

**LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY  
AMBULANCE ORDINANCE  
PUBLIC COMMENT AND RESPONSE**

<b>Section</b>	<b>Comments/Concerns/Questions</b>	<b>EMS Response</b>
<p>Section 7.16.005 A. B. C. Legislative Intent</p>	<ol style="list-style-type: none"> <li>1. Requesting County Counsel opinion citing County’s authority to regulate/issue licenses for all ambulance service</li> <li>2. Have the cities agreed to let the County license/regulate all services, including the setting of billing rates</li> <li>3. Can cities still require operators to obtain business licenses when the County licensed operator does not maintain a physical location</li> <li>4. Add the word cities after incorporated</li> <li>5. Language suggests that existing providers will be required to reapply. Does this section intend to re-evaluate each and every provider?</li> <li>6. A glut of applications may mean many important points may be lost or overlooked during the evaluation process. There are fewer currently licensed/permitted providers that need to be closely evaluated to ensure proper levels of service for the public.</li> <li>7. Will licensing fees be prorated to account for fees already paid on current licenses</li> <li>8. Each section should specify “private” or “non-public” ambulance services.</li> </ol>	<ol style="list-style-type: none"> <li>1. County Counsel opinions are protected by attorney-client privilege.</li> <li>2. The EMS Agency met and worked with various cities to ensure support of the new Ordinance.</li> <li>3. Yes</li> <li>4. Will add the word “cities” following incorporated</li> <li>5. Existing County licensed operators will be grandfathered</li> <li>6. Not applicable</li> <li>7. Not applicable</li> <li>8. Ordinance does not apply to governmental agencies. Change made to clarify in legislative intent.</li> </ol>
<p>Section 7.16.010 H and I</p>	<ol style="list-style-type: none"> <li>1. Each section should be modified to eliminate “Code 2” and “Code 3” in accordance with the National Incident Management System prohibitions against the use of “codes”. Replace “Code 2” with “Non-emergent” or “Non-emergency” and “Code 3 with “Emergent” or “Emergency”.</li> </ol>	<ol style="list-style-type: none"> <li>1. Terms are consistent with terminology used by the California Highway Patrol</li> </ol>
<p>Section 7.16.010 J Definitions Critical Care Transport</p>	<ol style="list-style-type: none"> <li>1. Is additional language to be added</li> <li>2. Request additional definition of Critical Care Transport to alert out-of-county providers that although registered nurse staffed ambulances are licensed by the State, there is still a requirement for a County licensed to operate in Los Angeles County</li> </ol>	<ol style="list-style-type: none"> <li>1. Language is complete</li> <li>2. Out of county providers will continue to be permitted to transport patients into Los Angeles County. However, any provider, regardless of the level of service, will be required to be licensed by County prior to picking up patients in Los Angeles County</li> </ol>

