

**THE MINUTES OF THE REGULAR CITY COUNCIL MEETING HELD  
MONDAY, JUNE 26, 2000 AT 5:30 P.M.**

The Meeting was called to order at 5:30 p.m. Present: Council Chairperson Shoecraft; Council Members: Camp, Cook, Fortenberry, Johnson, McRoy, Seng; Paul A. Malzer, Jr., City Clerk;  
The Council stood for a moment of silent meditation.

**READING OF THE MINUTES**

CAMP Having been appointed to read the minutes of the City Council proceedings of June 19, 2000, reported having done so, found same correct.  
Seconded by Cook & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

City Clerk: Before I get to the Public Hearing portion we do have a number of items that are on 3rd reading, numbers 16 through 20 and there may be people in the audience that are waiting to see what the vote will be at this time and I believe is there's someone on the Council who wishes to suspend the rules so we get the ordinances on 3rd reading done first before we go into the Public Hearing.

COOK So moved.  
Seconded by Seng & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

**PUBLIC HEARING**

AMENDING SECTION 8.08.020 TO PROVIDE AN EXCEPTION TO THE REQUIREMENT OF A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR GOVERNMENT PROVIDERS OF SERVICE; AMENDING SECTION 8.08.090 TO PROVIDE ENFORCEABLE RESPONSE TIME VERIFICATION - Dr. Regina Robinson-Noble, no address given: Physician and Lancaster County Medical Society representative to the RFI Review Committee. I would like to commend the City and the Council for reinstating the 8 minute response time standard for the ambulance provider for the City. This is the standard in which we have embraced for many years. It's the national and international standard for urban EMS systems. It's the standard recommended by the American Ambulance Association. I would like to read an excerpt from the American Ambulance Assn. guide for contracting for emergency ambulance service. "The most serious medical emergency to which an EMS system responds is cardiac arrest. In 1970's Mickey Eisenburg, M.D. and other researches studied the survival of cardiac arrest patients who were treated by paramedics. In his landmark study, Eisenburg was able to distinguish a significantly higher out of hospital cardiac arrest survival arrest if two conditions existed in the EMS response. First, if CPR was initiated by basic life support level first responders within 4 minutes of the initial call and second if paramedic level care arrived on the scene within 8 minutes. Industry standard response times weren't part of product of these studies. While it is clear that an 8 minute ALS standard in urban areas is desirable an even lower standard is not necessarily better for the EMS system. In urban systems in which the first responders are at the ALS level it makes economical and clinical sense to increase the ambulance transportation response time to 9 or 10 minutes". So, what we the citizens and you the leaders of our City needs to realize is that we should not equate EMT service with paramedic service in our emergency medical system. We need our first responder care to be on the scene of a true emergency as quickly as possible with the standard being no later than 4 minutes. We need our first responders to be skilled at the EMT I level which means that they arrive at the scene, assess the patient, start CPR, defibrillate, intubate, start IV's as necessary. We need ambulances staffed with paramedic level personnel who arrive on the scene by 8 minutes to provide more definitive patient assessment and administer drugs as per doctor's orders. We need paramedic proficient personnel to accompany us to the hospital following initial stabilization and allow our first responders to return to ready status for the next emergency. Having applaud the Council for it's confirmation of an 8 minute standard for ambulance response time I must pause for a moment. The Mayor recently recommended the Lincoln Fire Dept. as the ambulance provider because they were cheaper, better, faster. Cheaper using the 8 minute standard the Lincoln Fire Dept. proposal has higher rates than Rural Metro. Better, the Lincoln Fire Dept., which has never been in the ambulance transport

business, is competing with incompant to 33 years of experience in the City. Faster, the Lincoln Fire Dept. promises 6 minute response time 90% of the time. First there is no known location in the United States, none known, even to Chief Spadt, which utilizes or aspires to a 6 minute response time. Secondly, there is no evidence to show that ambulance arrival or paramedic level care before 8 minutes impacts survival at all. The only research studies that have been done show only a decrease in survival if advanced care was provided after 8 minutes. Hence the standard. Thirdly, there is and must be a cost no matter where it is hidden for achieving faster, and faster response times. A 6 minute response time criteria is arbitrary. If we allow the supposition that will naturally faster paramedic and ambulance service is better no matter what the cost then would not a 4 minute response time be better yet. I submit to you that the 6 minute response time is cavalier. No more cavalier than if we'd been given a proposal which stated the provider would respond to all life threatening emergencies in 3 minutes or that they would guarantee to save all the lives of the old cardiac arrest victims. These may not be doable, they may not be justified, but with the way in which our RFI process has been conducted we can have and have had such cavalier proposals. In closing I would like to read one more excerpt from the guide. And, you have it in front of you unfortunately this is the wrong spot for me. One of the greatest threats to a successful procurement process for both the buyer and the bidder is the cavalier bid, a bid that contains an unrealistic commitment. When this occurs qualified bidders that have been submitted have submitted realistic proposals that meet the buyers requirements are passed over in favor of a cavalier bid that is extremely attractive. A cavalier bid may have been submitted innocently by a provider that misunderstood the requirements with inexperience or overestimated it's ability. This mistake has been compounded by a government buyer that sees a commitment that far exceeds the rest of the bids it is unaware it is an unrealistic commitment. I once again commend you for the 8 minute standard.

This matter was taken under advisement.

Jerry Shoecraft, Council Member: Real quickly, if the Council don't mind, I see there's some Boy Scouts in the audience real quick is your Scout leader here? Could you real quickly, I would like to recognize them, if my colleagues don't mind real quick, could you tell me a little bit about the troop and the purpose.

Troop Leader: Boy Scout Troop 63. Do you want me to take the pro or con? This is Troop 63 from Southwood Methodist Church, er Southminister Methodist Church over on 16th & Otoe right off of Van Dorn. Right now we are fulfilling the final requirement for our citizenship in the community merit badge which is a requirement for Eagle Scout and four of the gentlemen here tonight will finish that requirement tonight and the other six will be well on their way. So, we are very much pleased that you are here tonight for us to review and I'll give you a report from them at the end if you chose to.

Mr. Shoecraft: No. Would you please stand to be recognized please? Thank you for coming. (applause) Thank you. Sir they're not going to make it to the end, but thank you for that gesture. Could we move forward, Paul?

Danny Walker, 427 E Street: My concern with the enforceable time I would like to have someone explain to me how the time is going to be enforced when your working with an area west of 1st Street where there's a possibility of the area being totally blocked. I've been before the City Council before on this issue. There is money supposedly put into the budget for a vehicle to go under the 1st and J Street underpass. I haven't heard anything at all. There seems to me like there's a major stall going on which I don't think those people living west of that high risk area are very appreciative of the fact. Now, there's three of you City Council people sit on that Railroad Transportation Safety Committee. Have any of you three done anything about that? Mr. Camp, Coleen you're on that committee and Jonathan you're on that committee and that is part of the area that you are suppose to be representing. All three of you people know that I've been here before before the City Council and the Panning Commission and the Railway Transportation Safety Committee complaining about this issue. Now, the last time I talked to the Fire Chief, well we're waiting Danny, we're hoping someone contributes a vehicle. Why do we have to contribute a vehicle when the money's already been drawn out of the budget and OK'd. Like I say I'd like to see how you're going to enforce this or is someone finally going to step forward and tell the Railroad hey you're in a high risk area.

Jon Camp, Council Member: Mr. Chair I think it might be helpful if

we could have Fire Chief Spadt come forward because to my understanding we have a solution, if that would be appropriate.

Mr. Walker: Yeah, I'd appreciate because I want some answers because the last time I talked to Mike there were ...

Mr. Shoecraft: You realize your questions are cutting into your five minutes, too.

Mr. Walker: OK. It is cutting in?

Mr. Shoecraft: It is cutting into your five minutes.

Mr. Walker: Why is that?

Mr. Shoecraft: Because we've had this subject matter 2 or 3 times already.

Mr. Walker: Yeah I know and nothings been done on it.

Mr. Shoecraft: Chief Spadt could you answer his question?

Chief Spadt: I can try. We do have \$20.00 allocated for a vehicle to go through the tunnel on 1st & F Street, 1st & J Street.

Mr. Walker: \$20.00.

Mr. Camp: \$20,000.

Chief Spadt: \$20,000. Did I say \$20.00? \$20,000 excuse me. You're not going to get much of a vehicle for 20 bucks.

Mr. Walker: I can do better than that, Mike, on a Schwinn bicycle.

Mr. Shoecraft: That would be a Tonka truck.

Chief Spadt. Excuse me Danny, it's \$20,000. That is appropriated. We've had people come forward to say that they're willing to donate the vehicle. I don't think that the vehicle, the small vehicle to carry 2 personnel with medical equipment is a reasonable solution to the problem for that neighborhood. I'm very familiar with that neighborhood down there and what goes on. What we've done is worked very closely with the Railroad and we respond differently than we did before. We respond from the Station at 2nd & N. We respond from the station at Coddington and A Street. We come from two different directions. They, and I've just recently had a meeting with Roger Figard to look at a true solution to the problem rather than this small vehicle to try to go through a tunnel that's usually full of mud. It doesn't seem like a reasonable solution to the problem that you've identified. The more reasonable solution would be some commitment from the Railroad that they're never going to block those crossings which they've indicated to us that they've done. They have the light that stops the train back south of Lincoln.

Mr. Walker: And, I'll inform you right now that's a false statement. That issue was brought up when the partnering groups are going on. They made the very same promises and those crossings still get blocked. Last Sunday, as a matter of fact, that pedestrian crossing, pedestrian underpass on 1st and J was totally impassable, full up, full of glass and etc. & etc. One light working. Nobody is doing anything about it.

Chief Spadt: My comment to the Council would be that we go down to the South Bottoms quite often on calls and we do deploy two apparatus from two different locations and to date we have not been blocked by a train and we have made access to the citizens of that area.

Mr. Walker: There's always a first time to be blocked so that's how much intelligence that shows right there that statement.

This matter was taken under advisement.

AMENDING SECTION 2.20.010 TO PROVIDE THAT THE FIRE CHIEF HAVE CARE AND CONTROL OF ALL EQUIPMENT AND MANAGEMENT OF THE EMERGENCY MEDICAL SERVICES PROGRAM; ADDING A NEW SECTION NUMBERED 2.20.015 TO PROVIDE THAT EMERGENCY MEDICAL SERVICES AND AMBULANCE TRANSPORT BE ASSIGNED TO THE FIRE DEPARTMENT; APPLICATIONS & REQUEST FOR INFORMATION RECEIVED PERTAINING TO CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY TO OPERATE AN AMBULANCE SERVICE WITHIN CITY OF LINCOLN.

- (1) EASTERN AMBULANCE SERVICE, INC. - LINCOLN DBA RURAL/METRO MEDICAL SERVICES
  - A. EASTERN AMBULANCE SERVICE, INC. - APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY PURSUANT TO L.M.C. CHAPTER 8.08.
  - B. EASTERN AMBULANCE SERVICE, INC. - LINCOLN DBA RURAL/METRO MEDICAL SERVICE - EMS APPLICATION.
- (2) PLATTE COUNTY AMBULANCE COMPANY
  - A. PLATTE COUNTY AMBULANCE COMPANY - (NO PROVISION FOR 911)
- (3) CITY OF LINCOLN FIRE DEPARTMENT WITH AMERICAN MEDICAL RESPONSE.
  - A. CITY OF LINCOLN FIRE DEPT. FOR PRIMARY 911 EMERGENCY SERVICE WITH AMERICAN MEDICAL RESPONSE AS BACKUP.
  - B. AMERICAN MEDICAL RESPONSE WITH LINCOLN FIRE DEPT. FOR BACKUP 911.

