

SEO 1.

JOINT ELECTED OFFICIALS AGENDA ITEM SUMMARY

ACTION: FUTURE AMBULANCE TRANSPORT FUNDING

Meeting Date: December 7, 2009
Department: Eugene Fire & EMS Dept.
Springfield Fire & Life Safety Dept.
Lane Rural Fire/Rescue District

Agenda Item Number: 1
Staff Contact: Randy Groves, Chief
Dennis Murphy, Chief
Dale Borland, Chief

ISSUE STATEMENT

Owing to reduced Medicare reimbursements and other economic factors, ambulance transport operations in the central Lane County region are no longer able to operate on a self-sustaining basis, with user fees and FireMed memberships as their only sources of funding.

BACKGROUND

Throughout our region, the majority of patients transported are covered by Medicare. Before the implementation of the Ambulance Fee Schedule on April 1, 2002, ambulance suppliers received payment from Medicare on a "Reasonable Charge Basis." Medicare would pay 80 percent of the allowable amount and the remaining balance was the responsibility of the patient. This allowed transport providers broad flexibility in setting rates and assured recovery of costs.

The Balanced Budget Act (BBA) of 1997 added a new section 1834(1) to the Social Security Act which mandated the implementation of a national fee schedule. This section also required ambulance providers and suppliers to accept the Medicare allowed charge as payment in full; there was no longer the ability to bill the patient or another insurance provider for the balance of the reasonable charge.

The new fee schedule took effect in 2002 and was phased in over a five-year period, with full implementation on January 1, 2006. Put simply, the new national fee schedule, which covers 60 to 70 percent of all transports, does not allow most ambulance providers to recover the cost of providing the service. Instead, where providers once had the ability to collect the full reasonable charge (which has risen over the years from \$535 to \$1,600 per transport), they are now reimbursed between \$200 and \$400, depending on the type of call. Medicaid, the state of Oregon's health insurance program, reimburses similarly.

Eugene's Ambulance Transport Fund reserves have decreased from \$1.1 million in FY07 to \$165,000 in FY09. At this point, the projections show the fund will be out of reserves by the end of FY10.

Springfield's Ambulance Transport Fund reserves were depleted as of FY09. The City Council allocated up to \$500,000 in General Fund support, of which approximately \$300,000 was needed. An additional \$300,000 in support is allocated for the current fiscal year.

As a pre-existing taxing authority, Lane Rural Fire/Rescue District has been able to augment its overall revenue with ambulance fees and FireMed revenue, but not to the extent that the ambulance service is fully self-supported; instead, the district annually levies funds as necessary to provide all of its services, in effect providing some support to the ambulance service with general tax monies. For FY09 this requirement is estimated to be between \$400,000 and \$500,000 or approximately one-third of the district's total revenue.

In February of this year, at the conclusion of a Joint Elected Officials summit regarding this issue, the formation of the Ambulance Transport System Joint Elected Officials Task Force was authorized.

The attached report from the Task Force provides additional background and a series of recommendations, which are:

1. That all three jurisdictions remain prepared to allocate a level of General Fund support as necessary for the continued high-quality provision of this core service.
2. That the Eugene and Springfield City Councils authorize initial steps toward merger of their fire departments.
3. That exploration begin immediately of more sustainable public funding options.
4. That marketing of FireMed subscriptions be enhanced and expanded in an effort to generate additional revenues to lessen reliance on general fund tax support.
5. That the Lane County Board of Commissioners act immediately to reconfigure the boundaries of the county's Ambulance Service Areas so as to provide for an urban-rural split between Eugene and Lane Rural Fire/Rescue.
6. That work proceed as rapidly as possible regarding provision of a regional mobile health care system, featuring tiered levels of response (and cost) available to patients depending on the nature of the emergency with a report to elected officials by the end of calendar year 2010.
7. That public ambulance service provider agencies continue to lobby the Oregon legislature and U.S. Congress for larger-scale long-term solutions.

RELATED CITY POLICIES

City of Eugene Value #1: Safe community.

City of Eugene Value #5: Fair, stable, and adequate financial resources.

Springfield City Council 5-Year Goal #1: Provide financially sound, stable city government.

Springfield City Council 5-Year Goal #2: Utilize resources efficiently and effectively to meet citizen needs for core services.

Springfield City Council 5-Year Goal #5: Enhance public safety in Springfield.

Springfield City Council 5-Year Goal #7: Partner with citizens and other public agencies to leverage resources.

ELECTED OFFICIAL OPTIONS

Elected officials are at liberty to adopt any or all of the recommendations presented by the Ambulance Transport System Joint Elected Officials Task Force. Adoption may be by the full JEO group or by the individual governing bodies of affected jurisdictions, as appropriate.

CITY MANAGERS' RECOMMENDATION

None; recommendations of the Ambulance Transport System Joint Elected Officials Task Force are presented herewith.

SUGGESTED MOTION

Motion to adopt selected (or all) recommendations.

ATTACHMENTS

1. Task Force report
2. Media clippings
3. Flier announcing public forums
4. Factsheet and ballot provided at public forums
5. ASA map
6. Financial graph presented at public forums
7. Public input results and comments
8. LCOG overview of district alternatives

FOR MORE INFORMATION

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MEMORANDUM

November 25, 2009

TO: Mayor Kitty Piercy and Eugene City Council Members
Mayor Sid Leiken and Springfield City Council Members
Commission Chair Peter Sorenson and Lane County Commissioners
President Larry von Moos and Lane Rural Fire/Rescue Board Members

FROM: Ambulance Transport System Joint Elected Officials Task Force (Mike Clark, Andrea Ortiz, Dave Ralston, Hillary Wylie, Rob Handy, Larry von Moos, and Kevin King)

SUBJECT: REPORT AND RECOMMENDATION

SUMMARY

In view of negative revenue experiences and projections for the ambulance service providers in central Lane County (Eugene Fire & EMS Department, Springfield Fire & Life Safety Department, and Lane Rural Fire/Rescue District), which were brought on by reduced Medicare reimbursements and a number of other economic factors, our Task Force was charged earlier this year to study the problem and develop a recommendation, or set of recommendations, to provide for long-term financial stability for this service, without compromising the high quality of prehospital emergency medical care that our constituents expect and deserve.

We acknowledge that the provider departments – and their governing bodies – have already expended substantial effort to address this critical public concern, both by taking extraordinary steps to reduce expenditures and by passing extraordinary increases in user fees to offset decreasing revenue, but these measures have served only to slow, not stem the fiscal bleeding. Efficiencies within the scope of each agency's control have been or are now being implemented. This task force was formed because a solution to this crisis is beyond the capacity and authority of any one provider agency acting unilaterally. It is vital that the possible solutions recommended by this task force immediately be addressed at a regional level and given the highest possible priority for allocation of time and resources.

Having studied this issue and the range of available options, having engaged the public at a series of community forums and online, and having worked in concert with stakeholders including local fire and ambulance service professionals, hospitals, and firefighters' unions, we recommend as follows:

1. That all three jurisdictions remain prepared to allocate a level of General Fund support as necessary for the continued high-quality provision of this core service.
2. That the Eugene and Springfield City Councils authorize initial steps toward merger of their fire departments.
3. That exploration begin immediately of more sustainable public funding options.
4. That marketing of FireMed subscriptions be enhanced and expanded in an effort to generate additional revenues to lessen reliance on general fund tax support.
5. That the City of Eugene and Lane Rural Fire/Rescue analyze the possibility of reconfiguring the boundaries of the county's Ambulance Service Areas so as to provide for an urban-rural split between Eugene and Lane Rural Fire/Rescue; and, if conditions appear favorable, that the Lane County Board of Commissioners be asked to enact such reconfiguration.
6. That work proceed as rapidly as possible regarding provision of a regional mobile health care system, featuring tiered levels of response (and cost) available to patients depending on the nature of the emergency with a report to elected officials by the end of calendar year 2010.
7. That public ambulance service provider agencies continue to lobby the Oregon legislature and U.S. Congress for larger-scale long-term solutions.

BACKGROUND

Throughout our region, the majority of patients transported are covered by Medicare. Before the implementation of the Ambulance Fee Schedule on April 1, 2002, ambulance suppliers received payment from Medicare on a "Reasonable Charge Basis." Medicare would pay 80 percent of the allowable amount and the remaining balance was the responsibility of the patient. This allowed transport providers broad flexibility in setting rates and assured recovery of costs.