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Section 7.16.010 K Definitions Emergency Call	<ol style="list-style-type: none"> <li>1. Comment only Emergency call is important since many calls made by skilled nursing facilities for “immediate” transfer might generally be considered emergency calls and subject to referral to contracted providers via the 9-1-1 system</li> </ol>	<ol style="list-style-type: none"> <li>1. No change; existing language</li> </ol>
Section 7.16.010 Definitions	<ol style="list-style-type: none"> <li>1. Recommend addition of a requirement for all licensed providers to have medical directors to improve clinical care and oversight, as well as provide a high level liaison between licensed providers and County. If this recommendation is included , a definition of medical director would be required (recommend definition provided in Prehospital Care Policy Guidelines No. 411</li> <li>2. Recommend addition of a requirement that all licensed providers, as a condition of licensure, comply with all applicable provisions of the Prehospital Care Policy Guidelines. If this recommendation is included, a definition of Prehospital Care Guidelines would be appropriate.</li> </ol>	<ol style="list-style-type: none"> <li>1. Medical directors are required via policy.</li> <li>2. Included as part of the license application</li> </ol>
Section 7.16.030 Licenses – Required	<ol style="list-style-type: none"> <li>1. Recommend inclusion of the word “cities” after incorporated</li> <li>2. Recommend issuance of a generic license until a company passes a probation period</li> </ol>	<ol style="list-style-type: none"> <li>1. Change will be made in Draft #2</li> <li>2. Not feasible</li> </ol>
Section 7.16.040 Vehicle License – Other Documentation Required	<ol style="list-style-type: none"> <li>1. D. Change language to “copy of <u>the most recent</u> California Highway Patrol (CHP) ambulance section sheet to be consistent with verbiage contained in Section 7.16.050J</li> <li>2. E. Change language to “Original <u>or facsimile of the valid</u> CHP ambulance identification certificate.” Title 13, California Code of Regulations (CCR), Section 1107.2 does not require the original license to be carried in the vehicle</li> <li>3. E. references Critical Care Transport Vehicles being staffed at the EMT-P level. At the present time CCT services are also performed under County approval by transport</li> </ol>	<ol style="list-style-type: none"> <li>1. Change will be made in Draft #2</li> <li>2. Change will be made in Draft #2</li> <li>3. Change will be made in Draft #2</li> </ol>

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	<p>vehicles staffed with CCT Nurses. It is presumed that the additional language to be inserted in subsection “J” of the Definition section will include language about CCT nurses.</p> <p>4. Accordingly, for clarity it is suggested that the additional staffing configuration of EMT-1A and Nurse be included in this section</p>	<p>4. Staffing configurations are not included.</p>
<p>Section 7.16.050          Ambulance Operator          License – Application</p>	<p>A. Financial Capability</p> <p>1. The first sentence of subsection A1 requires no audit or independent certification of the current profit and loss statements, depreciation schedules or current sheet. The accuracy of these documents may be questionable if the applicant is unscrupulous. It is recommended that the words “audited” or certified by an independent certified public accountant be inserted in this section.</p> <p>2. The third sentence of this section requires the “applicant” to have sufficient “liquid assets” to sustain the applicants operations for six (6) months. There is no definition of “liquid assets” or any other description of what formula is to be used to calculate this standard. It is proposed that these definitions and a formula for calculating this standard be included in this section. The following language is suggested:  <u>....The balance sheet shall show evidence that the applicant or its ultimate parent has sufficient liquid assets to sustain the operation during the six (6) month period following the date of application. The director shall rely upon the required certified financial statements of the entity seeking licensure or that of its ultimate parent to determine an entity’s compliance with this liquidity requirement. Liquid assets shall be defined as the sum of the entity’s net working capital (current assets less current liabilities pursuant to generally accepted accounting principles) as of the balance sheet date of the entity’s certified financial statements; plus 6/12ths of the entity’s cash flow from operating activities for the fiscal year ended and as identified in the certified statement of cash</u></p>	<p>1. Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p>2. Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p>

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	<p><u>flows; plus any readily available bank credit lines that are sufficiently documented as determined by the director. Sufficiency of these liquid assets shall be determined by comparing six (6) months of operating costs for the entity's activities within the County to the amount of total liquid assets as defined above. Operating costs shall be defined as all costs incurred to equip, maintain, train, staff, dispatch, and deploy the operator's ambulance fleet including but not limited to labor, benefits, payroll taxes, vehicle operating costs, medical supplies, insurance, telecommunications, occupancy, licensing, professional fees, other operating, general administrative costs, and income taxes. For purposes of this liquidity definition, depreciation expense and the provision for uncompensated care shall be excluded from the calculation. Average operating cost per transport shall be the sum total of the aforementioned operating cost formula including depreciation expense divided by the number of patient transports for the same period for which the costs were incurred.</u></p> <p><b>3.</b> The fourth sentence of this section requires "operators" to demonstrate sufficient liquid assets to sustain operations for three (3) months. The term "operator" is not defined in the ordinance. It is presumed that this section was designed to provide a different standard for existing licensed operators since they have demonstrated continuous stability. It is recommended that the fourth paragraph be revised to read as follows: "<u>Currently County Licensed ambulance operators clearly demonstrating proof of prior continuous operation...</u>"          -The last sentence of subsection A1 refers to "audited financial statements". The term "audit" implies that the independent certified public accountant certify the audit results, however, the term audit does not necessarily require certification. It is proposed that the use of "compiled" or "reviewed" financial audits be unacceptable and that only</p>	<p><b>3.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p>

