALS transportation service except the City of Bothell, which charges additional fees. Some public agencies also provide BLS transports at no charge. All ALS ambulances are staffed with two paramedics. All paramedics must be trained and certified in King County, as required by the King County Medical Director.

Clark County – Population 383,300
Clark County has three separate EMS delivery systems with a total estimated 911 generated EMS call volume of 25,000 per year.

EMS District One services the most rural area of the county. EMS District One uses a non fire-based public ambulance service with two full-time ALS transport ambulances staffed with one paramedic and one EMT. They also have a "seasonal" unit that is twenty-four hours a day on weekends all year and full-time between July 4, and the end of the summer. The staffing on this seasonal unit is one paramedic and one EMT unless the paramedic is sick or on vacation, then the unit becomes a BLS unit. This service is funded by a 1 dollar per thousand assessed valuation property tax through a 50 cent EMS levy as well as a 50 cent levy lid lift. Staffing on the ALS units is one paramedic and one EMT with many of the EMT's being volunteers who are paid when responding to a call.

Clark County EMS District Two, the largest of the three service areas, utilizes a private for profit ambulance company for all emergency response and transport services in this predominately urban district. EMS District Two has a variable number of ALS transport units available at different times. The private service is funded with fees only and the private company contributes to the dispatch service as well as to county EMS District administration. Fees charged are about 30% above the Whatcom County Medic One rates. All emergency medical calls receive an ALS response. The Medical Program Director (MPD) requires two paramedics on each unit. As a part of District Two the Vancouver Fire Department provides ALS first response within the City of Vancouver with firefighter paramedics on a fire engine. The City general fund supports this first response service by the fire department. The Vancouver Fire Department does not provide transport. The private ambulance service provides the follow-up ALS transport. This service utilizes paramedics in both the private ambulances as well as in the Vancouver Fire Department first response vehicles.

The remaining areas outside of District One and Two receive EMS service from the Camas Fire Department. Camas relies on six

on duty firefighters, at least three of which are also paramedics, to answer all emergency calls. When necessary they call in additional off duty personnel. This area is funded with a 25 cent EMS levy and is reported to be having a difficult time providing the service at current funding levels.

Thurston County – Population 218,500

Thurston County's Medic One EMS System relies on fire based ALS response and transport services and private ambulance for BLS transport. This system responded to over 20,860 calls, including both ALS and BLS. Firefighter paramedics responded to 9,566 calls and transported over 5,095 ALS patients during 2004. Staffing on all five of the full-time medic units is two paramedics. There is also one full-time sprint car (similar to a chase car philosophy) with a solo paramedic. The purpose of the sprint car is to provide timely ALS first response in rural areas of the county. It does not transport except in critical situations, and then only to rendezvous with an ALS ambulance. There is no fee for service for the paramedic transports. Medicare, Medicaid and private insurance are not charged for the ALS transport service.

Private non-subsidized, for-profit ambulance service transports most non-life threatened BLS patients. Patients are billed by the private ambulance service for these transports.

In 2005 Thurston County's EMS System was funded by a countywide EMS levy of 40.9 cents per $1,000 which brings in approximately 7.1 million dollars each year. The current Medic One/EMS program budget is dispersed as follows: 78% to ALS activities, 15% BLS activities, 6% to administration, 1% for CPR/public information activities.

Whatcom County - Population 177,300

The City of Bellingham, through a joint venture with Whatcom County, operates four fire-based Medic One units twenty-four hours a day seven days a week. Two units are stationed in the City of Bellingham and two are stationed in the County. 911 call volumes are approximately 11,500 per year. Recently, larger fire districts, the Bellingham Fire Department and the Lynden Fire Department have begun providing BLS services and transports, as they are able. This leaves Medic One units available for ALS calls, and also BLS calls in fire districts that are unable to provide transport. In addition, the Bellingham Fire Department provides reserve ALS unit capacity for the system if other units are unavailable.

User fees and contributions from Whatcom County and the City of Bellingham currently provide funding. Whatcom Medic One fees for a BLS transport are $390 and either $540 or $675 for an ALS transport depending on severity. 2005 and 2006 Medic One budgets are expected to result in deficits requiring additional coverage from fund balance reserves. The 2005 budget of $5.52 million is funded by approximately $2.85 million in user fees and miscellaneous income, a $990,000 contribution from the City of Bellingham, a $1.32 million contribution from Whatcom County, and $360,000 from fund balance reserves.

Medic One units are staffed with two paramedics.

Private ambulance service has been primarily focused on non-emergent ambulance transport responsibilities. However, fire districts and departments are being encouraged to consider contracting with private ambulance providers for primary or supportive BLS transport services.

Funding Options

Initiate Small Cities Contribution

Issues: Bellingham and Whatcom County are the only general purpose local governments currently contributing to Medic One. All cities, especially the small cities in Whatcom County, are currently having serious budget problems.

Initiate Fire District Contribution

Issues: While fire districts were formed and funded to fight fires, some fire districts are currently providing BLS transport. This is a major contribution in time and additional costs. Most fire districts operate on very limited budgets with increases subject to budget limits of 1% increase in property tax.

