

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

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Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

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Fire Chief Representative

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Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Greg Folsom, City Manager
City of Suisun
City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH
Public Health Officer

Bryn E. Mumma, MD, MAS
Medical Director

Ted Selby
Agency Administrator

Counsel

JoAnn I. Parker
Deputy County Counsel

SPECIAL MEETING OF SEMSC Board of Directors

December 10, 2020

9:00 – 10:30 AM

(via WebEx)

AGENDA

In an effort to protect public health and prevent the spread of COVID-19, and in accordance with the Governor's Executive Order N-29-20, the public may listen to the open session portion of the meeting as there will be no public location for attending in person. To listen to the meeting, dial 1-415-655-0001 and use Access Code 133 810 0143.

PUBLIC COMMENT

Members of the public who wish to comment on any item on the agenda may submit comments by emailing RECanones@solanocounty.com or mailing the comments to 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA. 94590 (Attention: SEMSC). The comments must be received no later than Wednesday, December 9, 2020 at 5:00 p.m.. Copies of comments received will be provided to the Board and will become a part of the official meeting record but will not be read aloud at the meeting.

Members of the public who wish to address the Board on the special agenda item should email RECanones@solanocounty.com with a request. The chair will call upon speakers for public comment after the presentation of the agenda item. Each speaker will have 5 minutes to address the Board.

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-415-655-0001 and using Access Code 133 810 0143. No attendee ID number is required. Once entered into the meeting, you will be able to hear the meeting and will be called upon to speak during the public comment period.

SEMSC does not discriminate against persons with disabilities. If you wish to participate in this meeting and will require assistance in order to do so, please call Rachelle Canones at (707) 784-8155 at least 24 hours in advance of the meeting to make reasonable arrangements to ensure accessibility to this meeting.

Non-confidential materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet will be emailed to you upon request. You may request materials by emailing RECanones@solanocounty.com.

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Special Board Meeting – Agenda – December 10, 2020

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **APPROVAL OF THE AGENDA (Discussion/Action)**
4. **APPROVAL OF THE REGULAR MEETING MINUTES OF OCTOBER 8, 2020 (Discussion/Action)**
5. **CONSIDER APPROVAL OF RATE INCREASE FOR MEDIC AMBULANCE ALS SERVICES (Discussion/Action)**
 - A. Staff presentation of proposals regarding amount of increase in ALS ambulance fees and timeline for implementation.
Attachments: A – Staff Direction from October 8, 2020 Board of Directors Meeting Minutes Excerpt
 B – Medic Ambulance Request Letter dated September 25, 2020 (Original)
 C – Medic Ambulance Request Letter dated November 25, 2020 (Revised)
 D – Rate Increase Options Tables
 - B. Public Comments
 - C. SEMSC Board discussion and action.
6. **BOARD MEMBER COMMENTS**
 - a. Chair
 - b. Directors
7. **ADJOURN**

To the next regularly scheduled meeting of January 14, 2021 at 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585 or via WebEx.

**Solano Emergency Medical Services Cooperative (SEMSC)
Regular Meeting Minutes
October 8, 2020; 9:00AM – 12:00 PM
via WebEx**

DRAFT

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaheerian, Physicians' Forum Representative
- Greg Folsom, City Managers Representative
- Thea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative

STAFF

- Ted Selby, EMS Administrator
- Bryn Mumma, EMS Medical Director
- Bela Matyas, Public Health Officer
- Rachelle Canones, Administrative Secretary
- Rebecca Cronk, EMS Specialty Care Supervisor
- Keith Erickson, EMS Coordinator
- Benjamin Gammon, EMS Coordinator
- Colleen Hogan, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<u>CLOSED SESSION</u>	(Board of Directors and Advisors ONLY)		
a. <u>Litigation Update</u>			
<u>OPEN SESSION</u>		(none)	
1. <u>Call to Order</u>			
2. <u>Roll Call</u>	Meeting called to order with a quorum present.		
3. <u>Items from the Public</u>	(None)		
4. <u>Report on Closed Session</u>	No information to report, per Counsel.		
5. <u>Approval of the Special Meeting Minutes of June 11, 2020</u>	Board Member Greg Folsom moved to approve the special meeting minutes. Board Member John Jansen seconded.		

	<p><u>Roll Call Vote:</u> David Piccinati – AYE Caesar Djavaheerian – AYE Greg Folsom – AYE John Jansen – AYE Joshua Chadwick – AYE Thea Giboney – AYE Birgitta Corsello – AYE</p> <p>Minutes of the Special Meeting from June 11, 2020 is approved.</p>		
<p>6. <u>Approval of Agenda</u></p>	<p>Counsel proposed amending Agenda Item 9-a to “Consider Approval of a Rate Increase for Medic Ambulance, Inc. (Medic) Effective January 1, 2021. There is a Corresponding Proposed Increase in the Franchise Fee from \$550,000 to \$600,000 per Annum and Increases to Participating Cities under the Public Private Partnership (PPP) for Advanced Life Support (ALS) First Responder Emergency Services Between Medic and the Member Cities, which are not before the Board.”</p> <p>Board Member Jansen moved to approve the agenda with the revised language proposed by Counsel for Item 9-a. Board Member Folsom seconded.</p> <p><u>Roll Call Vote:</u> David Piccinati – AYE Caesar Djavaheerian – AYE Greg Folsom – AYE John Jansen – AYE Joshua Chadwick – AYE Thea Giboney – AYE Birgitta Corsello – AYE</p> <p>Agenda with revised language for Item 9-a is approved.</p>		

<p>7. <u>Reports</u></p> <p>a. <u>Medical Director's Report</u></p>	<p>a. Dr. Bryn Mumma, EMS Medical Director, began by thanking all the fire agencies and Medic Ambulance for their hard work and dedication during these times with an early and unprecedented fire season in the setting of the COVID-19 pandemic.</p> <ol style="list-style-type: none"> 1. Discipline Actions – no new disciplinary cases since the last Board Meeting. There are still five (5) cases currently on probation; one (1) case was dropped due to the District Attorney dismissing the case, and one (1) case completed probation. 2. Policy and Protocol Changes – All policy and protocol changes are included in the packet as Attachment A. <p>New or Updated Protocols:</p> <ol style="list-style-type: none"> a. H-1 – Hazardous Materials Exposure b. M-8 – Diabetic Emergencies c. R-6 – Asthma, Chronic Obstructive Pulmonary Disease (COPD) and Bronchospasm <p>Policy Updates:</p> <ol style="list-style-type: none"> a. Policy 3000 – EMS Fees b. Policy 3300 – Public Safety First Aid Personnel Authorized Skills and Registration c. Policy 4300 – Public Safety First Aid Training Program Approval d. Policy 6613 – Solano County Stroke System (New) e. Policy 6114 – Paramedic Local Optional Scope of Practice (LOSOP): Administration of Influenza and/or COVID-19 Vaccine. <p>It was added that there are a few additional protocols, as well as the Trauma Triage Algorithm (TTA) that will be discussed at this afternoon's EMS Quarterly Meetings.</p> <p>Board Member Jansen inquired if Policy 4300 is replacing the Title 22 First Aid Program that was previously in place. Both Dr. Mumma and the EMS Administrator confirmed this to be the case.</p>		
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<p>b. <u>Administrator's Report</u></p>	<p>Board Member Jansen further inquired as to how this would affect the volunteer firefighters, and whether they would now be required to pay a fee. Mr. Selby explained that this would depend upon how the fire department determine they would like to provide that training. They can submit their training request for review and approval by Solano EMS. If this is done, then the volunteer firefighters would not have to pay fees associated with the training, unless they opt to attend paid classes, if they so choose.</p> <p>Board Member Giboney requested clarification on Policy 6114 around the administration of influenza and/or COVID-19 vaccines. Section three talks about the contraindications, precautions and considerations, which is currently structured more towards the influenza vaccine. Board Member Giboney inquired as to whether there needs to be additional information tailored around the coming COVID-19 vaccine. Dr. Mumma explained that the policy has language developed by the State, which is based on the influenza vaccine, which is what is known currently. California EMS Medical Directors have had discussions on what might be required if this was extended to the COVID-19 vaccine. However, given that there are several different vaccines under development, all with slightly different effects and contraindications, the decision was made to tailor the language around the influenza vaccine, which is more well-known, and will likely be more widely used. Dr. Mumma agreed that the policy may have to be revised with additional language, depending on whether which COVID vaccine is approved first.</p> <p>b. Ted Selby, EMS Administrator, provided the following update:</p> <ol style="list-style-type: none"> 1. General Update <ul style="list-style-type: none"> More close monitoring of hospital in-patient capacity, establishing and managing personal protective equipment (PPE) caches, enhanced data collection and recording on many different fronts, are just a few of the focal points upon which EMS Agency staff now spend a great deal of time. 		
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EMS first responders have also experienced a great deal of changes due to COVID-19, such as taking precautions on all calls, attempting to social distance not only on calls but also at the stations, etc. While these are not easy changes to make, the first responders have done a fantastic job conforming to guidelines and standards released by the Centers for Disease Control (CDC), California Department of Public Health (CDPH), and Solano Public Health (PH), sometimes with little notice.

2. System Performance

Response time statistics for the fourth quarter of Fiscal Year (FY) 2019/2020 for Medic Ambulance are at an average of 99%. The PPP Fire Departments' response time averages are as follows:

4th Quarter FY 19/20

- Benicia – 93%
- Dixon – 98%
- Fairfield – 91%
- Vallejo – 90%

3. System Updates

One of the system enhancements is the introduction of a countywide stroke program, which will be discussed in more detail during the EMS quarterly activity report presentation on the agenda. This report will also include an update provided regarding Emergency Medical Dispatch (EMD), and more specifically, the roll-out of Pre-Arrival Instructions (PAI) on a countywide basis.

