

RESOLUTION NO 16-31

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SAN CLEMENTE, CALIFORNIA, REVISING AMBULANCE TRANSPORT FEES, AND REPEALING RESOLUTION NO 12-61, EXHIBIT "A" AS IT RELATES TO AMBULANCE TRANSPORT FEES

WHEREAS, the City Council desires to increase the City's emergency ambulance service fees as authorized by Charter 8 of the Municipal Code, and

WHEREAS, maximum allowable emergency ambulance service rates are established by the Orange County Health Care Agency and are related to the cost of providing the corresponding services, and

WHEREAS, the Orange County Health Care Agency has received approval from the Orange County Board of Supervisors to adjust emergency ambulance service rates effective November 1, 2015, and

WHEREAS, the Orange County Health Care Agency and the Orange County Board of Supervisors periodically adjust emergency ambulance service rates, typically based on the Los Angeles-Riverside-Orange County "All Items" consumer price index, and

WHEREAS, the City Council desires that the City of San Clemente emergency ambulance service fees reflect those established by the Orange County Health Care Agency and the Orange County Board of Supervisors,

NOW, THEREFORE, The City Council of the City of San Clemente does hereby resolve as follows

Section 1 The fee schedule as set forth in Exhibit "A" attached hereto and incorporated herein by this reference represents or is less than the estimated cost of providing the service for which the fee or service charge is levied and are hereby approved and established

Section 2 Resolution 12-16 and any other resolutions in conflict herewith are hereby repealed and of no further force or effect

Section 3 The ambulance transport fees set forth in Exhibit "A" shall be adjusted on January 1 of each year after the date this resolution is adopted to reflect the established rates in effect at that time as set by the Orange County Health Care Agency and as approved by the Orange County Board of Supervisors. A \$200.00 per transport discount will be applied to San Clemente residents on BLS and ALS transport fees

Section 4 The fee for reimbursement of mileage will be applied to all resident and non-resident transports. Mileage will be charged per patient mile or fraction thereof. The mileage fee set forth in Exhibit "A" shall be adjusted on January 1 of each year after the date this resolution is adopted to reflect the established rates in effect at that time as set by the Orange County Health Care Agency and as approved by the Orange County Board of Supervisors.


Section 5 The fee for reimbursement for administering Oxygen will be applied to all resident and non-resident transports when the service is applicable. The Oxygen fee set forth in Exhibit "A" shall be adjusted on January 1 of each year after the date this resolution is adopted to reflect the established rates in effect at that time as set by the Orange County Health Care Agency and as approved by the Orange County Board of Supervisors.

Section 6 The bundled fee for reimbursement of expendable medical supplies will be applied to all resident and non-resident transports. The single bundled fee will be charged when any medical supplies are used. The mileage fee set forth in Exhibit "A" shall be adjusted on January 1 of each year after the date this resolution is adopted to reflect the established rates in effect at that time as set by the Orange County Health Care Agency and as approved by the Orange County Board of Supervisors.

Section 7 The City Clerk shall certify to the passage and adoption of this resolution and enter it into the book of original resolutions.

PASSED AND ADOPTED this 17th day of May 2016

ATTEST



City Clerk of the City of
San Clemente, California



Mayor of the City of San
Clemente, California

STATE OF CALIFORNIA)
COUNTY OF ORANGE) §
CITY OF SAN CLEMENTE)


I, JOANNE BAADE City Clerk of the City of San Clemente, California, do hereby certify that Resolution No 16-31 was adopted at a regular meeting of the City Council of the City of San Clemente held on the 17th day of May 2016, by the following vote

AYES BROWN DONCHAK HAMM WARD, MAYOR BAKER

NOES NONE

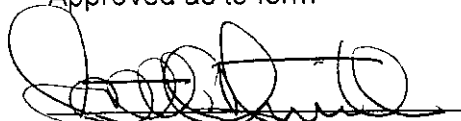
ABSENT NONE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City of San Clemente, California this 15TH day of MAY, 2016



CITY CLERK of the City of
San Clemente, California

Approved as to form



City Attorney

EXHIBIT "A"
PARAMEDIC/AMBULANCE FEES

Pursuant to the provisions of the indicated Sections of Chapter 20, of the Code of the City of San Clemente, the following fee schedules covering ambulance transport services provided by the Orange County Fire Authority, under contract with the City of San Clemente, are hereby approved and established as shown below

Section 20-12(e) Paramedic/Ambulance Fees

(1) Paramedic Level of Service (ALS)		
Resident of San Clemente		\$1,091 96
Non-Resident		\$1,291 96
(2) EMT/Ambulance Level of Services (BLS)		
Resident of San Clemente		\$704 61
Non-Resident		\$904 61

Mileage Fees

(1) Mileage (Per Patient mile or fraction thereof)		
Resident of San Clemente		\$16 87
Non-Resident		\$16 87

Oxygen Fees

(1) Oxygen (includes mask or cannula), applicable when administered		
Resident of San Clemente		\$82 74
Non-Resident		\$82 74

Expendable Medical Supplies

(1) Bundled amount per incident where supplies are used		
Resident of San Clemente		\$32 66
Non-Resident		\$32 66