Property Tax Increases

Both property tax options are limited to a 1% per year increase if approved by the County Council. However, the rate for a levy can be set to match the deficit needs over a six year period.

EMS Levy

Issues: The County Council may place a set milage rate before the voters for approval of an EMS levy. Requires 60% approval for passage, plus a 40% turn out from prior general election. It is a dedicated funding source.

Two smaller fire districts would be affected by an 18 cent or more countywide levy.

Levy Lid Lift

Issues: A County government levy lid lift requires a voter approval of 50% + 1. The money goes to the County general fund unless the ballot measure language assures EMS use only.

Seek Voter Approval of 1/10th Sales Tax

Issues: The County may put forth for a vote of the people from 1/10th to 3/10th of 1% sales tax. The vote requires majority approval. The cost to voters for 1/10th is 10 cents for every 100 dollars purchased. It would collect approximately 2.8 million dollars at the 2005 projections and would increase at roughly 5% per year based on current growth estimates. 60% goes to the County and 40% to the cities (Bellingham would get 2/3 of the 40% and 1/3 would be split between the other cities). Under state law 33% of the funds must be spent on law enforcement and criminal justice and 67% is available for EMS if stipulated in the ballot measure and in long-term interlocal agreements set up with all seven cities.

A sales tax would apply to all residents and visitors.

This 1/10th sales tax would provide an estimated 1.98 million dollars per year for EMS or 11.9 million dollars over six years (2007 - 2012).

Levy Projections

Assumed Assessed Valuation Growth **4%**

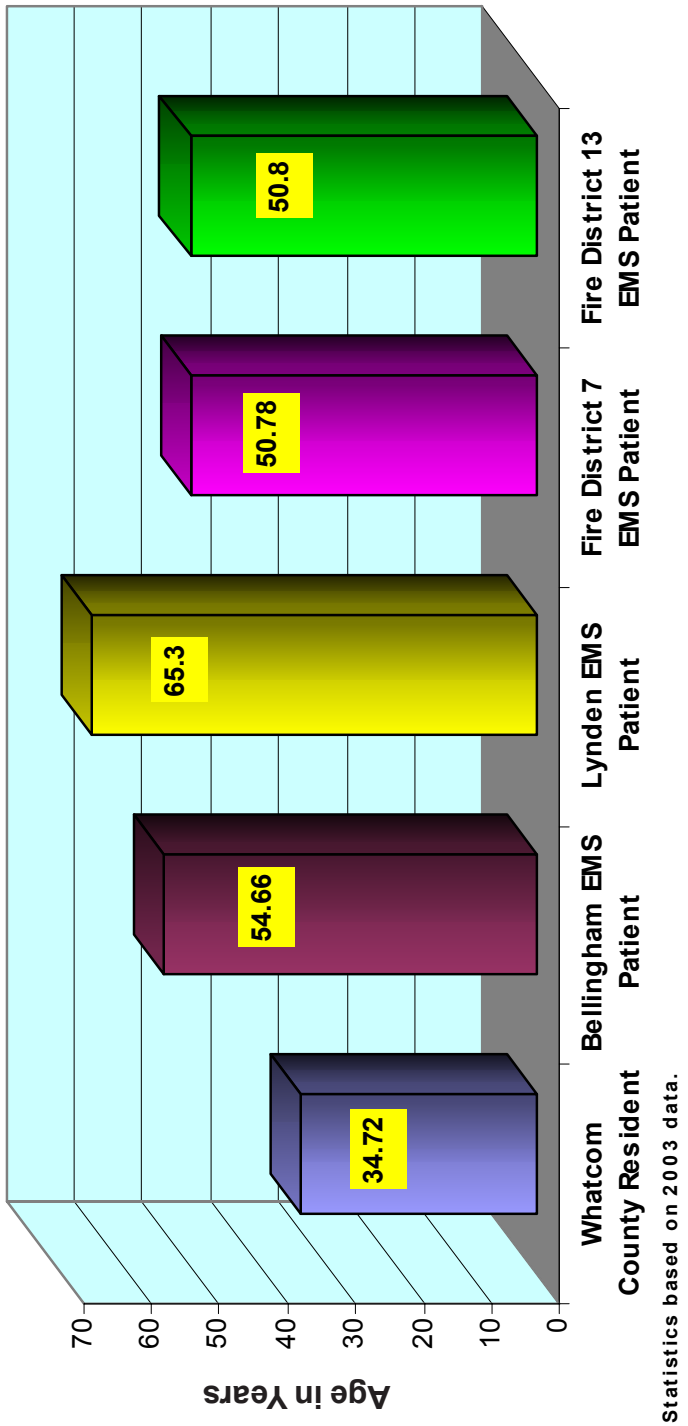
Based on average growth rates 1998 - 2004