Mr. Selby ended his report by recognizing and thanking the healthcare organizations in Solano County, particularly NorthBay, Sutter, and Kaiser, for working together with the Solano EMS Agency to support various repatriation missions from China, Japan, and Oakland, CA. More recently, Kaiser has provided warehouse capacity where Solano EMS staff can store, stage and access PPE in quantities sufficient to meet the needs of the local healthcare medical system.

<p>c. <u>Medic Ambulance Operator's Report</u></p>	<p>c. James Pierson, President and Chief Operating Officer (COO) of Medic Ambulance provided the ambulance operator's report. Mr. Pierson stated that Medic Ambulance has been very busy since the last meeting. Medic has sent several different strike teams to neighboring counties, including:</p> <ol style="list-style-type: none"> (1) Five ambulances and a strike team leader to Kern County due to their system being overwhelmed, partly from a surge in COVID-19 cases. The team was in Kern County for 72 hours, ran over 100 calls and transported over 65 patients (2) A strike team in Napa County for the Hennessy Fire, which were then called back to Solano to assist Vacaville Fire with evacuations for gurney patients in the Vacaville Hills, as well as evacuating an assisted living facility in Fairfield, where they used their new resource, the ambulance bus (ambu-bus), which can has both ALS and Basic Life Support (BLS) capabilities. It can transport 18 patients lying down, and an additional eight to ten seated patients. (3) Another strike team to Napa County to assist in the evacuation of St. Helena Hospital, where they also sent a strike team leader and theambu-bus was also used. (4) A strike team to Santa Rosa, which consisted of several rigs, and theambu-bus, along with a strike team leader to assist in evacuations. <p>Mr. Pierson also announced that Medic Ambulance has been contracted by Solano County to perform mobile COVID-19 testing, which has been in place for the last few months, providing an additional testing resource for the County.</p> <p>Medic also thanked the County EMS Agency and Public Health for the great working relationship, particularly with assistance in acquiring PPE and other needs since the pandemic began. Medic ended by thanking their staff for their hard work and dedication, since they have not only been dealing with the pandemic, but wildfires as well. Their employees continued to show up for work, despite some of them having been evacuated or losing their homes due to the fires.</p>		
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<p>d. <u>SEMSC Fiscal/Budget Update</u></p> <p>e. <u>EMS Quarterly Activity Report</u></p>	<p>Dr. Matyas added that Medic Ambulance is also contracted to provide flu vaccines to congregant facilities to expedite vaccinations.</p> <p>Board Member Chadwick inquired as to how quickly the ambu-bus can be mobilized for large multi-casualty incidents (MCI) and disaster response, as this seems like a good resource and not all fire agencies might be aware that it is available. Mr. Pierson explained that the ambu-bus can be deployed in 15 to 30 minutes, depending on whether the personnel trained to drive it are in the building. Furthermore, Mr. Pierson agreed that Medic can arrange a road trip to provide an in-service to the various local fire departments about this resource. Medic will reach out directly with the fire agencies to make arrangements on the road trip.</p> <p>d. Mr. Selby presented a slide of the revenue-to-date collected by the EMS Agency from June 1, 2019 to September 30, 2020. A slide prepared by fiscal showing expenses to date was also presented. Lastly, a slide presenting the revenue forecasted for FY 2020-2021 was presented to show when and from whom revenues are expected to be collected by the EMS Agency during this fiscal period. (PowerPoint presentation attached for reference)</p> <p>e. Rebecca Cronk, EMS Specialty Care Program Supervisor, and Benjamin Gammon, EMS Coordinator provided the Board with a presentation on the EMS quarterly activity report for the period of July 1 to September 30, 2020 (some data covers a different time frame, which will be noted in the report)</p> <p>(1) EMS General Overview The Solano EMS Agency's mission is to ensure a timely and effective system of prehospital care. This is done through system oversight, regulation, quality assurance, and outreach.</p> <p>(2) EMS General Data Total of 45 paramedic accreditations/reaccreditations, 61 EMT registrations, certifications/recertifications, and one mobile intensive care nurse (MICN) reauthorization.</p>		
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	<p>It was noted that there was an extension granted for renewals between March to July 2020 due to COVID-19, making the numbers higher than usual.</p> <p>For 911 medical calls, for period of January 1 to August 31, 2020, there was a total of 21,480 911 medical calls, with an average response time of five minutes for Code 3 (90% of calls), and eight minutes for Code 2 (10% of calls). Majority of calls were for general medical (40%), neurologic (18%), and trauma (17%).</p> <p>The new EMS Data Dashboard was also introduced. The goal is to post the Data Dashboard to the Solano EMS website once final edits are complete, and the launch is projected for October 15, 2020. The dashboard will include various prehospital data, including 911 medical calls, broken down by city, chief complaint, patient age, etc. as well as a historical data tab. It will have monthly and quarterly updates. There will also be a tab for each of the specialty care programs (Stroke, STEMI, and Trauma) which will include number of cases per month, quarter, etc. Data will be broken down by age, gender, city, primary symptoms or mode of injury, etc. Some tabs will also be broken down by mode of arrival (EMS, private vehicle, or transfer.)</p> <p>(3) EMS Specialty Care Program Data Trauma – Fully operational. Contracts expires January 1, 2022 (<i>note: mistakenly reported as 2021 during meeting</i>). There are two designated trauma centers in Solano County – Kaiser Vacaville (Level II) and NorthBay (Level III). It was noted that there have been no site visits in the last quarter due to COVID-19. Quarterly reports are collected for all designated trauma centers and transporting agencies, and the data is discussed at the EMS Quarterly Meetings, which was last held in July 2020. There has been no outreach conducted due to COVID-19, but Solano EMS has already begun reviving the STEMI/Stroke Trauma Emergency Education and Readiness (STEER) committee with local stakeholders for future outreach.</p>		
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	<p>The goal of STEER is to hold public outreach events, pool resources, and share ideas on how to better serve the community.</p> <p>ST-Elevation Myocardial Infarction (STEMI) – Fully operational. Contracts expires January 1, 2022 (<i>note: mistakenly reported as 2021 during meeting</i>) There are currently two STEMI Receiving Centers (SRC), Kaiser Vallejo and NorthBay. Monthly reports are collected from designated SRCs and transporting agencies. Data is discussed at the EMS Quarterly Meetings.</p> <p>Emergency Department Approved for Pediatrics (EDAP) – This is a designation to receive 9-1-1 ambulance traffic of pediatric patients. “Mostly” operational, as it was explained that Solano EMS and the EDAP Centers agreed to focus on trauma and STEMI programs a few years ago. EDAP data collection was temporarily suspended. The goal is to provide more support to the designated centers, to help them function at a high level. As such, it is anticipated that EDAP data collection will resume in October/November 2020, and include EDAP in the EMS Quarterly Meetings beginning in January 2021. Current EDAP Centers include Kaiser Vacaville, Kaiser Vallejo, NorthBay, and VacaValley Medical Centers. Contracts renewals are due at the end of December 2021 (<i>note: mistakenly reported as 2020 during the meeting</i>)</p> <p>Stroke Designation – new program, currently in progress. The steps to launching this program were explained, including writing a policy, which was already done, with the implementation period ending October 31, 2020. The next step is to update the protocols, which has also been done, with the addition of Balance-Eyes-Face-Arts-Speech-Test (BEFAST). The updated protocols will be implemented once Stroke Centers have been designated. Site surveys are expected to occur in November. The actual program launch is planned for January 2021. No hospitals have been designated yet, but data continues to be collected. The data collected may change once the program is launched.</p>		
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Stroke data will also be included in the EMS Quarterly Meeting discussions starting in January 2021. The STEER Committee is working on plans for public outreach in relation to stroke and educating the community about BEFAST, to identify stroke symptoms and call 9-1-1 quickly.

(4) Current Projects Update

Trauma One – trauma data repository originally implemented in 2013; Trauma centers have been inputting data, but the EMS Agency has been unable to utilize the data in the system. EMS staff has been working with Trauma One’s information technology (IT) team, who are currently mapping Solano’s systems to allow for data import. System mapping is expected to be completed by November 2020, and at which time next steps in the project will be identified.

Emergency Medical Dispatch (EMD) – Policy 4600 has been updated to add EMD with pre-arrival instructions (PAI) for all public safety answering points (PSAP). PSAPs expressed concerns regarding liability, staffing issues, and the change to the EMD process. Solano EMS staff reached out to Priority Dispatch, which owns ProQA, as well as Sacramento Regional Fire/EMS Communications Center (SRFECC), which has now been working with Priority Dispatch and ProQA, for their EMD for about a year. Both entities expressed no issues with liability. Priority Dispatch has been in business for thirty five years, have had no lawsuits in relation to their EMD software products, or against any dispatcher using their EMD products during a 9-1-1 call. SRFECC expressed the same, and have had no issues with Priority Dispatch, even with COVID-19.

The proposed budget for EMD was presented, with the total anticipated expense estimated at \$281,147 to get all PSAPs the minimum requirements to start with ProQA. A breakdown of the associated costs was presented (Attached for reference).

