

## **SUMMARY and FISCAL NOTE**

<b>Department:</b>	<b>Dept. Contact:</b>	<b>CBO Contact:</b>
Seattle Fire Department	Chris Santos	Ramandeep Kaur

### **1. BILL SUMMARY**

**Legislation Title:** AN ORDINANCE relating to provision of emergency medical services; authorizing transfer fees for basic life support transport services; and adding a new Subchapter VI to Chapter 3.16 of the Seattle Municipal Code.

#### **Summary and Background of the Legislation:**

The Seattle Fire Department (SFD) contracts Basic Life Support (BLS) transportation, i.e., non-life-threatening ambulance services, to American Medical Response (AMR), a private contractor. SFD also operates five aid cars 24/7 and two additional aid cars from 9 a.m. to 9 p.m. SFD aid cars are not intended primarily for transport. Still, they respond to a high volume of medical calls in dense neighborhoods such as Belltown, Pioneer Square, and Capitol Hill. When AMR cannot provide ambulances, SFD aid cars are used in a backup capacity to transport patients to the emergency room.

There are 22 fire agencies within King County, including the Seattle Fire Department. Eighteen of the 22 public agencies offer some degree of BLS transport to constituents, and the remaining four do not. Seventeen of the 18 agencies bill for the BLS transport services they provide. Seattle Fire is the only agency in King County that provides BLS transport with no associated billing or cost recovery.

AMR response times did not meet their contract requirements from September 2020 to February 2023, a reality that forced SFD to frequently use its aid cars for BLS transport—677 times in 2021 and 558 in 2022. AMR has improved its response times and unit availability in 2023 and continues in 2024, but SFD still averages ten monthly BLS transports to local emergency rooms.

This legislation establishes a fee of \$950 per transport plus \$15 per mile. It is estimated that this legislation will bring in approximately \$314,000 in new revenue.

A one-time allocation of \$5,000 has been included in the 2025 Proposed Budget to cover contracting with a local third-party billing agency. The billing service contract includes assistance with all necessary Medicare, Medicaid, Ground Emergency Medical Transportation (GEMT) program, and insurance enrollments. The agency will bill on behalf of SFD and collect a flat rate per transport once billing begins.

### **2. CAPITAL IMPROVEMENT PROGRAM**

**Does this legislation create, fund, or amend a CIP Project?**

☐ Yes ☒ No

### 3. SUMMARY OF FINANCIAL IMPLICATIONS

Does this legislation have financial impacts to the City? ☒ Yes ☐ No

Expenditure Change (\$); General Fund	2025 est.	2026 est.	2027 est.	2028 est.	2029 est.
	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Expenditure Change (\$); Other Funds	2025 est.	2026 est.	2027 est.	2028 est.	2029 est.
	0	0	0	0	0

Revenue Change (\$); General Fund	2025 est.	2026 est.	2027 est.	2028 est.	2029 est.
	\$313,905	\$313,905	\$313,905	\$313,905	\$313,905
Revenue Change (\$); Other Funds	2025 est.	2026 est.	2027 est.	2028 est.	2029 est.
	0	0	0	0	0

Number of Positions	2025 est.	2026 est.	2027 est.	2028 est.	2029 est.
	0	0	0	0	0
Total FTE Change	2025 est.	2026 est.	2027 est.	2028 est.	2029 est.
	0	0	0	0	0

#### 3.a. Appropriations

☐ This legislation adds appropriations.

#### 3.b. Revenues/Reimbursements

☒ This legislation adds revenues or reimbursements.

#### Anticipated Revenue/Reimbursement Resulting from This Legislation:

Fund Name and Number	Dept	Revenue Source	2025 Estimated Revenue	2025 Estimated Revenue
General Fund 00100	SFD	BLS Transport Billing	\$313,905	\$313,905
TOTAL			\$313,905	\$313,905

#### Revenue/Reimbursement Notes:

About \$313,905 estimated new revenue will be received from billing for BLS transport services. Payments will be received from Medicare, Medicaid, insurance companies, GEMT, and patients.