	2007	2008	2009	2010	2011	2012	Cumulative
Assessed Valuation	$ 15,717,811,200	$ 16,346,523,648	$ 17,000,384,594	$ 17,680,399,978	$ 18,387,615,977	$ 19,123,120,616	
New Construction		$ 350,000,000	$ 350,000,000	$ 350,000,000	$ 350,000,000	$ 350,000,000	
Levy Rate	0.14	0.13761299	0.135153327	0.132630609	0.130053995	0.127432226	
Revenue Generated	$ 2,200,494	$ 2,249,494	$ 2,297,659	$ 2,344,962	$ 2,391,383	$ 2,436,902	$ 13,920,894
						2007-2012 deficit to cover	$ (13,006,912)
						Addition to Fund Balance	$ 913,981

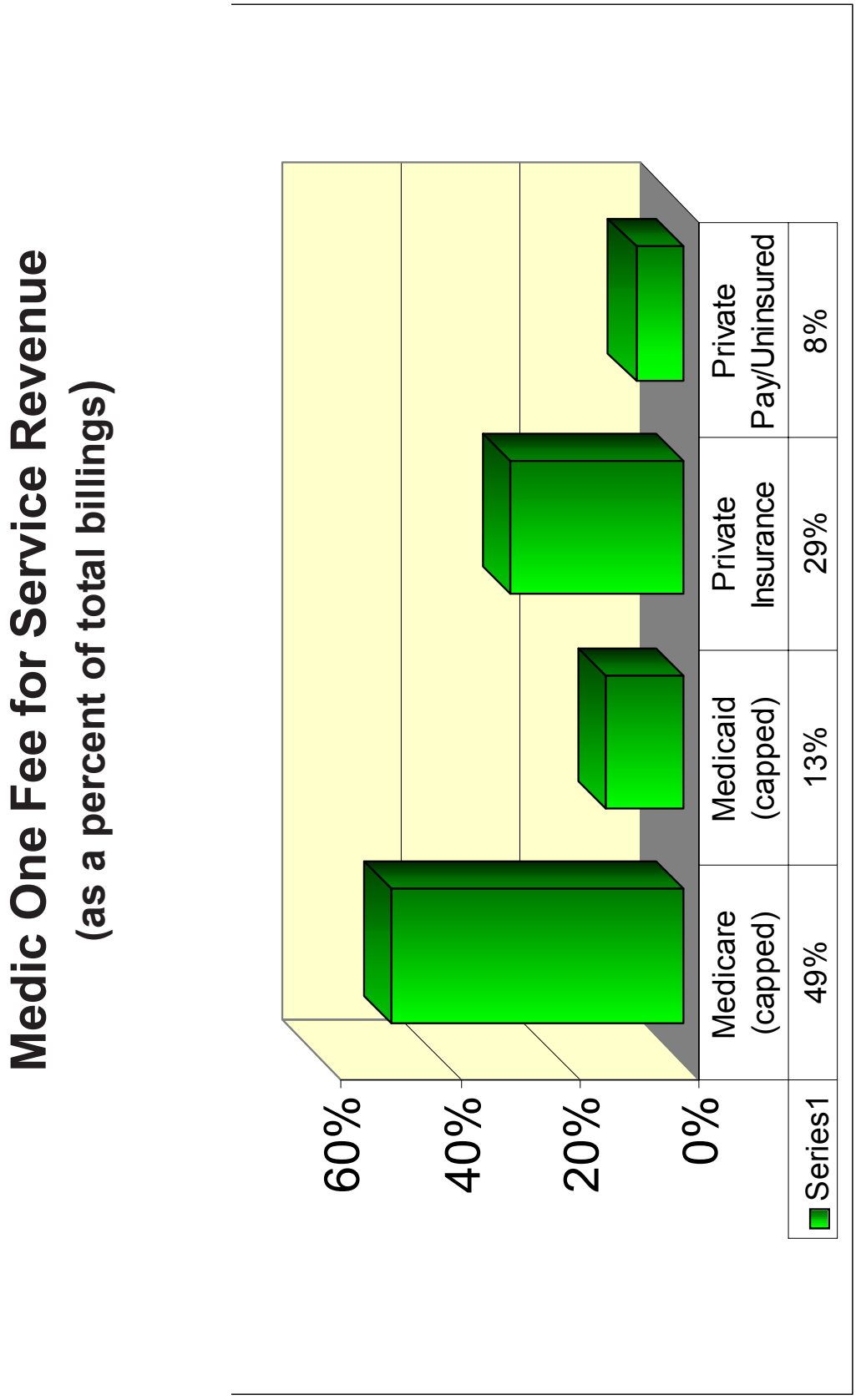
PROJECTED REVENUE FROM COUNTY/CITY 1/10th SALES TAX