	<p>It was noted that there may be some cost savings in the start up fees if two or more PSAP's can coordinate their training schedules in order to pay only one training fee. It was noted that funding is one of the main concerns.</p> <p>The EMD project timeline was also presented (Attached for reference). It was stated that Solano EMS staff will soon begin forming work groups composed of fire agencies and a representative from each PSAP to go over plans prior to finalizing an agreement with Priority Dispatch.</p> <p>It was added that the plan is to finalize the funding plan for this project by the end of December, prior to entering into an agreement with Priority Dispatch, which is forecast to occur in early February 2021. It is anticipated that project start up and roll out would take three to six months. The software installation/ update is expected to occur around March 22, 2021, and training around April 9, 2021. This is in line with the goal to roll out EMD (PAI) by July 1, 2021.</p> <p>Currently staff is trying to secure potential sources of funding for this project, and have so far been able to find around \$120,000 in EMS grant funds that may be used for EMD. Fiscal is working with EMS staff to find additional funding sources. Staff plans to present another project update at the January 2021 Board Meeting.</p> <p>Rebecca Cronk provided an update regarding the EMS data repository project. It was noted that Brad Cottrell and Jennifer Wilson from ESO are available to answer any questions if necessary.</p> <p>It was explained that Solano EMS will be using ESO as the repository for California EMS Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) data.</p>		
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	<p>Once implemented, transport providers will submit prehospital data to ESO, who will aggregate that data and submit it to the State. This will allow EMS staff to build and run reports for quality improvement. Currently, ESO is facilitating set-up for non-EOA transport providers. The next goal is for ESO to start submitting CEMISIS/NEMISIS data to the state, which is projected to begin January 1, 2021.</p> <p>Board Member Jansen thanked the staff for the presentation, and commented that it was detailed, concise, and easy to follow.</p> <p>Board Member Chadwick agreed that it was good to receive this report, and asked if the numbers presented such as total 9-1-1 calls, response times, lights and siren responses on the Data Dashboard are coming only from transporting agencies, or if this also captures initial paramedic on scene times, or any of the data from first responses, and whether there is a plan to include this in the future. EMS staff explained that the data presented only includes those from transporting agencies, and only captures the time from dispatch to arrival at patient's side. However, additional data points could be captured and presented in the future. Board Member Chadwick added that it sounds like additional information can be added to make the data dashboard more useful.</p> <p>Board Member Folsom echoed appreciation for the staff presentation, and is looking forward to the launch of the Data Dashboard. Board Member Folsom also inquired as to what software is used for the dashboard. It was explained that staff used ArcGIS software.</p> <p>Board Chair Corsello likewise expressed appreciation for the presentation, and is looking forward to being able to "touch" the data when the Dashboard is launched.</p>	<p>Coordinate with Board Member Chadwick on additional data to include in dashboard</p>	<p>Solano EMS staff</p>
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<p>8. <u>Items from the Public</u></p>	<p>a. Rebecca Rozen, Regional Vice President, Hospital Council East Bay, addressed the Board and expressed some concerns on behalf of the hospital community in Solano County. Ms. Rozen stated “I wanted to quickly comment on Item 9 on behalf of the hospital community of Solano County. We understand the need for a rate increase. We have all been affected by COVID, hospitals as well as ambulance providers and our fire partners. The 43% (increase) is quite hefty, given the fact that we are all under financial constraints. My major concern about it is the fact that we just learned about this whole decision or the need to raise rates when the Board packet came out, which we were able to access on Monday. And that really didn’t give an opportunity for our hospitals to understand fully the impact. While I know the rate increase feels like (it) is really for ambulance transports from field to the hospital, because Medic has exclusive rights to interfacility ALS transports as well, there is an impact to hospitals that we haven’t been able to fully unpack and understand. I am concerned about not having the ability to go back, or this Board making decisions without fully understanding what those impacts are; and the hospitals not having the opportunity yet to know what the fiscal impact will be on them. And of course, for ALS transports those are our most critical patients, and, in many cases, we don’t have a choice about using ALS transport when it’s needed. And the way the EOA is structured we are using Medic. So, I would just like to suggest that we take a step back, allow us to fully understand what’s going on, and understand the impacts. In the future, I really think it would behoove this Board to ensure that every entity that is impacted is given an opportunity to weigh in as the proposals are developed.”</p> <p>b. Mr. Steve Huddleston, Vice President for Public Affairs at NorthBay Healthcare, addressed the board in regard to the proposed rate increase. Mr. Huddleston stated “I want to underscore a couple of the comments made by our CEO, Konard Jones in the letter we submitted to the Board yesterday. I hope you’ve had the opportunity to review it.</p>		
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But let me begin by declaring NorthBay's support for higher fees. I think we all agree that the failure to successfully conduct the RFP process was unfair to the Public Private Partnership and also to Medic Ambulance. We support and welcome the chance to be involved in how to phase in an annual rate increase for intra-facility transports, to achieve parity with others. However, we cannot support an all-at-once 43% surge. I also want to emphasize that our opposition is not reflective of our appreciation and admiration of the work of our local fire agencies, and Medic Ambulance, which is a great partner with NorthBay in many community health programs. We highly regard the service levels Medic provides to our patients and to our hospitals; and we commend the quality of that service, the responsiveness to our needs is excellent, and the collaboration and trust we've developed with the Medic team over time is very valued to us. We believe that whatever amendments to the EOA or the MSA that are needed must be made to de-couple the prehospital ALS ambulance rates from the interfacility rates. What occurred in the development of this proposal as we understand it, was in the absence of hospital parties whose fees are being raised. Instituting higher ALS fees that hospitals pay is equivalent to basically taxation without representation. We assume that was unintentional, but it is unfair, nonetheless. So here we are once again in contrast to the spirit of collaboration and partnership we thought we had established with the EMS Agency. Here is another fee hike that comes to us as a surprise; if you recall, earlier this year, new and higher designation fees were introduced in a last-minute agenda release. And despite our opposition then, new fee hikes were adopted, and we absorbed that financial impact. To say this is an inopportune time to surprise hospitals with higher fees would be an understatement. This hits some hospital budgets mid-stream, those with a fiscal year that ends June 30th; for us here at NorthBay, the FY 20/21 budget is set for Board of Directors approval. And as Rebecca (Rozen) mentioned, troubling to us is a lack of federal relief funds through the CARES Act. Independent hospitals, safety net hospitals like ours are falling through the cracks.

	<p>The fiscal impact on NorthBay is approaching \$40 million. This has to be offset by reducing labor costs, trimming services, and suspending some of our community health programs. What is our recommendation? We can see three paths forward. One would be whether by amendment to the PPP or the MSA or both, de-couple the interfacility transport rates leaving those contracts and rates for the free market system through an RFP; or probably better for us is to amend both agreements and retain Medic Ambulance as the exclusive operator for ALS transport, but leave the rate settings for ALS transports to negotiations between the hospitals and the ambulance operator. And third, perhaps even the preferred option would be let's temporarily freeze the rates for interfacility transports, and allow EMS, hospitals, and Medic Ambulance to devise and rapidly come to a reasonable 2021 increase and annual increases that would follow; all independent of the prehospital 9-1-1 transports.”</p> <p>c. Heather Theaux, Director of Trauma and Emergency Services, NorthBay gave additional comments for NorthBay. “We do re-affirm the support for higher fees, just not the 43%; and although we are only talking about ALS rates, it is the bulk of the transfers that we do, and appreciate the higher costs that everyone like us is experiencing. As a result of us doing these intra-facility transports, we are able to get patients efficiently from our VacaValley campus to our NorthBay campus and back. It is part of their STEMI, and Trauma Programs, and form part of their designation fees so they can consolidate their services. I personally hold the budget for these programs, and the increase could mean jobs because it is an un-budgeted increase (for me to predict). I just want to be clear that there is potentially a human cost to this from our side.”</p> <p>d. Ben Hill, Vallejo Fire Engineer, President, Local IAFF 1186 addressed the Board on behalf of the local fire fighters. “I represent the nearly 200 firefighters and paramedics of Fairfield, Vallejo, Benicia, Cordelia, Rio Vista and American Canyon fire departments. I am in support of the proposed base rate increase for Medic Ambulance.</p>		
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	<p>This increase is vital to maintain and improve emergency medical services to the citizens of Solano County. It is imperative that this Board of Directors support the main source of 9-1-1 emergency medical response revenue in our County, to keep up with the surrounding EMS transport providers and ensure that our citizens of Solano County receive the best and most modern equipment procedures available. Currently, Medic's rates are well below the industry standards, and that has a direct impact on their service levels. The proposed increase is in line with the industry standards. The increase ensures that this revenue is put directly into the 9-1-1 response system to continuously purchase and maintain the most modern fire equipment to deliver the most reliable and most effective treatments available by supporting the fire departments' ALS response. It will help ensure that our paramedics are trained in the modern treatment methods and techniques, and have the tools to support them. It will also help ensure that the most effective PPE and sanitizing equipment is afforded to the first responders for their, and our citizens' health and safety. The new rates will also assist Medic Ambulance in the recruitment and retention of experienced paramedics in the field. There is a high cost to employee turnover, and our citizens deserve the most experienced and well-trained paramedics in the industry.</p> <p>Medic Ambulance has been a great partner with the fire agencies and very supportive of the communities they provide their services to. Medic and partner agencies involved in the PPP, and the EMS system here in Solano County require the approval of this proposed rate increase to continue to deliver and improve on the high quality of services we provide. Again, speaking on behalf of the firefighters of Local IAFF 1186 I urge this Board to approve the base rate increase so we can continue and strengthen our local partnerships to provide the highest level of service available to our citizens when they need it the most."</p>		
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	<p>Board Member Djavaherian commented that based on the discussions, without the rate increase, we are at risk as far as equipment upgrades, and the quality of care, and inquired if this is the argument that is being made for this request.</p> <p>Mr. Hill explained that while he does not have the exact numbers, he is aware that certain equipment such as EKG monitors involve significant costs, and this is one of their main tools for their ALS first responders, and they need to have back-up equipment in case one goes down, and there is the maintenance cost of the equipment as well.</p> <p>Mr. Pierson added that the addition of Suisun City is a major increase in ALS service, and their addition to the PPP member cities is a big piece of the increase. EMD was also discussed, and additional revenues from the increase in PPP payments can potentially be used by the member cities towards this project. This rate increase will allow the cities to have steady revenue into 2025, until the next RFP. However, while Medic and the fire agencies may not necessarily fall apart without the additional revenues, this rate increase will allow the various agencies to modernize and build sustainability for the future.</p> <p>Board Member Djavaherian added that everyone is clearly feeling the financial constraints, and this matter seems to be a risk versus benefit question, in addition to being a contractual issue.</p> <p>Board Member Chadwick and Board Member Jansen both observed that the presentation seems incomplete, as Mr. Pierson mentioned that there is a second part to Medic's presentation, and would like to request that that be done first before going back to public comments. Board Chair Corsello inquired as to who is doing the next part of Medic's presentation. <i>(Note: presentation continues under Item 9-a, with Steve Trepagnier addressing the Board)</i></p>		
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e. Kris Concepcion, Fire Chief, City of Vacaville, on behalf of the Solano Fire Chiefs Association. Chief Concepcion stated “The Solano Fire Chiefs urges a yes vote on this item, as we are supportive of both aspects of the item, both the amendment to the PPP, as well as the proposed fee increase. The reason we are supportive of this is that Medic Ambulance has been a great partner to all of the fire departments within Solano County. They are an active participant in our community education efforts when it comes to EMS. They are also an active participant when it comes to joint training. They are always in and around our communities are always helping out. Specifically, the fire chiefs are supportive of the amendment to the PPP because it is going to help all the fire departments offset our ever-increasing EMS cost. As you all know, medical CPI always exceeds regular CPI. As you have heard from previous commenters, Medic has not had an increase, nor the fire departments have not had much of increase in their PPP (payments) in many years. We are supportive of the fee increase because as Kurt Henke mentioned, it will bring Medic Ambulance within range as far as the market. They were so far out of range, and it is going to bring them mid-range, compared to the surrounding counties. As a group of fire departments, our priority is always to provide the best care to our residents while making sure that all of our residents can still access those services, and not being priced out or kept from accessing emergency medical services. With Medic’s fees being in the mid-range, it does not do that; our residents can still access emergency medical services.

