

**RESOLUTION NO. 11094**

**A RESOLUTION AMENDING RESOLUTION NO. 10418 AND ADOPTING AN UPDATED FEE SCHEDULE FOR THE AMBULANCE COST RECOVERY PROGRAM PROVIDED BY THE FIRE DEPARTMENT**

**WHEREAS**, the City of Folsom, through its Fire Department, regularly provides emergency ground ambulance transport to the residents and visitors of the City of Folsom; and

**WHEREAS**, the Fire Department provides emergency ground ambulance services to neighboring communities through its membership in the Sacramento Regional Fire/EMS Communications Center Joint Powers Authority; and

**WHEREAS**, the fees for emergency ground ambulance have not been increased since April 14, 2020; and

**WHEREAS**, it is necessary for the City to increase fees for emergency ground ambulance services to recover costs for the operations of the emergency medical services provided to the citizens of Folsom and others in need of emergency medical treatment and transportation; and

**WHEREAS**, pursuant to Folsom Municipal Code - 3.25.020, fees for emergency transportation services and first responder paramedic services shall be established by Resolution of the City Council; and

**NOW, THEREFORE, BE IT RESOLVED** that the City Council of the City of Folsom amends Resolution No. 10418 and adopts the attached updated fee schedule for the ambulance cost recovery program provided by the Fire Department effective October 2, 2023.

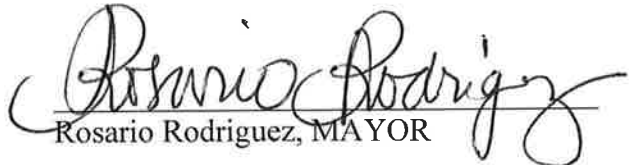
**APPROVED AND ADOPTED** this 22<sup>nd</sup> day of August 2023, by the following roll call vote:

**AYES:** Councilmembers(s): Rohrbough, Aquino, Chalamcherla, Kozlowski, Rodriguez


**NOES:** Councilmembers(s): None

**ABSENT:** Councilmembers(s): None

**ABSTAIN:** Councilmembers (s): None

  
Rosario Rodriguez, MAYOR

**ATTEST:**

  
Christa Freemantle, CITY CLERK

**FEE SCHEDULE FOR THE AMBULANCE COST RECOVERY PROGRAM  
PROVIDED BY THE FIRE DEPARTMENT**

Effective October 2, 2023

<b>Ambulance Base Rates</b>		<b>Fee Schedule (Effective 4-14-20)</b>	<b>Fee Schedule (Effective 10-2-23)</b>
A.	Within Corporate City Limits	\$1,791.42	\$2,158.00
B.	Outside Corporate City Limits	\$1,791.42	\$2,158.00
C.	Patient Assessment/Treatment – No Transport	\$367.15	\$425.00
<b>Services / Procedures</b>			
a.	Mileage (per mile)	\$32.58	\$39.00
b.	ALS Supplies	\$87.50	\$105.00
c.	Oxygen	\$94.54	\$165.00
d.	Cardiac Monitor/Defibrillator	\$66.55	\$168.00
e.	Continuous Positive Airway Pressure (CPAP)	\$45.26	\$225.00
f.	Bone Drill	Included in Base	\$305.00
g.	Bag Valve Mask	Included in Base	Included in Base
h.	Advanced Airway Management	Included in Base	Included in Base
i.	Night Call (1900-0700 hours)	Included in Base	Included in Base
j.	Intravenous Therapy	Included in Base	Included in Base
k.	Cervical Collar	Included in Base	Included in Base
l.	OB Kit	Included in Base	Included in Base
m.	Restraints	Included in Base	Included in Base
n.	Defibrillation Pads	Included in Base	Included in Base
o.	Pacing Pads	Included in Base	Included in Base
p.	Pulse Oximetry	Included in Base	Included in Base
q.	Emergency Transportation	Included in Base	Included in Base