

HOUSE BILL REPORT

ESHB 1635

As Amended by the Senate

Title: An act relating to ambulance and emergency medical service funding.

Brief Description: Modifying local emergency medical service funding provisions.

Sponsors: By House Committee on Local Government (originally sponsored by Representatives Kessler, Haler, Clibborn, Jarrett, O'Brien, Hankins, Ericks, Grant, Buck, Chase and Kenney).

Brief History:

Committee Activity:

Local Government: 2/21/05, 3/1/05 [DPS].

Floor Activity:

Passed House: 3/11/05, 90-4.

Senate Amended.

Passed Senate: 4/13/05, 34-11.

Brief Summary of Engrossed Substitute Bill

- Authorizes cities to establish ambulance services to be operated as public utilities.
- Imposes certain restrictions upon a city's authority to establish an ambulance service utility in an area in which a private ambulance service is already operating.
- Authorizes cities to set and collect rates and charges in an amount sufficient to regulate, operate, and maintain an ambulance utility and specifically allows such rates and charges to be based upon availability as well as the demand placed upon the utility.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 5 members: Representatives Simpson, Chair; Clibborn, Vice Chair; Schindler, Ranking Minority Member; B. Sullivan and Takko.

Minority Report: Do not pass. Signed by 2 members: Representatives Ahern, Assistant Ranking Minority Member; and Woods.

Staff: CeCe Clynch (786-7168).

Background:

Cities have, for some time, been authorized to establish a system of ambulance service to be operated as a public utility when the city is not adequately served by existing private ambulance service. They also have the authority to levy and collect:

- a business and occupation tax for the privilege of engaging in the ambulance business; and
- excise taxes from persons, industry, and businesses who are served and billed for ambulance service.

All proceeds must be used only for the operation, maintenance, and capital needs of the municipally owned, operated, leased, or contracted for ambulance service.

Pursuant to an ordinance adopted in 1989, the City of Kennewick imposed what it called an "excise tax" in the form of a monthly flat fee of \$2.60 upon each household, business, and industry within the area served by the emergency medical and ambulance services. The city's authority to do so was challenged in court. Subsequent to the case being filed, the ordinance was amended to change the "excise tax" to a "utility charge" but, according to the court, it remained the same in all other respects except for the name.

In Arborwood Idaho, L.L.C. v. City of Kennewick, the Washington Supreme Court held that the city lacked necessary, specific statutory authority to levy an excise tax upon all households, businesses, and industry for availability, as opposed to actual utilization, of the ambulance service. The court further held that the charge did not meet the test for a regulatory fee and, instead, was an unauthorized tax. In holding that the charge was not a fee, but a tax, the court noted that it was a flat charge which did not take into account benefits or burdens.

Summary of Engrossed Substitute Bill:

Specific findings are included as to the benefit to persons, businesses, and industries from the availability of ambulance and emergency medical services. It is explicitly recognized that cities have the ability and the authority to collect utility service charges to fund such services and that rates and charges may reflect, at least in part, a charge for the availability of the service.

Cities are specifically authorized to establish ambulance services to be operated as public utilities. There are limitations placed on cities' authority to establish an ambulance service utility where there is already a private ambulance service in operation. If a private service is already in operation, a city may not establish an ambulance service utility unless the legislative authority of the city determines that the private service is inadequate in light of published objective generally accepted medical standards and reasonable levels of service. A preliminary conclusion of inadequacy triggers a sixty day period within which the private ambulance service may attempt to meet the generally accepted medical standards and reasonable levels of service.

Cities operating an ambulance service utility may set and collect rates and charges in an amount sufficient for regulation, operation, and maintenance. Prior to setting such rates and charges, a city must complete a cost-of-service study. Total costs for the purpose of determining rates and charges may not include capital costs of construction, major renovation, or major repair of the physical plant. Additionally, costs must be reduced by:

90 percent of any general fund moneys allocated by the city toward the ambulance service prior to filing of the Washington Supreme Court's opinion on May 6, 2004. (Where general funds and ambulance funds were commingled, provision is made for the city to estimate the amount of general fund dollars applied toward operation of the ambulance service.); emergency medical service levy funds; and revenues received from direct billing. Availability costs may include costs for dispatch, labor, training, equipment, patient care supplies, and maintenance of equipment. These costs are to be uniformly applied across all utility user classifications.

Demand costs include costs related to the burden placed on the ambulance service by individual calls for service, including frequency of calls, distances from hospitals, and other factors identified as burdens in the cost-of-service study. Demand costs are to be billed to each utility user classification based on such user classification's burden on the ambulance utility.

Combined rates shall reflect an exemption for persons who are Medicaid eligible and reside in a nursing facility, boarding home, or adult family home, and an exemption or reduction for designated classes consistent with Article VIII, Section 7 of the Washington Constitution which prohibits the lending of money or credit by cities except for the necessary support of the poor and infirm. Amounts exempted or reduced are to be spread uniformly across all utility user classifications.

