



**COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY**

5555 Ferguson Drive, Suite 220
Commerce, CA 90022
Phone: (323) 890-7500
Fax: (323) 890-8528

Carol Meyer
DIRECTOR

William J. Koenig, M.D., FACEP
MEDICAL DIRECTOR

December 7, 2004

TO: Each Los Angeles County
Licensed Ambulance Operator

FROM: Carol Meyer *CM*
Director

**SUBJECT: BIENNIAL AMBULANCE RATE INCREASE
ADVANCED LIFE SUPPORT (ALS) RESPONSE TO CALL
BASIC LIFE SUPPORT (BLS) RESPONSE TO CALL**

Section 7.16.341 of the County Code requires the Director of the Department of Health Services to review the ALS and BLS ambulance rates of all other counties in California on a biennial basis to determine the average rates for those services in effect in those counties as of the review date. If the rates are equal to, or above the State average, no adjustment to maximum allowable rates are made. If the maximum allowable rates are lower than the State average, the rates are adjusted to the State average.

The Department's review was conducted between August 1 and November 9, 2004. Each county was contacted regarding the ambulance rates in effect as of the date of the call. In those counties where ambulance rates are not regulated, individual private ambulance providers were contacted. Counties with areas where ambulance services are provided by public entities only were also contacted and their rates included in the survey. The final rates are based on an average of all ALS rates (excluding Los Angeles and Orange Counties), and all BLS rates (excluding Los Angeles County), divided by the number of survey participants.

Based on the results of the survey, the following maximum allowable rates will be effective January 1, 2005:

Advanced Life Support (ALS) Response to Call	\$793.25 (16.5% increase)
Basic Life Support (BLS) Response to Call	\$557.50 (21.5% increase)

All other rates remain the same.

If you have any questions, please call Armando Carrillo at (323) 890-7586.

CM:sh

c. Interested Parties

1 RESOLUTION NO. C-

2
3 A RESOLUTION OF THE CITY COUNCIL OF THE
4 CITY OF LONG BEACH TO ESTABLISH AND REVISE
5 RATES FOR EMERGENCY AMBULANCE
6 TRANSPORTATION SERVICE BY MUNICIPALLY OWNED
7 OR OPERATED VEHICLES AND RESCINDING
8 RESOLUTION NO. C-28443
9

10
11 WHEREAS, the City Council of the City of Long Beach on August 6, 1991,
12 adopted Resolution No. C-25111 establishing rates for emergency ambulance
13 transportation service by municipally owned or operated vehicles; and

14 WHEREAS, Resolution No. C-25111 was amended by Resolution No. C-
15 27409 on September 15, 1998, and Resolution No. C-27571 on September 14, 1999,
16 and Resolution No. C-27711 on July 11, 2000, and Resolution No. C-28077 on
17 September 10, 2002, and Resolution No. C-28297 on December 2, 2003, and
18 Resolution No. C-28443 on September 7, 2004; and

19 WHEREAS, the City Council desires to adjust said schedule of rates at a
20 level sufficient to recover the City's costs of providing emergency ambulance
21 transportation service; and

22 WHEREAS, prior to adoption of this Resolution which adjusts the fees for
23 emergency ambulance transportation services by municipally owned or operated
24 vehicles, public notice was given and a public hearing was held in accordance with the
25 California Government Code;

26 NOW, THEREFORE, the City Council of the City of Long Beach resolves
27 as follows:

28 Section 1. The following rates are hereby established for emergency

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
Long Beach, California 90802-4664
Telephone (562) 570-2200

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
Long Beach, California 90802-4664
Telephone (562) 570-2200

1 ambulance transportation service by municipally owned or operated vehicles:

2	<u>Description</u>	<u>Charge</u>
3	<u>Base Rates</u>	
4	Advance Life Support (ALS).....	\$793.25
5	Basic Life Support (BLS).....	\$557.50
6	<u>Mileage</u>	
7	ALS Ambulance, per mile or fraction.....	\$ 15.58
8	BLS Ambulance, per mile or fraction.....	\$ 15.58
9	<u>Specialized Services</u>	
10	ALS Ambulance supplies.....	Cost + 75%
11	BLS Ambulance supplies.....	Cost + 75%
12	Defibrillation.....	\$ 50.00
13	Intubation.....	\$ 60.00
14	IV insertion.....	\$ 50.00
15	Oxygen.....	\$ 50.00
16	Extra Attendant.....	\$ 50.00
17	<u>Medications</u>	
18	Medications and IV Solutions.....	Cost + 75%

19 Sec. 2. That Resolution No. C-28443 is hereby rescinded and is
20 superseded by this Resolution.

21 Sec. 3. This resolution shall take effect immediately upon its adoption by
22 the City Council, and the City Clerk shall certify to the vote adopting this resolution.

23 I hereby certify that the foregoing resolution was adopted by the City
24 Council of the City of Long Beach at its meeting of _____, 2005,

25 ///
26 ///
27 ///
28 ///

Robert E. Shannon
City Attorney of Long Beach
333 West Ocean Boulevard
Long Beach, California 90802-4664
Telephone (562) 570-2200

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

///

by the following vote:

Ayes: Councilmembers: _____

Noes: Councilmembers: _____

Absent: Councilmembers: _____

City Clerk