						Criminal Justice		EMS			
		Less		1/10th of	Net	33%		67%			
	Taxable	Motor	Net Taxable	1 Percent	Distribution	County	City	County	City	Check	Total
Year	Sales	Vehicle Sales	Sales	0.001	99%	60%	40%	60%	40%	Total	EMS
2007	2,974,365,707	(316,786,887)	2,657,578,820	2,657,577	2,631,001	567,858	300,374	1,152,921	609,850	2,631,003	1,762,771
2008	3,110,146,185	(331,432,096)	2,778,714,089	2,778,713	2,750,925	593,070	314,734	1,204,113	639,008	2,750,925	1,843,121
2009	3,252,419,763	(346,779,862)	2,905,639,901	2,905,641	2,876,585	619,466	329,808	1,257,702	669,609	2,876,585	1,927,311
2010	3,401,504,487	(362,864,646)	3,038,639,841	3,038,641	3,008,255	647,098	345,626	1,313,805	701,725	3,008,254	2,015,530
2011	3,557,734,207	(379,722,616)	3,178,011,591	3,178,011	3,146,230	676,028	362,229	1,372,542	735,432	3,146,231	2,107,974
2012	3,721,459,371	(397,391,744)	3,324,067,627	3,324,069	3,290,827	706,320	379,653	1,434,042	770,812	3,290,827	2,204,854
								Projected revenue assigned to EMS 2007-2012			11,861,561
									Projected 2007-2012 deficit to cover		$ (13,006,912)
										Shortage	(1,145,351)

Average Age of EMS Patients
(as compared to average age of Whatcom County resident)

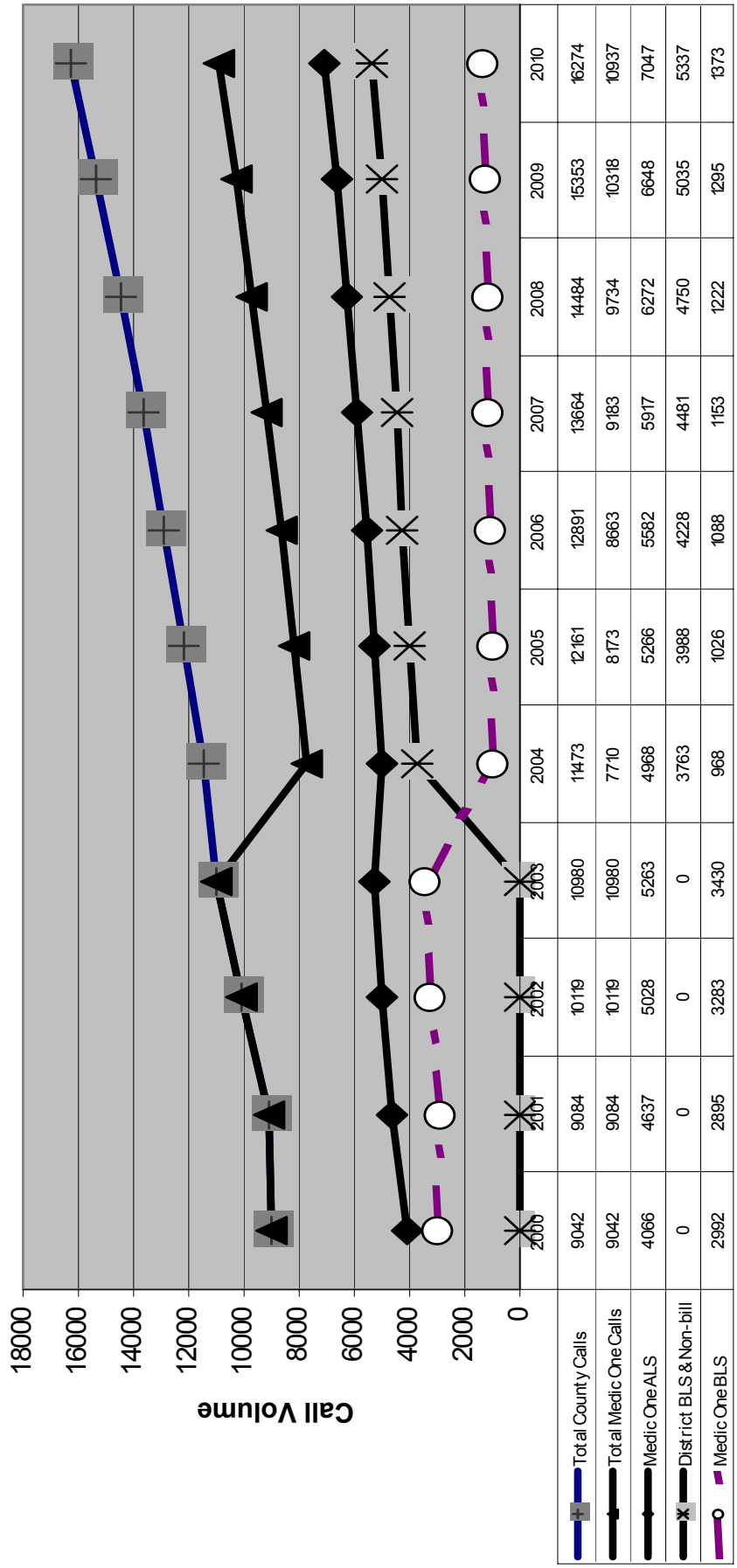


Note: Statistics based on 2003 data.