The Balanced Budget Act (BBA) of 1997 added a new section 1834(1) to the Social Security Act which mandated the implementation of a national fee schedule. This section also required ambulance providers and suppliers to accept the Medicare allowed charge as payment in full; there was no longer the ability to bill the patient or another insurance provider for the balance of the reasonable charge.

The new fee schedule took effect in 2002 and was phased in over a five-year period, with full implementation on January 1, 2006. Year one (4/1/02-12/31/02) provided a blending of 20 percent fee schedule and 80 percent reasonable charge. The reasonable charge portion was then reduced by 20 percent in each of the four subsequent years, so that as of 2006 only the fee schedule amount was payable.

Put simply, the new national fee schedule, which covers 60 to 70 percent of all transports, does not allow most ambulance providers to recover the cost of providing the service. Instead, where we once had the ability to collect the full reasonable charge (which has risen over the years from

\$535 to \$1,600 per transport), we are now reimbursed between \$200 and \$400, depending on the type of call. Medicaid, the state of Oregon's health insurance program, reimburses similarly.

While Medicare and Medicaid reimbursement reductions are the primary reason that emergency medical transport in our region has become a revenue-negative enterprise, two national trends are also contributing to the problem. One is the growing number of individuals eligible for Medicare. The other is the economy generally, as the provider agencies – which do not refuse transport because of inability to pay – are being forced to write off more and more bills as uncollectible.

The Eugene Fire & EMS Department has taken many steps to try to keep the ambulance service self-sustaining including increasing the transport rates; reducing ambulance coverage for non-peak times; and cutting costs for administrative staff, materials and supplies. The department has also worked closely with City Finance staff to identify the appropriate cost split between the Ambulance Transport Fund and General Fund to ensure the ATF is not supplementing General Fund services.

In addition, with Eugene's ambulance system capacity very thin, the department elected to subcontract much of its non-emergency transport work to a private provider through an RFP process as a cost avoidance strategy. With inadequate revenue to increase the number of advanced life support ambulances on the street, the department elected to privatize this portion of the service and match a more appropriate level of resource with particular non-emergent call types.

Springfield Fire & Life Safety staff has focused on maximizing existing revenue sources for all three providers through the joint FireMed program and development of new revenue sources through Mobile Health Services research and design.

However, none of these adjustments individually or in whole has created a sustainable fund during any 6-year financial forecast period. Eugene's Ambulance Transport Fund reserves have decreased from \$1.1 million in FY07 to \$165,000 in FY09. The financial goal is to maintain a reserve equal to two months' operating expenditures. For Eugene, this total for FY10 is \$1.16 million. At this point, the projections show the fund will be out of reserves by the end of FY10. Additionally, for FY10, the fund is unable to support its medic unit replacement reserve resulting in lengthening the time for fleet replacement.

Springfield's Ambulance Transport Fund reserves were depleted as of FY09. The City Council allocated up to \$500,000 in General Fund support, of which approximately \$300,000 was needed. An additional \$300,000 in support is allocated for the current fiscal year.

The Lane Rural Fire/Rescue District was granted an Ambulance Service Area (ASA) encompassing the northwest portion of Eugene's ASA in 2001 and in 2002 began providing emergency medical transport in addition to fire and rescue services to that area, resulting in a reduction of ambulance transport revenue as well as FireMed membership revenue for Eugene. As a pre-existing taxing authority, Lane Rural has been able to augment its overall revenue with ambulance fees and FireMed revenue, but not to the extent that the ambulance service is fully self-supported; instead, the district annually levies funds as necessary to provide all of its services, in effect providing some support to the ambulance service with general tax monies. For FY09 this

requirement is estimated to be between \$400,000 and \$500,000 or approximately one-third of the district's total revenue.

The entire problem will be further exacerbated next calendar year. A temporary increase in the fee schedule provided in the Medicare Modernization Act of 2003 is scheduled to sunset December 31, 2009. Also, for the first time, providers will not be allowed an annual inflationary adjustment in the fee schedule. The calendar year 2010 impact of these two factors alone is estimated at \$400,000 for Eugene and \$300,000 for Springfield.

In February of this year, at the conclusion of a Joint Elected Officials summit regarding this issue, the formation of our Task Force was authorized.

EXPLANATION OF RECOMMENDATIONS

1. General Fund Support

In Eugene and Springfield, since the cities assumed responsibility for providing ambulance service in 1981, it has been established public policy that the service is to be self-supporting through fees collected (including FireMed membership fees). This, with the benefit of occasional fee increases, was sufficient until the Medicare reimbursement reductions took effect.

Facing those reductions, the provider agencies took all steps available to them to continue to provide service on a self-sustaining basis. However, the crisis worsened as Oregon's Medicaid program enacted similar reductions, as the federal reductions became more severe, and as the national economy deteriorated.

Lane Rural Fire/Rescue already supplements its ambulance fee and FireMed revenue with general tax revenue as necessary. In Eugene and Springfield, this has been required to a limited extent in recent years, and fiscal projections indicate that the need for General Fund support is escalating at an alarming rate.

The elected bodies could choose to make General Fund support the permanent solution to the problem before us. However, the Task Force believes that, for the sake of preserving other local government services to the greatest extent possible, General Fund support should be viewed only as a short-term solution. In the long term, the public will be better served if ambulance and fire services are supported by a combination of fees for service, FireMed membership fees, and some form of dedicated tax support.

2. Fire Department Merger

During the time that our Task Force has been studying and deliberating on the ambulance funding issue, the Portland consulting firm ESCI was commissioned by the cities of Eugene and Springfield to prepare a report regarding the possible benefits of further collaboration between Eugene Fire & EMS and Springfield Fire & Life Safety, beyond that already occurring.

The ESCI report, which has been presented to the two City Councils, concludes that merging the support functions of these departments would save the cities an estimated \$850,000 per year through the elimination of redundant positions (via retirements and normal attrition). The consultants recommended such a merger.

This proposal happens to align well with our other recommendations. With an inter-governmental agreement merging these departments as an initial step, not only will significant General Fund savings be realized immediately, but also, and more importantly for the long term, the transition to a district will be a smaller, more manageable step. For these reasons our Task Force is in support of working toward the recommended merger.

3. **New Form of Taxation**

This recommendation is based on our belief that continued and growing General Fund support for ambulance service is unsustainable, and that all other revenue-raising and cost-cutting measures combined are not sufficient to resolve this issue.

Fire District – In most of Lane County, and increasingly throughout the United States, fire and ambulance services are provided by special-purpose districts. The growth in emergency service special districts in areas traditionally served by municipalities may be attributed to greater competition among public services for increasingly scarce resources, given these districts show a higher degree of success historically to secure public willingness to pass tax measures to fund high-quality fire, rescue, and emergency medical services.

A general fire service district, including ambulance service, offers a significant public safety advantage over a district that provides ambulance service only, because – as is the case now in all three of our jurisdictions – ambulances can be staffed by cross-trained firefighter/paramedics who can, as necessary, supplement non-ambulance fire and rescue efforts. In a multi-unit response, the availability of these additional firefighters can make a life-saving difference.

Health District or County Service District – A new limited special-purpose district could be formed in the region, or the region could annex to an existing health district, to provide ambulance service. Such a district would be governed by an elected board of directors. Alternatively, a county service district could be established. This type of entity would be governed by the Lane County Board of Commissioners. Under either of these options, any boundary could be drawn, as long as it did not overlap another district providing the same service. Either option would require an affirmative vote of the electors within the proposed district.

Appendix H is an overview of district-related options for ambulance service funding, prepared in June by Lane Council of Governments. The Task Force also reviewed a full LCOG report regarding districts that was commissioned by the Lane County Fire Defense Board.

In planning for formation of, or annexation to, a special district, many further, more specific decisions will be needed. Boundary issues, revenue requirements, and the possibility of tax rate compression will need to be addressed. An election will be required. Because implementation of these options even at best speed will take a considerable period of time, we recommend the immediate formation of an intergovernmental staff team to fast-track the study of the feasibility of implementing this solution.

Local Option Levy – We are identifying this option only as a temporary means of relieving the General Fund of the ambulance service funding burden. We believe it may meet with voter acceptance initially, but we have serious concerns about this form of funding due to its need for renewal in perpetuity.

4. **Enhance FireMed Marketing**

Since its inception in 1985, the FireMed ambulance membership program has been marketed primarily as a form of protection against personal liability for an ambulance bill. While the program does serve that purpose for households, the revenue generated has become essential to the continued provision of high-quality service.