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	<p>“certified” audits be permitted. Additionally, providers that are subsidiaries of larger companies “roll up” the financial results for each subsidiary into a consolidated financial and audit report. Developing separate certified audits of each subsidiary would be financially burdensome. It is proposed that the certified audit could be from the ultimate parent of the operating provider and that no separate local audit of the operating provider would be required.</p> <p><b>4.</b> Does the three months requirement for financial sustainability apply to existing providers, but not yet licensed</p> <p><b>5.</b> The requirement to prove financial capability to operate for any amount of time going forward does not make sense for existing providers. If the company is small, it can live off of its accounts receivable, but not have extra reserves to show three months worth of case in advance. This will have an effect of shutting down small companies because without meeting this financial requirement they won’t get the county license and will be shut down. If the financial requirement is not present, then they will continue to operate profitably even beyond a three-month period.</p> <p><b>6.</b> Requirement for an audited financial statement by a CPA might put undue financial strain on smaller providers because of the cost and time associated with obtaining the audit. It is not necessary, because liquid assets can easily be demonstrated through a verifiable bank account.</p> <p><b>7.</b> Subsection A2 requires the applicant to submit a calculation of the estimated “average cost”. The formula for calculating the average cost is not provided which may result in applicants providing information that is inaccurate or at the very least not comparable to other applicants. It is proposed that a formula be provided that outlines all line items to be included in the calculation of cost. The formula suggested above for section 7.16.050 is proposed for this section.</p>	<p><b>4.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>5.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>6.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>7.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p>

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	<p><b>8.</b> Section A3 provides for disclosure of unpaid judgments by the applicant. It is proposed that the applicant provide documentation of appropriate reserves for such judgments and that all judgments that are not documented as appropriately reserved shall be treated as current liabilities. It is proposed that section A3 read as follows: “Applicants shall show the amount of any unpaid judgments against applicant and explain the specific nature of the transactions or events that resulted in any judgments. Applicants shall provide documentation of adequate reserves or insurance coverage for such judgments. Incomplete or insufficient proof of adequate reserves or insurance coverage for judgments shall be basis for denial of licensure.</p> <p><b>9.</b> The balance sheet shall show evidence that applicant has sufficient liquid assets to sustain the operation during the six months following date of application. Virtually all applications for ambulance operator licensure take in excess of six months to process. If an applicant is new, they would need zero liquid assets to sustain operation during the six-month period following the date of application because there would be no operation cost.</p> <p><b>10.</b> If a company must be audited by an independent certified public accountant for at least one fiscal year prior to current fiscal year, does that mean that a company must be operating for at least one year prior to application for a license</p> <p><b>11.</b> Is the data required showing the estimated cost of operating one trip and the number of trips a vehicle must be run to be profitable public information or discoverable? Does the applicant have to use “hard” numbers or may the applicant use industry standard cost structures like Workers Comp rates without experience modifications or individual health insurance rates? What about variables such as fuel? There would be a wide variance between applications including those costs if an operator shuts down ninety percent of its</p>	<p><b>8.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>9.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>10.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>11.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p>