Medic One Fee for Service Revenue
(as a percent of total billings)
60%
40%
20%
0%
Medicare (capped)
Medicaid (capped)
Private Insurance
Private Pay/Uninsured
Series1
49%
13%
29%
8%

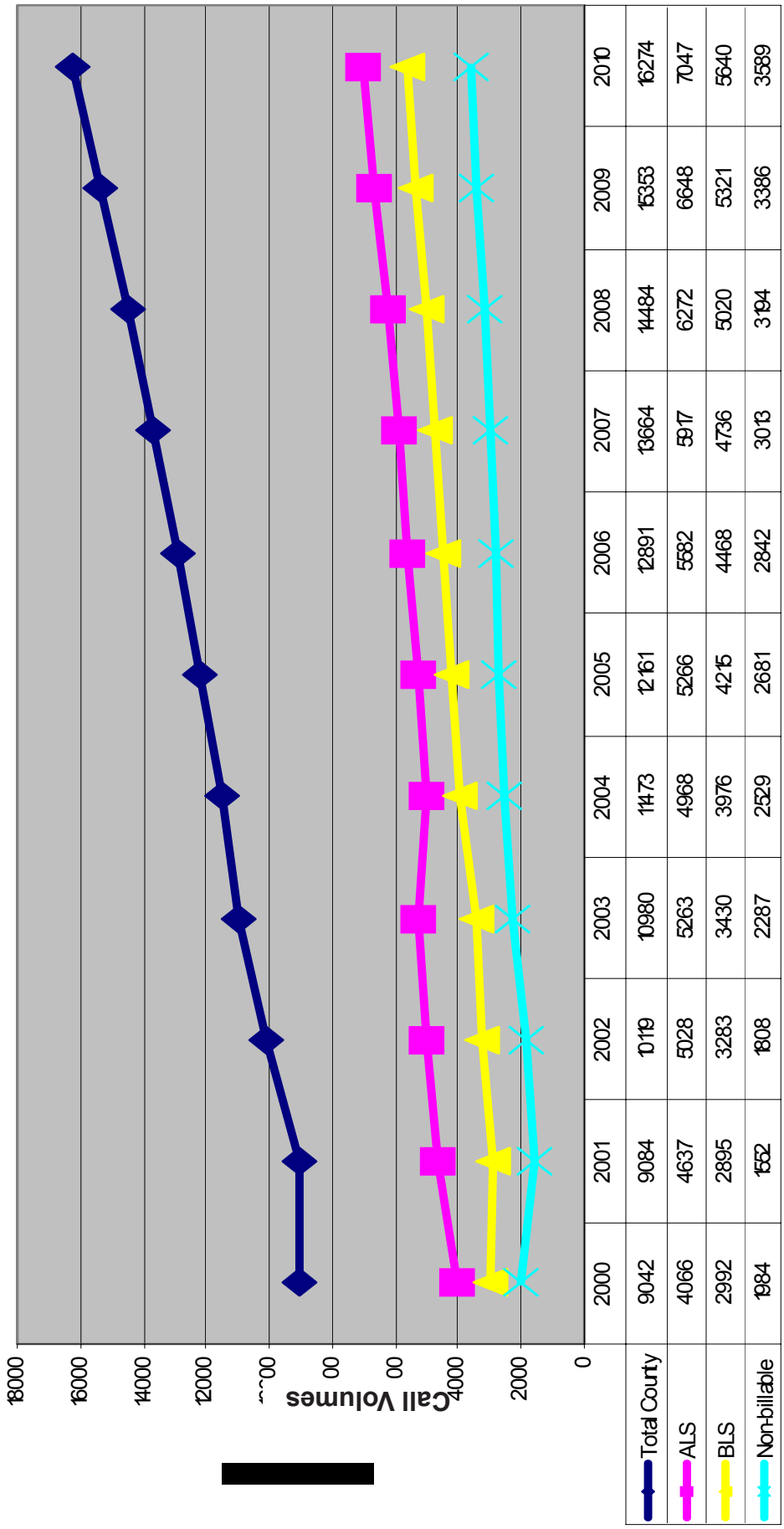
Total County

(Fire Departments and Districts Providing BLS Transport)