Speaking as the City of Vacaville Fire Chief, I am also supportive of this. As many of you know, Vacaville (Fire) is the only other ground emergency medical transport provider in Solano County. Medic Ambulance and the City of Vacaville have always enjoyed a great relationship, and we provide mutual aid to each other when we need surge capacity. We’ve always enjoyed working with each other in the county, and providing emergency medical services throughout the county.

	<p>As far as the fee increase, I just wanted to let you know that the fire chiefs turned to me and asked if the fee increase by Medic Ambulance was out of line as far as our increases are because we are a public agency. We conducted a fee study about three years ago, and our fees have to be based on the cost of providing those services. Just to let you know, Medic Ambulance's proposed fees are pretty much in line with what we are charging as far as the City of Vacaville is concerned."</p> <p>f. Anthony Velasquez, Fire Chief, City of Fairfield, addressed the Board. "This morning I will be speaking on behalf of the member-city fire chiefs, and as someone who's been a part of this public private partnership for the last 21 years. A lot of the things I was going to discuss had been touched on, and I do not want to go back. But what I want to talk about more so over the past 21 years is not only has Medic Ambulance provided the highest level of emergency medical services that we all expect, and you expect as a Board. As a past Board Member, I also agree with that. They have gone above and beyond the PPP in our respective communities. And I know we have heard some of these things, but some of you may not have heard how they have donated ambulances to non-profits, how they have been major sponsors in some of our major events in Solano County; going out to the high schools, being involved in the "Every 15 Minutes" drinking and driving presentations, being a major sponsor to those high schools, being involved in multiple (events) like the Solano Turkey Trot, giving scholarships through the PAL Center. They have definitely been present in all of our cities in this community, above and beyond. Within the respective departments they have also provided high level instruction, working with the fire agencies on our very difficult schedules, oftentimes instructors showing up doing instructions for us and when emergencies break out, having to come back, being patient, and being very flexible. And this is not expected in the PPP, but they do. They go above and beyond for us.</p>		
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	<p>They also have partnered with us, as well as NorthBay, on our automated CPR devices, the LUCAS devices that we utilize. They have stepped up; they have definitely gone above and beyond with our agencies. Lastly, I want to talk about what has been touched on about what has been going on in our country, in our state, and in our county. We have had some major challenges publicly to our budgets and activations of our Emergency Operations Centers, with some significant events happening recently in our respective cities. We partnered with our law enforcement agencies, and every time, as part of the incident action plan, when we needed Medic Ambulance to up staff like we did, they showed up and were alongside us throughout the night. Oftentimes when we had to have them inside our fire stations, they would respond alongside, as we are working with our law enforcement partners. We talked about the disasters, and Jimmy touched on the strike teams with the wildfires and the evacuations, but all throughout the night right next to the command post, you had those Medic ambulances, their supervisors right alongside us. Lastly, we also have the PG&E responses, the PSPS shutdowns, they have been right there alongside us. With the COVID response, these are challenging times we went, not only to protect the community and the people we respond to, but our citizens, their employees, and our employees working with Dr. Matyas on the PPE and response guidelines has been above and beyond. I could continue to go on, but I just really want to ask for your support this morning in looking at how much Medic Ambulance has gone above and beyond, just the high level of emergency services that you guys demand of us.”</p> <p>g. Helen Pierson, Chief Executive Officer, Medic Ambulance also addressed the Board, stating that “everything that needs to be said for Medic Ambulance’s part has been said and I truly appreciate your consideration that the Board considers this request. We do not come to you often, if any. So, when I write a letter to you, asking, I hope it is taken seriously, knowing that we would not be doing it if we did not need it.”</p>		
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<p>9. <u>Calendar Items</u></p> <p>a. Consider approval of a rate increase for Medic Ambulance, Inc. effective January 1, 2021. There is a corresponding proposed increase in the franchise fee from \$550,000 to \$600,000 per annum and increase in the payments to participating cities under the Public Private Partnership (PPP) for Advanced life Support (ALS) first responder emergency services between Medic and the member cities which are not Before the Board.</p>	<p><i>(Agenda item revised per Counsel)</i></p> <p>a. The EMS Administrator stated that Medic Ambulance submitted a rate increase request for consideration by the SEMSC Board. A staff report accompanies that request in the meeting packet. Mr. Selby noted that if enacted, this rate increase would apply only to ALS transports. Basic Life Support (BLS) and Critical Care Transports (CCT) will remain the same. Additionally, staff emphasized that the monies collected as a part of the increase will fund the PPP as outlined in the report; and the addition of an ALS paramedic level fire department to the system in the city of Suisun City will undoubtedly result in improved patient treatment and care, as will be updating of rigs that will be necessary over the course of the next five years.</p> <p>Board Member Djavaherian inquired if this was a planned increase that was included in the budget that was approved recently or whether this is a result of the pandemic. Mr. Selby explained that the request for rate increase was submitted in the same way similar requests have been in the past. It was added that the way the process works is that the contactor submits a request, and what has been done since 2010, is staff takes that request to the Board for consideration and the contractor has made a presentation and answered question. Mr. Selby stated that this rate increase was not planned by the EMS Agency, but the request has been done the same way as it has been done in the past. There has been no rate increase request brought before the Board since 2014. Mr. Selby presented a slide showing the previous rate increase requests starting 2010. It was noted that starting in October 2014, the SEMSC Board has agreed to a settlement agreement allowing Medic to increase rates up to six percent without Board approval.</p> <p>Dr. Matyas added that the budget the SEMSC Board recently approved did not anticipate this rate increase so it is not imbedded in the budget.</p>		
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	<p>Mr. Pierson spoke regarding the request for rate increase. Mr. Pierson stated that early part the COVID-19 pandemic brought a reduction in their call volume, and considered requesting for a rate increase then, which they did not do as the PPP solidified. Medic continues to see a reduction and a change in their payor mix, but not as drastically as at the start of the pandemic. They are noticing a year over year reduction in call volume, varying between as low as five percent to as high as 40% in some months. Medic expects a continuous ebb and flow of call volume post-pandemic, before things start to normalize. Mr. Pierson emphasized that the biggest part of the request is the modernization of Medic's rates, which refers to the fact that the original agreement was developed in 2010, and with the new five-year extension, additional changes are needed, including the addition of Suisun City to the PPP agreement, after upgrading to ALS level services which has had a significant cost to the city. Furthermore, there is an increase to the franchise fee that was approved by the Board recently. Medic also has an existing seven year labor agreement with their employees, that was signed in 2014. This was strategically planned to take them through to 2021, after what was expected to be a new 2020 RFP for the Solano EOA provider. With the five-year extension, Medic now negotiate a new labor agreement that will take them through 2025. It was emphasized that the EOA MSA mandates that they must be competitive with the region. Medic's current labor rates are competitive for the private ambulance industry and they need to modernize this labor agreement in order to stay competitive. It was stated that had there been a new contract in 2020, it is likely the rates would be around what Medic is currently proposing, in the absence of a new agreement, Medic and the PPP member cities have coordinated to come up with this request. Mr. Pierson referenced the letter from NorthBay that was sent to the Board, and expressed opposition to the hospitals dictating the rates. It was observed that the SEMSC Board has never held the hospitals to the same standards as far as rate setting from trauma, STEMI, or other services.</p>		
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The hospitals do not come to this Board or their payors when they increase their trauma rates, for instance, so there is no oversight to their rate increases. In closing, Mr. Pierson stated that while they have a great respect for their hospital partners, they disagree on NorthBay's proposal regarding intra-facility rates, and places Medic in a bad predicament if they would have to be negotiate these on the side, as these rates have been regulated for 21 years. Medic noted that the intra-facility rates affect NorthBay uniquely due to how the VacaValley-NorthBay Hospital has been set up, as they would have to absorb costs for transfer of patients between the two facilities. Medic closed by emphasizing that the rate increase request was done using the normal process per the MSA, and this process has been used for 21 years when requesting a rate increase.