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	<p>fleet at 7:00p.m. daily as opposed to a contracted provider that needs to maintain an operation level commensurate with its response time parameters.</p> <p><b>12.</b> How does a “special event” operator meet this requirement?</p> <p>B. Need and Necessity – Deletion</p> <p><b>13.</b> If the elimination of need and necessity is approved, what are the department’s plans for improving enforcement? How many and what level of staff will be budgeted?</p> <p><b>14.</b> Deleting evidence of need and necessity could open the floodgates to marginal and fly-by-night operators and severely hamper the ability of existing licensees to continue viable operations. Unscrupulous operators could cut rates drastically, attempt to “buy” business through gifts and other improper means. In bidding on the 9-1-1 Request For Proposal (RFP), operators depended on the fact that the ambulance ordinance had the need and necessity provision in it. The 9-1-1 contractors depend on the non-emergency work they receive in their zones to help offset all of the non-paying transports they provide. Medi-Cal, Medicare and Senior Health Maintenance Organizations all reimburse ambulance transports below the operator’s costs. Is the County prepared to help compensate the providers for the non-paying 9-1-1 calls if the need and necessity is removed, and the floodgates are opened up to other operators.</p> <p><b>15.</b> Will County Counsel provide a written opinion regarding deletion of need and necessity and enforceability</p> <p><b>16.</b> It is recommended that the need and necessity provision not be deleted pending a professional study of its effect, or at least a consideration of a fixed ambulance rate in the County to ensure that competition is healthy and reasonable</p> <p>B. Response Time Standards</p> <p><b>17.</b> Non contracted providers have the luxury of declining a request for service if they have no resources available. How</p>	<p><b>12.</b> Language to be revised based on public comment and recommendations from the Los Angeles County Auditor-Controller. Change will be made in Draft #2</p> <p><b>13.</b> Enforcement language is included in the Ordinance.</p> <p><b>14.</b> Unable to retain Need and Necessity as it poses a potential violation of federal law governing restriction of trade (based on the Sherman Antitrust Act [1890] and the Clayton Act [1984]).</p> <p><b>15.</b> County Counsel opinions are protected by attorney-client privilege.</p> <p><b>16.</b> Unable to retain Need and Necessity as it poses a potential violation of federal law governing restriction of trade (based on the Sherman Antitrust Act [1890] and the Clayton Act [1984]).</p> <p><b>17.</b> Under review.</p>

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	<p>does the County quantify the number of refused services that could equate to a threat to the public in an eventual delay in services as alternate providers are requested to provide services declined by “low cost” providers?</p> <p>C. Testimony in support of application (written or verbal)</p> <p><b>18.</b> Why request letters if the County is going to grant a license if the applicant meets all other requirements?</p> <p>D. Qualified management</p> <p><b>19.</b> The current ordinance requires documentation that the management of the applicant is “technically qualified”. The management team may not be the “applicant” or a “principal” of the applicant and yet they are integral to the lawful and ethical delivery of service. Subsection “I” identifies specific criteria that must be disclosed relating to the applicant and the applicant’s principals. As the term “principals” is not defined it is proposed that the qualifications of all operating management be subject to the same disclosures identified in Subsection “I”. Operating management would include all shareholders and partners of a privately held applicant, its respective officers, directors, managing partners, and any other employee in a management position that directly oversees field operations, and patient billing.</p> <p>G – Proof of Insurance</p> <p><b>20.</b> Requires applicant to provide proof of insurance, but does not require the applicant to demonstrate that it met the insurance requirements of Section 7.16.180. It is proposed that the applicant demonstrate current compliance with the insurance requirements of 7.16.180. Language would be reworded to state “Documentation of kind and amount of automobile liability, public liability, professional liability, Worker’s Compensation and any other insurance in amounts in conformity with Section 7.156.180 of this Title</p> <p><b>21.</b> Are the amount of required insurance specified anywhere? Is the applicant required to name the County of</p>	<p><b>18.</b> Letters will be taken into account as part of the approval process.</p> <p><b>19.</b> This has not changed and is addressed in the application process.</p> <p><b>20.</b> The applicant is required to demonstrate that all applicable insurance requirements are met.</p> <p><b>21.</b> The insurance requirements are specified and have been increased based on recommendations by the Los</p>