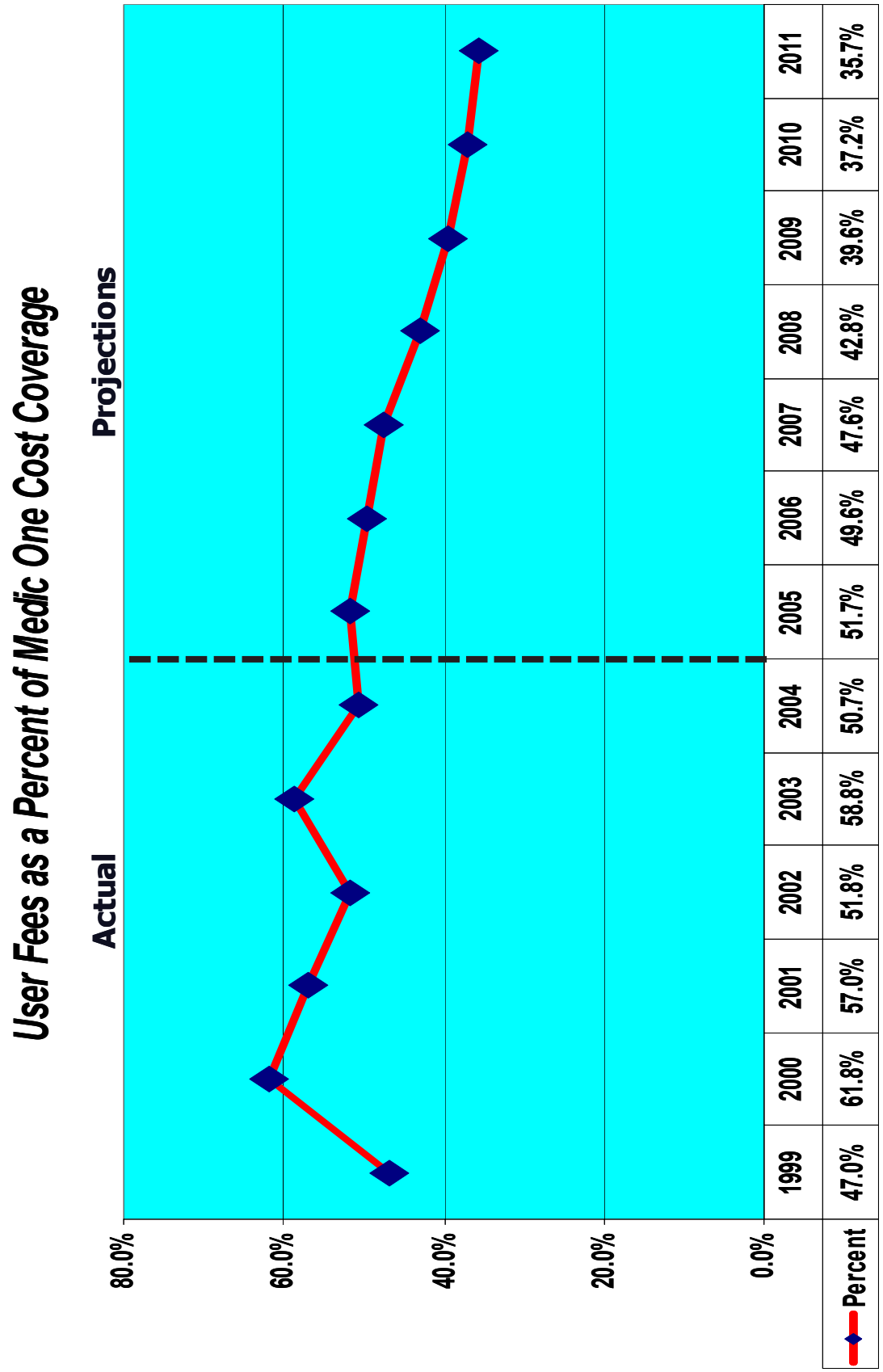


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total County Calls	9042	9084	10119	10980	11473	12161	12891	13664	14484	15353	16274
Total Medic One Calls	9042	9084	10119	10980	7710	8173	8663	9183	9734	10318	10937
Medic One ALS	4066	4637	5028	5263	4968	5266	5582	5917	6272	6648	7047
District BLS & Non-bill	0	0	0	0	3763	3988	4228	4481	4750	5035	5337
Medic One BLS	2992	2895	3283	3430	968	1026	1088	1153	1222	1295	1373