Steve Trepagnier, Deputy Fire Chief, City of Fairfield Fire, addressed the Board to discuss the proposed amendments to the PPP agreement that were negotiated. Mr. Trepagnier explained that the unit hour savings calculation used to compute the funds paid to each PPP member city from Medic Ambulance was last done in 2009. Those numbers have been updated with current costs and call volume, for the member cities to provide ALS first responder services in their respective cities. Suisun City was also added as a member city in the PPP agreement. It was noted that due to previous administrative challenges, Solano EMS will be removed as the pass-through of funds from Medic to the member cities. The City of Fairfield's Department of Finance will manage the distribution of funds, as described in Exhibit C of the PPP agreement. Additionally, to PPP member cities are recommending a modification to the MSA allowing for automatic rate increases based on the Medical Consumer Price Index (CPI), in order to avoid falling behind in the future.

Kurt Henke, Principal Partner, AP Triton also addressed the Board. AP Triton was brought in to negotiate with Medic Ambulance, and put together the system being presented today regarding the PPP, and raising that revenue.

	<p>Mr. Henke reiterated that the last negotiated increase was in 2013 and 2014, which was a cost of living CPI adjustment for the public agencies on the front line providing ALS first responder services. Medic Ambulance and the fire agencies work hand-in-hand. It was emphasized that the addition of Suisun City as an ALS provider benefits not only the residents of the city, but rather every constituent, and taxpayer that passes through in the response they may receive in the form of medical aid or assistance. Mr. Henke added that they worked diligently with Medic Ambulance to look at the overall value of the system, amount of unit hours that were going to be provided by Medic, how better ALS services can be provided through the City of Suisun City, which involves considerable cost, as it does for all the PPP member cities, and allow for more capacity in the system for the citizens of Solano County. Further, EMD, which was discussed, is an important issue, and despite the financial struggles the cities currently face, this additional revenue can potentially help fund EMD and get this program off the ground. Mr. Henke stated that while this is a fairly substantial increase that is being proposed, Medic's current rates were far behind industry standards since there has essentially been no rate adjustments since 2014. The system has basically been operating at "bottom-barrel cost" trying to provide top-level service, which reiterates the need for this increase. Lastly the negotiations were between Medic Ambulance and the member cities since they are contractually involved in the PPP agreement. However, these negotiations have an associated cost, which necessitated Medic coming to the Board to request a rate increase. Mr. Henke further stated that with respect to the hospital systems, none of the Board Members, except perhaps for the hospital representatives, are involved in the hospital budget meetings, and that there has been no discussion about transparency in the way the hospital systems charge their patients, adding that this is the way it should be. However, for the hospital systems to now be involved in setting the prehospital ALS and intra-facility transfer rates is disingenuous. Everyone is struggling financially as a result of the pandemic.</p>		
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Mr. Henke also reiterated that these negotiations have been upfront, and were started with the previous consultants, Page, Wolfberg & Wirth, when the discussions were about a new RFP. It was stated that this rate increase is necessary, to gain sustainability for the system, and to improve the system performance and service delivery for the citizens of Solano County. Considering the ongoing labor cost for the fire departments, as well as purchasing equipment and gurneys, which has not been addressed for several years, resulting in the system being severely strained. Lastly, even with the proposed increase, Medic's rates are still on the lower end of the spectrum among comparable cities and counties surveyed. Medic, the fire agencies and the negotiators feel that they have come up with reasonable proposal to deliver top-level, sustainable emergency prehospital care in Solano County.

Board Chair Corsello requested Counsel to clarify the action item before the Board. Counsel explained that the action item is to consider approval of a rate increase for Medic Ambulance, Inc. effective January 1, 2021. Board Chair Corsello clarified that the balance of the title of the agenda item is not for the Board to make a decision on.

Board Member Folsom commented that every city spends a tremendous amount of money on their fire department, adding that he is the City Manager for Suisun City. The vast majority of fire department calls for every city is for emergency medical services. Cities generally spend about 20% of their general fund on fire. Suisun City has invested heavily on their fire department over the last two fiscal years, to add staffing, upgraded from EMT-trained personnel to paramedic-trained personnel. Their costs have gone up by about 200% over the last two fiscal years because of this investment. It was added that this has been a controversial issue in their city, but their City Council has deemed it as critically important for the public safety of Suisun City; while they have only been ALS certified recently, it has paid off in lives saved.

	<p>Board Member Folsom emphasized that updating the PPP program is critical to cities to be able to continue to provide these types of emergency medical services, and noted that Suisun City will struggle to maintain this investment level without inclusion in the PPP, which is a big component of this increase, along with the increase in franchise fees. Given the labor cost, limited increases Medic implemented in the past, and the fact that even with proposed the fee hike their rates are still comparable with other counties, Board Member Folsom is in favor of the fee</p> <p>Board Member Chadwick observed that no one likes fee increases, which is understandable. However, this is a result of “kicking the can down the road” and if the increase is further delayed, it will continue to get higher in order for the system to be sustainable. As a Board, the Members have to make some tough decisions, and this is the result of not implementing the increases when they should have been done. Furthermore, even with the proposed fee hike, Medic’s prices are appropriate, and still mid-range compared to similar counties, and as such offered full support for the motion.</p> <p>Board Member Djavaheerian stated that it seems that everyone is in agreement that a fee increase is necessary, and understands that this impacts the health systems as well. Board Member Djavaheerian also inquired if the agreement has a “catch-up” clause as far as rate increases are concerned, where the contractor can recoup missed increases. County Counsel explained that the contract did not provide for aggregating any missed years for cost of living increases. Further, since Medic, as part of the settlement agreement, was not required to come to the Board for up to six percent, Counsel does not have information on whether Medic implemented any cost of living increases since 2014.</p> <p>Board Member Djavaheerian further inquired as to what the Board thinks about possibly separating the interfacility transfers from the rest of the contract.</p>		
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(It was pointed out by Mr. Henke, that such a move would require the County to do a new RFP, under EMSA rules, as this would change the scope of the original RFP)

Board Member Piccinati related that while he agrees that a fee increase is necessary, he does not feel like he has enough information as to the circumstances surrounding the 43% increase, such as Medic's budget, finances, etc. Board Member Piccinati believes Medic does excellent work, and his hospital has an excellent relationship with Medic. However, during a time when everyone is struggling financially, he wonders if there are other options available such as a periodic rate increase or something similar.

Board Chair Corsello requested the EMS Administrator to respond. Mr. Selby explained that a phased increase, while not one of the options presented, seems a reasonable approach if the Board desired to explore this option.

Board Member Jansen commented that while he believes that there needs to be a rate increase, being the Consumer Healthcare Representative, finds it troubling that it comes with only five days of public notice especially considering such a large proposed increase of 43% to the consumers. Furthermore, it was proposed that in the future, it would be ideal to have such increases presented at a prior meeting, with the decision made at the succeeding meeting since it would have a huge fiscal impact to the consumers. Board Member Jansen observed that the hospitals were perhaps left out of this process, and although it was stated that the Board has no control over the hospital fees, this Board is a public entity, and with the hospitals being one of the end users, they should have the ability to comment on this decision as well.

Board Member Jansen further stated that he is happy to see that the amended PPP agreement includes the medical CPI, which would hopefully prevent a similar situation in the future where the rates are so far behind.

Board Chair Corsello inquired as to the rationale behind changing the administration of the PPP funds from the Solano EMS Agency to the City of Fairfield. Mr. Trepagnier explained that in the past, the member cities have had some challenges with payment delays with the way the funds are processed, from the EMS Agency to the County finance department, and are only trying to streamline the process. This matter was discussed with EMS staff prior to recommending this change. Mr. Selby concurred, explaining that over the last ten years, there have been instances when the Auditor-Controller's Office (ACO) has had delays in processing the PPP payments for the member cities.

Board Member Giboney echoed an earlier observation about not having enough information, particularly around the proposed amendment to the agreement that details automatic increases based on the medical CPI, and does not clearly understand the implications of supporting this change. For instance, what would those increases look like, year over year, relative to what is currently in place, and expressed concern about possible impact to the consumers and the entire system

Board Chair Corsello asked staff to respond. Mr. Selby explained that he has not yet seen the proposed amendment to the MSA, and the language regarding medical CPI. However, based on the comments made earlier, this would likely be an annual increase indexed by the medical CPI, which would potentially alleviate the large fee increases of this nature in the future.

Dr. Matyas added that it is unclear why it is being requested, as it can essentially be subsumed by the six percent increase allowed in the Settlement Agreement, which does not have to come to the Board. It is hard to imagine that the medical CPI would exceed six percent. However, this proposed amendment likely is asking the Board for permission to allow a higher than six percent increase based on the medical CPI. Potentially, what we would see would be annual increases matching the cost of living increase.

Medic Ambulance added that the medical CPI is more in line with medical increases compared to the consumer CPI which is currently in the contract. Mr. Pierson also reiterated that the six percent that is being discussed was part of the Settlement Agreement the Board and Medic agreed to in 2014 due to Medic being impacted by other providers pirating 9-1-1 calls in the past, which resulted in loss revenues. The proposed amendment to the MSA to include the medical CPI is not part of the request currently before the Board.

Board Member Folsom moved to approve the fee increase requested by Medic Ambulance. Board Member Chadwick seconded.

Roll Call Vote:

**David Piccinati – NO
Caesar Djavaheerian – NO
Greg Folsom – AYE
John Jansen – AYE
Joshua Chadwick – AYE
Thea Giboney – NO
Birgitta Corsello – NO**

Motion does not pass.

Board Member Djavaheerian presented and moved to approve the alternate motion he presented about a gradual phased increase to reach the targeted 50% increase over a period of three years. Board Member Giboney seconded.