#### 3.c. Positions

☐ This legislation adds, changes, or deletes positions.

### 3.d. Other Impacts

**Does the legislation have other financial impacts to The City of Seattle, including direct or indirect, one-time or ongoing costs, that are not included in Sections 3.a through 3.c? If so, please describe these financial impacts.**

No.

**If the legislation has costs, but they can be absorbed within existing operations, please describe how those costs can be absorbed. The description should clearly describe if the absorbed costs are achievable because the department had excess resources within their existing budget or if by absorbing these costs the department is deprioritizing other work that would have used these resources.**

Costs will be supported by new revenues.

**Please describe any financial costs or other impacts of *not* implementing the legislation.**

If legislation is not implemented, then the current status will continue. This is an opportunity to align our practice with the surrounding fire service agencies and to provide revenue to the City to support emergency medical services.

### 4. OTHER IMPLICATIONS

**a. Please describe how this legislation may affect any departments besides the originating department.**

No impacts to other departments.

**b. Does this legislation affect a piece of property? If yes, please attach a map and explain any impacts on the property. Please attach any Environmental Impact Statements, Determinations of Non-Significance, or other reports generated for this property.**

No.

**c. Please describe any perceived implication for the principles of the Race and Social Justice Initiative.**

**i. How does this legislation impact vulnerable or historically disadvantaged communities? How did you arrive at this conclusion? In your response please consider impacts within City government (employees, internal programs) as well as in the broader community.**

This legislation limits payments received by City residents to their insurer. For non-residents or residents without an insurer, a compassionate care financial assistance program is established to support vulnerable or historically disadvantaged communities/patients.

**ii. Please attach any Racial Equity Toolkits or other racial equity analyses in the development and/or assessment of the legislation.**

Please see attached SFD BLS Transport Financial Assistance Policy.

**iii. What is the Language Access Plan for any communications to the public?**

A Language Access Plan is being developed.

**d. Climate Change Implications**

- i. Emissions: How is this legislation likely to increase or decrease carbon emissions in a material way? Please attach any studies or other materials that were used to inform this response.**

N/A

- ii. Resiliency: Will the action(s) proposed by this legislation increase or decrease Seattle's resiliency (or ability to adapt) to climate change in a material way? If so, explain. If it is likely to decrease resiliency in a material way, describe what will or could be done to mitigate the effects.**

N/A

- e. If this legislation includes a new initiative or a major programmatic expansion: What are the specific long-term and measurable goal(s) of the program? How will this legislation help achieve the program's desired goal(s)? What mechanisms will be used to measure progress towards meeting those goals?**

N/A

## **5. CHECKLIST**

- ☐ Is a public hearing required?
- ☐ Is publication of notice with *The Daily Journal of Commerce* and/or *The Seattle Times* required?
- ☒ If this legislation changes spending and/or revenues for a fund, have you reviewed the relevant fund policies and determined that this legislation complies?
- ☐ Does this legislation create a non-utility CIP project that involves a shared financial commitment with a non-City partner agency or organization?

## **6. ATTACHMENTS**

**Summary Attachments:**

Summary Attachment A – SFD BLS Transport Financial Assistance Policy

## SFD BLS Transport Financial Assistance Policy

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The following criteria for provision of financial assistance to emergency medical services (EMS) transport users are consistent with the requirements of [WAC 246-453-001 through 246-453-060](#) for hospital charity care. However, this policy is not intended to adopt any provisions stated therein except to the extent required to provide a financial assistance policy that meets the criteria established by law to qualify for reimbursement from third parties. If a conflict exists between the provisions of this policy and the law, the law will govern to the extent necessary to remain eligible for such reimbursement. If no such conflict exists, this policy will govern.

### Policy:

It is the Seattle Fire Department (SFD) policy that the ability to pay is never a condition of or impediment to emergency medical service or transportation. All aspects of pre-hospital service will be provided to all patients without discrimination toward those with no or inadequate means to pay.

The most recent Federal Poverty Guidelines (updated annually in February) shall be used to evaluate eligibility for financial assistance. The SFD, following guidelines described below, shall extend financial assistance to qualifying individuals.