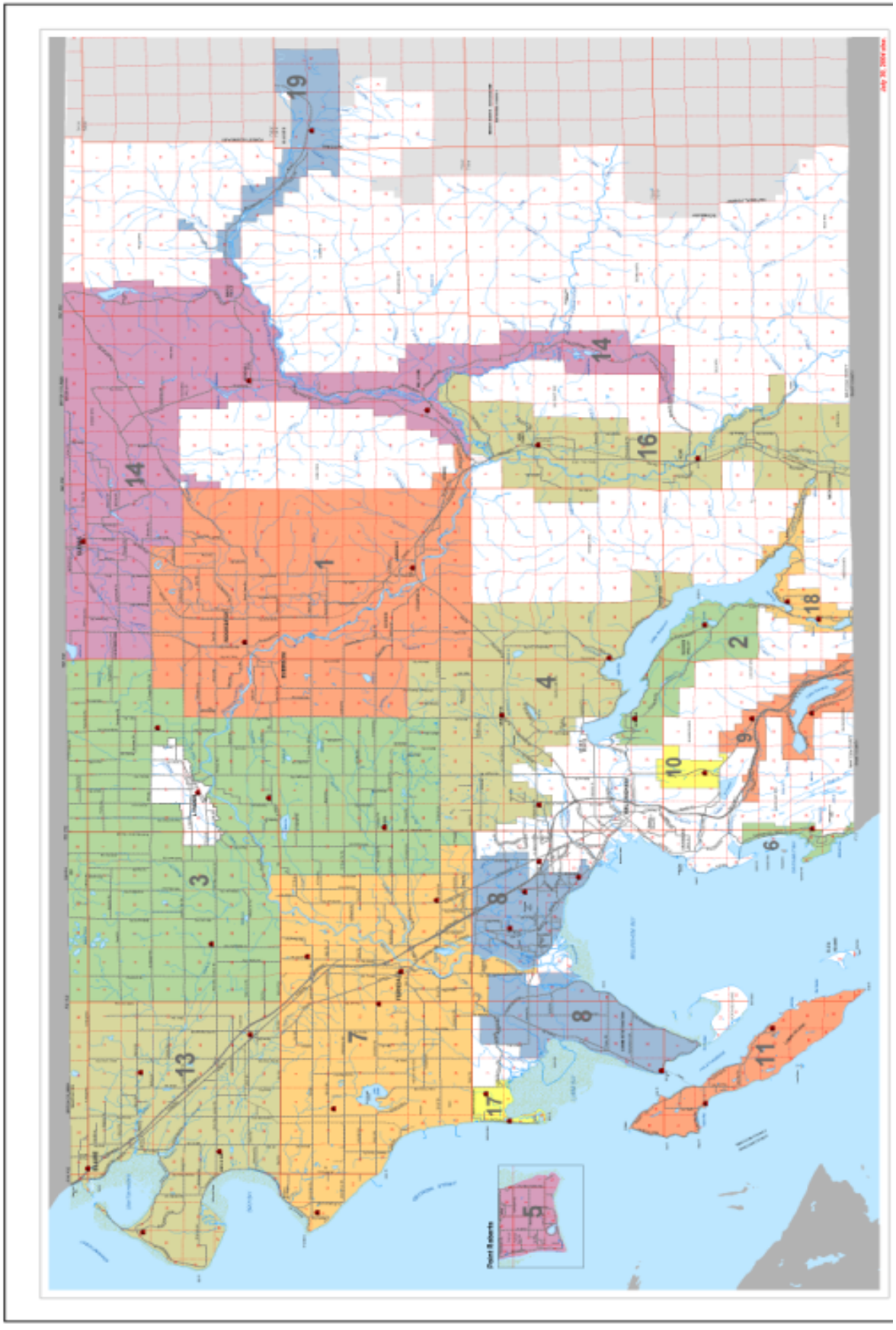
Medic One Countywide Call Volume Projections (no BLS Support from Fire Deparments and Districts)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total County	9042	9084	10119	10980	11473	12161	12891	13664	14484	15353	16274
ALS	4066	4637	5028	5263	4968	5266	5582	5917	6272	6648	7047
BLS	2992	2895	3283	3430	3976	4215	4468	4736	5020	5321	5640
Non-billable	1984	1552	1808	2287	2529	2681	2842	3013	3194	3386	3589


User Fees as a Percent of Medic One Cost Coverage
Actual
Projections
80.0%
60.0%
40.0%
20.0%
0.0%
Percent
1999 47.0%
2000 61.8%
2001 57.0%
2002 51.8%
2003 58.8%
2004 50.7%
2005 51.7%
2006 49.6%
2007 47.6%
2008 42.8%
2009 39.6%
2010 37.2%
2011 35.7%

Whatcom County Fire Districts



Amendment To
COUNTYWIDE JOINT POWERS AGREEMENT FOR
WHATCOM MEDIC ONE

THIS AMENDMENT modifies and clarifies the Countywide Joint Powers Agreement for Whatcom Medic One, dated April 2001 between Whatcom County (the County) and the City of Bellingham (City). In consideration of the mutual benefits to be derived, the parties agree to the following:

The County acknowledges the City's intent, under notice provided December 12, 2003, to terminate the current unified Medic One system and the Countywide Joint Powers Agreement for Whatcom Medic One if a new comprehensive agreement for a unified system is not reached by September 30, 2006.

The language in Section III. B. is replaced with the following**:**

User fees and other resources shall be applied to the program's expenses, including the maintenance of any Medic One reserve accounts. Each party agrees to contribute one-half of the funds necessary to completely fund Medic One according to Section VII, except that the County accepts the costs incurred by the Bellingham Fire Department for reserve Medic One unit capacity as coverage for the difference between the County's contribution to the Medic One system of $1,322,970 in 2005 and $1,336,200 in 2006, and the City's contribution to the Medic One system of $986,072 in 2005 and $995,933 in 2006.

The language in Section VII. D. is replaced with the following:

No later than March 31st of the succeeding year, the City's Finance Department will reconcile the program's accounts and will make a report of the same to the County. If a deficit exists, the City and County agree such deficit will be covered with funds from the Medic One reserve account. If the Medic One reserve account does not have funds sufficient to cover the deficit, the City and County agree to each pay one-half of the deficit amount. If a surplus exists, the surplus funds will be deposited into the Medic One reserve account. If this agreement is being terminated, the City will pay the County its share, one-half of the surplus, within 30 working days of making its report.

The following language is added to Section XIII. C.:

It is the intent of the County and the City, if the unified system is to continue beyond 2006, to have a comprehensive contract between the City and the County for the continuation of a unified Countywide Medic One system executed by September 30, 2006.