C. CITY OF LINCOLN FIRE DEPT. FOR PRIMARY 911 EMERGENCY SERVICE  
WITH AMERICAN MEDICAL RESPONSE WITH LINCOLN FIRE DEPT. FOR  
BACKUP 911 -

City Clerk: And I believe at this time is when you are using your 20 minutes for your presentation?

Fire Chief Mike Spadt, Lincoln Fire Dept.: That would be correct. Mr. Chairman, Members of the Council I rise in support of this piece of legislation that does give the Fire Chief the authority to take over and the modification of 2.20.010 that does put the emergency medical services and ambulance transport within the confines of the Lincoln Fire Dept. I've prepared a brief slide presentation to present to you and at the conclusion of that I would be happy to take any questions that you have. I have my technical assistant helping me out. (showing slide presentation) OK this is the Lincoln Fire Dept. submittal. It's a coordinated seamless effort. It's not a vendor. It's beyond a contract vendor relationship. It's developing an EMS system in which all participants serve our community. It's local control, system design and administration personalized to the communities needs. It's the protection of a public service flexibility and it's not reliance on volatile economic conditions. LFD is reliable. We've been in the community providing protection to the community for over 128 years. The money collected through the program stays in this community to make this system better than. Leadership, it's about the customer. I don't need to read it to you there's another bullet that comes with that. It's about people. People at the frontline closest to the customer empowered to get on with the job. Leadership qualifications. The LFD is an accredited Fire Dept. by the International Association of Fire Chiefs. We're one of very few in the country that have achieve this status. And, again we have over 128 years of experience providing life saving care. I'll talk about of deployment plan a little bit. We're strategically located throughout the community, the most integrated and flexible system yielding the greatest efficiency. The plan provides for more resources available for the patients. Sharing of our resources which would be our QRT Engine companies along with our ambulances which would be a true coordinated effort, a seamless effort, plus the efficiencies equals a plan to save lives in the community. If 31%, with our plan we have 31% more lifesaving paramedic unit hours generated which means more capacity and there's more available, more availability to the citizens in Lincoln when they have a need and need to call 911. We have six units available in our program. Some of the data that we collected is call volume by the hours of the day and showing trends from year to year and you can see it increases by about 4% on an annual basis. The call load by the day of the week and it also shows it's just another way of analyzing the data that we have at hand. Peaks on Fridays and Saturdays. Our locations, as I mentioned before, we have strategically located stations throughout the City and we've housed the stations based upon call volume. It's not by chance. By the color shading it's probably really difficult for you to see, 400 and greater calls would be like in the Station 1 area and so on and so forth as the call volumes are less. We focused and placed our units in those locations so we can meet the needs of the citizens more quickly. We have in our plan arranged for an automatic mutual aide situation. We have a mutual aide program now currently with the, with the County that we share Fire Protection Equipment. Our information is based on historic call volumes and we have 14 crew safe posting locations where they all have a quarters to be in that's safe from the environment. Station comparisons, our plan has the ambulance deploying from six locations and there is an economy to be found in using existing strategic infrastructure. This map basically shows where we're going to house our units and our plan has more places and we place our units in areas of high volume and high usage and we've placed them in places where we can accommodate the traffic patterns and get on major thoroughfare in a hurry. We have more paramedic response points, patients have quick and full access to emergency health care, paramedic engine quick response teams are part of the EMS system and quick ambulance response to provide a senior medic at the patient side in the quickest amount of time possible. We deploy from 14 locations. Our logistics and deployment system we have four dedicated ALS ambulance units dedicated to the City of Lincoln. We have 14 Advanced Life Support paramedic quick response units so where we can contact the patients in 3.2 minutes or less. Within that we have ready reserve units that we can activate in a matter of 60 seconds and deploy them in areas of peak time. We also have a reserve and standby ambulance along with our mutual aide assistance from Fire Departments in the County and abutting jurisdictions. Lincoln Fire Department paramedics experience; the average experience age of our paramedics is +5 years, 5+ years. We range from 2 to 23 years of

experience. 44% of these paramedics have gained experience through either Eastern Ambulance or Rural Metro. 20% came from Rural Metro as lead paramedics. 56% of these individuals have 5 years of experience of service with the Lincoln Fire Dept. and 28% have 10+ years with the Lincoln Fire Dept. So our system shows experience, it demonstrates longevity and these individuals are cross trained, multitask professionals. Ambulance transportation is a vital link in the EMS system. Obviously, it starts with the calling party and goes to the public service access point and on to the Fire Dept. We activate the system with the transport to the hospital providing the ALS care to those citizens that need that and on to the hospital so they can get follow up care. All in coordination with the medical directions. Medical stake holder responsiveness, our ambulance would be staffed by 24 senior medics. The contact focus is between physicians and senior medics. Scheduling to avoid burn out and fatigue we would rotate our medics so they would stay fresh and provide appropriate care reaching consensus with our medical control and oversight stakeholders. Customer and market focus - we would maintain data in all three hospitals, one rehab hospital, 26 nursing facilities and 6 stand alone primary care clinics. Use this information so we can be responsive to their needs and act appropriately and quickly for resolution to their issues. The strength and relationship building facilities, healthcare plans and other stakeholders. And we need to know, obviously, where our healthcare customers are located. We've identified on this map where all the hospital skilled nursing facilities and primary care clinics are. Consumer contact, we do that on a daily basis with the Lincoln Fire Dept. We make it easy to report concerns thus being expedient and positive solutions. We check regularly, we followup with calls, we insure that they're satisfaction, and we build on the LFD facility visit program already in place. We already touch these facilities and speak to these issues with the end users. We also seek suggestions and crew compliments. Let's speak a little bit about ambulance subscriptions. That seems to be a topic of debate lately. Through information that we've been provided by the health care financing administration or HCFA as we know it that after the first of the year when the negotiated rule making committee gets done it appears that those patients that are 62 years of age older and on Medicare, a subscription or a membership program will be virtually not beneficial to the individual. In the meantime if the Fire Dept. is provided this service the Fire Dept. will provide any exis, will honor any providing membership programs that are out there in the community. And after the HCFA regulations come down after the first of the year and there is still a need in the community and it's warranted with the membership program we'll offer that to the community based upon the need. Human resource focus - the work force on the Lincoln Fire Dept. longevity is a good way to describe that. Our employees stick around a longtime. 30, 35 years. It's not a short term endeavor or career. Very stable workforce. It's dedicated to Lincoln. The benefits package are unmatched. The incumbent workforce provision that we've provided in our submittal, you know, will take into the consideration, you know, providers in the community that could potentially be displaced. We are constantly striving for continual education. Career with the Lincoln Fire Dept. you are continually training from the beginning until the end. We always strive to make ourselves better. The process management - we will employ the best practices to benefit the citizens of Lincoln. Innovative plans addresses the needs of the Lincoln community. There are opportunities for privatization with regard to suppliers and also an opportunity for privatization with regard to the billing and collection structure. The equipment that we use will be, ambulances, all of our ambulances will be Type Three, Class One, which are the box type which will accommodate firefighting gear. As I mentioned this is a cross trained dual role, very diverse employee that we will deploy on this apparatus will not only have the responsibility for EMS calls, but will also have the responsibility of doing different tasks on the fire ground, tending to the people that are sick or injured as the result of a fire or they may take on some task on the fire ground as well. Also, all of our equipment will be exactly the same as we carry on our engine company so the compatibility is there and the cross use of this equipment. Also, we have traffic signal, preemption safety devices on all of our apparatus to where we can change the configuration or the direction of traffic signals at intersections to reduce the opportunity for accidents, if you will. These same devices will be on these ambulance apparatus. This is the slide I already talked about, I kind of got ahead of myself with the exception of the second part. A constant quality improvement study for best equipment practice as currently we have as new technology comes out on the market we analyze that information on the

Lincoln Fire Dept. We actually have a committee to see if it's going to meet our needs for the community and the citizens. Business results - it's designed for full accountability, open books. Constantly, we, our books are open to you, obviously, we're part of the City government. They're open for public scrutiny. Designed to be self supporting, not a tax subsidy, but a revenue source such as the Lincoln Electric Service. Designed to deliver more lifesaving quick, services quicker. And, the business results continue. More resources, better practices and a system based on results. Result oriented for customer satisfaction, financial bottom line and human resources. And, again the billing and collections would be another opportunity for privatization. With regards to the payer mix and revenues we've researched several avenues to arrive at a sound budget, development and statement of revenue and payer mix. We've utilized all available systems source documents to guide us and figures, our figures are validated with current system information. We've used outside budget assistance from professionals with private sector ambulance company experience and we utilized full cost accounting and allocation to represent all costs. Our checks and balances, some of them that are multiple sources from Medicare information, we looked at the American Ambulance Association which was brought up earlier. The International Association of Fire Fighters, the Director of Emergency Medical Services, the Health Care Finance Administration, and EMS insider which gives us the formula, if you will, as to what the information will look like at the first of the year through the negotiated rule making committee. Revenue payer mix, our calculation of the payer mix factored in the latest Medicare reimbursement information for fiscal year 2001. Information is checked with other providers own experience and available system data. Direct contact with the Medicare financial intermediary which would be Blue Cross and Blue Shield and regional comparison of collection rate and other historical collection rate of present provider. I would like to close with our side that says Our Family Helping Your Family. And, I would open it up with to questions that you would have at this time.

Mr. Camp: Thank you for your presentation Mike. As you know one of the concerns I've had is on the financial element so I might as a few questions that pertain to that. You talked about rotating the medics so they stay fresh, what is your proposal specifically saying?

Chief Spadt: 12 hour shifts on the ambulance company. Those senior medics that would be assigned to the transport unit would rotate on a 12 hour basis.

Mr. Camp: Speaking of medics, how many paramedics then would you have?

Chief Spadt: 24 senior medics, 34 quick response team paramedics.

Mr. Camp: So you're talking about 50 paramedics or are you talking about 24 paramedics.

Chief Spadt: I'm talking about 60 in total with two different functions. We've followed the guidance of the EMS Inc. through the Medical Directions Board from Lancaster County Medical Society and tailored our submittal based upon their new requirements. You could have a quick response team paramedic deploy from an engine company hence the quick response team and then the more senior medic or lead medic that they call it by protocol which is the 24, the smaller number, would be assigned to the transport unit because those are the people that the physicians wanted to get to know by name, by voice, so they can have a conversation when we're out in the field requesting orders.

Mr. Camp: The 36 then, I guess, out of your current Fire Dept. paramedics how many met the medical standards on May 1st.

Chief Spadt: Absolutely none.

Mr. Camp: How will 36 meet it now?

Chief Spadt: We are working very closely and looking at developing a solution to, if I'm chosen as the provider, to give these people access to those skills and I guess we have to go back in time a little bit and understand why, there were two providers of this service in the community, one being granted the latitude or the authority, if you will, in the private side to retain all control of the skills that you're talking to. Now, my employees were precluded from gathering those skills when it came time to tally the numbers.

Mr. Camp: You had mentioned that there be an opportunity for private business in collections, and you and I have talked on this before and you'd indicated you have a provider in mind is that still the case or is that still open?

Chief Spadt: That would have to run through the process of bidding through the City Purchasing part, er division.

