Agenda - Executive Policy Committee - May 21, 2003

REPORTS

Item No. 1 Emergency Medical Service Fees
File GF-5 (Vol. 1)

STANDING COMMITTEE RECOMMENDATION:

The Standing Policy Committee on Protection and Community Services concurred in the administrative recommendation No. 1, namely, that the Executive Policy Committee recommend to Council the emergency medical service fees increases outlined in the administrative report be approved effective July 1, 2003.

DECISION MAKING HISTORY:

STANDING POLICY COMMITTEE RECOMMENDATION:

On May 12, 2003, the Standing Policy Committee on Protection and Community Services concurred in the administrative recommendation No. 1, namely, that the Executive Policy Committee recommend to Council the emergency medical service fees increases outlined in the administrative report be approved effective July 1, 2003.

EXECUTIVE POLICY COMMITTEE RECOMMENDATION:

On May 7, 2003, the Executive Policy Committee laid over consideration of the administrative recommendation No. 1, relative to recommending increased fees for emergency medical services, to its meeting on May 21, 2003.

Further, the Executive Policy Committee concurred in the administrative recommendation No. 2 as amended, and referred the administrative report to the Standing Policy Committee on Protection and Community Services for consideration at its meeting on May 12, 2003, and comment back to Executive Policy Committee prior to its May 21, 2003, meeting.

RE: EMERGENCY MEDICAL SERVICE FEES

FOR SUBMISSION TO: Executive Policy Committee

ORIGINAL REPORT SIGNED BY: Wes Shoemaker
Fire & Paramedic Chief

REPORT DATE: April 23, 2003

RECOMMENDATION(S):

1. That the Executive Policy Committee recommend to Council the emergency medical service fees increases outlined in this report be approved effective July 1, 2003.

2. That the Executive Policy Committee refer this report to the Standing Policy Committee on Protection and Community Services for comment back to Executive Policy Committee prior to submission to Council.

REPORT SUMMARY:

Key Issues:

- Under the terms of an agreement in principle with the Winnipeg Regional Health Authority (WRHA) and the Province, revenue from emergency medical service fees is required to offset 50% of emergency medical service costs.

IMPLICATIONS OF THE RECOMMENDATION(S):

General Implications

	None
	For the organization overall and/or for other departments
✓	For the community and/or organizations external to the City of Winnipeg
	Involves a multi-year contract
	Comment(s): The recommended fee increases will have a minimal impact for City of Winnipeg residents who will see no change in rates for Interfacility Transfer and Basic Treatment-No-Transport, and minimal increases of $5 for Emergency and Advanced Treatment-No-Transport in 2003, with those rates remaining constant through 2005. Non City of Winnipeg residents will experience staged increases each year in an effort to bring them to levels that reflect the degree of subsidization.

Policy Implications

✓	None
	Yes
	Comment(s):

Environmental Implications

✓	None
	Yes
	Comment(s):

Human Resources Implications

✓	None
	Yes
	Comment(s):

Financial Implications

✓	Within approved current and/or capital budget
	Current and/or capital budget adjustment required
	Comment(s): An increase in emergency medical service fees will result in increased revenue.

REASON FOR THE REPORT:

Council approval is required for user fee changes.

HISTORY:

Council last approved emergency medical service user fee increases on November 17, 1999. On that date Council approved the fee structure for a three-year period 2000 to 2002.

In July 2002 the City of Winnipeg, WRHA and the Province adopted an agreement in principle with respect to the provision of emergency medical services in the City. This agreement in principle committed the parties to a cost sharing agreement whereby 50% of all emergency medical service operating costs must be funded by fee-for-service revenue.

The Fire Paramedic Service (FPS) included revenue projections in its 2003 estimates based on proposed fee increases to ensure that the 50% funding from fee-for-service was maintained.

On March 19, 2003 Council adopted the City's Current Operating Budget.