The following language is added to XIII. D.:

The County agrees to reimburse the City for actual costs incurred up to a maximum of $265,000 for the training of firefighters necessary to keep the Medic One system operational at current levels and configuration through December 31, 2006 and for actual unemployment compensation costs for these same firefighters if the City of Bellingham and Whatcom County are unable to reach an agreement to keep a unified Countywide Medic One system operational beyond December 31, 2006.

To effectuate that portion of this Amendment outlining the County's obligation to reimburse the City for actual costs as outlined above for Section XIII. D., the term of the contract is extended through July 31, 2007, as to that portion.

Unless specifically amended by this agreement or prior amendment, all other terms and conditions of the original contract shall remain in full force and effect.

IN WITNESS WHEREOF, Whatcom County and the City of Bellingham have executed this Amendment on the date and year below written.

DATED this _____ day of _____, 2005.

CITY OF BELLINGHAM

Approved:

Accepted for City of Bellingham:

_____
Mayor Mark Asmundson

Departmental Approval:

_____

Attest:

_____
City Finance Director

Approved as to Form:

_____
Office of the City Attorney

WHATCOM COUNTY:

Approved as to form:

_____
Prosecuting Attorney Date

Approved:
Accepted for Whatcom County:

By:
Pete Kremen, Whatcom County Executive

STATE OF WASHINGTON)
) ss
COUNTY OF WHATCOM)

On this _____ day of _____, 2005, before me personally appeared Pete Kremen, to me known to be the Executive of Whatcom County, who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of Washington, residing at Bellingham. My commission expires _____ .

SPONSORED BY:
PROPOSED BY:
INTRODUCTION DATE:

AMENDING ORDINANCE NO. 82-109
AN ORDINANCE RECONSTRUCTING THE EMERGENCY
MEDICAL AND AMBULANCE ADVISORY BOARD

WHEREAS, the Whatcom County Emergency Medical Services (EMS) Working Group and the Whatcom County Executive have recommended a reconstruction of the Emergency Medical and Ambulance Advisory Board, and

WHEREAS, this reconstruction of this board is for the purpose of providing oversight for emergency medical services in Whatcom County,

NOW, THEREFORE, BE IT ORDAINED that Ordinance 82-109 (codified in Whatcom County Code as Chapter 5.04.080) be amended as follows:

1) The~~re is created a joint, cooperative~~ Emergency Medical and Ambulance Advisory Board~~,~~ will consist~~ing~~ of the following personnel:

A. The Whatcom County Executive ~~The Mayor of Bellingham~~

B. The Mayor of Bellingham ~~The Chairperson of the Bellingham City Council Finance Committee~~

C. One Mayor of an incorporated city, other than Bellingham, selected by the Small Cities Mayors' Association ~~The Chairperson of the Bellingham City Council Public Safety Committee~~

D. One Bellingham City Council Member ~~The Fire Chief or, if so directed, the Fire Department Medical Services Officer~~

E. One Whatcom County Council Member ~~The Whatcom County Executive~~

F. Four Fire District Commissioners (one from each region) ~~The Chairperson of the Whatcom County Council Finance Committee~~

G. One Fire Chief selected by Whatcom County Fire Chiefs' Association (advisory only) ~~The Chairperson of the Whatcom County Public Services Committee~~

H. The Bellingham Fire Chief or Fire Department Medical Services Officer (advisory only) ~~A Mayor of an incorporated city, other than Bellingham, within the County, selected by the Small Town Mayors' Association~~

I. The Medical Program Director (advisory only) ~~A Fire Chief, selected by the Whatcom County Fire Chiefs' Association~~

~~j. A fire District Commissioner, selected by the Whatcom County Fire Commissioners' Association~~

k. ~~The Medical Advisor to the City's Ambulance Service- advisory only, having no vote~~

The Whatcom County Executive shall serve as chairperson of the Board, unless the Board shall elect at a meeting another of its members as chairperson.

2) Duties Of The Board:

A. Act to coordinate and improve ambulance and related medical transportation services throughout Whatcom County

B. The Board shall be the primary agency for settling disputes between ambulance services and government agencies operating ambulance services, throughout Whatcom County

C. The Board shall make budgetary recommendations for ambulance services.

D. The Board shall advise the Council and other agencies on improvements to ambulance services

E. Purely technical, operational, and medical matters will be referred to the appropriate Fire Chief or Medical Advisor

F. The Board shall hold at least two public meetings each year with the primary purpose of:
- March/April- share progress and accomplishments from previous year
- August/September- review and comment on projected budget and goals for new year

3) The Chairperson of the Board may call the Board into session on his/her own motion, and the Chairperson shall convene the Board when requested to do so by a participating agency.

ADOPTED this ____ day of _____, 2005.

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

ATTEST:

_____ _____
Dana Brown-Davis, Clerk of the Council Laurie Caskey-Schreiber, Council Chair

APPROVED AS TO FORM: ( ) Approved ( ) Denied

_____ _____
Civil Deputy Prosecutor Pete Kremen, County Executive