Mr. Camp: OK. Type three ambulances, I guess as I look through your slide there is there really anything other than larger that is more

advantageous than the current van style that's used?

Chief Spadt: There's more room to work on the patient who needs care and you can transport a couple of patients which I wouldn't recommend that, but you can with greater efficiency than you can with the van type.

Jeff Fortenberry, Council Member: Chief Spadt would you provide some more information on the distinction between the senior paramedic and the quick response paramedic in terms of the skills that they will be presenting at the scene of emergency?

Chief Spadt: Sure, as I mentioned before we built our submittal to the request for information around the desires of the Lancaster Medical Society and the Medical Directions Board and the Medical Director. There were obviously, and we've had this debate for some time, that the community desire that we have a smaller number of providers and so we took heed of that and built our system around that. Now, the quick response team paramedic which is spelled out in the system protocol, talks about these individuals performing paramedicine up to a point. They can only go so far within the protocol and then at that point and time the more senior medic or the lead medic as it's called in the system today would direct the call. That doesn't mean that that individual cannot continue level of care and under the watchful eye of the lead medic continue that full range of paramedicine.

Mr. Fortenberry: So the distinction is not between basic and advanced life support here, finding a new type of ...

Chief Spadt: Yeah. The QRT paramedic and the lead paramedic are state certified, nationally registered paramedics authorized by the State of Nebraska to perform paramedic skills. Now, the other three individuals that are assigned to the engine company apparatus are only capable of doing basic life support skills all the way up to defibrillation.

Mr. Fortenberry: I guess draw the distinction a little bit more other than supervisory role or is there no other distinction between the senior paramedic and the quick response paramedic? The skills that they can apply to the patient will all be the same? Is that what you're suggesting or do, are there distinctions between the level of skills that is brought to the patient and obviously the senior paramedic is the one generally assigned to follow that patient all the way through the medical process to the hospital.

Chief Spadt: How we run our operation, Jeff, is that when an apparatus arrives the company officer, the Captain the ranking officer is in charge of that call. They are to look after safety things, wires down, shots fired, fires, that sort of thing. Now when it comes to patient care, obviously, the quick response team paramedic is going to be the first one there. They're in charge of that patient until they're relieved of someone with more or has been identified by the medical community as obtaining lead status. Now, my goal is that these two individuals will work in concert to provide the best patient care that they possibly could. It's not that one will stop rendering care and then someone else will take over, that we'll work together as a team to accomplish the best we can for that citizen every time.

Mr. Fortenberry: One of the problems that we heard addressed by the medical community was skills such as intubation which takes quite a bit of repeating and obvious supervision by the medical community. Would that skill be, again, a skill shared by all 60 of the proposed paramedics that you have?

Chief Spadt: Yes it would. Intubation, intravenous fluid, yes, by the new protocol proposed by the Lancaster County Medical Society they give that authority to that QRT paramedic and also administer epinephrine. Those things that are vital when someone suffers cardiac arrest in the first few minutes.

Cindy Johnson, Council Member: I would like to follow up on that, Mike, if you're going to have different levels of paramedics is there going to be different pay for those paramedics? When we start looking at budgets years down the road and we look at our raises and our contracts are we going to be seeing different level paramedics as far as pay based on their skill or is everybody getting paid the same?

Chief Spadt: My desire is, as I mentioned before, is that we have a wonderful opportunity here to bring everyone to the same level so the citizens of this community receive the very best care that they can each and every time in the shortest amount of time possible. That's what's going to save people's lives. Under the tutelage of the lead paramedic these QRT paramedics can obtain that status. It's not that they will be able to perform that full range of paramedicine in the beginning, but under the watchful eye of the transport medic, lead paramedic, senior medic whatever we want to call it they can gain those skills so they can further their skills so they become a better provider for the community

and it is not my desire to diminish their salary.

Mike McAdams, no address given: And a little background, I have lived in Lincoln all my life. In fact I'm living on the same block I have lived on since I was five years old so I've been here a little over 50 years now. My experience with the Lincoln Fire Dept., ambulance service, and our current provider, I knew Craig Dodge and Marty Miller, I had them in the Marine Corp., when they formed Eastern Ambulance. And, they formed Eastern Ambulance to make a profit. That was the whole idea of it and this is what Rural Metro is doing today. When my mother passed away two years ago I walked into her house, found she had collapsed, I hit 911, within 2 minutes the Fire Dept. was there. I don't know if they came from 33rd & Holdrege which is a little over a mile away or Cotner and Vine which is about 2 miles away, but they were there within about 2 minutes. About 5 minutes later our current ambulance company who is 5 blocks away from our house showed up. The efficiency. This weekend I was driving home, I heard on my way there was an accident at 33rd and O Street. I had to pass through there and when I got there there was one Fire truck there and there was an ambulance there that the Firefighter was talking with the person driving the ambulance and directing them. So, I turned the corner and there was another ambulance a half a block down at ALL Makes Office Equipment parking lot. The guy is playing with a dog. Efficiency. This is costing us money. Now, they have reduced their cost by \$18.00 per call. They found out what the Fire Dept. was charging. Why couldn't they do it before? This cost us all more money. This is inefficient the way that they're doing it. I feel that they're taking advantage of the people of the City of Lincoln because of their charges. I believe that our Fire Dept. is much more efficient and do a much better job. If they're going to charge for it, if they happen to make a profit, we know what's going to happen, their budget is going to be reduced and offset by that so it could actually cost the people of the City of Lincoln less money by having the Fire Dept. do it. Now, this all travels down hill. These are medical costs. I happen to be an insurance agent. I know about medical costs. I know that these can drive up our premiums which can cause our cost of living to change drastically. If the current service can do it for \$18.00 less today after they found out what the Lincoln Fire Dept. was charging why couldn't they not do it before? Personally, I believe they've been a little unethical in their charges. They're overcharging our people at a time that they've got a lot of stress on them, there's an accident, there's a death, whatever the case may be. There again our Fire Dept. they're there. They're response time in the situations I've had to deal with them, much, much better than our current ambulance service. Thank you very much.

Mr. Camp: Mr. McAdams I have a couple of questions of you please. Do you understand the difference between the quick response team and the ALS Advanced Life Support team?

Mr. McAdam: I believe I do, Sir.

Mr. Camp: And, do you know who serves the function of the quick response team currently?

Mr. McAdams: Not totally, no.

Mr. Camp: OK. The Lincoln Fire Dept. has been designated under our current system as the quick response team, the QRT that you've heard here and the reason for that, my understanding is, past City Councils and Administrations have deemed having 14 fire stations that we have closer access and therefore, generally speaking, it's, by system design that the Fire Dept. should be there first. So, I think that it's important to clarify that for the process. Now, if we deem through this process to change it ...

Mr. McAdams: That's like I told the Chief that's what happens when you buy low bid.

Mr. Camp: Mike, we're doing something wrong here (inaudible) and so I think that's system design and I know I've had a lot of constituents call me and say well gee X company gets there first. I've heard some people say that Rural Metro gets there first and, you know, system design. Second thing I'd like to ask you is, you said you observed a Rural Metro ambulance at 33rd & O Street in All Makes lot playing with a dog?

Mr. McAdams: Yes sir.

Mr. Camp: But it was out there, do you know why it was there?

Mr. McAdams: I have no idea since there was another one in the intersection of 33rd and O Street where the accident was at. And I did check with the other employees. I called and I said, do you people have dogs? I mean do you use them for any ...? No we have no dogs. OK.

Mr. Camp: I think that part of this is a point that I'm very pleased to see in the Fire Departments proposal and it's somewhat analogous or similar to what's called systems standby or systems status

management, if you will and it's where when vehicles are, Fire Stations or Ambulances are put in service others will move up to be closer because it's an area that may be more prone to have calls. I suspect if you would check that might be the reason there was another ambulance close by, because at that time of the night and I happened to drive by 33rd & O myself a lot I've seen one catty corner of Grease Monkey lot or whatever that facility is and I called up and that was what the advice was. So, I think both entities here, both Rural Metro and the Fire Dept. are to be commended to start using that and this is something that I've been advocating is the fine tuning of the process, but maybe we need to design it. So, I'm glad you've observed those things. I think we're seeing something that's (inaudible). The last question I would have is on the financial elements that you question, one of the difficulties in our system or in our legal process surrounding this is that it isn't really a final bid. That isn't how the RFI was set up. The RFI would just say submit the information and there's nothing to stop the Fire Dept. from doing another proposal, in fact the Fire Dept. was ready to and the Mayor said, "no we're not going to have a kitchen auction" and so we need a backup on the system and that's something I've raised with the community.

Mr. McAdams: I understand that, of course, I would question if they had an ambulance setting at 33rd & O as a what if situation why did they have another one come in? Why didn't they use that one there? And, if Rural Metro can do the service today for \$18.00 less than they were charging prior to this and still make money and that's. let's face it, there's nothing wrong with it that's what they're in business for, then why didn't they reduce their \$18.00 before instead of making an extra \$18.00 per call going against the patient, going against their insurance policy which can raise their rates which raises all of our rates which cuts down on our discretionary money we have to spend.

Mr. Camp: I'll ask that question to Rural Metro because I don't know.

Mr. McAdams: So, if all rolls down hill so to speak.

Dave Engler, no address given: I'm representing the Firefighters, 241 Applecreek Rd. I'm speaking on behalf of the 255 Lincoln Firefighters represented by the Lincoln Firefighters Assn. We have about 60 out in the audience that expressed an interest to come up and talk to you about their desire and commitment to provide emergency medical ambulance service. I didn't think that would be appreciated by all the people here and the members of the City Council. But, we feel placing ambulance transport within the Fire Dept. will ensure smooth operations at emergency scenes as a stable workforce will be trained and operating under the same command structure and that eliminates confusion in an emergency. We all know communication is very important and working under the same administration is very important for communications in emergency incident. We've worked hand in hand with Fire Administration to make sure we can design the best possible 911 response to medical emergencies and we feel we've done that through a cooperative effort and we'd just like to thank you for your consideration tonight. Thank you.

Danny Walker, 427 E Street: I'm going to read you an article out the Lincoln Journal Star dated 6/14/00. Outrageous bill. During April of this year I was hospitalized at Bryan LGH West. On April 19th I was transferred to Bryan LGH East for heart surgery. The transportation was provided by Rural Metro Medical Services. When the Rural Metro people arrived with the gurney I got out of bed, walked to the gurney, and laid down unassisted. I was then wheeled out to the ambulance and driven to Bryan LGH East. During the trip I did not require any medication or assistance other than the IV in my arm. Since the hose from the bag to the needle was not long enough to reach the hook in the ambulance I was handed the bag to hold while the attendant looked out the window. For this transportation I was billed \$512.95 and I'll remind the City Council that's the same bill that I got last August when I had my heart attack. I firmly believe the amount, this amount to be outrageous for nothing more than a glorified taxi ride. I would not vote for these people to receive the new contract for Lincoln's ambulance medical service. James Preston of Lincoln. Now, I understand from what I've read that the three hospitals are getting a little fat off of the kick back from Rural Metro which amounts to over 40%. Now, if I'm wrong they can stand up and correct me. Now, the question I have if this is the case, if this is the case why wasn't this shown on the Fire Depts. bid? Why wasn't the Fire Depts. bid lower than it was? I realize there's going to be start up costs and etc. and etc. however, I think that should be looked in and thoroughly researched. I've got a copy of this for each one of you. Lancaster Medical Society, I noticed they were real, what I would say hostile & thorough. As far as paramedic qualifications, the question I

have I didn't see anything about who's going to have oversight on the physicians, the doctors, the surgeons? Are they exempt? What are they, are they God's little angels? Here's an article each one of you is going to get, FDA want's doctors to heed drug warnings. The majority of them don't even read the warnings on the drugs before they prescribe them. They pulled four medications off the market right now because of major deaths as a result of physicians not reading those directions. Are there any questions?