Board Member Chadwick expressed concern regarding the delay, when the rates are already far behind, adding that the issue with the rate will be fixed just before the end of the five-year extension, and there will be continued loss of the medical CPI adjustments during that time, which means that the rates will still not be caught up to appropriate levels relative to other Bay Area counties.

Board Member Folsom reiterated that Suisun City is not currently a part of the PPP, and need to become a part of the PPPP. They have invested several million dollars into their fire department to provide ALS services to their citizens, and this will be substantial setback for the city.

Mr. Pierson addressed the Board, and offered an alternative proposal to perhaps reducing the request to a 30% increase this year, then go to a 16% or 17% increase next year; accounting for the medical CPI could reduce the fiscal impact up front, and spread it out a little more. Keeping the medical CPI allows our rates to be up to standard, and added that they would prefer the rate increase to be phased over a period of two years. If the increase is done over three years, there will still substantial one this year, with the same increases over the next two years.

Board Member Piccinati inquired if this is the type of vote the Board can defer making a vote on the exact numbers, as it seems like the Board needs more time and input from the stakeholders who will be affected to get a real number to vote on, and this may not be the venue to have those discussions.

Board Member Folsom agreed that if the Board was not going to approve the entire increase requested, just to do a random number, the Board does not have enough information to do this.

Board Chair Corsello asked if Board Member Djavaheerian would like to amend his motion or call a vote for the motion he presented.

Board Member Djavaheerian stated agreement with Board Member Piccinati about potentially delaying the vote and staff coming up with actual numbers for the Board to look at in the next meeting, and using this period of time for additional input.

It was added that the fact that there has been no increases in the last six years is unfortunate as health systems prepare annual budgets, and a massive increase like this has a large fiscal impact, which these systems may not have enough time to respond to effectively, and may hurt other programs within these systems.

Board Member Djavaheerian withdrew the prior motion and moved to request a delay pending staff obtaining additional input, and specific numbers over a two and three year period, to allow for more robust discussions at the next meeting. Board Member Folsom seconded.

Board Chair Corsello agreed that this item needs to be brought back and explained that she voted no because she believes there was not sufficient time for anyone to have a good discussion about this matter, except for fire and Medic Ambulance, as evidenced by NorthBay's letter and the comments made by the hospital systems. Board Chair Corsello expressed concern regarding the 43% increase, which is significant in government, and that while it is understood that this is to catch up, and a result of the absence of a new RFP which would have allowed for a new MSA, which did not occur. It was added that there is an opportunity for a rate increase, and this can be discussed at the next regular meeting or perhaps at a special meeting in December to allow staff to have those conversations with various stakeholders, and obtain additional information that has been requested. Board Chair Corsello asked the other Board Members to weigh in on this matter.

Board Member Chadwick suggested a special meeting prior to the start of the years, and requested clarification on whether the Board is asking staff to bring this matter back with recommendations.

Board Member Djavaheerian suggested that if the Board has the ability to look at stakeholder input on how a catch-up period of four, three or two years impact them, the Board can make a more informed decision. The stakeholders were identified as fire, Medic and the health systems.

	<p>Furthermore, Board Member Djavaheerian agreed that a special meeting is needed, agreeing that a rate increase needs to happen January 1st.</p> <p>Board Member Jansen stated that he is a proponent of meeting in December, and if a phased approach is necessary, would prefer two years, but the Board can make a decision when additional information is presented.</p> <p>Board Chair Corsello stated that the need for a motion to be made for the Board to have special meeting in December, and would prefer to see a rate increase in two parts in year one, two and three, but this is incumbent upon the staff that brings back this information.</p> <p>Board Member Djavaheerian made a motion to have a Special Meeting in December, where the Board evaluates input from stakeholders regarding a fee increase for ALS services spanning one year, two years, three years or four years catch up period. Board Member Piccinati seconded.</p> <p><u>Roll Call Vote:</u> David Piccinati – AYE Caesar Djavaheerian – AYE Greg Folsom – AYE John Jansen – AYE Joshua Chadwick – AYE Thea Giboney – AYE Birgitta Corsello – AYE</p> <p>Motion is approved.</p>	<p>Survey Board Members for a Special Meeting in December. Notify all stakeholder groups.</p>	<p>EMS Staff</p>
<p>10. <u>Board Comments:</u></p> <p>a. Chairperson</p>	<p>a. (None)</p>		

<p>b. Directors</p>	<p>b. Board Member Jansen thanked Medic Ambulance for the tour of their headquarters, looking at how they run things, primarily how they use Priority Dispatch for EMD. It was observed that the system seems quick, easy and adaptable and will continue to be the County's biggest benefit for the end users. It was also added that Board Member Jansen had the opportunity to see the ambu-bus, ICS system and back-up communications, observing that Medic is a truly professional organization, and with these increases will continue to support those additions and changes that they make to their team.</p>		
<p>11. <u>Adjournment</u></p>	<p>Meeting adjourned to the Special Meeting in December 2020. Date to be determined.</p>	<p>(None)</p>	

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REVENUE TO DATE July 2019 to September 2020

Period	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL	NOTES
FY 19/20	\$ 539,686	\$ 87,208	\$ 55,867	\$ 538,456	\$ 59,867	\$ 98,008	\$ 603,857	\$ 55,340	\$ 1,815	\$ 411,891	\$ 1,400	\$ 210,633	\$ 2,664,028	*includes PPP pass through revenues
FY 20/21	\$ 424,271	\$ 84,708	\$ 50,292										\$ 559,271	*includes PPP pass through revenues

Expenses to Date

Solano Emergency Medical Services Cooperative

	FY2019/20 Actuals	FY2020/21 Budget Approved by SEMSC	FY2020/21 Actuals 9/30/2020	
EXPENSES				
Program Expenses				
Private Public Partnership Fees	1,733,633.00	1,700,000.00	174,721.00	
Professional and Specialized Services (net of Maddy Funds)	<u>974,615.00</u>	<u>1,077,200.00</u>	<u>27,909.00</u>	<i>Note 1</i>
Total	<u>2,708,248.00</u>	<u>2,777,200.00</u>	<u>202,630.00</u>	
REVENUES				
Program Revenues				
Public Private Partnership Fees	1,733,633.00	1,700,000.00	8,770.00	<i>Note 2</i>
Franchise fees	500,300.00	550,000.00	83,333.32	
Licenses and Permits	297,175.00	435,200.00	24,960.00	
Forfeitures and penalties	-	16,000.00	-	
General Revenues				
Interest Earnings	8,467.00	15,000.00	-	
Draw from available fund balance	<u>168,973.00</u>	<u>61,000.00</u>	<u>-</u>	
Total	<u>2,708,548.00</u>	<u>2,777,200.00</u>	<u>117,063.32</u>	

Note 1:
FY2020/21 supplemental adjustments approved by the Solano County BOS include the redirection of EMS staff to COVID response activities funded by CARES

Note 2:
In July 2020, Solano County received COVID-19 HPP Supplemental Funding (Award Number COVID-19-4802) to support health care preparedness and response activities. The grant requires that a minimum of \$43,175 must go to the local EMS agency for patient coordination and transport planning.

REVENUE FORECAST FY 2020/2021

REVENUES	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL	NOTES
PPP Pass Through*	\$ 400,541			\$ 400,541			\$ 400,541			\$ 400,541			\$ 1,602,164	
Air Ambulance Permit						\$ 4,200							\$ 4,200	
BLS Ambulance Permits						\$ 12,600							\$ 12,600	
CCT Ambulance Permits (Biennial)										\$ 54,000			\$ 54,000	
Ambulance Inspections	\$ 200			\$ 120	\$ 120		\$ 120	\$ 360					\$ 920	
ALS Designation Fee (one-time)	\$ 2,500												\$ 2,500	One time designation fee
License & Certifications	\$ 3,030	\$ 1,375	\$ 2,625	\$ 1,614	\$ 1,320	\$ 1,050	\$ 1,980	\$ 4,248	\$ 2,178	\$ 1,620	\$ 1,680	\$ 2,760	\$ 25,480	
Franchise Fee**		\$ 83,333	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 525,000	** Increase to \$550,000 in Jan
Base Hospital Fee - KP VAL	\$ 6,000												\$ 6,000	
Base Hospital Fee - KP VAC	\$ 6,000												\$ 6,000	
Base Hospital Fee - NBMC	\$ 6,000												\$ 6,000	
Base Hospital Fee - SSMC			\$ 6,000										\$ 6,000	
EDAP Fee - KP VAL						\$ 6,000							\$ 6,000	
EDAP Fee - KP VAC						\$ 6,000							\$ 6,000	
EDAP Fee - NBMC						\$ 6,000							\$ 6,000	
STEMI Fee - KP VAL							\$ 12,000						\$ 12,000	
STEMI Fee - NBMC							\$ 12,000						\$ 12,000	
Stroke Fee - KP VAL							\$ 6,000						\$ 6,000	
Stroke Fee - KP VAC							\$ 6,000						\$ 6,000	
Stroke Fee - NBMC							\$ 6,000						\$ 6,000	
Stroke Fee - SSMC							\$ 6,000						\$ 6,000	
Trauma Level II - KP VAC							\$ 180,000						\$ 180,000	
Trauma Level III - NBMC							\$ 60,000						\$ 60,000	
TOTAL	\$ 424,271	\$ 84,708	\$ 50,292	\$ 443,942	\$ 43,107	\$ 77,517	\$ 736,474	\$ 50,441	\$ 48,011	\$ 501,994	\$ 47,513	\$ 48,593	\$ 2,556,864	With PPP
	\$ 23,730	\$ 84,708	\$ 50,292	\$ 43,401	\$ 43,107	\$ 77,517	\$ 335,933	\$ 50,441	\$ 48,011	\$ 101,453	\$ 47,513	\$ 48,593	\$ 954,700	Excluding PPP
	<i>July to September - Actual Collected</i>													