More and more in recent marketing, this latter fact has been mentioned, but the support-for-the-service theme has always been subordinate to the cover-your-family theme. We believe the time has come to reverse this.

In marketing for the FY11 membership year, we propose that FireMed advertising focus on the opportunity to contribute to a safe community, and to a lesser extent, but still overtly, on the private benefits of membership. Staff analysis has shown that a significant percentage of members already subscribe on a public-support basis, and we believe more might do so if they saw the opportunity in that light.

We are also recommending, for the upcoming campaign, a greater reliance on endorsements as a supplement to paid advertising. Toward this end, we are developing a program whereby endorsing organizations will be able to offer FireMed memberships at a group rate below the new rate proposed for the upcoming enrollment campaign.

5. **Reconfigure Ambulance Service Area Boundaries**

This recommendation can be adopted or rejected independently of the two above. We propose analysis of the possibility that the Ambulance Service Area (ASA) assigned to Lane Rural Fire/Rescue be extended to the south so as to abut the Cottage Grove ASA, reducing the territory of the Eugene ASA such that it includes only those areas within the Eugene Urban Growth Boundary plus special districts now served by Eugene Fire & EMS. (See ASA map, Appendix D.)

This boundary change would have a twofold purpose. First, it would greatly reduce in-service times for a percentage of ambulance calls now handled by Eugene Fire & EMS, as Eugene's ASA currently extends west to a point between Walton and Mapleton. This would preserve Eugene rescue and transport resources for emergency availability in the more immediate Eugene metro area.

Second, the boundary change would allow for growth of the Lane Rural ambulance service, both geographically and in terms of revenue. It also would pave the way for possible placement of a Lane Rural ambulance in the Veneta area, although that deployment decision would ultimately be made by the provider agency based on further analysis.

The above objectives would not be achieved without some revenue impact to Eugene Fire & EMS, which would be transferring an estimated 850 calls per year to Lane Rural. This represents revenue estimated at \$500,000. That figure, however, represents raw revenue only. It should be recognized that, in expanding its service territory, Lane Rural would incur additional operating expenses that would offset the revenue to a great extent; conversely, Eugene's actual net loss of revenue would be smaller because rural calls cost more operationally than urban ones, and also because fewer Eugene-based calls will need to be handled by other agencies. Actual calculations of the net effect would depend on deployment configurations subsequent to an ASA boundary change, and also on actual call experience under that scenario.

6. Mobile Health Care System

A Mobile Health Care (MHS) system links prehospital emergency medical services with several types of non-emergency medical care in a network of 24-hour healthcare. In Central Lane County, these would include fire/paramedic first response fire engines and ambulances, a private non-emergency ambulance contractor, wheelchair transport vehicles, and a mobile primary care provider known as Med Express.

The MHS system is designed to triage phone calls from the public for help on illness and injury and match the level of response more closely with the level of care needed. The responding caregiver determines if the patient can be safely treated and released without further care or needs additional care. If additional care is needed, the caregiver determines whether the patient must be seen immediately or later and whether the patient needs transportation to a doctor's office, clinic, or emergency department.

The goal is to improve early access to advice and direct the patient to the most appropriate level of care to match the nature and severity of illness or injury. This is designed to improve the quality of care while lowering the overall cost.

Currently, only the fire units and private non-emergency ambulance service are linked. Grant funding is being sought to link all other parts of the system and demonstrate the efficacy of the MHS network.

7. Continue to Lobby Congress for Relief

From a national perspective, the effect of the Balanced Budget Act of 1997 on ambulance services has been very small in comparison to the effects on physicians, hospitals, and other health care providers. Nonetheless, ambulance associations and local governments have had some limited success in pushing for increases in the fee schedule (an example being the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, which unfortunately is due to sunset on December 31 of

this year). This lobbying should continue.

OTHER OPTIONS CONSIDERED

Continue to Raise Rates: Although this approach has been used in the past to forestall revenue deficits, our Task Force rejected it for simple mathematical reasons. Because the majority of patients transported are covered by Medicare with its capitated reimbursement schedule, and because a large percentage of the remaining patients are unable to pay, the full fee is seldom collected. Even an astronomical rate increase would result in only a minimal revenue gain, and would in all likelihood result in a negative patient care impact if cost became a deterrent to accepting transport.

Privatize the Service: The elected bodies to which we belong have identified ambulance transport as a core public service that should continue to be publicly administered. Therefore the option of privatization was not studied by our group, and was not identified to the public as a viable option. Eugene Fire & EMS has contracted with a private provider to handle some non-emergency transports, but assignment of emergency prehospital care to this or any other private provider is not being considered. Under full privatization, the public would not only relinquish quality control, but also the emergency response versatility afforded by the firefighter/paramedics now staffing local ambulances.

Market FireMed as an Alternative to Additional Taxation: This was suggested at one of the community forums. It is correct that, if a sufficient number of FireMed memberships were sold, that enhanced revenue stream could take the place of General Fund support. However, FireMed and fire service professionals have countered, and we as your Task Force believe, that this type of marketing would probably result in unfortunate public perceptions and could lead to a backlash. Further, continued service would become dependent on adequate FireMed sales from one year to the next. Having said that, we are recommending enhanced marketing of FireMed, but with a positive approach.

PUBLIC PARTICIPATION

During our process, we directed staff to engage the public regarding this issue. We published an op-ed column in The Register-Guard explaining our charge, and nine community forums were organized within the three jurisdictions. The forums were announced via paid advertising, earned (unpaid) media (newspaper, television, and radio), and online. There were also presentations made to the Eugene City Club, Eugene Chamber of Commerce, and Springfield Chamber of Commerce. In addition to the community forums, we set up an online survey providing the same information and options as were provided at the public forums.

Documentation can be found in Appendices A through F, including a full transcript of written public comments received.

In summary, the combined responses from the community forums and the online survey showed the most support for the formation of a general fire service district, while General Fund support (at the expense of other public services) was the least favored option. Numerical details regarding the responses are given in the appendix. Altogether, 116 responses were received and recorded.

We recognize that this is not a statistically valid sample, but it does represent the views of those interested enough to participate. We considered the public response in the same light as public testimony received on any issue, and we are confident that the full elected bodies will do the same.

CONCLUSION

With the political will already expressed to continue emergency medical transport as a core public service, and with the existing revenue streams no longer adequate, there is little question that additional tax support will be required. The only questions are as to the form and magnitude of that additional tax support.

Some of the measures recommended above can provide a degree of financial relief and/or service improvement. To directly address the larger and more critical central issue, however, we are compelled to report that General Fund support will probably be required to bridge the gap over the short to mid-term, and we conclude further that some new form of general tax support is the best solution for the long term, both from a fiscal and service standpoint. We recommend that further analysis of that option begin without delay.

Please contact any member of the Task Force, or staff in the respective fire service agencies, if you have questions or would like any additional information.

APPENDICES

- A. Media clippings
- B. Flier announcing public forums
- C. Factsheet and ballot provided at public forums
- D. ASA map
- E. Financial graph presented at public forums
- F. Public input results and comments
- G. LCOG overview of district alternatives

The Register-Guard

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TUESDAY, SEPTEMBER 15, 2009

50 CENTS

AMBULANCE SERVICE

CASH EMERGENCY

Fees aren't covering the costs, so local officials float options



BRIAN DAVIES/The Register-Guard

Paramedics Betty Lou Hansen and Bryon Harvey prepare to take a patient to the hospital. Urban and rural ambulance services in Lane County are in the red because of low federal reimbursements and nonpayment by uninsured people.

BY SUSAN PALMER
The Register-Guard

Ambulance services in Eugene, Springfield and rural Lane County are in financial trouble, and government officials want community feedback before proposing fixes, which might include new spe-

cial taxing districts.

A task force meeting this year to seek a solution has crafted options and scheduled nine public meetings in coming weeks to discuss them.

Here's what's wrong: The vast majority of the patients who use ambulance services are Medicaid or Medicare subscribers — elderly, low-income or

disabled people — with the federal government paying the fee. But the government doesn't pay enough to cover what it costs to run the service, and hiking ambulance fees for those with private insurance isn't closing the financial gap, officials said.

Turn to **AMBULANCE**, Page A5

Ambulance: Federal reimbursement pays fraction of fee

Continued from Page A1

While the ambulance services and their paramedics are part of their respective fire departments, they don't receive any of the general funds — money raised from property taxes — that pays for fire protection. Rather, the ambulance services are supposed to be paid for entirely by user fees — from federal programs or from private insurance.