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	<p>Los Angeles as additional insured?            J. CHP Licensure and inspection reports  <b>22.</b> Revise language to read “Submission of original or facsimile copy of the valid CHP license and a copy of the most recent CHP ambulance inspection.” These changes would make the verbiage in this Section and Section 7.16.040E consistent.            K. Dispatch Logs  <b>23.</b> Dispatch logs may be edited prior to submission to eliminate calls that the provider should have referred to 9-1-1 or were not qualified to handle</p> <p><u>Additional Provisions recommended as part of the application process</u>  <b>24.</b> Pre-approval site inspection  <b>25.</b> Basic Life Support Quality Improvement (QI) Program with an appropriate reporting tool  <b>26.</b> Restraint Training and Report Program with an appropriate reporting tool  <b>27.</b> Documentation of compliance with Reference 226, Los Angeles County Prehospital Care Policy; Emergency Medical Dispatcher (EMD) or Emergency Telecommunicator (ETC) staffed dispatch center, compliance with dispatch QI Program and reporting tool, and compliance with Medical Director (Licensed Emergency Physician) to review and approve dispatch policies.  <b>28.</b> Documentation of compliance with the Health and Safety Code, and with the appropriate policies within the Prehospital Care Policy Manual.  <b>29.</b> All Emergency Medical Technician-Basic or Emergency Medical Technician-1 working in Los Angeles County, that are certified by another County EMS Agency, be required to have a Certificate or other documentation, showing compliance with the Los Angeles Expanded Scope of Practice training.</p>	<p>Angeles County Office of Risk Management. Change will be made in Draft #2.  <b>22.</b> Change will be made in Draft #2</p> <p><b>23.</b> Patient care records are also reviewed to ensure compliance with 9-1-1 referrals.</p> <p><b>24.</b> To be incorporated as part of the application process.  <b>25.</b> Currently part of application process  <b>26.</b> Currently part of application process  <b>27.</b> Currently part of application process and ongoing monitoring.  <b>28.</b> Currently part of application process and ongoing monitoring.  <b>29.</b> Currently part of application process and ongoing monitoring.</p>

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Section 7.16.060 Ambulance Operator – Hearing Required	<p>1. With the elimination of the public hearing portion of the ambulance operator application process, will there be any public input allowed on the applications of new ambulance operators?</p> <p>2. It appears that the deletion of this section means that the decision to issue a license defaults to the Director of the Department of Health Services. In an industry where fraud is not unheard of, it would seem logical and in the best interest of the health and welfare of the citizens to have this decision made by a three or five member hearing board, not just one person.</p> <p>3. Public hearing and appropriate examination of the applicants is the only means to ensure the public would be appropriately served. The requirements to show need and necessity are a must. The proposed revisions also do not clearly provide for all of the current requirements such as a business plan, statement of work, likely to serve the public adequately, the applicant is a fit and proper person, etc. The Board of Supervisors should be aware that these deletions and other revisions could lead to diminution of available services, the possibility of less than reputable operators, and irreparable harm to the public.</p>	<p>1. Public Hearing to be retained. Change will be made in Draft #2.</p> <p>2. Public Hearing to be retained. Change will be made in Draft #2.</p> <p>3. Public Hearing to be retained. Change will be made in Draft #2.</p>
Section 7.16.100 - Ambulance Operator – Prohibited Acts	<p>A.5.            1. Eliminate “Code 3” and replace with “Emergent” or “Emergency”</p> <p>A.6.            2. Permit the operation of an ambulance in any manner contrary to the provisions of this title or any rule of regulation adopted thereto and any section of the California Vehicle Code (CVC) Titles 13 and 22 of the California Code of Regulations (CCR), <u>all rules and regulations of the California Highway Patrol.....</u>” This may be misinterpreted to indicate there are additional rules and regulations required by CHP,</p>	<p>1. Current language to remain and Emergent added. Change will be made in Draft #2</p> <p>2. Underlined language will be deleted. Change will be made in Draft #2</p>