Financial Assistance applications are available upon request through the EMS billing service responsible for obtaining approval signatures for write-offs from the City at the time each application is processed. The billing service will report financial assistance account activity, and the amount of EMS financial aid to the City on a regular basis.

### Definitions:

*"Financial Assistance"* is reducing or canceling a debt owed to the City for EMS transportation

*"Responsible Party"* is the individual responsible for the payment of any EMS transport user fees not covered by third-party sponsorship.

*"Third-Party Coverage" and "Third-Party Sponsorship"* means an obligation on the part of an insurance company or governmental program which contracts with medical service providers and patients to pay for the care of covered patients and services.

*"Guarantor"* is a person or entity that agrees to be responsible for another's debt or performance under a contract

### Responsibilities:

The billing service provides financial assistance applications to patients upon request, collects completed applications and supporting documentation, and forwards applications to the Fire Department for review when received.

The SFD reviews documentation requesting financial assistance against established guidelines and makes a determination of qualification. The Fire Chief or his designee will review the application and

make a recommendation to the Fiscal Manager and/or EMS Program Manager who signs the section of the application indicating either approval or denial of financial assistance. The application is returned to

## SFD BLS Transport Financial Assistance Policy

the billing service after review. A copy of the financial assistance determination is kept on file for future reference.

The billing service will provide a summary of financial assistance account activity no less than monthly.

### Guidelines:

1. The following criteria will be used in making fair, equitable, and consistent decisions regarding eligibility for financial assistance.
2. Ability to pay is never a condition of emergency medical service or transportation.
3. Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, or other third-party sponsorship.
4. Full debt forgiveness will be provided to a responsible party with a gross family income at or below 200% of current, published Federal Poverty Income Guidelines.
5. Financial assistance will be provided according to Federal Poverty Income Guidelines and the sliding scale below:

2023 Poverty Guidelines				
Persons in Family	100%	200%	300%	400%
1	\$14,580	\$29,160	\$43,740	<b>\$58,320</b>
2	\$19,720	\$39,440	\$59,160	<b>\$78,880</b>
3	\$24,860	\$49,720	\$74,580	<b>\$99,440</b>
4	\$30,000	\$60,000	\$90,000	<b>\$120,000</b>
5	\$35,140	\$70,280	\$105,420	<b>\$140,560</b>
6	\$40,280	\$80,560	\$120,840	<b>\$161,120</b>
7	\$45,420	\$90,840	\$136,260	<b>\$181,680</b>
8	\$50,560	\$101,120	\$151,680	<b>\$202,240</b>
For each additional person, add	5,140	10,280	15,420	20,560

200% or below	201% - 300%	301% to 400%	>400%
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<b>Financial Assistance Provided</b>	<b>100%</b>	<b>50%</b>	<b>25%</b>	<b>0%</b>
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## SFD BLS Transport Financial Assistance Policy

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6. Requests for financial assistance may be initiated by sources such as; a physician, community or religious groups, social services, hospital personnel, the patient, guarantor, or family member. The SFD will use the application process through the billing service to determine initial interest in an qualification for financial assistance. The SFD's decision to provide financial assistance has no bearing on the responsible party's financial obligations to other healthcare providers.
  - a. Applications for financial assistance are available from the billing service upon request.
  - b. The SFD shall base its decision on the suitability of financial assistance and the amount of debt forgiveness upon data submitted by the responsible party or other parties as defined above.
  - c. Documents submitted that demonstrate a grant of financial assistance from the receiving medical facility, for medical care on the date of transport, shall be deemed evidence of qualification of financial assistance. Upon presentation of such documentation and an application through the billing service, the SFD will grant proportionally equivalent financial assistance.
  - d. Any one of the following documents shall be considered sufficient evidence upon which to base the determination of financial assistance eligibility (income information may be annualized as appropriate):
    - i. A "W-2" withholding statement for the most recent tax year
    - ii. Current Pay Stubs
    - iii. An income tax form from the most recent tax year
    - iv. Forms approving or denying eligibility from Medicaid and/or state-funded medical assistance programs
    - v. Forms approving or denying unemployment compensation or written statements from employers or welfare agencies
  - e. All documentation shall be forwarded from the billing service to the Fire Department for review and approval. The Fire Chief or his designee will review the documentation and make a recommendation to the Fiscal Manager and/or EMS Program Manager who signs the section of the application indicating either approval or denial of financial assistance. The application is returned to the billing service after review. A copy of the financial assistance determination is kept on file by both the Fire Department and the billing service for future reference.
  - f. A letter notifying the applicant of the City's financial assistance determination will be sent by the billing service on behalf of the Fire Department to all applicants.
7. Financial assistance may be provided to a responsible party with gross family annual income greater than 400% of Federal Poverty Income Guidelines if circumstances such as; extraordinary non-discretionary expenses, future earning capacity, and the ability to make payments over an extended period of time warrant such consideration.
8. Reasonable payment arrangements, consistent with the responsible party's ability to make payments, will be extended for amounts not eligible for debt forgiveness. Monthly payments, without interest, may be arranged.
9. The SFD realizes that certain persons may have no financial means to pay for their BLS transport user fee, and also lack the social network/family necessary to help them complete the