This year, both Eugene and Springfield have raised the basic charge for ambulance service to \$1,600 per trip, Springfield Fire Chief Dennis Murphy said. But only 17 percent of their patients have private insurance to cover the bill, Murphy said.

About 70 percent of them are Medicare and Medicaid patients, and the federal reimbursement for those trips ranges from \$300 to \$450.

The rest have no insurance and often can't pay any of the bill.

Eugene and Springfield have well-equipped vehicles and well-trained staff, Murphy said.

The vehicles and crews stand ready to go, 24 hours a day, 365 days a year, he said.

"Whether I run one call or 10,001, the ability to respond around the clock, the overhead cost of that is there all the time," he said.

"I don't have different types of people for different types of care.

PUBLIC MEETINGS ON AMBULANCE SERVICES

Today: 7 p.m., Hilyard Community Center, 2580 Hilyard St., Eugene

Wednesday: 7:30 p.m., Fire Station 51, 29999 Hallett St., Eugene

Thursday: 7:30 p.m., Fire Station 11-1, 88050 Territorial Highway, Veneta

Sept. 22: 7:30 p.m., Eugene Emergency Services Center, 1705 W. Second Ave.

Sept. 23: 7 p.m., Churchill Estates, 1919 Bailey Hill Road, Eugene

Sept. 24: 7:30 p.m., Springfield Library Meeting Room, 225 Fifth St.

Sept. 29: 7:30 p.m., Fire Station 3, 1225 28th St., Springfield

Sept. 30: 7:30 p.m., Petersen Barn, 870 Bemtzen Road, Eugene

Oct 1: 7:30 p.m., Fire Station 6, 2435 Willakenzie Road, Eugene

Online: To read about options and weigh in electronically, go to www.eugene-or.gov/fire

If I have an ambulance, it's full of paramedics, and every firefighter is also a trained paramedic. ... You call, we come, no questions asked. You get first-class treatment," he said.

The system could be maintained if the department received \$565 per trip, Murphy said. But that's much more than the federal government pays.

Eugene and Springfield both offer a membership program, a \$52 annual payment that guarantees a household its members won't face a \$1,600 bill if they need the service.

The 32,000 local households that last year bought into Fire Med, as the program is known, provide enough money to cover the 10 percent of them who needed transport, Murphy said,

with a small amount left over.

"The user fee plus Fire Med memberships are no longer totally enough to fund the system," he said. Springfield exhausted its reserves in March and is now operating in the red, he said.

Both Eugene and Lane Rural Fire are in similar straits as are ambulance services all over the country, he said.

At the public meetings, several options that have been under consideration by elected officials will be explained.

Ideas include taking general fund money from other programs to help pay for ambulance service, creating a special taxing district, and merging separate fire departments into one new taxing district that would also cover ambulance service.

The Register-Guard

SON

TUESDAY, SEPTEMBER 15, 2009

50 CENTS

EDITORIALS

Unsustainable ambulances

Current funding system needs changes

It costs \$565 to send an ambulance and a crew of paramedics to the scene of an accident or medical emergency. Seventy percent of ambulance calls come from Medicare or Medicaid patients, and those programs pay only \$300 to \$450 per response. Another 13 percent have no insurance and usually pay nothing at all. That leaves the 17 percent of patients who have private insurance to pay a rate that will make ambulance service a break-even proposition for Eugene, Springfield and the Lane Rural Fire/Rescue District. The rate works out to \$1,600, and still the service is losing money.

Something has to change. In a way that mirrors the problems of the health care system nationwide, the status quo for local ambulance service is unsustainable.

Elected officials from Eugene, Springfield, Lane County and the rural fire district board have formed a task force to explore the options. The task force is seeking ideas from the public in forums that began Tuesday and continue through Oct. 1.

The discussion should begin with a commitment to two principles. First, the Eugene-Springfield area should not retreat from a high standard of care — every call should be answered quickly by people trained to provide life-saving assistance. Such assistance is often the most important medical care a patient will receive. It saves lives and reduces the need for other medical services later on. Second, ambulance service should continue to be a public service available to all, not a private service providing different levels of response depending on a caller's ability to pay.

One promising financing concept is demonstrated by the successful Fire Med program. The program works on the insurance principle: If many people pay a small amount for a service they use only occasionally, the pooled funds can cover the full cost of the service for those who need it. About 32,000 people are enrolled in Fire Med, paying \$50 a year for assurance that they can call an ambu-

lance any time at no further cost. Most enrollees are people who are somewhat more likely than average to need emergency medical services, but even so, only about 10 percent of them call an ambulance each year. The ambulance service breaks even on Fire Med calls.

Broadening the pool still further would probably require public funds, either through an appropriation by the jurisdictions receiving ambulance service or by forming some type of special taxing district. A general fund appropriation would put ambulance service in budgetary competition with other government programs, ranging from police to libraries. Thorny questions of financial equity among the various jurisdictions could also arise. A taxing district could exist for the sole purpose of providing ambulance service, but its formation would be complicated and time-consuming.

Ending the ambulance service's exclusive reliance on fees, however, would bring advantages. Above all, the increasingly disproportionate fees charged to people with private insurance could be reduced. Everyone could be charged the same rate, perhaps pegged to the rates of Medicare and Medicaid reimbursements. The gap between the rate and the cost of the service could be covered with public funds collected from all taxpayers, on grounds that anyone might need ambulance service at any time and nearly everyone is likely to need it eventually. Because the cost would be spread widely, the expense for each household would be low.

In the long run, a separate district is most promising — and it might be designed to provide other public safety services in addition to ambulance response. If creating such a district would take a period of years, general government appropriations may be needed in the interim.

The current arrangement, however, can't continue indefinitely. Without a broader system of finance, people needing an ambulance will one day be told to call back later, or asked for a credit card number.

Thinking big Cities should seriously consider merging fire agencies

Appeared in print: **Thursday, Jul 30, 2009** RG Editorial

The idea of merging municipal emergency services is hardly a new one in the Eugene-Springfield area. Proposals to combine fire and ambulance services, as well as law enforcement agencies, have been considered several times in recent decades, usually when constricting budgets make the prospect of saving money attractive.

But the proposals have never gone beyond the discussion stage. Invariably they're dismissed by officials who cite logistical difficulties or "cultural differences" between the cities and their fire and police departments.

Now, municipal budgets are being squeezed by the Great Recession, and a new merger plan is emerging. Eugene and Springfield officials should find a way to make it reality.

Eugene Fire Chief Randy Groves and Springfield Fire and Life Safety Chief Dennis Murphy are jointly proposing that their cities combine departments. The departments would operate under an intergovernmental agreement similar to the one that formed the Metropolitan Wastewater Commission 25 years ago. If the agreement proved successful, the plan calls for an eventual full merger of the two departments.

Mergers of fire departments and districts should be judged on a case-by-case basis. But as a rule there often is much to be gained in terms of efficiency, reduced administrative costs, the elimination of duplication and an end to jurisdictional disputes.

That appears to be the case with the proposed merger of the Eugene and Springfield fire departments. A study commissioned by the cities and released this month indicates the move would save the two cities \$850,000 a year. And the two chiefs say it could be accomplished without compromising the current levels of service.

That makes sense in a recession — and it should make sense in a booming economy, as well. Hopefully, a merger would provide opportunities to save significantly more than \$850,000, which is a small percentage of the departments' combined budgets. And a merger could eventually improve the levels of service to the two cities rather than merely preserving current levels.

Later this year Eugene and Springfield council members plan to discuss blending fire departments, and they should start by acknowledging the many ways in which the agencies have worked together for years. For example, the departments routinely cross boundaries to reduce response times and provide mutual assistance.

They should also avoid the treadworn arguments that have halted merger discussions in the past. The "cultural differences" argument cited by a Eugene councilor this week is a case in point. If your house is burning or you are suffering from a heart attack, you want professional help from a fully funded, equipped and trained fire department. "Cultural differences" are the last thing on your mind.

That's not to say there aren't serious issues, ranging from oversight to response times to the possibility of merging with other regional departments, that need to be discussed.

But Eugene and Springfield officials should look for ways to resolve these issues — and not for justifications to walk away from yet another merger idea.

As a rule there often is much to be gained in terms of efficiency, reduced administrative costs, the elimination of duplication and an end to jurisdictional disputes.



Local Ambulance Service: What's the Future?