DISCUSSION:

The fee schedule that FPS proposed as part of its 2003 budget submission is as follows:

Proposed Emergency Medical Service Rates					
(in dollars)		**Present Rate**	**Jan 1, 2003**	**Jan 1, 2004**	**Jan 1, 2005**
Emergency Medical Service					
Basic rate (not subsidized)	Per call	435	471	510	540
Regional rate (provincial subsidized)	Per call	330	357	385	405
City rate (city & provincial subsidized)	Per call	265	270	270	270
Interfacility Transfer Service					
Basic rate (not subsidized)	Per call	320	347	370	390
Regional rate (provincial subsidized)	Per call	250	271	285	293
City rate (city and provincial subsidized)	Per call	195	195	195	195
Treatment No Transport Service – Basic Rate					
Basic rate (not subsidized)	Per call	175	189	205	222
Regional rate (provincial subsidized)	Per call	140	151	162	173
City rate (city and provincial subsidized)	Per call	115	115	115	115
Treatment No Transport Service – Advanced Care					
Basic rate (not subsidized)	Per call	310	336	363	393
Regional rate (provincial subsidized)	Per call	245	265	287	308
City rate (city and provincial subsidized)	Per call	200	205	205	205

The proposed fee schedule calls for the $5 increase in the City rate for both Emergency Medical Service and Treatment No Transport Service - Advanced. The City rate for Inter-facility Transfer Service and Treatment No Transport – Basic Service were to remain at 2002 levels. All the City rates would then remain at 2003 levels for 2004 and 2005. Staged increases were proposed for all non-City rates to bring them to levels reflecting the degree of subsidization. The ultimate goal is to have the Basic rate at twice the City rate, and the Regional rate at one and a half times the City rate, to reflect the degree of subsidization by City and Provincial taxpayers.

The proposed fee schedule had called for the increases to be effective January 1, 2003. However, since the budget was not formally adopted before January 1, 2003 FPS did not go forward with the fee increase proposals until the final approved emergency medical service expenditure budget could be determined. Favourable call volume projections indicate that instituting the fee increases effective July 1, 2003 would still allow FPS to meet its revenue targets with respect the 2003 adopted current estimates. Therefore FPS is seeking for approval for these new fees effective July 1, 2003 with further increases as indicated in the schedule effective January 1, 2004 and January 1, 2005. The fees will be reviewed annually to ensure that the 50% funding of emergency medical service costs is maintained.

IN PREPARING THIS REPORT THERE WAS CONSULTATION WITH, AND CONCURRENCY BY:

None.

THIS REPORT SUBMITTED BY:

Department: Fire Paramedic Service
Division: Administration
Prepared By: Bodo G. W. Roloff, CMA
File No.:

Approved:

original report signed by

W. H. Shoemaker

Financial Impact Statement

Date: April 16, 2003

Project Name:

Emergency Medical Service Fee Increases

First Year of Program **2003**

	2003	2004	2005	2006	2007
Capital					
Capital Expenditures Required	$ -	$ -	$ -	$ -	$ -
Less: Existing Budgeted Costs	-	-	-	-	-
Additional Capital Budget Required	$ -	$ -	$ -	$ -	$ -
Funding Sources:					
Debt - Internal	$ -	$ -	$ -	$ -	$ -
Debt - External	-	-	-	-	-
Grants (Enter Description Here)	-	-	-	-	-
Reserves, Equity, Surplus	-	-	-	-	-
Other - Enter Description Here	-	-	-	-	-
Total Funding	$ -	$ -	$ -	$ -	$ -
Total Additional Capital Budget Required	$ -	$ -	$ -	$ -	$ -
Total Additional Debt Required	$ -	$ -	$ -	$ -	$ -
Current Expenditures/Revenues					
Direct Costs	$ -	$ -	$ -	$ -	$ -
Less: Incremental Revenue/Recovery	129,645	358,851	436,620	-	-
Net Cost/(Benefit)	$ (129,645)	$ (358,851)	$ (436,620)	$ -	$ -
Less: Existing Budget Amounts	(129,645)	(358,851)	(436,620)	-	-
Net Budget Adjustment Required	$ -	$ -	$ -	$ -	$ -

Additional Comments: This statement represents the impact of the recommended fee increases for the two and a half year period July 31, 2003 to December 31, 2005.

original signed by

Manager of Finance & Administration