The total revenue generated by the rates and charges may not exceed total costs and all such revenues must be deposited in a separate fund and used only for the purpose of paying for the costs of regulating, maintaining, and operating the ambulance utility.

Specific provision is included that the rates are not otherwise prohibited by law, and that they do not constitute taxes or charges under any of several impact fee statutes.

EFFECT OF SENATE AMENDMENT(S):

Details the procedure for adopting performance standards against which the adequacy of existing private ambulance services are to be measured, and provides that these standards may not be less stringent than standards adopted by the Department of Health. Deletes a provision which would allow a private ambulance service, preliminarily determined to be inadequate, a 60-day period to meet the performance standards. Both broadens and narrows the mandatory exemption for persons who are medicaid eligible and who reside in a nursing facility, boarding home, or adult family home. It is broadened to also include medicaid eligible persons who receive in home services. It is narrowed with respect to cities with a population of less than

2500 that established an ambulance utility before May 6, 2004. These small cities may, but are not required to, reflect an exemption or reduction for persons who are medicaid eligible. Reduces from 90 percent to 50 percent the amount of general fund revenues which must continue to be allocated to ambulance services. Specifies that rather than requiring allocation of all EMS levy funds to the ambulance utility, cities and towns are only required to allocate "an amount proportionate to the percentage of the ambulance services costs to the total combined operating costs for emergency medical services and ambulance services". Adds a new section requiring JLARC to review and study ambulance utilities established and operated under this act and provide a final report by December 2007.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: With the Supreme Court decision, many cities lost the ability to supply ambulance service. This bill is important to the survival of these cities' ambulance services. Charging only for actual use is a poor way to fund this service. Cities have the authority to operate this service as a public utility. They need to have the flexibility to structure fees. For over 30 years, the City of Richland has operated an ambulance service and has received many compliments on their service. At this point, the Richland ambulance service is funded only through June 2005. With the Supreme Court decision, the service lost up to \$600,000. This was a fee which was palatable to the citizens. In contrast, a recent effort to fund an Emergency Medical Services levy led to raise these funds from an alternative source, the property tax, failed. The only ambulance service in Aberdeen is the city service. Aberdeen will not be able to cover the costs of the service by relying solely on a per ride basis. The only way such a service will work is to use the utility model as was done for years. Twelve cities had ambulance services funded in this manner: Kennewick, Aberdeen, Bothell, Bridgeport, Bothell, Ellensburg, Hoquiam, Mercer Island, Montesano, Port Angeles, Richland, Sunnyside, and Pasco. This bill would be unlikely to put private ambulance services out of business because: (1) there would first have to be a determination of inadequacy on the part of the private service; and (2) cities that are not already operating ambulance services will not be anxious to get into this business. Cities must have an adequate, fair funding source for ambulance services and this accomplishes that. There are protections for private services. The EMS levies do not provide a fair and adequate alternative funding source, especially when real property, such as that in the Grays Harbor area, has a low assessed value. Such a funding source would not cover the need. A levy shifts the costs to high end homes and big industry and this is unacceptable and bears no relation to actual use of ambulance and EMS. There is statutory authority to operate as a utility already. This bill is needed to allow funding as a utility.

Testimony Against: This bill would allow ambulance and emergency medical services to be funded with a utility fee. Cities should not be given the authority to determine whether a private service is adequate. This is like having the fox guard the henhouse. It should be the role of an outside entity. If this bill passes, cities would have no incentive to use general

funds or pass EMS levies. This amounts to a tax on seniors. Facilities should not be considered the end user. It is the individual who is the end user. Senior citizens and the ill and vulnerable will be hardest hit. There was not a problem with the way the 10-12 cities operated and funded this service prior to the Supreme Court decision. There is a fear that some cities will use this bill to increase the fee tenfold. This is a tax not a fee. The bill does not solve the problem and is unconstitutional. Money for these services can be raised by way of the property tax or an excise tax but not via the mechanism contained in this bill.

Persons Testifying: (In support) Representative Kessler, prime sponsor; Representative Haler; Carol Moser, Grant Baynes and Scott Brines, City of Richland; Eric Nelson, City of Aberdeen; Jim Justin, Association of Washington Cities; Dan McKeen, Port Angeles Fire Chief; Londi Lindell, Mercer Island City Attorney; and Bud Sizemore, Washington State Council of Fire Fighters.

(Opposed) Bob Bershauer, American Medical Response; Deb Murphy, Washington Association of Housing for Seniors; Kevin Fletcher, Washington Healthcare Association; Jerry Neilly; and Doug Neyhart and Bill Severson, Rental Housing Association of Puget Sound.

Persons Signed In To Testify But Not Testifying: None.