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	<p>with which ambulance operators must comply. Requirements applicable to ambulance operators and enforced by CHP are contained only in the CVC and CCR. Recommend that underlined language be deleted.</p> <p>A.7.  <b>3.</b> The term paramedic advanced life support and critical care transport support provider are referred to in the conjunctive. It is presumed the intent was to say “either or” rather than “and”. If that is the intent, the section should read as follows:  “Perform the services of a paramedic advanced life support or critical care transport providers unless the operator has first been approved as a paramedic advanced life support or critical care transport provider by the local EMS Agency.”</p> <p>A.9.  <b>4.</b> County licensed and non-County licensed providers are allowed to do Critical Care Transports now with County approval. EMS does not regulate registered nurses. It is a State function.</p>	<p><b>3.</b> Change will be made in Draft #2</p> <p><b>4.</b> The LEMSA has responsibility for coordination of the EMS System, this includes Critical Care Transports.</p>
<p>Section 7.16.105 – License probation, suspension, or revocation</p>	<p><b>1.</b> Ambulance Association members have concerns regarding enforcement of the revised Ordinance. Specifically, will there be ambulance inspectors to catch unlicensed ambulances/ operators, and other violations of the County Ordinance?</p> <p>D.1.a.  <b>2.</b> Subsection appears to be missing a word to define “emergency medical”. It is recommended that the paragraph be reworded to read: “Violations of this section or any federal, state or local law or regulation related to the provision of emergency medical services.” Additionally, this section does not reference debarment by the Centers for Medicare and Medicaid (CMS) as a ground for suspension or revocation. As this is a material finding that does not necessarily result in a felony conviction, it is proposed that this be added as a stated for license revocation.</p>	<p><b>1.</b> EMS employees will be authorized to cite unlicensed operators/vehicles</p> <p><b>2.</b> Specific violations, fines and, if applicable, actions to be taken against an Ambulance Operator’s license will be delineated in LEMSA procedures.</p>

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Section 7.16.125 Violations of chapter – notice of violation	<p><b>3.</b> Enforcement is still a huge issue. The County needs more enforcement. Even if you grant all providers a license, no one is available to monitor them. Continue to recommend that all unlicensed providers be issued a temporary license that indicates that the company is in the records at the County, and enables County to monitor at any time.</p> <p><b>4.</b> The proposed changes do not come with a written plan or commitment from the EMS Agency on how it proposed to enforce compliance of all the new program, since at this time it appears the Agency lacks personnel or financial means to police present providers.</p>	<p><b>3.</b> Planning to augment current staffing upon implementation.</p> <p><b>4.</b> As above.</p>
Section 7.16.126 Administrative Fines – prohibited acts	<p><b>1.</b> Fines set forth in subsection B do not state a basis for limiting or increasing fines up to the maximum amount. The current language states fines can be imposed for “up to” \$1,000. Are fines to be limited based upon the severity of the violation or based upon the financial ability of the company to pay? It is also not clear whether such fines are for single events of conduct or for cumulative conduct. For example, if an operator transports patients without a license is the fine imposed for each transport conducted without a license or is it single fine for the conduct. It is proposed that the fines be for each violation at a fixed amount. The application of a cumulative fine for each violation may not be appropriate on the first violation. Again, establishing progressive fines for subsequent violations may be the appropriate. The Director can still elect to waive the fines altogether, but the actual fine should be established by a clearly defined methodology.</p> <p><b>2.</b> What is the time line for the collection of fines and, if such fines are not paid, what is the timeline for suspension, etc.?</p> <p><b>3.</b> What are the costs of licensing/permitting associated with this ordinance? Is the cost of the operator’s permit, the cost of the vehicle and the cost of the individual EMT license commensurate with the costs of oversight? Without funding, the ordinance will have no teeth to speak of.</p>	<p><b>1.</b> Fines will be based on the severity of the violation. Procedures will be developed to define nature/severity of violations; commensurate fines, etc.</p> <p><b>2.</b> As above.</p> <p><b>3.</b> Under review.</p>