paperwork required to apply for financial assistance. In these cases, the SFD may approve financial assistance even if no formal application has been submitted. The billing service will

## SFD BLS Transport Financial Assistance Policy

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notify the Fire Department when such situations occur, and the Fire Department will evaluate the financial need on a case-by-case basis.

## SFD BLS Transport Financial Assistance Policy

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### **Individual Written Notice of Financial Assistance**

It is the policy of the Seattle Fire Department that no person will be denied emergency medical care because of an inability to pay for such services.

The Seattle Fire Department will provide needed emergency service without charge or at a reduced cost without discrimination to those persons with documented inadequate or no means to pay for care.

To be eligible to receive needed ambulance transport services without charge or at a reduced cost, you or your family's gross annual income must be at or below levels established by national poverty guidelines for this area.

You may also qualify for financial assistance from the Seattle Fire Department if you have been granted financial assistance by the medical facility to which you were transported.

If you think you may be eligible for Financial Assistance under this policy, please complete and sign the application below, attach the required income documentation, or provide a grant of "hospital charity" and submit the completed application packet to:

Seattle Fire Department  
C/O Systems Design  
P.O. Box 3510  
Silverdale, WA 98383

You will be notified of the determination made in your request for financial assistance and any reduction in your charges once the Fire Department has reviewed your application.

## SFD BLS Transport Financial Assistance Policy

<b>Patient's Name:</b>				
Contact Phone:				
Date of Service:				
Hospital transported to:				
<b>Responsible Party:</b>				
Name: (if different from patient)				
Relationship:				
Current Employer:				
Employed From:				
Previous Employer:				
Spouse Employer:				
Employer From:				
Previous Employer:				
<b>Income:</b>	Family Member 1	Family Member 2	Family Member 3	Family Member 4
Name:				
Relationship				
Wages:				
Self Employment:				
Public Assistance:				
Social Security:				
Unemployment:				
Worker's Comp:				
Child Support:				
Pension/Retirement				
Other Income:				
<b>Total Income:</b>				

Please attach documentation of any listed income such as W-2's, pay stubs, tax returns, or forms approving or denying eligibility from Medicaid and/or state-funded medical assistance, forms approving or denying unemployment compensation or written statements from employers or welfare agencies.

Was *Charity Care* granted by the receiving medical facility? **Yes**

**No**

**Yes, please attach documentation of the charity care decision by the receiving medical facility.**

**The above information is correct to the best of my knowledge. I hereby authorize the Seattle Fire Department to verify this information for the purpose of financial assistance eligibility determination.**

\_\_\_\_\_  
**Signature (Patient or Responsible Party)**

\_\_\_\_\_  
**Date**

*(City use only)*

<b>Current Account Balance:</b>	<b>Adjustment by City</b>	<b>New Balance:</b>

\_\_\_\_\_  
**Signature (Seattle Fire Department)**

\_\_\_\_\_  
**Date**