Ambulance providers across the United States are facing critical financial shortfalls, primarily due to reductions in Medicare reimbursements. Ambulance service in Lane County is no exception. A fundamental change is needed now.

Make your voice heard on this issue. Attend and participate in one of the public forums listed below, where officials from the Eugene Fire & EMS Department, Springfield Fire & Life Safety, and Lane Rural Fire/Rescue District will explain the problem and some possible solutions and ask for your feedback. Everyone is welcome. Please join us and let us know what YOU think should be done.

Tuesday, Sept. 15 – 7 p.m., Hilyard Community Center, 2580 Hilyard St.

Wednesday, Sept. 16 – 7:30 p.m., Fire Station 51, 29999 Hallett St.

Thursday, Sept. 17 – 7:30 p.m., Fire Station 11-1, 88050 Territorial Hwy., Veneta

Tuesday, Sept. 22 – 7:30 p.m., Eugene Emergency Services Center, 1705 W. 2nd

Wednesday, Sept. 23 – 7 p.m., Churchill Estates, 1919 Bailey Hill Rd.

Thursday, Sept. 24 – 7:30 p.m., Springfield Library Meeting Room, 225 5th St.

Tuesday, Sept. 29 – 7:30 p.m., Fire Station 3, 1225 28th St., Springfield

Wednesday, Sept. 30 – 7:30 p.m., Petersen Barn, 870 Berntzen Rd.

Thursday, Oct. 1 – 7:30 p.m., Fire Station 6, 2435 Willakenzie



REGIONAL AMBULANCE TRANSPORT FUNDING

History and Problem Statement:

In central Lane County, ambulance service is expected to be self-supporting; historically, general tax support has not been authorized, and the service instead has been funded by fees (and supplemented by FireMed ambulance membership revenue).

This region's ambulance system has a history of state and national awards for excellence. However, specialized equipment and highly trained emergency responders come at a high price, and as costs rise, so do the fees.

But the actual fee schedule is only a small part of the story. In fact, the majority of ambulance transports in our area are provided to individuals 65 and over, who are covered by Medicare. Federal laws enacted over the past decade have greatly reduced the amount of reimbursement an ambulance provider may collect from Medicare. There is a corresponding issue at the State level, with Medicaid.

In addition, the downturn in the economy is resulting in a higher percentage of patients being transported who are uninsured, underinsured, or unable to privately pay their bills.

As an overall result, the ambulance providers – Eugene Fire & EMS, Springfield Fire & Life Safety, and Lane Rural Fire/Rescue – are losing money on most transports. The full listed fee is hardly ever actually collected.

We have now reached the point where there is insufficient revenue available to continue the service on a self-sustaining basis. Because our ambulance agencies have become a revenue-negative enterprise, something must be done.

Recognizing this, the elected officials of the City of Eugene, the City of Springfield, Lane Rural Fire/Rescue, and the Lane County Board of Commissioners have formed the Joint Elected Officials Ambulance Transport Service Task Force. With input from the public, and with information from ambulance service administrators, fire officials, firefighters' unions, patients, and other stakeholders, the Task Force will make a recommendation – or series of recommendations – to the four elected bodies.

The change to a new funding system may be fast or slow. It may affect the level of service. It may affect other government services. Whatever the change is, it will have pros and cons. But change must come if we are to keep high-quality ambulance service available in our region.

Some of the options the Task Force is considering are explained on the reverse. A form to provide brief written feedback to the Task Force is also provided. Thank you for your interest, and we encourage your participation.

AMBULANCE SERVICE FUNDING OPTIONS

Option A1 – General Fund Support. Elected officials have agreed that ambulance service is and should remain a “core” public service. However, the service has historically been self-supporting, and providing General Fund support would mean reducing other public services. Municipalities are already facing steep General Fund shortfalls. Lane Rural Fire/Rescue and the City of Springfield are now providing limited General Fund support to ambulance transport, but only out of necessity. It should be remembered that General Fund support would augment ambulance transport fees, not replace them. Fees would still be required, both as an offset to taxation and as a deterrent to abuse of the service.

Option A2 – Form a Fire District that Provides Ambulance Service. Under this option, which would require voter approval, some portion of central Lane County would form a new tax-and-service district, or annex into an existing one. The cities of Eugene and Springfield would no longer be responsible for fire and ambulance service in their jurisdictions. Such a merger could also include the Lane Rural Fire/Rescue District. Under this proposal, the cities would no longer be required to allocate General Fund support to the fire departments, and city taxes could be reduced to that extent. Instead, the new entity would tax property owners as necessary to provide adequate fire protection and financially stable ambulance service. Again, an ambulance transport fee would still be required, but could potentially be reduced.

Option A3 – Form a Special Health Taxing District. Under this option, which would also require voter approval, a limited county-wide taxing district would be formed to support all eight of Lane County's ambulance service districts. Although more analysis would be needed to determine the exact amount of property tax needed, early estimates place the range between 35 and 45 cents per thousand dollars of assessed value.

Privatize the Service. To maintain the high quality of service enjoyed by the current system, and to continue to enjoy the utility afforded through the use of cross-trained firefighter/paramedics that can respond to a broader range of emergencies, the Task Force has removed this option from consideration at this time.

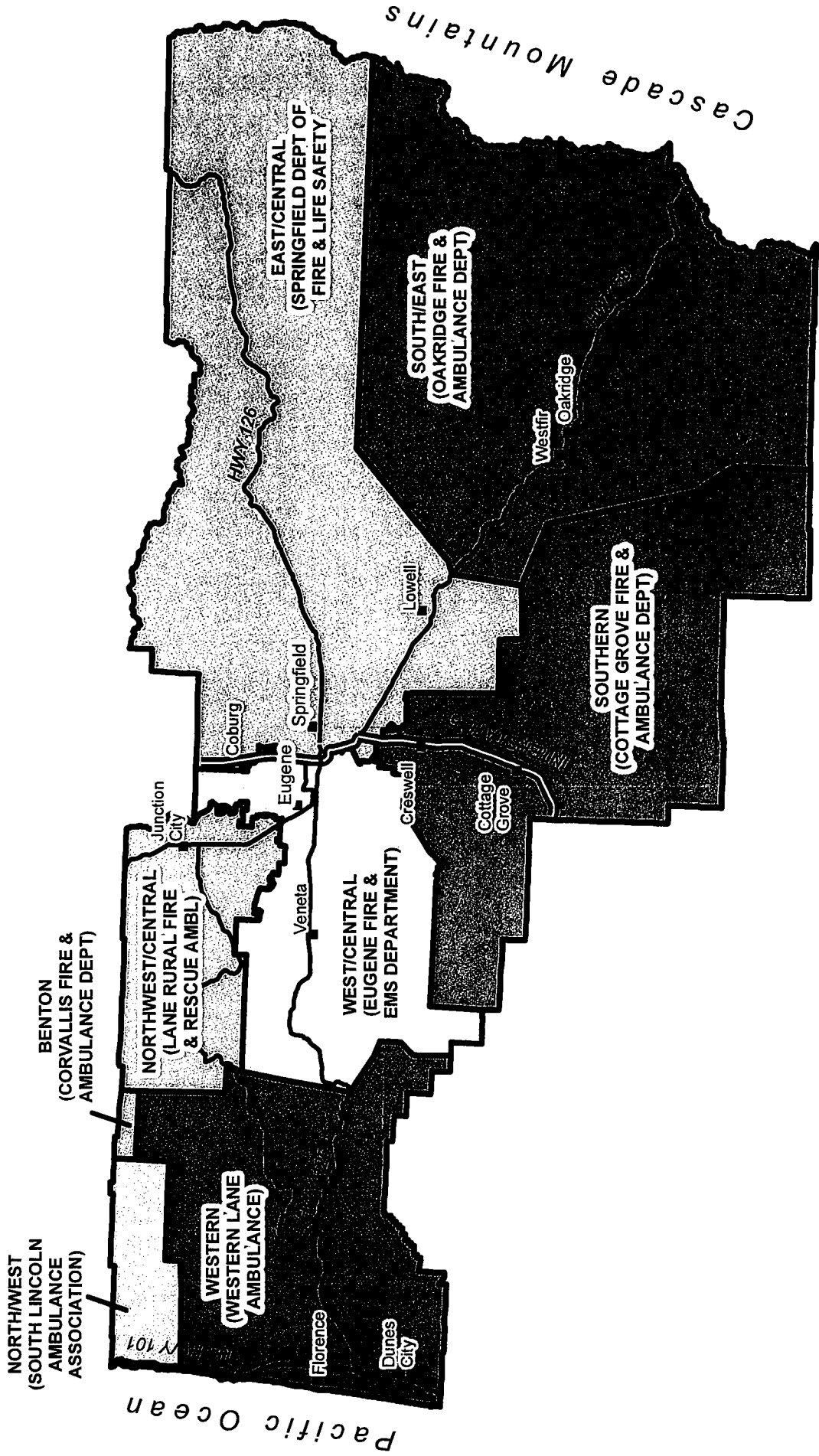
Continue to Raise Ambulance Service Fees. This is not considered a viable long-term option, because the full fee is so seldom collected. Prior to the Medicare reimbursement reductions, rate increases were used successfully to balance the budget. Now, however, even a substantial increase only produces a limited amount of revenue and buys a small amount of time, because the majority of patients are either covered by Medicare or are unable to pay.