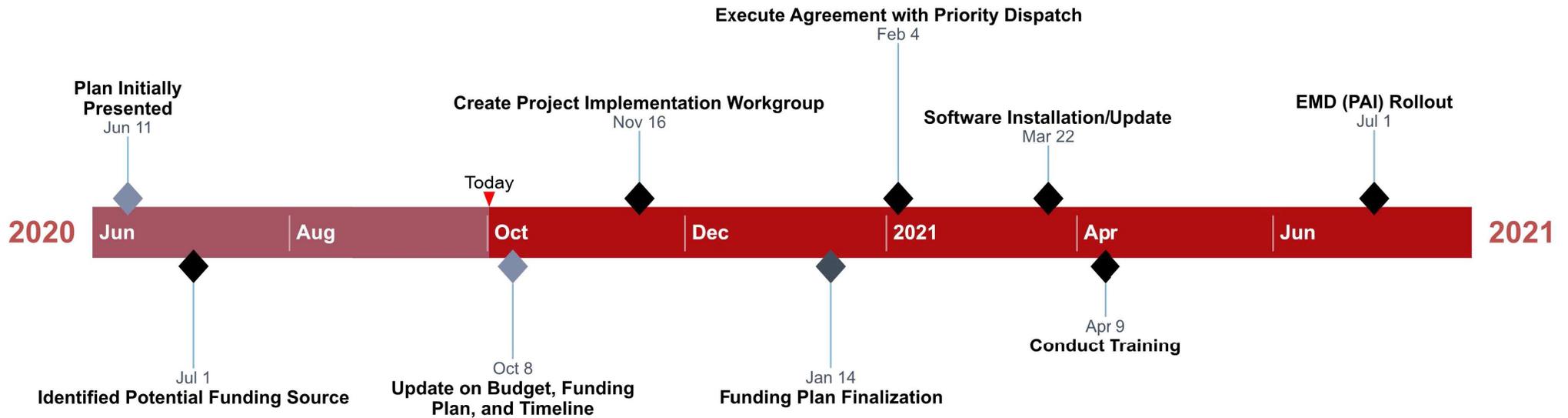
Emergency Medical Dispatch (EMD) Proposed Budget

Line	Product Name	Unit Cost	Quantity	Extended Amount
1	Software License	3,750	21	78,750
2	Server Suite	2,500	4	10,000
3	Case Review Software	1,750	4	7,000
4	Protocol Tablet	395	21	8,295
5	Box of Cards	50	4	200
6	Remote Software Installation	500	4	2,000
7	Protocol Training and Certification	365	99	36,135
8	Implementation Fee	30,000	1	30,000
9	Remote System Admin. Training	199	4	796
10	Remote ProQA Software Training	149	99	14,751
11	Remote AQUA Software Training	199	4	796
12	Remote ProQA and AQUA Reports Training	149	4	596
13	Accreditation Fee	2,250	4	9,000
14	Priority Dispatch System ESP	1,200	21	25,200

TOTAL: 223,519*

*Pricing may fluctuate

EMD Project Timeline



ALS Rate Increase Request

History of Rate Increases
2010 to Present

Year	Base Rate	Base Rate Increase Requested	Mileage Rate (Per Mile)	Requested Per Mile Increase	Notes
2010	\$ 1,050.00	---	\$ 23.00	---	Initial
2013	\$ 1,141.35	\$ 91.35	\$ 28.00	\$ 5.00	
2014	\$ 1,312.55	\$ 171.20	\$ 32.08	\$ 4.08	
<i>** Beginning October 2014 authorization for rate increases of up to six percent per annum without approval was agreed to by SEMSC Board ***</i>					
2020	\$ 1,652.75	---	\$ 40.51	---	(Current)
	\$ 2,357.75	\$ 705.00	\$ 48.51	\$ 8.00	(Proposed)

SEMSC Board of Directors Special Meeting

12/10/20 Staff Report Agenda Item 5

BACKGROUND:

During the Regular SEMSC Board Meeting on October 8, 2020, the Board provided direction to staff to obtain and evaluate input from stakeholders regarding the requested fee increase for ALS ambulance services submitted by Medic Ambulance (Attachment B) to be imposed over one-year, two-years, three-years, and/or four-years and to present those findings to the Board at this Special Meeting.

In response to the SEMSC Board directive (Attachment A), Medic Ambulance submitted a new proposal on November 25, 2020 (Attachment C) detailing several options for implementing the requested rate increase.

Staff has added an additional alternative option based on discussions with stakeholders. This alternative option balances the need of the provider for the rate increase with the impact of the requested increase on the rate payers, which include private insurance carriers, individuals and hospitals.

Tables outlining all options being presented are included as Attachment D. It should be noted that no stakeholder has disputed the imposition of the mileage increase from \$40.51 to \$48.51 per mile effective January 1, 2021.

DISCUSSION:

Since the October 8, 2020 SEMSC Board Meeting, staff has had multiple conversations with hospital representatives, the ambulance transport provider, fire department representatives and the Hospital Council, including the following meetings/discussions:

- October 9 and 22 with Medic Ambulance and Fire Department Representatives
- October 20 with NorthBay Medical Center
- November 9 with Kaiser Foundation Hospital
- November 13 with the Hospital Council; and,
- November 18 at a joint session with the Hospital Council, Sutter Solano Medical Center, NorthBay Medical Center and Kaiser Foundation Hospital.

After meeting with the stakeholders, it became evident that arriving at a solution that would satisfy all parties was an unlikely outcome. Thus, finding a solution that largely meets the needs of all stakeholders became the focus of staff.

SEMSC Board of Directors Special Meeting

12/10/20 Staff Report Agenda Item 5

In an effort to understand the rationale for the base rate increase, staff has calculated what the ALS Ambulance base rate would be if Medical Consumer Price Index (CPI) increases had been applied in each of the past six years that Medic Ambulance did not request approval of an increase from your Board. The Medical CPI rate in 2015 was 3%, in 2016 the rate was 4%, in 2017 the rate was 2%, in 2018 the rate was 3%, in 2019 the rate was 4%, and in 2020 the rate was 6%. If the Medical CPI increases had been requested and approved by your Board over the course of the past six years, the current base rate for ALS Ambulance services could be as high as \$2,050, as opposed to the \$1,653 that is charged at present.

With the above in mind, if the Medical CPI rate for 2021 was 5%, the base rate for ALS Ambulance services would increase to \$2,153; using the same projection for 2022 would increase the base rate to \$2,261, and again in 2023 using 6% as the projected medical CPI, the base rate would equate to \$2,397. This of course is theoretical but provides a baseline for comparison.

Recognizing that incremental annual increases of two to six percent over a period of time would have been easier for the rate payers to absorb than the requested aggregate rate increase of approximately 42 ½%, a 4-step incremental increase over three years in an effort to meet the needs of the ALS providers and the rate payers has been developed for consideration. While not ideal or preferred for the affected parties, the alternative rate increase formula developed by staff is an option that will permit Medic to realize close to the requested increase by January 1, 2023, in a manner that could be more easily absorbed by the rate payers.

Increase Date	1/1/2021		7/1/2021		1/1/2022		1/1/2023	
Proposed Increase	%	\$	%	\$	%	\$	%	\$
	15%	\$248	10%	\$190	15%	\$314	15%	\$361
Adjusted Rate	\$1,901		\$2,091		\$2,405		\$2,766	

RECOMMENDATION:

EMS Agency staff recommends the Board give due consideration to a 4-step, graduated increase strategy, such as the above model developed by staff, and make a decision on implementing an appropriate rate increase for ALS ambulance transports conducted by Medic Ambulance.

SEMSC Board of Directors Special Meeting

12/10/20 Staff Report Agenda Item 5

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Excerpts from October 8, 2020 SEMSC Board Meeting Minutes:

Caesar: “My suggestion is for a gradual increase to our targeted rate over three years, which would be, not necessarily doing the math, but say roughly 50% increase from today’s rate. But gradually increased over three years to hit that. So that’s roughly about a 15% increase per year until we hit the target rate.” (Thea Giboney seconded)

Josh: “So essentially now were talking again about kicking the can down the road in three years, and we are just into a five-year extension, that’s as far as it goes. So we’re basically fixing it just before the end of the five-year extension, and at that point, it will be 50%, you add three years you’re losing the CPI or the medical CPI difference in that time. So, were still essentially not going to be caught up to even the middle of what is appropriate for the other Bay Area Counties...”

Dave: “Is this the sort of thing we can actually defer making a vote on the exact numbers right now, because I hear what Jimmy is saying. He is saying 30% plus something else. I hear what Caesar is saying, getting it over three years. It just seems like we need more time or more input from the people that this is going to affect, to actually get to a real number that we are going to be able to vote on. I just don’t feel ready to say, yes, I agree with the 50%, or 30%, or any number without having the affected parties being able to negotiate, and talk to each other...”

Caesar: “Yeah, I like what David was saying regarding potentially delaying the vote until next time and coming up with actual numbers for the Board to look at; and perhaps using that period of time for additional input. I think we all agree we have to get to the target number. And the fact that we went six years without increasing the rate is unfortunate because health systems, just like individuals budget year after year, and a massive increase affects the budget. And there isn’t enough time to necessarily respond to it in an effective way without hurting other parts of the program is really what my concern is. So, getting the input, getting exact numbers, perhaps with Ted’s help, would be appropriate and we should delay the vote for more robust discussions next time.”

Caesar: “Yeah. I think if we have the ability to look at the stakeholders’ input of how would a catch up period lasting three years affect them, or four years, or two years? Then this Board can make a much more informed decision than what we are trying to do today. So perhaps we can put it out to stakeholders who would like to comment about the impact on their system, over two, three, and four years; including Medic, fire, the health systems. And then the Board can say, you know what, weighing the risks and benefits for each side, we are going to choose two, or three, or whatever it is. I think outside of that, I don’t see a way for this Board to make a decision frankly. I am totally for doing this before the end of the year because I agree that the fees need to be increased by January 1.”