Mr. Camp: Out of clarification what is the fee that the Fire Dept. would charge under their proposal for that type of ride that this letter to the editor said? Fire Chief, I don't recall out of the RFI.

Chief Spadt: Our submittal to the RFI was for advanced life support \$495.00, for BLS \$400.00.

Mr. Camp: So what Danny described would be \$495.00. Thank you.

Darrell Bickford, no address given: I want to come up and talk tonight because it wasn't no more than 2 ½ weeks ago that I passed out over to the VA Hospital and the first ones on arrival there was the Fire Dept. They did an excellent job, took care of me, but by, I guess, the way we run the things in Lincoln, they had to step aside when Rural Metro came in on the scene. I don't know, I don't exactly remember how many minutes it was afterwards because I was kind of in a daze a little bit, but I do know that Lincoln Fire Dept. was there and from what my brother tells me they did an outstanding job of putting the immediate care on me. And, I don't know if I'd be living now or not if they didn't show up on time. The other thing is, I took a ride with what used to be Eastern Ambulance five years ago. They sent a bill for \$387.00. My insurance at that time was Champus. They paid \$215.00, I paid that to them. I had a supplemental insurance, they paid \$79.00 and Eastern Ambulance, and on the bill I took in to Eastern Ambulance it stated there the cost for this area was no more than \$280.00 and they paid \$215.00. I gave them another \$79.00 and they said that wasn't enough you still owe us more. I fought that and fought that, they finally sued me to get the rest of their money and I, but I'm in strong support of the Lincoln Fire Dept. for one thing the money that is paid or they earn from any calls stays right here in Lincoln. The profit is not sent out to Colorado for somebody else to benefit from, we need to keep this money here and benefit ourselves. And, if we don't see that we don't want to say spend the money here, give our people the chance to earn the money and keep it here in Lincoln to make Lincoln better I think we're wrong.

Bill Prabulos, no address given: I lived in South Lincoln next to Williamsburg and Seven Oaks. I was a firefighter for 25 years so I'm retired now, I'm not part of the ones that were told not to come up here. I had an incident happen at my house in my garage, one of my family members was injured, called 911 immediately, the Fire Dept. was there within 4 minutes. Luckily the fire station was finally built at 27th & Old Cheney so they were there at a proper time. It was icy. It was bad. Rural Metro took 28 minutes to come to my address. I was handed the radio by the Captain on the scene and said Bill you better direct them in they're lost. I called them on the radio, asked them where they were at, they were out on 33rd and Old Cheney. I directed into my court which was a fairly new court, 32nd Court. They showed up, took my wife to the hospital, I followed them up there and just about beat them in, but I mean I wasn't racing. Within a couple days I got a bill which demanded payment within 10 days. It was a nasty bill. The nastiest bill I've ever gotten in my life. I went up and personally paid that bill, but before I paid it I asked them why it took them 28 minutes to get to my house. I was given 50 different reasons, the weather, everything under the sun, but the truth. The truth that they didn't put the paper that the Fire Dept. gives them, a zone map, in their book which I know the Fire Dept. does and they don't study their streets. They're inept. I would never call them again in my life, that's why I think that the Fire Dept. should do this and do it properly and yes I am prejudice toward the Fire Dept. Thank you.

Patrick Mast, 216 N 32nd Street: I was coming home the other night going north on 27th, a gentleman was riding a motorcycle right in front of me, we had the green signal, he went through, and some lady from outer space about 80 years old come driving through the red signal and hit him.. Well, fortunately he wasn't seriously injured, but the ambulance is coming down the street coming east on O Street, he doesn't have the forethought to go out into the oncoming traffic lane. He gets tied up at 27th & O, has to honk his horn and just about get out and push the cars out of the way. I thought my goodness is I was driving that ambulance myself I would see that there was traffic there and go around it. The Fire Dept. comes in a moment later, passes him, comes around, comes up the wrong way on the street as it should and pulls up and stops. The ambulance got there within

seconds of the Fire Dept., but he parked down here in traffic, oh, a minute and a half. I guess the traffic signal control in them that the Fire Dept. has. I don't know and then I have a question, if Lincoln Fire Dept. gets the City contract who do the poor folks out in the County going to have to depend on? Can anybody answer that?

Mr. Shoecraft: Chief Spadt would you please come up and answer his question?

Chief Spadt: It's my understanding that after a provider is selected to provide emergency services or 911 service that there has to be interlocal arrangements that need to be signed with the County to guide this work. It's not that the County's not involved, it's just that we have to have a provider selected prior to providing the work to them.

Mr. Mast: That's still a little bit confusing and I just wanted to say one more thing, I'm 100% for the Lincoln Fire Dept. One of their old time firemen lived next door to me for years and years and told me of the many things that they've done and the many improvements they've made over the years. I think old John Gabrion was there from the time they had horses, but he told a lot of good stories.

Carl Cantor, 2910 Mark Avenue: I've lived in Lincoln 60 no 54 years of my 78, 79 beg your pardon yesterday was my birthday. And, I have had no problems with the Fire Dept. whatsoever. I do think we elect a mayor sort of as a leader for our community and I tend to think that the Mayor, if we were to judge this thing on who's opinion would be good, I would tend to give the Mayor about 7 votes to 6 or however many Councilmen there are. I know that the Mayor favors the Fire Dept. doing this. I believe that's the way to go and I'm hoping that will be the way it is. Thank you.

Bill Svoboda, 1955 C Street: I'm here to relate an experience with Eastern Ambulance about 7 years ago and they were purchased by the one we have in business now, if I'm correct.

Mr. Shoecraft: Rural Metro.

Mr. Svoboda: Thank you. Seven years ago in April my wife called 911. The Fire Dept. got there first and Eastern Ambulance got there shortly thereafter. And, then my doctor arrived just shortly because he lives two doors from me. The fellow who was handling the Eastern Ambulance said well I've been in this business for so many years and I never did have a doctor at a patients house. Well, that didn't mean a lot to me because I was having a heart attack. So, finally the doctor, the fellow was arguing with the doctor, the doctor said let's knock this off and just get the man to the hospital, which he did. My wife rode along. The fellow that was attending me in the ambulance said to the driver, aren't you going to turn your lights on? Aren't you going to go through these lights to get me to the hospital? Naw, he doesn't need it. So, we drive up to the hospital, they call it Bryan East now, get in the hospital shortly there and I had a cardiac arrest, a matter of fact I was dead and I was able to survive otherwise I wouldn't be standing here. But, that was a condition that I understand the ambulance service that we have in existence now. Now what they're doing now I do not know, but that was my experience and if you have any questions I'll attempt to answer them otherwise I'll leave.

Stan (inaudible) 806 W Garfield: I call your attention to a couple of things that being that all you have to do as far as checking the quality of the people that are on the ambulance service and I'm talking about Metro, if you talk to any people that respond to accidents or whatever beyond, and I'm not talking about the City's Fire Dept. you talk to those people who respond in rural areas and so on where Rural Metro is, you'll find out there's a lot of greenhorns coming out there to help those people on that Metro ambulance service. And, personally if I had a problem I'd just as soon not have greenhorns. I know they all have to go through that procedure, but I hope it's not me. And, I think that the City Council would be amiss not to turn this thing over to the Fire Dept. and, because they respond first and are there to get the people back going.

Mike Delaney, 1600 S 58th St.: And, I'm as new to Lincoln as the previous gentlemen are historical to Lincoln. I want to read a letter that was sent to the Editor of the Star, Journal Star in response to some statistics they cited in respect to the Seattle Fire Dept. It wasn't published so I would like to bring forth those pieces of information here. For someone who recently relocated to Lincoln and is from Seattle I feel I need to set the record straight regarding the Seattle gold standard when editorializing about paramedic negotiations. You state that Seattle is 350 sq. miles and has 750,000 residents served by 56 paramedics. I found that difficult to believe and after contacting the Seattle Mayor's office I discovered that Seattle is 84 sq. miles and has 541 residents as of

1999. Human resources at Seattle Fire Dept. tell me that there are 63 Fire Dept. Medic 1 paramedics. In addition everyone of the 1000 Seattle Firefighters is a qualified EMT and there are at least two private ambulance companies operating within the city limits. Seattle practices a tiered response. The first being an EMT unit dispatched from a local station and then if necessary Medic 1 and elited advanced life support group. Non-emergency transport is provided by private companies such as Shephards and Stat Ambulance. Also, Seattle is closely bordered by communities with their own Fire Depts. and Medic 1 units so in the event of extreme disaster medical aid is available. If the paper is going to use statistics and graphics to prove their editorial point it would behoove them to present the whole story as well as accurate facts. That's it, thank you.

Glen Cekal, 1420 C St.: I'd just like to voice a quick protest regarding the City of Lincoln and it's media that includes radio stations, television stations, and especially the Lincoln newspaper. As a whole ...

Mr. Shoecraft: Glen, excuse me are you here to talk about Item No. 2?

Mr. Cekal: On the subject, yes. On the whole I think they've done a horrible job because had the City been presented the facts as they eventually, finally are coming to the fore this would have been taken care of a long time ago. I remember a time when the Journal Star, that's when they still had a heartbeat to tell they were alive in wanting to carry the message, when the contract was let by then Mayor Johanns to the Fire Dept. and all of a sudden it was to another company, Rural Metro. I really don't care who gets this service, but I'm sick and tired of having you all and that includes everybody from Johanns down to who's here now play politics with this type of situation. I've heard many people say this isn't a political matter, then why don't you act like it? And, we have a great opportunity now to start getting to make up for some of the things that have been done wrong, especially from the time that Rural Metro first got the contract and this goes to show you what poor leadership can do. Thank you.

Mike Morosin, Past President Malone Neighborhood Assoc., 2055 S St.: Concerned citizen. This process here has been kind of like a fever. The point is such that are the symptoms exhibited by Rural Metro. They are a fever of about 107 degrees and that usually warns us that the patient is exhibiting these signs that may soon be dead. In any case the past, the present EMS system has some flaws in it Mr. Camp. We know there are, there's always flaws, but it may of soon been dead too if some citizens in the community hadn't felt a need to bring these questions forward over the last five years. But, the document created out of this process now becomes a living document and I hope and that always the citizens will be allowed to have input into this document. Times are going to change, processes are going to change, the way we solve human lives will change and I hope the citizens will be involved in that process from the beginning to the end. If not the only important question to be debilitated, deliberated is how shall a decent interment be arranged because the present operator of the ambulance has not given the citizens a fair shake from the beginning and many of their business practices have come into question over the last months and years and much of that is surface and more will be brought forward. Once you proceed beyond the rhetoric of Rural Metro and their stooges the important facts speak plainly and stand on their own merit. With all due respect the Lincoln Fire Dept. is more than aptly qualified and I have seen no good reason to change my position that I stated over five years ago. Let's clear up this smoke & mires because they are on the other hand a multitude of compelling reasons to sever the relationships between Rural Metro. When you boil all down the dialog with many of the meetings that all of us have attended the logical answer to the problem of a reasonable person can be taken care of in the hands of the Fire Dept. (inaudible) first and foremost be responsible to the citizens of Lincoln and only to the citizens of Lincoln should that responsibility be. So I hope as you deliberate with this serious question that has finally come forward and as a fever pitch remember the citizens involvement and why you have been elected.