Option B4 – Change Service Area Boundaries. Under Oregon law, ambulance service areas are assigned by each county's Board of Commissioners. The Lane County Board of Commissioners could act to change the existing boundaries so as to provide for more of an urban/rural split of service areas between Eugene and Lane Rural; Springfield would not be affected. With such a change, Eugene would have options for changing its transport service model, possibly reducing costs, because a paramedic fire engine already responds to medical calls in the metro area. Lane Rural, at the same time, would add call volume which could add to its financial base. This option does not necessarily raise revenue or reduce cost, but it would redistribute responsibility for service with the potential of adding stability to the system. All automatic and mutual aid agreements would remain in force and provide for back-up coverage between the jurisdictions.

Option B5 – Mobile Health Care System. This refers to the creation of a new network of emergency and non-emergency health care response vehicles and caregivers designed to better match the needs of the patient with the level of response. The goals would be to improve access to health care, improve the quality of care, reduce the overall cost by sorting the type of illness or injury and matching the care with the type of illness or injury, and create a new source of revenue that would contribute to the system. If successful, the new design could become an important ingredient for the success of health care reform efforts. However, the model is untested and would require start-up funding to prove that it will achieve the desired outcomes.

Other Options – The Ambulance Transport System Joint Elected Officials Task Force is interested in hearing additional proposals that have potential to stabilize ambulance transport funding in our region on a long-term basis. The list above presents the most viable options that have been identified to date. More and better solutions may exist.

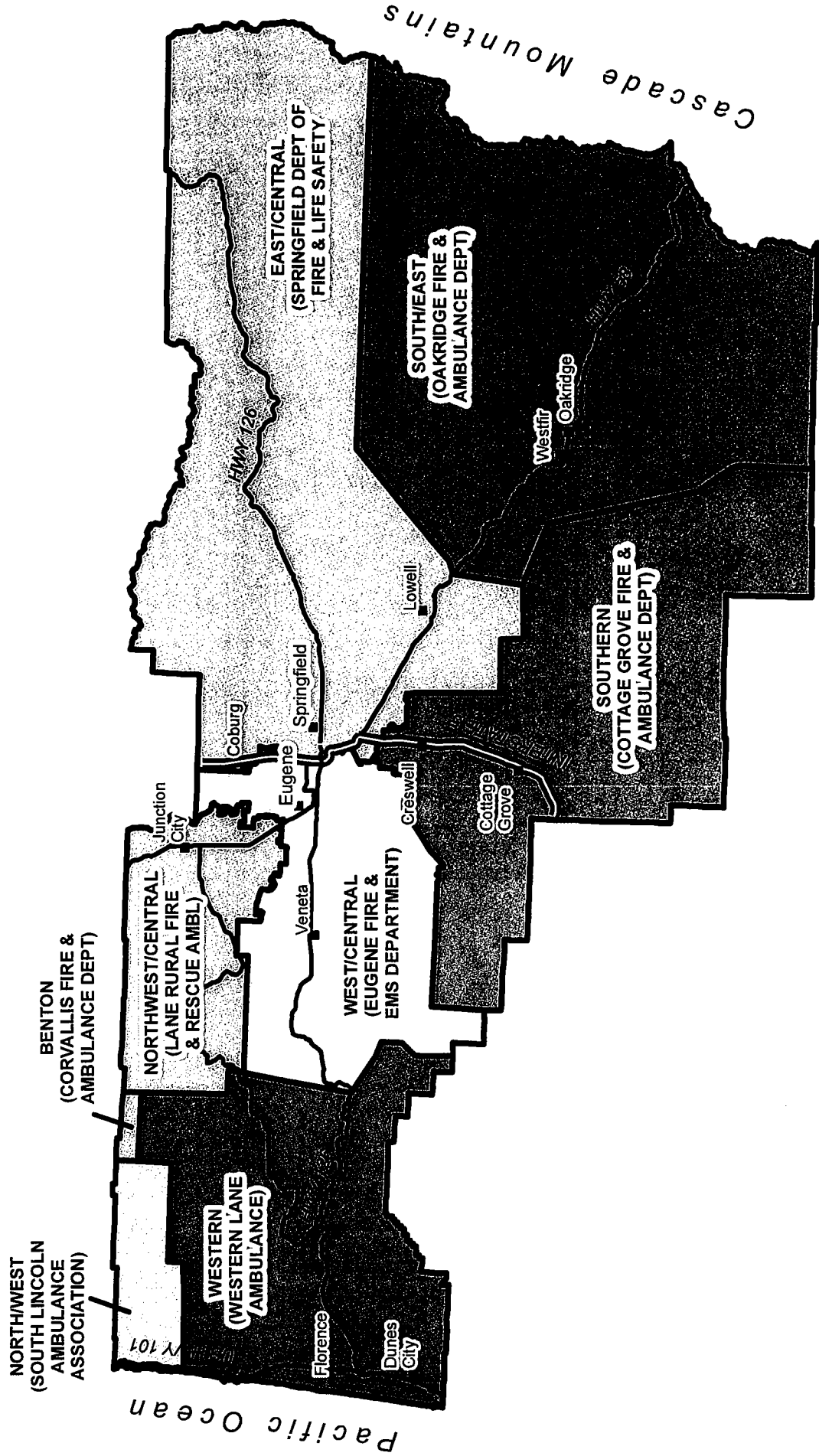
Lane County Ambulance Service Areas



Lane Council of Governments
 859 Willamette, Suite 500
 Eugene, Oregon 97401
 October 2009