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Section 7.16.150 – Driver’s and attendant’s license – Exceptions for certain attendants	<p>1. Requesting that registered nurses and physicians not be excluded from driving an ambulance in Los Angeles County if they have a valid Ambulance Driver’s Certificate (ADC). This could be addressed by either adding nurse or physician license to Section 7.16.140 or by deleting B entirely. Similar wording should also be considered for Section 7.16.160 to allow a nurse or physician with an ADC to be compliant.</p>	<p>1. Section 7.16.150 permits a person licensed by the State of California as a physician or registered nurse to be employed as an ambulance attendant without Emergency Medical Technician certification. EMS will expand the Section to include language to permit a licensed physician or nurse with a valid Ambulance Driver’s Certificate to be employed as a driver without Emergency Medical Technician certification.</p>
Section 7.16.160 – Driver’s and attendant’s certificates – Carrying for inspection	<p>1. Subsection A3 as now modified requires the field person to provide the actual “medical examination” as opposed to the card. The word “card” added after the word “examination” will correct this ambiguity.</p> <p>2. Subsection A4 and A5 require that paramedic staffed ambulances must have both employees with EMT-P licenses. Los Angeles County currently authorizes some configurations of staffing that permit one EMT and one paramedic (one and one). For example, a CCT ambulance staffing configuration may include one and one staffing, plus a nurse. Additionally, there are some Director approved staffing arrangements that are one and one. To accommodate these staffing configurations, it is proposed that subsections A4 and A5 be combined into one section to read as follows: Current Emergency Medical Technician (EMT-P) Los Angeles County accreditation certification card for all paramedics and current Emergency Medical Technician certification card for all emergency medical technicians.</p> <p>3. Subsection B provides fines to be imposed against field personnel that fail to carry their required documentation. Violations by the operator should also be incorporated into this section as well, i.e., clear methodology for imposing the fine. Additionally, the imposition of a fine of \$1,000 against an emergency medical technician or paramedic may be perceived as excessive, particularly given the compensation earned by this level of employee. It is proposed that a</p>	<p>1. Retain original language. Change will be made in Draft #2</p> <p>2. Language revised for clarity, does not address staffing configurations.</p> <p>3. Change will be made in Draft #2.</p>

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	<p>progressive schedule of fines be established with the first violation being \$100, the second \$500, and the last level before revocation of licensure is \$1,000.</p> <p>4. Additionally, the fine should be paid by the employee without reimbursement by the employer who under the proposed ordinance if also subject to fine for failing to enforce the documentation requirements. It is requested that specific language be inserted into the agreement prohibiting the reimbursement of the field personnel for any fine under this section.</p>	<p>4. It will be up to each provider to determine if they will reimburse their employees for fines paid.</p>
Section 7.16.180 -	<p>1. No changes have been proposed for the insurance requirements set forth in the above referenced section. The current insurance requirements do not reflect the liability exposure faced by the typical provider. To provide adequate protection for the public and the County, it is proposed that the insurance requirement be increased to \$2,000,000 per occurrence with a combined aggregate of \$4,000,000.</p>	<p>1. Change will be made in Draft #2.</p>
Section 7.16.280 – Rate schedule for ambulances	<p>1. Request to have a minimum/maximum rate ordinance that is County wide (both incorporated cities and county areas). Fixed rates that allow the general public rate (GPR) to be “no more or no less than” the County rate eliminates the potential of ambulance operators entering into discount arrangements with facilities that may violate anti-kickback statutes. Minimum/maximum makes competition based on service level, quality of service, and response times rather than on price. Minimum/maximum ordinance would make rates consistent Countywide instead of being different in many of the 88 cities and the County areas. Having a consistent rate structure Countywide would allow the general public rate to be reduced as the general public would not have to pay a higher rate than an insurance carrier, hospital, or other commercial payor.</p>	<p>1. Under review.</p>