Mr. Camp: Mike a quick question. You said the compelling reasons to change servers, why? Could you name them?

Mr. Morosin: I think we've had the response times come into question. I know when I looked over some of the responses over 210, 220 times they weren't on time. I think that's a reason.

Mr. Camp: What time period was that in?

Mr. Morosin: Uh, '96-97.

Mr. Camp: How many responses are there in a year?

Mr. Morosin: Oh, many. You have that figures already and have been

presented so I don't need to give you those figures. I think the committee was given those figures even by Rural Metro's own response when they asked the question and I think if you take a look at it there are problems with the response. They've tried to eliminate that.

Mr. Camp: What I'd like to do, in this whole process Mike, is I'm very concerned we deal with facts. 220 calls over a 2 year period, there are 14,000 calls in that 2 year period which is less than 1%. The current standard is arriving in 8 minutes 90% or more of the time, thus under the current system Rural Metro has arrived, and I'm not trying to defend Rural Metro I'm trying to deal with facts. And, if there is a compelling reason to change I want to know what those are, but we've got to deal with facts. This 220 when it's less than 10% and that's 1/10th of the room there is not fair. Let's just deal with facts here please.

Mr. Morosin: Well we're dealing with facts and I think all of the facts should come out. I asked in the past to have access to all those records so I could compile and we could take a look at those. I was not allowed access to that. I did pull some forward, so I think those still should be let for the citizens to be able to decide upon themselves on the response time.

Earl North, no address given: I'm with a rural Fire Dept. here and I've been, I've worked with Rural Metro before. They do have some good paramedics and they some people that's some of the rudest people I've ever met. And, some of our patients said if we ever had to call them again they'd just as soon we'd transport without even calling ALS. And, one thing we get out there on the scene, Rural Metro when we get them out there they're not trained in extrication. They don't wear bunker gear when they come to our scenes and a lot of our insurance companies tell us we have to, they have to wear full bunker gear when you go to the scene for extrication and stuff like this on account of glass and stuff like this. And, we can't get them to say they're going to assume the responsibility if they're hurt, but they want to take charge of the scene and as far as we're concerned when we're out in the country we're in charge of the scene and they're there to assist us. But, like I said they've had some real good paramedics, but we've had some people in our town that would rather not even see them show up. And, if there's any questions about rural we'd try to answer those, but ...

Mr. Camp: Have you reported the conduct of the Rural Metro people?

Mr. North: Oh yes we have.

Mr. Camp: Have you? To whom have you reported it?

Mr. North: To their management and also to the 911 Center before they've been, we've had paramedics come in and actually just come up and, you know, not really ask they just take over the scene and as far as in Lincoln any, the less times you have to transfer medical care from one person to another, like if the Fire Dept. responds if their paramedic went with them clear to the hospital you've got less chance of losing information on the way, because anytime you transfer information from one to the other you always have that chance of losing or misinterpreting some of the statements because it gets pretty rigorous out there in the field. When you're trying to take stuff, you're writing notes down on the back of your glove and stuff like this to, so you can get all the information when you get there, so ... Thank you.

Annette McRoy, Council Member: I'm sorry what is bunker gear?

Mr. North: Bunker gear is the full turnout gear for the Fire Dept. like coat, pants, boots, and stuff like this and it's protective in case something happen that fire, a car would catch on fire or something like this while they're around it or it'd roll over it helps a little bit, but mainly for cuts and things like this and there were, when we get out there most of our people, you know, if it calls for it they've got it all with them.

City Clerk: Ok, those in opposition may come forward at this time. This is for Item 2.

Mike McClure, Basso, McClure & Goeglein, LLP, 211 S 84th, Suite 100: I'm a partner in the CPA firm of Basso, McClure & Goeglein at 211 S 84th Street. I'm here because Rural Metro engaged our firm to provide an independent analysis of the financial forecast contained in the Fire Depts. proposal to provide emergency 911 ambulance service. As a result of this engagement we issued a report dated June 24, 2000 that detailed the results of our analysis. In the next few minutes I'd like to summarize the findings of our report, however, before I do that I'd like to point out that neither the staff nor the partners of Basso, McClure & Goeglein have any present or future interest in Rural Metro nor any personal interest with respect to any of the parties involved. What's more our compensation is not contingent on the results of our report. Now, under our findings. Part of our engagement we analyzed the number of

911 ambulance calls that Rural Metro made within the city in 1999. We also looked at the proportion of those calls that involved life support services in the proportion of the calls that were paid by either Medicare or Medicaid. We then compared those statistics to the statistics used in the Fire Depts. financial forecast. Well, we noted a number of errors in the Fire Depts. financial statements. The most significant involved the overstatement of billable 911 ambulance trips and the overstatement of the proportion of those trips that could be billed as advanced life support services. The Fire Depts. forecast of revenues assumes that 8800 billable 911 trips will be made annually even though Rural Metro only made 7,000 such trips in 1999. The forecast also assumes that 90% of the 911 trips will involve advanced life support services when in fact only 40% qualified as such in 1999. The distinction between advanced life support services and basic life support services is crucial because the Fire Dept. proposes charging about \$96.00 more for advanced life support than for basic life support. According to our analysis the overstated number of billable in-city 911 trips combined with the overstated proportion of advanced life support services resulted in overstated gross revenues of about \$830,000 for the 8 months ended August 31, 2001 and an overstated gross revenues of about \$1,244,000 for the year ended August 31, 2002. Looking at forecasted expenses we noted some confusion in the proposal about the nature of the two entities involved. What the proposal entails is the creation of a new ambulance enterprise fund for the City. An enterprise fund is designed to be self-supporting and to be operated and accounted for just like a private business. If an enterprise fund uses the assets or personnel of the general fund without reimbursing the General Fund accordingly City taxpayers end up bearing the cost of an operation that is suppose to be self-supporting. We noted a couple of areas in which this seems to have happened in the Fire Depts. forecast. Based on our analysis we concluded that the Fire Depts. proposal overstates net income for the ambulance enterprise fund by approximately \$452,000 for Fiscal year 2000-2001 and by approximately \$711,000 for Fiscal year 2001-2002. In other words rather than making a \$172,000 during the first 8 months of operation we anticipate that the ambulance will in fact lose around \$280,000 and rather than making \$537,000 in te first full year of operation we anticipate that the ambulance service will in fact lose \$174,000. We also concluded that the net cash deficit for Fiscal year 2000-2001 is understated by about \$452,000 and that forecasted net flow for Fiscal year 2001-2002 is overstated by about \$883,000. In other words we anticipate that the ambulance enterprise fund will experience negative cash flow for both years unless the fund borrows from third party lenders we assume that those cash flow deficits would be funded from General Fund tax revenues. That concludes my summary of my findings, I'd be happy to answer any questions you might have. I would also like to hand out copies of our written report.

Ron Ecklund, no address given: Good evening, my name is Ron Ecklund. I'm here to speak against the approval of the Firefighters proposal to take over the ambulance service in Lincoln. I think we all agree the selection of the ambulance provider is very important to the City and I would assert the first and foremost factor in this decision should be that of medical quality. Assuming medical quality to be equal between the two major proposals and I'm not certain at this time that they are. The second factor should be a financial factor. There are probably additional factors 3, 4, 5, & 6 in the hierarchy of the decision making and I'm not sure what those would be right now, but the last factor in this decision making process I would assert would be political patronage. Let's address each of those factors. Number 1 medical. I'm not a medically trained person so I'm not necessarily qualified to technically speak on the medical aspects of this case, however, it is my understanding the system we now have in process meets or exceeds all national standards. Also, it's my understanding that there are unresolved questions with the Firefighter proposal, for example, as it relates to the number of paramedics that can maintain skills and the unresolved issues concerning EMS oversight. Let's look more at the financial factors. I am a CPA and in my real life I look at financial projections. I have looked at the Firefighters projections and find them lacking at best and doubtful as to accuracy. My doubts and concerns concentrate in three main areas. 1. revenues, 2. expenses, 3. allocations of common costs. Looking at the revenues, the Firefighter projections have been significantly revised since first released. The City Finance Director has made extensive revisions to them. However, the current projection is still based on 8800 calls per year and we've just heard that the actual call volume should be closer to 7000, and to the billing ratio between ALS and BLS is in error. These in and of themselves add serious doubt as to the Firefighter

projections, however, we still need to look at the expenses. The majority of the expenses are in the areas of wages, benefits, and equipment and we just asked ourselves this common question, common sense question how can the Firefighters put more people on the street, more people that are higher paid than Rural Metro's people, more people that have unmatched benefits compared to Rural Metro's people, put on more equipment on the street than what Rural Metro's got and do it at a lower, out of pocket cost. Forget revenues, forget net income, forget allocations, the main cost is people and equipment and how can more people at a higher rate be put on the street at a less cost and I would assert it can't necessarily be done. The third area in terms of my financial forecast concerns is the area of common costs, the allocation of common costs. This area is always kind of vague when you're in accounting, but I note the allocation of the Fire Chief's time to EMS in the proposal or for example I question the cost to retrofit some of the Fire Stations to house ambulances and I'm not sure how those are going to be brought into the financial projection of the Firefighters. So in conclusion and just to reiterate, first this decision should be first and foremost a medical decision. Second, in the financial factor the Firefighter projections are questionable, I think at best. I think without the revisions by the City Finance Director they would be lacking and they show how naive the Firefighters are financially. Finally, we have a great EMS system at this time with no risk to the taxpayers. I think for you the City Council to take this City off of this comfortable roost and move it to select the Firefighters as the ambulance provider, the burden of proof should be on the Firefighters to convince us beyond a reasonable doubt that they can make and maintain those financial projections. I don't think they've done that. I don't think they've met that test and I would urge you to delay this decision until an independent third party accountant is willing to put their name on the projection that would give us some accurate information to base that decision on. If it's going to be a financial decision, again assuming that medical services are equal, you would be able to defend your decision if you had the sound independent financial projections. This I would assert is better than making a decision under a cloud of political patronage. Do you have any questions?

Mr. Cook: Actually I have a question for Chief Spadt regarding this. There's been some questions that have come up in this testimony and the previous testimony about the number of calls being made and I guess I'd like to know how that contrasts with what is in your proposal and why they're differences ...

Chief Spadt: I'll try to give you the abbreviated answer. This is very complicated. As Mr. Ecklund has brought up and the previous speaker, there's 1999 data that's being worked with. We know through Rural Metro's own records that we have a 4% increase on an annual basis on the call volume to the community, so we're projecting this service doesn't go into affect until the year 2001, January 1, 2001. So, we can add 8% to the call volume that we have today. And, if you look at the analysis of the numbers you'll see that, yeah there are this many I believe they said 7400 911 calls in this system. Also, out of this system in the box above that and the calculation there are system calls that are placed in there that are not generated through the piece app or 911 Center, they are called nursing home only calls which average in the neighborhood of 5 to 6 per day. We based our calculations very conservatively on saying that there would be two of these at least that we would go to because they're an emergency response. But, the Fire Dept. has been written out of these calls today, but under the new design or our proposal will be written back into the call like they should be so we get our number up to about 8800. I mean if, it's a math problem. I mean I guess I respectfully disagree with Mr. Ecklund I think our numbers are valid based upon information that's been provided through Rural Metro through their budgeting practice and the submittal that they have to the Finance Director and submit to the City on an annual basis. We've done extensive research as to what these numbers are, what the call volume is, what the pay ratio is, the payer mix, ALS vs. BLS, negotiated rule making the proposed rule, so I'm feeling very confident and if we want to expand on the analysis as to how we've arrived at these conclusions I could call upon my consultant who's here tonight and we can talk about back engineering the budget for Rural Metro and, I mean it's going to be quite a lengthy thing, but I think maybe the people need to see that, so ...

