



Memorandum

**Date:** 5/14/2024  
**Meeting of:** City Council Study Session

**File No.** SS 24-026  
**Type:** Study Session

**TO:** Members of the City Council  
**FROM:** Mayor Angela Birney  
**DEPARTMENT DIRECTOR CONTACT(S):**

Fire	Adrian Sheppard	425-556-2201
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**DEPARTMENT STAFF:**

Fire	Michael Despain	Deputy Chief - Interim
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**TITLE:**  
Fire Department - EMS Transport Fee Program

**OVERVIEW STATEMENT:**  
The Fire Department proposes implementing an EMS transport fee to generate revenue, support the existing EMS program, and align with other fire-based EMS providers in King County and across the nation.

**Additional Background Information/Description of Proposal Attached**

**REQUESTED ACTION:**

Receive Information       Provide Direction       Approve

**REQUEST RATIONALE:**

- **Relevant Plans/Policies:**  
Redmond Fire Department - Strategic Plan 2022-2027
- **Required:**  
RCW 35A.11.020, 35.27.370 (15)
- **Council Request:**  
N/A
- **Other Key Facts:**  
N/A

**OUTCOMES:**

1. With the proposal's acceptance, the Redmond Fire Department is projected to generate additional revenue of approximately \$960,000 in 2025. This revenue is anticipated to gradually increase in subsequent years. Such growth will be influenced by factors including service costs, inflation, and contributions from the Ground Emergency Medical Transport (GEMT) program, backed by the State of Washington.

2. This strategic initiative is designed to generate additional revenue, enhance our existing EMS program, and align with the practices of other fire-based EMS providers in King County and across the nation.

**COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:**

- **Timeline (previous or planned):**  
July 2024 or later
- **Outreach Methods and Results:**  
N/A
- **Feedback Summary:**  
N/A

**BUDGET IMPACT:**

**Total Cost:**

New costs related to the program: Approximately (\$170,000) New Revenue: \$960,000  
Net Difference: +\$790,000

**Approved in current biennial budget:**  Yes  No  N/A

**Budget Offer Number:**

N/A

**Budget Priority:**

N/A

**Other budget impacts or additional costs:**  Yes  No  N/A

***If yes, explain:***

The program will require one (1) FTE

**Funding source(s):**

Fees for service

**Budget/Funding Constraints:**

Requires approval from the Centers for Medicare & Medicaid Services, and the Washington Healthcare Authority to implement program.

**Additional budget details attached**

**COUNCIL REVIEW:**

**Previous Contact(s)**

<b>Date</b>	<b>Meeting</b>	<b>Requested Action</b>
4/16/2024	Committee of the Whole - Public Safety and Human Services	Provide Direction

**Proposed Upcoming Contact(s)**

<b>Date</b>	<b>Meeting</b>	<b>Requested Action</b>
5/21/2024	Business Meeting	Approve

**Time Constraints:**

Program will require approximately 60 days from council approval to implement.

**ANTICIPATED RESULT IF NOT APPROVED:**

N/A

**ATTACHMENTS:**

- Attachment A: RFD Ambulance Transport Fee Program
- Attachment B: BLS Billing - Flow Chart
- Attachment C: Background Info