Lane County Ambulance Service Areas

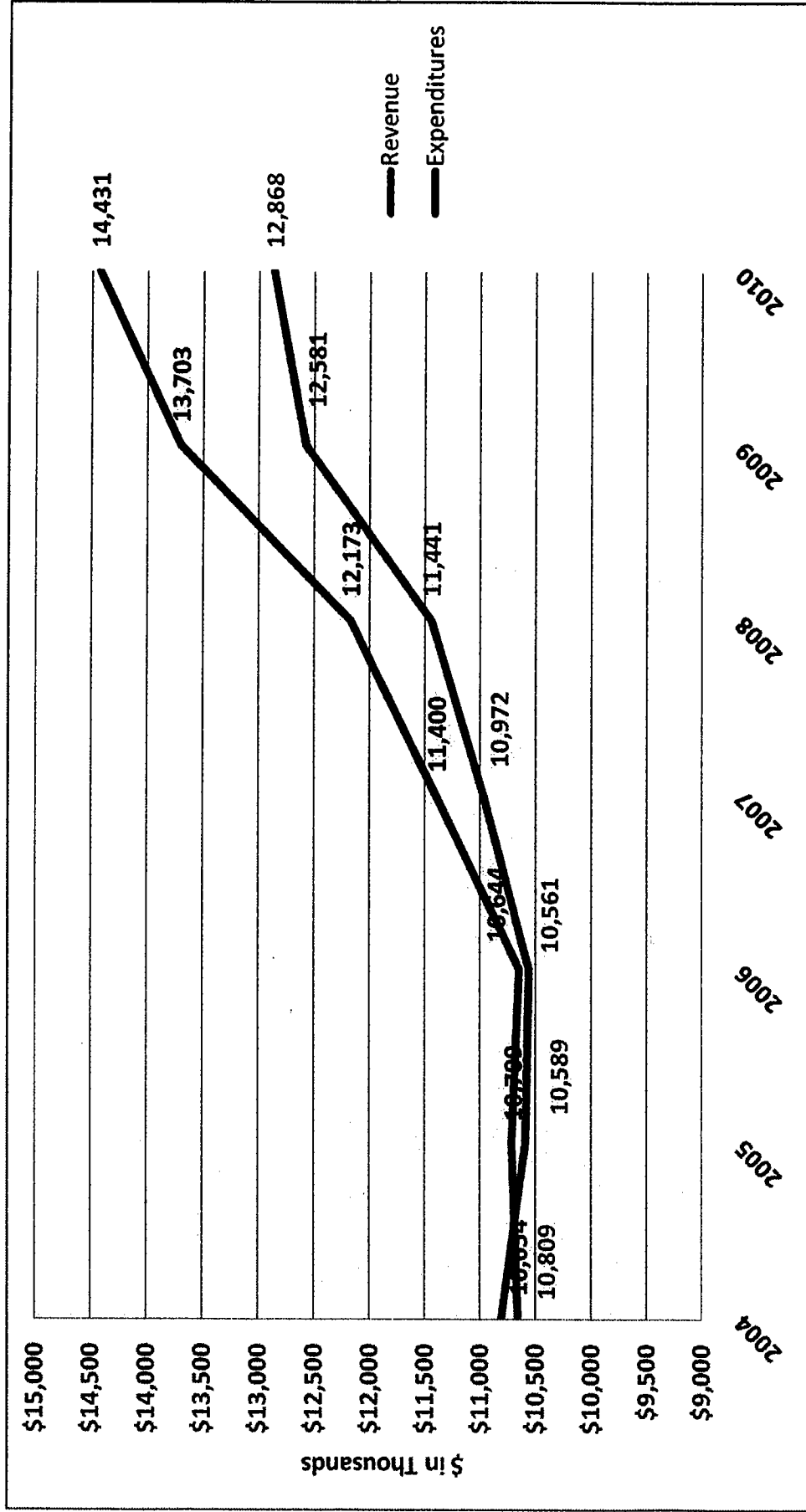


Lane Council of Governments
 859 Willamette, Suite 500
 Eugene, Oregon 97401
 October 2009



Revenues vs Expenditures

Combined Eugene/Lane Rural/Springfield



Download **Create Chart** 1. Please take a few moments to indicate your opinions to the Task Force studying this issue. Thank you!

						<i>answered question</i>	97
						<i>skipped question</i>	3
	1- Not a Good Idea	2	3	4	5- Good Idea	Rating Average	Response Count
Option A1 – General Fund Support.	24.5% (23)	12.8% (12)	12.8% (12)	24.5% (23)	25.5% (24)	3.14	94
Option A2 – Form a Fire District that Provides Ambulance Service.	10.3% (10)	9.3% (9)	11.3% (11)	16.5% (16)	52.6% (51)	3.92	97
Option A3 – Form a Special Health Taxing District.	18.5% (17)	7.6% (7)	21.7% (20)	21.7% (20)	30.4% (28)	3.38	92
Option B4 – Change Service Area Boundaries.	25.3% (21)	8.4% (7)	19.3% (16)	21.7% (18)	25.3% (21)	3.13	83
Option B5 – Mobile Health Care System.	23.1% (21)	12.1% (11)	18.7% (17)	7.7% (7)	38.5% (35)	3.26	91












Download **Create Chart** 1. Please take a few moments to indicate your opinions to the Task Force studying this issue. Thank you!

 Hide replies Additional comments











51

50 responses per page 












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|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------|
| 1. | Any arrangement that does not create yet another elected or appointed board or commission should be considered. Surely we have a sufficient supply of available elected mayors, commissioners, etc., to assume the political responsibility for whatever area-wide ambulance service is set up. | Fri, Oct 2, 2009 12:58 PM |  Find... |
| 2. | Merge fire districts where financially cost-effective. | Fri, Oct 2, 2009 12:56 PM |  Find... |
| 3. | Mobile health care an interesting idea. Need to stabilize funding for existing services before piloting/developing futuristic solutions. | Fri, Oct 2, 2009 8:38 AM |  Find... |
| 4. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:34 AM |  Find... |
| 5. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:33 AM |  Find... |
| 6. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:33 AM |  Find... |
| 7. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:33 AM |  Find... |
| 8. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:32 AM |  Find... |
| 9. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:32 AM |  Find... |
| 10. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 8:31 AM |  Find... |
| 11. | Eugene Chamber of Commerce straw poll | Fri, Oct 2, 2009 |  Find... |














DownloadCreate Chart1. Please take a few moments to indicate your opinions to the Task Force studying this issue. Thank you!

		8:31 AM	
12.	Eugene Chamber of Commerce straw poll	Fri, Oct 2, 2009 8:30 AM	 Find...
13.	Although it is off the table, I think there should be more consideration given to a private provider taking over the ambulance service. Private enterprise can make a profit on transport because they are not tied to bloated benefit and compensation packages. A free market system works without a reduction in service-- just more efficient use of resources and more realistic compensation expectations by the employee.	Fri, Oct 2, 2009 5:48 AM	 Find...
14.	If the financial challenges to all public safety providers (fire, ambulance, police, sheriff) received a comprehensive and collective discussion by our elected officials and citizens, perhaps a solution that would provide stable funding for all public safety services could be identified. If the funding for all public safety services was provided by a new taxing district, it could allow the cities and county to use general fund revenues for other "core" services. Formation of a new taxing district, for me, would only be successful if it addressed stable funding to all public safety service providers. The real solution lies with constitutional changes to our current taxing structure. Any new taxing district will eventually be insufficient to maintain viable service provision. Any truly long-term solution should include repealing the tax limitation laws passed years ago.	Wed, Sep 30, 2009 11:04 AM	 Find...
15.	Form a metro wide fire district - include all rural departments within 10 miles of the city limits of both cities	Tue, Sep 29, 2009 4:52 PM	 Find...
16.	Private ambulance service is a huge mistake - I worked in So Cal as an RN and the quality of care is so far below our level here with Firefighter Paramedics. They are all-hazard heroes!!	Tue, Sep 29, 2009 4:50 PM	 Find...
17.	Merger will solve the problem with ability to deliver the service most cheaply but still retain high quality	Tue, Sep 29, 2009 4:48 PM	 Find...
18.	Merge the fire departments and redesign how the ambulances are funded - keep them part of the fire department but find better ways to use them with FF/Paramedics as dual role.	Tue, Sep 29, 2009 4:46 PM	 Find...
19.	Why the two fire departments aren't already in a fire district is a mystery. That is the only stable approach to providing fire and EMS service	Tue, Sep 29, 2009 4:42 PM	 Find...
20.	A fire district is the most logical approach to all emergency services provided by Fire departments. There is great economy of scale in this concept	Tue, Sep 29, 2009 4:40 PM	 Find...
21.	Ambulance service is essential to our community and should be considered a high priority core service. I would prefer that government provide the service as opposed to privatizing the system.	Sun, Sep 27, 2009 10:00 AM	 Find...






DownloadCreate Chart1. Please take a few moments to indicate your opinions to the Task Force studying this issue. Thank you!

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|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 22. | I used the ambulance service recently. Five people came to the rescue. Two did the work. Three stood around watching. The quality of work appeared quite high. The billing seemed excessive. Since I had medicare and insurance the paperwork I received suggested that the insurers agreed with me in the allowed amounts paid. I thought the service rendered was of excellent quality but the price a bit high. How do the charges relate to the real costs? | Sat, Sep
26, 2009
11:31
AM |  Find... |
| 23. | You need a diversification of equipment -- STOL/aircraft/helicopters/small & large ambulances | Fri, Sep
25, 2009
9:17 AM |  Find... |
| 24. | General fund short-term, district long-term. | Thu, Sep
24, 2009
7:09 AM |  Find... |
| 25. | Privatization should be considered! You have the highest fee schedule in the state and can't even cover costs. Mobile health care option is not thoroughly explained. | Thu, Sep
24, 2009
7:07 AM |  Find... |
| 26. | Do not privatize ambulance! Core service! Essential! | Thu, Sep
24, 2009
7:06 AM |  Find... |
| 27. | We need you. I think that raising or creating new taxes is the way to go. | Thu, Sep
24, 2009
7:04 AM |  Find... |
| 28. | Can the case be made for increasing FireMed membership and can that raise enough money to off-set the costs? Also, since inadequate Medicare reimbursement is the root of the problem, can that issue be addressed at the Federal level?? | Wed,
Sep 23,
2009
2:18 PM |  Find... |
| 29. | The task force would be wise to consider other options not listed. For instance there are current ambulance service providers, who service Eugene and Springfield, that are better able to survive with the current re-imbursement model described in the survey. These ambulance services specialize in Advanced Life Support inter-facility transports and could ease a significant ambulance transport burden that is outlined in the survey. This would reduce the overall amount of work load on Eugene and Springfield fire ambulances and allow them to concentrate on the important 911 calls. This option would not violate any existing private ambulance response restrictions as inter-facility transports are not restricted ambulance transport services. This is just one example of many options that are not considered in your survey. | Tue, Sep
22, 2009
8:23 PM |  Find... |
| 30. | I am sure that the "city officials" will look out for the best interest of the city. The Eugene medics complain on a daily basis about having to come to the "rurals." We want quality care by people who care. I am willing to pay for quality services. | Tue, Sep
22, 2009
1:28 PM |  Find... |
| 31. | The worst thing that could happen would be for ALS to be taken over by a private service. | Tue, Sep
22, 2009
1:26 PM |  Find... |
| 32. | I feel we are being exploited by Eugene in many ways. | Tue, Sep
22, 2009
1:25 PM |  Find... |

DownloadCreate Chart1. Please take a few moments to indicate your opinions to the Task Force studying this issue. Thank you!