Mr. Cook: I guess would it be appropriate to do, to have discussion about that now or at the time?

Chief Spadt: I think it's something that we probably need to clear up before we go further. I'd like to, you know, a statement is out there now that my numbers are false and I'm not liking that and I want a chance

to present to the public and to those individuals here that our numbers are right and I'm feeling very comfortable with those and the analysis that we use to arrive at those conclusions. I think it's vital information.

Mr. Cook: I do have a couple more numbers about the numbers so I guess ...

Mr. Shoecraft: Go ahead you have, finish with your questions and then I think Jon is next, did you have your hand up too?

Chief Spadt: Do you want him up here now?

Mr. Cook: Sure that would be fine.

Mr. Shoecraft: Mr. Ecklund if they have another additional question they'll call you back up. Thank you, though, for your testimony.

Chief Spadt: I want to introduce Jon Altman. He is the consultant retained by the Fire Dept. to help us put this submittal together for the request for information and he can probably, I know, without a doubt he can clarify for you how these numbers were arrived at.

Jon Altman, no address given: I'll try to do this expediently. I'm going to have to rehash a little bit about what Chief said, but I'll do it graphically. This is a chart by which we obtained all different called data information that has come out during the RFI process. And, what I'm going to do is I want to focus on, on the far right column you'll see that there's 3 numbers. I'm going to give it to you in a larger size.

Mr. Shoecraft: Can you focus that up a little better please.

Mr. Altman: OK, the numbers on the far right is what I'm going to concentrate on because that's what we're being tagged with and that's the numbers I'll go to. Essentially we've had three sources for 911 call volume. The June 23rd report from EMS Inc. which is essentially Rural Metro numbers that they've been supplied with, Rural Metro's through their RFI submission and a tracking from the Lincoln Fire Dept. patient records. The Lincoln Fire Dept. has, every time a patient is transported the recorded on their own patient records when the patient was transported or not transported. So, we have some verifiable records to look at. So, we also have the ability through looking at the various documents that Rural Metro has required to submit annually to the City Finance Director and they've chosen a certain financial format. And, I'm just going to put on the cover letter just to validate that we have those and basically every year they do a submission and with that they submit several pages of spreadsheets. Spreadsheets that I'm familiar with because, for those Councilmen that do not know is that I was employed by Rural Metro Corp. for a period of time as the National Director with the Company so I have an understanding of their financial reporting methods. Moving with that, I'm going to take some excerpts from those financial sheets and I need to focus on three numbers and I need to do this so I can understand where we got our numbers from that we just didn't pull this out of space and that we did base this on something, in fact, that we had to go on which was the filings of the current provider. Referencing the total number of budgeted calls, when one operates an ambulance service one has to figure out how many times you're going to respond to the ambulance down the street. Whether or not that's going to result in the transport is another issue., but you're going to expend some fuel and some effort to get to the call. And so if I look at that in their budget filing on their particular area what we call the fuel cell in there, it gives us a total amount versus an average fuel cost. And, dividing one number over the other we're able to arrive at the total number of budgeted calls that the operation budgets for. That's a function of their spread sheet software. Elsewhere on the spreadsheet they have to account for op supplies or operational supplies. This is supplies one would expend in the transport of the patient. It's an average cost in there, and it has to be budgeted for also. So again I take the average cost by the total that was presented in their own spreadsheets and we arrive at the total number of transports because that's the amount of supplies they're going to expend. So those are budgeted transports. That's their expectation. Now I get to the meat of this. The transport percentage. When one sits down and figures out their budget they do it with historical data. Rural Metro has been in business in Lincoln Nebraska since 1994 so they've been able to amass 6 years worth of data. From that every time that they have X number of calls a year versus X number of transports there's what we call a transport ratio. That becomes an important historic statistic to calculate ones budget with. So, if I take off the current submittal, the total calls versus the total number of transports I see we have a transport percentage of 76%. I'll have to lean back and forth here, there we go, technology works. OK, again it's a historic number and it's a very important number in the budget process. This is what the local operation expects in terms of transport percentage. The driving factor to assemble it's budget. This

number has to be computed from previous years in order to calculate the actual versus the projected number. So, again this is not smoke and mirrors this is something we pull off of the data that's there. What this does is it reveals for us what they know as their own historic transport percentage. Our conclusion which we incorporated into our own budgeting process is that there's a 76% transport ratio. It's fairly consistent. We applied that and we appreciate that validation in the process that their numbers coincide with our numbers. Now how do we arrive at the estimate and the call projections for year 2001? I'll tell you I've got a long, a very long, long laundry list in there and I've touched over most of it, but it's part of our justification process in there, so have multiple factors. We the historic percentage, we know some financial cost in there, we know some reportings from the City 911 Center, we know patient records, and we can bring all this data together. In terms of payer mix in that, too, that there's data available to us from various sources that are not us that we can determine the Medicare, Medicaid mix and understand what is going on that para-profile. How did we figure 8800 calls, well the numbers are here in terms of the process. I'm going to go by line by line here and do a quick walk thru for you on this. First we have the estimated total 911 calls for 2001 in the City. That's calls that's not transport. That's how many times the phones going to ring and Chief Spadt's going to have to send a unit out to respond to it. So, we've estimated that and we based that, actually we based that call load based on 3% growth rate taking a little bit more conservative approach. We project that 10,809 times we're going to run out there and that's just within the City of Lincoln. Now, we knew that we'd be called upon potentially on mutual aide situations to go into the County so we put in a number in there based upon, again, with the City 911 Center provided us in terms of totals from the County calls. So, we arrived at a subtotal of calls. Then we applied the transport ratio. Now, this comes from our original proposal so I have, I have to make some reference to that so whether it's Provider A or Provider B whatever you select in terms of the elsewhere in the community for the rest of the application process we'll just assume that there's going to be some other provider there. In this particular case the reference is to American Medical Response. That's how the original RFI was turned in. We assumed that American Medical Response in this particular case or Provider B, whoever that is, is going to take from us about 114 calls and also in return because we're building a system that one backs up the other with some capacity that we would end up doing some of the general transport calls within the City and we estimated that as 200 and some. Run the totals we're at 8800. Now, let me look at this one more way. (inaudible) try to compare apples to apples. Let's take the numbers that was presented through EMS Inc., we project the Rural Metro's call load as to what it would be in year 2001, we add their own 4% growth rate which we're tracking off of their own RFI submission. We're averaging, adding the average of 2 calls per day that were diverted to a 7 digit phone number that Chief Spadt referred to a few minutes ago, and we adjusted it against LFD by adding back in the general transporter GT calls. That's so we can get a fair comparison between the two. So let's look at what those numbers are. Base information 7410 calls, add in the two years of growth rate we're at 8014. The adjustment for the general transport calls which is not figured in to their 911 projections or to any of these others I would take it for granted not seeing the information that these other two gentlemen have submitted or have related to in their previous testimony. That would take us to a little bit more than 8100 calls and then the 7 digit called the diversions would take us to a little bit more than 8800 calls. Again, we feel that the information provided through EMS Inc., again, validates our projections. Very simply projecting the year 1999 to year 2001, apples to apples, for the adjustments made for growth and missing calls this validates the LFD's calculation for 911.

Mr. Cook: I have a couple more questions and you sound like the person to answer them so rather than waiting until later I'm interested in the issue about the common costs were brought up and about City staff time like Legal Department or Personnel or Finance Dept. and how that's accounted for in your budgeting?

Chief Spadt: We took into consideration the amount of time spent by individuals on the Fire Dept. and also other City staff and what it would cost. It's a common budget practice that we followed to the letter and I'll bring up Deputy Chief Huff who was responsible for this element of the RFI submittal and have him answer that question.

Mr. Shoecraft: Excuse me, do we want to continue with the opposition to this and then once we get through it you can ask all your questions?

Mr. Cook: Yes, that would be fine. Whatever the Council prefers. We can ask these at the end.

Mr. Shoecraft: Why don't you hold off on those two questions so that we can continue the process and get through those who are, you've asked the question in response to EMS Inc. someone stating your numbers are false. We had that answer. Hold off onto those two until we get through those in opposition and then once we get through to the general questions then you can ask those questions and then come back up.

Mr. Cook: There might be some additional ones that could be asked.

Mr. Shoecraft: Yeah. OK so we get through this process.

Chief Spadt: I might ask of the Chair if we could, do you have any problem with us making a copy of this and supplying this for the Council?

Mr. Shoecraft: No we don't.

Chief Spadt: Ok we'll get this done.

Mr. Camp: Is that going to be what Mr. Altman just presented we will have a copy of?

Chief Spadt: Yes.

Mr. Camp: Great. Thank you very much.

Martha Betker, 7110 S. 22nd St.: And, I prefer leaving things the way they are and I have several thoughts and questions on this issue. Currently Rural Metro has their own paramedics and transport vehicles. If I'm not mistaken their salaries and their equipment would not come under the City's budget. On the other hand the Fire Dept. does. I think that each station probably has a few paramedics, but they currently use Rural Metro to do the transportation. If the Fire Dept. were to have the extra burden of medical emergency as well as fire calls, car accidents and etc. how do they intend to handle needing more paramedics. Hire more at more cost to the City or ask for help from the nearest station which in turns leaves them shorthanded and adding extra response time to the call. Maybe it would only be a matter of a minute or two, someone having a heartache that minute or two could be life or death. Also, what about transportation? Will this mean having to purchase squads to transport people again? And, again at what cost to the City? I lived for a number of years in a western, in western Nebraska in a small community. Of course it was a rural fire department and so therefore all fell under one roof. Everybody did everything. At times the men were spread pretty thin, though. About three years ago, and I got this information from the Secretary Treasurer, just tonight I called him. 3 years ago the community purchased a new squad. That squad cost \$100,000, but they were able to transfer a lot of the equipment from the old squad to hold down the cost. You multiply that cost by the number of stations in Lincoln and we're talking about a lot of money and the big question is why? Everything is going along smoothly the way it is. The medical community prefers the current way of doing things. They are the medical, they are our doctors here and what happens in the field also has a big impact of what happens at the hospital and they seem to think that the way things are run now is the best way to do it. That's all I have to say.