OFFICE OF THE CHIEF EXECUTIVE OFFICER

September 25, 2020

Birgitta L. Corsello, Chair
Solano EMS Cooperative
275 Beck Ave MS 5-240
Fairfield CA 94533

RE: Rate Increase Request

Dear Birgitta,

Please accept this letter as a formal request from Medic Ambulance Service for a rate increase as per the MSA:

In section 20.3 of the current master service agreement it states,
20.3 SEMSC shall also consider increases in patient charges beyond the annual inflation adjustments outlined in Section 20.2 above based on other reasonable causes presented in Medic's submission, including, but not limited to the following:

20.3.1 Significant or unusual increased in operating costs which affects the costs of providing services under this Agreement and not within the control of Medic, including but not limited to increase in gas prices, insurance expenses or other operating expenses, or increased cost resulting from mandates by SEMSC;

Medic Ambulance has been on the front lines of the COVID-19 pandemic. As Solano County's EOA provider, our employees have provided high quality patient care to the citizens and visitors of Solano County. With the Governor's needed and welcomed shelter in home, we saw a dramatic decrease in EOA related transports. We also have seen a decrease in payer mix, with a reduction of 2% of insured and increase of uninsured. Even though we are seven months into this Pandemic, it is still too early to understand the full impact on revenue. Additionally, new laws related to COVID-19 paid leave have left costly burdens on employers in California and Medic is no exception.

Medic also received a five-year extension to the Master Agreement for a current contract end date of May 1, 2025. There have been several discussions with our local Public Private Partnership (PPP) Fire Agencies and a modernization of our agreement has been agreed to by all parties. The Suisun City Fire Department recently became an accredited ALS provider and would become part of the PPP increasing the annual PPP amount as well. Medic has also agreed to increase our annual Franchise Fee from \$500,000 to \$600,000 annually.

In April 26, 2014, Medic Ambulance began a seven-year employee bargaining unit contract with United EMS Workers Local 1149, the union which represents our employees. This contract expires in April 2021, and we expect an increase in labor costs. In Section 11.3 of the current master agreement it states, "*Medic shall endeavor to maintain a highly qualified workforce and shall adopt compensation and personnel practices that encourage retention of those most qualified employees.*" Medic Ambulance's current labor agreement meets these mandates set forth in the master agreement, as will our new agreement.

BUSINESS: (707) 644-1761 • FAX: (707) 644-1784 WEBSITE: medicambulance.net ADDRESS: 506 Couch Street, Vallejo, CA 94590

* QUALITY CARE * CUSTOMER SERVICE * FAMILY VALUES *

Medic Ambulance
Rate Increase Request
Page 2

Furthermore, Medicare continues to reduce its reimbursements since they began bundle payments of only base rates and mileage in 2006. Many other government payors, such as Workers Compensation carriers, California Department of Corrections, Tricare and the Veterans Administration, have followed suit on this concept and are only paying a specific allowed amount for base and mileage and no longer reimbursing for miscellaneous supplies and services. In total, Medic is requesting a rate increase of \$705.00 and a mileage increase of \$8.00. As shown, our current ALS Base rate is **\$1,652.75 and \$40.51 per mile**. The proposed ALS Base rate would be **\$2,357.75 and \$48.51 per mile**.

We have also included various other ambulance provider rates from surrounding EMS Services, comparable population EMS Service areas, and/or comparable call volume EMS service areas to use as a comparison, they are listed in the chart below:

RATE COMPARISONS		
COUNTY	ALS BASE	MILEAGE
SAN JOAQUIN (AMR) (B)(P)*	\$3,026.91	\$64.23
MONTEREY(AMR) (B)(C)(P)*	\$2,798.78	\$60.37
SACRAMENTO METRO FPD	\$2,856.00	\$55.00
ALAMEDA COUNTY (FALCK)	\$2,295.95	\$51.78
YOLO (AMR) (B)(C)*	\$2,202.12	\$54.05
CONTRA COSTA (Con Fire) (B)*	\$2,428.00	\$58.00
SONOMA (AMR) (B)(C)(P)*	\$2,316.27	\$37.58
NAPA (AMR) (B) *	\$2,171.99	\$44.97
SOLANO (MEDIC)*	\$1,652.75	\$40.51
SOLANO (MEDIC)**	\$2,357.75	\$48.51

* CURRENT
**PROPOSED

P - Comparable Population
C - Comparable Call Volume
B - Bordering Service Area

In conclusion, we feel that this is a reasonable request based on the terms and mandates set forth in the Master Agreement. We have provided comparable EMS Services for your review. Medic's proposed rates are still one of the lowest in our region. This increase decreases the impact of COVID-19 related call volume decreases and allows for updates to our EMS system for the next five years. I would like to thank you, in advance, for taking the time to review this request. Please do not hesitate to contact me with any questions or concerns that you may have.

Sincerely,



Helen Pierson
Owner/CEO
Medic Ambulance Service

Cc: Ted Selby Solano County EMS Administrator
James Pierson, President, Medic Ambulance
Solano County Fire Chiefs Association



OFFICE OF THE CHIEF EXECUTIVE OFFICER

November 25, 2020

Birgitta L. Corsello, Chair
Solano EMS Cooperative
275 Beck Ave MS 5-240
Fairfield CA 94533

RE: Rate Increase Request

Dear Birgitta,

Please accept this letter as a formal request from Medic Ambulance Service for a rate increase as per the MSA:

In section 20.3 of the current master service agreement it states,
20.3 SEMSC shall also consider increases in patient charges beyond the annual inflation adjustments outlined in Section 20.2 above based on other reasonable causes presented in Medic's submission, including, but not limited to the following:

20.3.1 Significant or unusual increased in operating costs which affects the costs of providing services under this Agreement and not within the control of Medic, including but not limited to increase in gas prices, insurance expenses or other operating expenses, or increased cost resulting from mandates by SEMSC;

In our previous letter prior to the October SEMSC meeting, we gave the various reasons for the rate increase. Those reasons have not changed and I have included a copy of the September letter for reference. We know the previous rate increase was not approved by the board, and direction was given to staff for the special meeting in December. In the spirit of collaboration Medic would like to offer three (3) increase options for the board to consider:

Option 1

Current Rate – \$1,652.75 - \$40.51 per mile

On Jan 1, 2021

Year 1 – 25% \$2,065.94 - \$48.51 per mile

On Jan 1, 2022

Year 2 – 20% - \$2,479.13 - \$48.51 per mile

On Jan 1, 2023

Year 3 – 15% - \$2,851.00 - \$48.51 per mile

*No Medical CPI needed; Built into rate

Medic Ambulance
Rate Increase Request
Page 2

Option 2

Current Rate – \$1,652.75 - \$40.51 per mile

On Jan 1, 2021

Year 1 - 35% - \$2,231.21 - \$48.51 per mile

On Jan 1, 2022

Year 2 - 25% - \$2,789.01 - \$48.51 per mile

*No Medical CPI needed; Built into rate

Option 3

Current Rate – \$1,652.75 - \$40.51 per mile

On Jan 1, 2021

Year 1 – 43% - \$2,357.75 - \$48.51 per mile

*Would need Medical CPI going forward

We appreciate the dialogue, time and energy the board has taken in considering our request. Based on the stakeholder input at the last SEMSC meeting **we believe Option #1 is the best option** for all. Medic's proposed rates are still one of the lowest in our region and allows for updates to our EMS system for the next four years. The three increases allow for gradual increases and build the CPI directly into the rate increases, and allows for these rates to finish out the current Master Agreement. I would like to thank you, in advance, for taking the time to review this request. Please do not hesitate to contact me with any questions or concerns that you may have.

Sincerely,



Helen Pierson
Owner/CEO
Medic Ambulance Service

Cc: Ted Selby Solano County EMS Administrator
James Pierson, President, Medic Ambulance
Solano County Fire Chiefs Association

Special SEMSC Board Meeting - December 10, 2020

Proposed Medic ALS Rate Increase Options Current Base Rate - \$ 1653

Medic Option: 3-Year Graduated Payment						
Increase Date	1/1/2021		1/1/2022		1/1/2023	
Proposed Increase	%	\$	%	\$	%	\$
	25%	\$413	20%	\$413	15%	\$372
Adjusted Rate	\$2,066		\$2,479		\$2,851	

**Includes projected medical CPI increases*

Special SEMSC Board Meeting - December 10, 2020

Proposed Medic ALS Rate Increase Options Current Base Rate - \$ 1653

Medic Option: 2-Year Graduated Payment				
Increase Date	1/1/2021		1/1/2022	
Proposed Increase	%	\$	%	\$
	35%	\$579	25%	\$558
Adjusted Rate	\$2,232		\$2,790	

**Includes projected medical CPI increases*

Special SEMSC Board Meeting - December 10, 2020

Proposed Medic ALS Rate Increase Options Current Base Rate - \$ 1653

Medic Option: One-time Increase		
Increase Date	1/1/2021	
Proposed Increase	%	\$
	43%	\$705
Adjusted Rate	\$2,232	

**Does NOT include medical CPI increases*

Special SEMSC Board Meeting - December 10, 2020

Proposed Alternate ALS Rate Increase Option

Alternate Option: 4-Step Graduated Payment								
Increase Date	1/1/2021		7/1/2021		1/1/2022		1/1/2023	
Proposed	%	\$	%	\$	%	\$	%	\$
Increase	15%	\$248	10%	\$190	15%	\$314	15%	\$361
Adjusted Rate	\$1,901		\$2,091		\$2,405		\$2,766	

*** As proposed, includes CPI increases*

Current Mileage - \$40.51

Proposed Mileage - \$48.51