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|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------|
| 33. | Get rid of lazy stupid public officials and vote in some people who will recognize what the problems are and will get busy & solve them. Eugene area is 20 years behind the rest of the U.S.! | Tue, Sep 22, 2009 1:24 PM |  Find... |
| 34. | Lane County Fire District #1 should be more involved with all this. And a possible EMS transport unit out here in the Veneta area. (I live in Walton.) | Tue, Sep 22, 2009 1:23 PM |  Find... |
| 35. | Too complicated to understand in one evening. I think you should market the FireMed insurance to increase people. Pointing out that \$52 per year would take 32 years to equal one \$1,600 ambulance ride -- I never thought of it like this! By age 60 it should be a good buy! | Tue, Sep 22, 2009 1:20 PM |  Find... |
| 36. | Push for federal & state health care, not insurance coverage! General tax support-- there's lots of \$\$s for street & road repair. | Tue, Sep 22, 2009 1:19 PM |  Find... |
| 37. | Encourage more FireMed participation. | Tue, Sep 22, 2009 1:17 PM |  Find... |
| 38. | Re: Mobile Health Care System -- It's ABSURD that this is even a choice on this survey.
Ambulance should be a core service just as Fire & Police. Core services should be funded first with other services on the back burner. | Tue, Sep 22, 2009 1:14 PM |  Find... |
| 39. | Privatization with a private/public cooperative model is the best solution. It should be on the table for discussion! | Tue, Sep 22, 2009 8:19 AM |  Find... |
| 40. | Cut waste -- get rid of about two-thirds of the PR people in Public Works and LRCS. | Tue, Sep 22, 2009 7:55 AM |  Find... |
| 41. | the ambulance fund needs to strictly pay for ambulance services, too many outside things are taken from the fund. | Mon, Sep 21, 2009 9:23 AM |  Find... |
| 42. | I think it would be unwise to try B-5 until there is empirical data from other locations which have used it to support that it would be a viable model for this area. | Mon, Sep 21, 2009 9:18 AM |  Find... |
| 43. | I probably like Option A2 the best, but only if there is in fact a fee still associated with the service. Otherwise, system abuse would become an issue.
Would there still be a fee associated with Option A3? | Sun, Sep 20, 2009 4:51 PM |  Find... |
| 44. | Lane Rural has done an excellent job and we would welcome them here in Veneta. Do not attempt to sell out our area to a private company, we simply won't go for that, period. | Sun, Sep 20, 2009 3:38 PM |  Find... |
| 45. | I have many comments. | Sat, Sep |  Find... |

Download Create Chart1. Please take a few moments to indicate your opinions to the Task Force studying this issue. Thank you!

- Option A1: In your mission and vision statements you mention community and service area. Ambulance service needs to be recognized as a core service which benefits all of the area. Many folks who work and own property in Eugene live beyond the city limits and there should be no limit to providing this service. It deserves general fund support.
- Option B4- This would only work if Lane Rural had another ambulance to help cover the added area. Maybe Eugene could donate one for the good of the patrons. My biggest thought is that aggressively promoting FireMed makes more sense than trying to form a new taxing district in the current political and economic climate. If a 60% membership rate would support ambulance service then go for that. I think there needs to be a whole new team approach to selling it which would promote the whole EMS system, emphasizing its quality of service and the low cost of membership. Promote the use of memberships as employee perks. Give a slight discount for renewals. Do school fundraisers where \$10 per membership is given back to the school. (Better than gift wrap or chocolate) Promote gift memberships or tax deductible philanthropy. Every form of government in Oregon is cramped by tax measures and this is a form of funding which is basically non-political and does not require a vote.
46. With the bottom line being the lack of payment for service, it seems that increasing funding in some way will need to be included in the solution. Ambulance transport is an important service to our communities, and up to this point has been outstanding. There is also the consideration of staffing ambulances with lower EMT levels to help offset the cost. While having the skills of a Paramedic is desirable, it seems in most instances that an Intermediate level EMT would be adequate for the needs of the patient, especially with the recent upgrade in skills.
47. I attended the first meeting in south Eugene and before I can give you even an educated guess of my opinion on any of the options I really need more information about the present cost of doing business for the fire and ambulance departments. Can I get budget figures? One option is to form a fire district that provides ambulance service, would the cities then reduce their rates accordingly? Or continue to use their permanent rate to fund other activities?
48. Ambulance service needs to be considered an essential service. Ambulance, fire and police, various components of public works, waste water management services should be the first priorities in the budget process. I think there should be a user fee for the ambulance program to decrease the use of the service improperly.
49. Where is the private option?
50. What's the financial potential of charging fines to those who abuse the 911 system?
- 19, 2009
12:27
PM
- Fri, Sep
18, 2009
12:30
PM  [Find...](#)
- Fri, Sep
18, 2009
10:46
AM  [Find...](#)
- Wed,
Sep 16,
2009
3:18 PM  [Find...](#)
- Wed,
Sep 16,
2009
1:13 PM  [Find...](#)
- Tue, Sep
15, 2009
6:39 PM  [Find...](#)

Download Create Chart2. I live in:

DownloadCreate Chart2. I live in:

		<i>answered question</i>	88
		<i>skipped question</i>	12
		Response Percent	Response Count
Other		15.9%	14
Eugene		60.2%	53
Springfield		10.2%	9
Lane Rural Fire/Rescue District		13.6%	12

51. i do not reside in the cities but in the mckenzie valley area. i do not know enough about option b5--that may be a decent option---one thing for sure--- private owned ambulance companies should never be discussed---they are too interested in the almighty dollar not service!!!!!!

Tue, Sep 15, 2009 12:26 PM

**OVERVIEW OF SELECTED ALTERNATIVES
FOR FUNDING AMBULANCE SERVICES**

Type of Entity	Applicable Statutes	Creates New Revenues	Governing Body	Election	Impact on Existing Districts	Statutory Limitations	Comprehensive Plan Impacts
Intergovernmental Agreement	ORS 190	No	Existing Elected Bodies	No	No		No
Formation of a new fire district	ORS 198 and ORS 478	Yes	New Elected Board	Yes, primary or general election	Yes	Cannot have overlapping district formed under same principal Act	Perhaps (Metro Plan has specific language about special districts)
Formation of a new health district	ORS 198 and ORS 440	Yes	New Elected Board	Yes, primary or general election	Yes	Cannot have overlapping district formed under same principal Act	Perhaps (Metro Plan has specific language about special districts)
Formation of a county service district	ORS 198 and ORS 451	Yes	County Board of Commissioners	Yes, primary or general election	Yes		Perhaps (Metro Plan has specific language about special districts)
Annexation to an existing district	ORS 198 and principal Act	Yes, at established permanent tax rate	Existing Elected Board	Optional	Yes	Cannot have overlapping district formed under same principal Act	Perhaps (Metro Plan has specific language about special districts)
Merger of like districts by cessation of district(s) being absorbed into surviving district	ORS 198 and principal Act	No	New Configured Elected Board	Yes, next available election	No		Perhaps (Metro Plan has specific language about special districts)
Consolidation of 2 or more like districts into a new successor district	ORS 198 and principal Act	Yes	New Configured Elected Board	Yes, next available election	Yes		Perhaps (Metro Plan has specific language about special districts)