Kevin Burklund, 3930 B Street: I worked for Rural Metro for nearly 15 years. I worked as an EMT, a paramedic, and as the Director of Marketing. I was laid off this February due to corporate restructuring. In fact most of the marketing people across the nation were laid off because Medicare reimbursement had gotten so bad the company decided it didn't make sense to pay for people to go out in business that didn't pay. I'm curious which firefighters the City's going to lay off when Medicare squeezes a little bit tighter and they will, or do we just make up those loses with tax dollars? When I got laid off I didn't sue the City, I couldn't I didn't work for the City. What happens when we find the Fire Dept. has overbuilt the system and we need to trim it back. Will we be faced with law suits or will we have to create other unnecessary government jobs for them to take instead? I don't understand why the Mayor thinks this would be a good time for the taxpayers to get into the ambulance business in the first place. Why would we the taxpayers want to get into a business that has such potential for losing money even under the best circumstances? Medicare is currently deciding how much ambulance services is going to be reimbursed for transports. Why don't we wait a year and find out what they end up with and then make a decision? Doesn't it seem to be more prudent to see how Rural Metro fairs with the new Medicare rates during the next year or two. If they go broke the City will have plenty of opportunity to provide ambulance service at taxpayer cost. Judging by the speed by which this whole process has taking place you would think people were dying in the streets everyday and the City had some obligation to remedy the situation on behalf of the citizens. This is not the case. We are not in an emergency. We have a system today that works very well. Response times are excellent, medical care is excellent,

and the current provider has come in under budget for the last five years. I put together a spread sheet that I gave to Paul outlining the potential taxpayers expense for the gross miscalculations performed by the Fire Dept. during their proposal. This represents errors not only a projected number and types of transport, it does not project the overly optimistic projections such as the fact that the Deputy Chief of EMS is only scheduled to spend 10 hours a week overseeing the ambulance portion of the service. Now, I didn't get my numbers from extrapolating from fuel costs which include trips out-of-town both rural responses and over the road transports that I presume the Firefighters aren't going to do. If we're going to send our firefighters out into the County I'd like to know how much the Counties going to pay for the resources that I'm paying for. But, as you can see on the spreadsheet the Fire Dept. underestimated their growth charges by about 1.52 million dollars per year. Amazingly I just did that this morning on a spreadsheet and it turned out to be almost identical to the consultants, or accountants. Mistakes such as these will no doubt be made up by the taxpayers. So much for the idea that the Fire Dept. could contribute to the tax base by overcharging us for our ambulance service. When presenting the budget last year, Mayor Wesely said he was able to ward off a tax increase at that time, but things were going to be tough for the next few years. How does the taxpayer benefit from getting rid of a taxpaying entity and replace it with a tax using entity. No wonder the Mayor projected taxes would increase over the next few years. As I said at the beginning of this presentation I got laid off from Rural Metro in February of this year, I'm now a real estate agent as Council Chair Shoecraft can really relate to, new real estate agents don't have a lot of extra cash laying around so I really can't afford a tax increase to pay for something that's already being done effectively and with no tax support. Word on the street is that the vote is 4 to 3 right now. That means that anyone of you can vote to slow down this process until we have time to put together a solid proposal with solid numbers so that we all know what we're getting into before we all dive in head first. I understand the numbers for such critical budget issues as transport volume and gross revenue were being adjusted even today. No reasonable person would vote for a proposal that is still being developed with so much on the line. If this new EMS system becomes more expensive or in some other way becomes something other than what you envision, none of you will be able to say to yourselves there was nothing that I could do about it anyway it was a done deal. Anyone of you can vote today to slow down the process until critical issues can be verified and solidified. I realize none of you want your neighborhood to be targeted by the Firefighters Union the way Mr. Camp's neighborhood is slated to be, but are you willing to compromise you're integrity as someone who knows right from wrong in order to prohibit that from happening. How many more ultimatums will there be between the now and the next election where you'll have to vote a certain way to keep the Firefighters or some other group from targeting your neighborhood. Once you allow yourself to be intimidated you will always be intimidated. I believe each of you has integrity as an individual person, please don't compromise your integrity to help your chances of being re-elected. As a taxpayer and voter I urge you to slow down the process until we can come up with a more realistic proposal. We the taxpayers are counting on you to protect us from unnecessary tax increases. If you have any questions I'd be happy to answer them.

Dale Grunterad, 11111 Cromwell: I don't reside in the City. I live at 11111 Cromwell. It's outside the City of Lincoln. On May 25th Paul Malzer City Clerk requested of EMS in accordance with Lincoln Municipal Code 8.08.140 for EMS to provide as part of the certificate to the City a schedule of maximum of fees which operator proposes to charge for service rendered under the authority of such certificate. EMS contacted me to see if we could verify incidents. And, I believe the previous gentleman spoke with reference to the numbers provided by Rural Metro. I was contacted by EMS to work with Rural Metro in developing information and that information was provided to Paul Malzer City Clerk on June 23 provided to each of the Council Members, to Don Herz, Finance Director, Doug Wyatt Rural Metro, and Mike Spadt, Fire Chief. Completed this information and the schedule I completed it about 1:30 on June 23 A.M. I'm going to tell you a little bit about how this information was accumulated and I realize this information was provided to the City Council. I was somewhat disappointed nobody contacted me to discuss it, but that's your prerogative. Basically, I met with Rural Metro & requested a letter of all breakdowns of all incidents. Rural Metro's personnel completely re-posted all the incidents for the year 1999 from their records. They maintained an incident report and that incident, the total incident

reports it totaled 15,185 incidents. To determine whether that's estimate or guesstimate or swag I would tell you I tied down all but four of those incidents. I took that statistic from there and in front of you I assume you have a schedule. What that says is ALS on the front schedule inside and outside the City is 4,265 incidents and these are incidents that we'll tie back to billings. There are 4,265 incidents of ALS. BLS is 6,942 for a total of 11,207 incidents. Also as a part of the study in addition there's a no transport or no billing which is 3,514 which says in essence 23.14% of the time there was no billing and no transport. No in addition to that that's saying that they responded to an incident, went to a scene, did not provide service for due transport therefore those incidents were not billed. There was 389 standby incidents.

Mr. Shoecraft: One minute.

Mr. Grunterad: I'd like to explain the report and I understand Mr. Shoecraft.

Mr. Shoecraft: You have one minute.

Mr. Grunterad: We went from there and we did the Medicare, Medicaid and we came up with 6040 incidents of Medicare and Medicaid. That says that 54% of our incidents are subject, are going to be subject to Medicare changes effect January 1. In addition to that there's 46.10 that are other payers. Now that's general transport. As we come down to billable and I looked at billable and you look at Medicare and Medicaid it comprise 47.60% of the ALS, BLS inside and outside the City and the other 52% was other payers. The concern I have today is that we have hard facts here and these have tied down. We did verification back to the CAD system. Right now you're going to make a decision on hard facts that does not take into consideration the other transports does not take, enter into local agreements between the County. And when I say out-of-city those are transports not within the County necessarily those are transport of patients.

Mr. Camp: Mr., Grunterad, on the material that you forwarded, how does this compare, I guess that's what we're talking about the Fire Depts. proposal, and the bottom line is you went through an analyzed it what does this do to the billable amounts? How does it compare?

Mr. Grunterad: Well right now if they did only transports within the City they would be transporting 7410 less they would be, it would be around 7000 transports. If it was within the City that would be 911. Now the problem we have with 911 we verified that is the fact that when you look at the CAD system on a 911 City of Lincoln one incident is a 911 call. If they go to an accident scene there may be three transports on that 911 call. Over here Rural Metro has taken into consideration all of those additional incidents, so we did not go back and reconcile a 100% of the year to say how many multiple incidents come under a 911 call.

Mr. Camp: Are you saying then that the, or in essence stating higher transports because you use those multiple transports within 911 call?

Mr. Grunterad: That is possible yes. They also received some other calls, too that may not go through 911, but these are strictly 911 calls.

Mr. Camp: In your report you have the bottom line 7410 billable 911 incidents that would be?

Mr. Grunterad: City and outside.

Mr. Camp: and outside. And, you backed that out to approximately 7000 within the City?

Mr. Grunterad: Right because what we have on all ALS and BLS calls the outside of the City is running approximately 10%.

Mr. Camp: With that in mind, Mr. Altman presented other figures and he was extrapolating 4% per year and again this is all 1999 data.

Mr. Grunterad: This is actual data 1999. I accounted for all but 5 incidents.

Mr. Camp: What is your response to his, his assumptions where he drew that 4% a year which would be I guess 8% which account for ...

Mr. Grunterad: Well as Sgt. Friday would say, "only the facts please". I mean I have taken the facts. I have not, until he did a presentation I have not extrapolated his numbers. I know these numbers exist.

Mr. Shoecraft: I have a question for Don Herz. Don can you just go over real quickly the ALS calls in relation to 90% billable etc.?

Don Herz, Finance Director: That I can. Obviously, a couple of weeks ago I presented at a pre-Council the financial statements for the Fire Depts. proposal. That was based upon the number of calls that they had in that proposal. The 8800, they had another significant variables that they had a 37% bad debt ratio, they had 90% ALS and I think approximately 37 Medicare. So, knew that, obviously, the question would come up is what happens if those numbers are different than that. So what

I have done is a sensitivity analysis and I will, I think maybe what I could do is just put a couple of those charts up here and take a look at those. This first chart shows the net income figures for a range of transports ranging from 8000 to 9000. I guess in my opinion, perhaps, is the window where the total Fire Dept. calls may lie within. I tend to agree, or fairly closely agree with Mr. Grunterad's 7400 assumptions. I had also included in there some of the non-system calls. So, based upon the 90% ALS calls you can see that the revenues will increase as the percentage of bad debt decreases. The Fire Dept. proposal used a 37% bad debt. To date Rural Metro is experiencing approximately a 25% bad debt ratio. I think that's fairly significant to look at in looking at what the bottom line might be. The middle bar would show the amount of revenue at, for 8500 transports with a 37% bad debt, 30% and a 25. I want to show you a couple more of these.

Mr. Shoecraft: The figures are hard to read could you tell us what those figures say?

Mr. Herz: This would be, assuming that they had 60% ALS billable, and that's the top, along the left side is the amount of income. The bottom shows three different bad debt ratio's, either 37, 30, or 25. And, the bar that's in blue would be a total of 9000. The red is for 8500 and the yellow is 8000 transports. The net income figure, obviously, drops as the percentage of ALS billable calls goes down. I have one more here to show you.

Mr. Camp: Don, I'm sorry I'm not tracking with you the figures. You've got three sets of three sets of bars. I just can't read what they are.

Mr. Shoecraft: (inaudible) when I asked you could you tell what the figures say at the top of the page.

Mr. Herz: Oh, OK, alright.

Mr. Shoecraft: Even back from when you were at the 90%, now you're at the 60.

Mr. Herz: Right and this is the 45% which kind of tends to agree with, it closely aligns with what Dale was saying is the percentage of ALS billable. The left bar, or the 37% shows income of \$375,000. If there were 9000 transports. The red bar shows \$258,000 of income for 8500 transports and the yellow bar shows \$140,000 of income at 8000 transports. And, those numbers obviously go up if the bad debt ratio. For instance if the bad debt ratio proved to be 30% the income would go from 634 at 9000 transports. \$500,000 for 8500, and 375,000 for 8000 transports. And, on the far right side the 25% bad debt ratio there's 818,000, 677,000 & 535,000.

Mr. Camp: I'm sorry I'm just not tracking. Can you point to one like the real tall ones there? Yeah. What do those three represent first of all. What bad debt ratio?

Mr. Herz: On the right side that represents a 25% bad debt ratio.

Mr. Camp: So you're saying that 25% of billable transports will be non-collectible.

Mr. Herz: Right and that's the current, approximately the current bad debt ratio that Rural's experiencing.

Mr. Camp: What does the light blue bar mean?

Mr. Herz: The light blue is what the income would be if the transports were 9000. If the Fire Dept. were able to transport and bill 9000.

Mr. Camp: Is that gross, are you saying that's gross collections and less the 25%?