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Section 7.16.330 – Total charge computation	<p>1. The proposed elimination of language relating to the use of computer based mileage computation may present difficulty for some providers. Additionally, it is presently the practice of the County when auditing mileage on patient billing to use MapQuest of similar computer programs to ascertain the shortest route chargeable to the patient. In instances where the mileage differs from that indicated on billing records the County has requested patient refunds. This practice appears to conflict with the revised language. The proposed language may now have the unintended effect of compensating providers who take circuitous routes rather than the most direct route.</p>	<p>1. The Department of Agriculture/Weights and Measures has advised that computer based mileage computations are allowable; however, this method of calculation mileage requires LEMSA approval. Change will be made in Draft #2.</p>
Section 7.16.340 – Modification of Rates	<p>1. It is anticipated that the elimination of the “Need and Necessity” provisions set forth in the current ordinance will result in a substantial increase in the number of providers operating in the County. Since the number of available patient transports is a finite number, competition for transports will be enhanced. While competition, in most circumstances is desirable, the form of competition may result in a diminishment in the quality of service if competition is based upon commodity pricing rather than quality of service. It has been reported that jurisdictions that have adopted such rate provisions have materially lower rates because insurers and large payors are not permitted to negotiate rates with providers that cause shifting of reimbursement to the uninsured. An example of this is the City of Los Angeles that has materially lower rates than the County and yet the provider base remains stable in that jurisdiction. It is therefore proposed that the County revise the above section to prohibit the discounting of rates. It is also recommended that exclusion for government payors such as Medi-Cal and Medicare be incorporated.</p>	<p>1. Although this section was identified as 7.16.340 – Modification of Rates, it properly belongs with Section 7.16.280 – Rate schedule for ambulances.</p>

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Section 7.16.340 – Modification of Rates and Section 7.16.341 – Periodic Rate Review	<p>1. Rates modifications and periodic rate review: If the County were to go with a min/max rate ordinance, there must be a mechanism in place in which rates are adjusted annually. One solution would be to attach rate adjustments to the Consumer Price Index (CPI) as it is done now with the County rate. Another solution would be to attach rate adjustments to the Medicare allowable rate, example: General Public Rate (GPR) ambulance rates could be based on one and one-half times of the Medicare Allowable rate / or 150% of Medicare allowable; the exact pricing or percentage to be determined. Each January, when the Medicare allowable rate is adjusted, the GRP would also be adjusted. A third solution would be new categories to reflect payable charges, i.e., base rate specific charge for Critical Care Transport (CCT) Nurse staffed units, and a specific emergency base rate for advanced life support and basic life support units, and a non-emergency (discharge or transfer) base rate for ALS and BLS units.</p>	<p>1. Under review.</p>

**Additional Comments/Recommendations:**

- May want to include that all ambulance providers must adhere to the policies and procedures of the local emergency medical service agency pursuant to Health and Safety Code 1797.220.
- Information provided as part of the application process should coordinate with the lemsa/county disaster response
  - radio communications
  - preparedness
- Aero medical transport was not covered in the document. The EMS Agency may want to consider adding aero medical transport to the document
- We may wish to consider a non-ambulance medical transport regulation for disaster response capability

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Consider adding the following as basic life support equipment on all County licensed ambulances:

- Automatic External Defibrillators (AEDs)
- Pulse Oximeters
- Thermometers

There is concern that by granting all companies a license, we are condoning those companies that do not play by the rules. By doing so, they harm the providers that have history or are here to stay because they can't operate without playing by the rules, and refuse to operate the same way as the majority of unlicensed providers.