Mr. Herz: Uh, yeah the number at the top actually represent the net income. These are net income figures.

Mr. Camp: After expenses?

Mr. Herz: Correct.

Mr. Camp: OK, so you, the light blue bar you said represents 9000 transports. The magenta or whatever represents how many?

Mr. Herz: 8500, and the yellow represents 8000.

Mr. Camp: And, what assumptions on expenses did you use?

Mr. Herz: I used the same assumptions, the expenditure assumptions that the Fire Dept. had. The only thing that I flexed were those four variables as far as revenue goes. Number of calls, bad debt ratio, and the percentage of ALS vs. BLS calls.

Mr. Camp: What did you, in changing expenses, I think one day you and I visited last week and you said something about if you have fewer calls, you have fewer expenses.

Mr. Herz: Well, that, that's right and that's the reason that if your calls go down your revenue doesn't go down exactly that same amount because of the variable expenses. Bad debt is a variable expense. Collection expenses is variable, and there's a couple of others that go

down as the revenue goes down.

Mr. Camp: But, are not equipment, personnel your largest part of expenses?

Mr. Herz: Actually bad debt is the largest expenditure. The second one is the personnel.

Mr. Camp: What percentage is personnel?

Mr. Herz: It's approximately 1.5 of 4 million. About 30% or 35%, and the bad debts represent roughly 40% of total of ...

Mr. Camp: But you said you're assuming the highest only 37% bad debt so how could bad debt be 40%.

Mr. Herz: 40% of total revenues. I actually have copies of these slides if I could provide those to you.

Mr. Shoecraft: Could you expand a little bit about, I keep hearing 7000 calls, please. That the actual calls are 6900, 7000. Could you expand on that?

Mr. Herz: How I get to the, at range ...?

Mr. Shoecraft: No, that's what's been submitted to us that the actual calls were. 6900 to 7000.

Mr. Herz: Oh you mean ...

Mr. Shoecraft: From Dale's and from Rural's. That was submitted to us also in our certificate, in our review committee. After the presentation do you guys want a break? and then we'll continue on with the public hearing or do you guys want to keep going? Could you answer that question real quick.

Mr. Herz: Yeah Jerry I have a couple of slides here that are going to be hard to read though, but I'll put them out. It's very difficult to read. It's actually a document that was submitted to the RFI Committee and it represented the number of calls by year for the last three years and by month for each of those 12 months and that particular document showed the 6998 calls for 1999 and when I had looked at that I had some, you know, some concern. Alright, I looked at that and seen that the total number of calls per year was almost identical and I happened to notice that for a couple of months the ratio of emergency to transport calls were exactly the same. So, I analyzed those numbers and found out that for every month and for every year those numbers were exactly the same ration, 62 to 38%. So, it caused me the concern about the reliability of that 7000 calls. And, I do have a slide that has those percentages, but again I don't know if I can ...

Mr. Shoecraft: We're never going to read that.

Mr. Herz: Real tough. I can make a copies of that if you'd like. Do you want a copy of those graphs? It has a much more detailed sensitivity analysis that actually I've looked at a 100 different scenario's of various call levels if you could take a look at.

Mr. Fortenberry: Would you, a little bit, it's hard for me to understand why it seems so difficult to get to the actual or the difference and then the analysis that's done to try to find out the actual number of transport calls. The 911 records not all calls come from that obviously, but I would assume this (inaudible) would be and please explain why this is such a difficult number to ask?

Mr. Herz: Well, for one thing we don't have any internal records that accumulates that information and we've gotten various different answers. The 911 Center has the number of calls that they've dispatched and I think that they have actually do have a sample about the last 6 months of 1999. Their data base contained the actual disposition of those calls. And, I had Julie Righter do a sample of that population and actually pretty well collaborated what Mr. Grunterad had. We came up with 7700 emergency calls and I have, my last slide here that I used to come up with that range of 8000 to 9000. The annual calls, the minimum of the 7500 calls is the number that Mr. Grunterad's report, you know, round it to the nearest 100, represents. The maximum was taking that 7500 and inflating it by 4% per year. The average of that is the 750 calls. There are a couple of other areas where the Fire Dept. potentially could accumulate additional calls and that's what those other items are listed there. They may do some very minimal amount of non-emergency calls, but probably more importantly is the non-system emergency calls that could add anywhere from 500 to 1000 additional calls. And, so there's, that's how I based my estimate of the number of calls that they might see. And, that's about as good as I could do.

Mr. Camp: I think it's very critical on this total number of calls, because we're bantering around, we're talking about sensitivity reports, and so forth. We're rounding up to the nearest 100 which 7410 is down to 6400 not 7500. I guess somehow I want to get to what it is.

Mr. Herz: I tried to get it to the nearest (inaudible).

Mr. Camp: I really do. I guess if, I don't know, was it Mike

McClure that did that audit maybe he could come up and he audited exactly what were the calls not sensitivity or whatever and what were inside the City, what were outside the City. Did Rural Metro have more calls than that that were not recorded like that? Because I think in fairness to the Fire Dept. and to Rural Metro we need to be talking on the same wave length. I think we just have to get there and we're talking about 90% at one point. We drop to 60%, we're dropping to 45. Someone here earlier said there was only 40% ALS. I think Mr. Grunterad did. So, how many, I mean if we're doing that why are we even talking 90% ALS.

Mr. Herz: That was what the proposal was and so the starting point in developing the financial data was to use their ...

Mr. Camp: The Fire Depts.

Mr. Herz: Fire Depts. numbers.

Mr. Camp: How many do we have that are ALS? What's the percent? What is the percent?

Mr. Herz: And, I'm assuming that Dale's numbers are correct.

Mr. Camp: And his numbers were what percent?

Mr. Herz: 41% I believe.

Mr. Camp: Then why are we talking 90%?

Mr. Herz: I, one of the reports that I presented there showed the revenues at that level.

Mr. Camp: OK. Then, Mike could you clarify some of this since you did an audit and you're independent?

Mr. Shoecraft: You can ask him a specific question, but we're not going to have another 5 minute presentation. Ask him a question and then he responds because there's another gentleman behind him already spoke also. OK. So which one of you want to answer the question Jon, because we're not going to do 5 minute presentations again.

Mr. Camp: I'm not trying to do a 5 minute presentation. I'm trying to get to the bottom line of this.

Mr. Shoecraft: Who do you want to ask the question to?

Mr. Camp: Mike McClure please.

Mr. Shoecraft: OK, Mike.

Mr. McClure: The 7410 has been mentioned a number of times. That includes both in-city and out-city 911 calls. Since the Fire Depts. proposal only calls for in-city 911 calls to net those two, Mr. Grunterad's figure is 7013 in-city 911 calls in 1999. We at the same time Mr. Grunterad was doing his study we were also doing one. Our projection would have come to 7035, his came to 7013. For the purposes of our analysis of the financial effectiveness we used Mr. Grunterad's 7013. 7410 is irrelevant. That includes the calls outside the City.

Mr. Camp: So we should be dealing with roughly 7013 to 7035.

Mr. McClure: Exactly. And in the Fire Depts. their proposal was to answer the 911 calls within the City of Lincoln. Their statement of joint intent said exactly that. That's where all these numbers come down to.

Mr. Camp: And, how many calls did their proposal say?

Mr. McClure: 8800 for an annual year, annually beginning the first full 12 month for the years 2001-2002.

Mr. Camp: So approximately a year and 8 months later than these 99 figures so we do need to grow those by a percentage as Mr. Altman suggested?

Mr. McClure: I don't know why. I looked at the same, it was noted the figures don't vary much from year to year. That's the statistics I had seen although I only analyzed 1999, showed around 11,000 chargeable transports per year for 4 or 5 years anyway. The 11,000 that includes in-city and out-city 911 plus non-emergency calls. billable calls during 1999 were 11,000 of which 7,013 were in-city 911 calls.

Mr. Camp: Where's the 4% come from then?

Mr. Herz: Don't have any idea. Never, 4%?

Mr. Camp: Oh, one last question, on the bad debt I'm confused on these assumptions what did you use, or what did you find in your analysis as the bad debt?

Mr. McClure: We used the identical bad debt percentage that was used in the Fire Depts. proposal. Originally it had been only 52% were going to be collected, but then they revised that, there was an error in it and that was revised to show 63% would be collected. That's what, in order to avoid an argument we used the 63% in our report. In fact, in our report if you'd look at exhibit 6 on that they had projected gross revenues of \$3,239,000 after correcting for the number of trips and the number of ALS charges. We then had a, we then assumed that they would collect 63% of those just like their proposal said. We just used their numbers, their percentage.

Mr. Camp: If you look at that and you're able to collect more how does that equate to the cost? Are you going to increase that much in your

revenue?

Mr. McClure: Right. If you could collect more you would make more money.

Mr. Camp: How does that equate to the fixed cost and the variable?

Mr. McClure: I don't think it would have any effect on this. The one variable here is, is anyway one of the variables is the bad debt expense. (inaudible) close with the gross revenues and if the bad debt collection rate goes up income goes up. As I say we just used the 63% that the Lincoln Fire Dept. used.

Mr. Camp: And that's where you came up with was it \$600,000 loss, how much was the ...

Mr. McClure: For the entire year?

Mr. Camp: For 174,000 is that what you told us?

Mr. McClure: Yeah, the effect of that is, with some other adjustments, is that we would, rather than, that we would, we would project for the year 2001, 2002 the ambulance service would lose a \$174,000.

Mr. Camp: What did the Fire Dept. project as it's profit?

Mr. McClure: A profit of \$537,000.

Mr. Camp: Thank you.

**TOOK BREAK 8:01 P.M.**

**RECONVENED 8:19 P.M.**

Yvonne Norton Leung, 1953 B Street: Honorable City Council representatives and others that are present. (trouble with microphones) Are these scheduled these little breaks like this? I am an attorney in private practice in Lincoln. My concerns are the financial unknowns not yet addressed when a service is performed by government employees instead of the private sector. As a former State Risk Manager and Director and Legal Counsel for the Commission of Industrial Relations, my government practice focused on government contracts, governmental liability and employee contract negotiations. I might indicate that Bill Harding, an attorney who frequently represents the City of Lincoln in CIR disputes, is unable to be here today and asked that I make a brief presentation. Contracts for government services are not the same as private sector agreements. The contract does not control. A different legal environment controls and provisions in the contract may be superceded by statutes and court decisions. I would recommend that council members seek the advice of the City Attorney on the impact of confidential discussions. The proposal presented by the Lincoln Firefighters for Emergency Services indicates that there will be a 3% annual increase in costs. I would like to indicate that this will be difficult to achieve in the legal environment of the public sector. Two state statutes that I'd like to address: 1. The Commission of Industrial Relations. Any determination of wages, hours, and conditions of employment for firefighters delivering emergency ambulance services will be decided by the Commission on Industrial Relations not by the City of Lincoln. Given this, there is no way to control the cost of emergency services without cutting back the number of firefighters employed or segmenting them into a separate bargaining unit or asking that their contract wave control by the bargaining unit. As well, there is no independent way to discipline employees if they fail to meet standards set by any independent medical oversight without those types of waivers. Discipline is governed by the labor contract currently. To quote Section 48.801 (2) it states that, "government services, and this is part of the Commission of Industrial Relations language, which government services shall mean all services performed under employment", and that is employment by the public entity. So these services will be covered by that. By adding emergency service responsibilities to the Firefighters duties you change the conditions of employment the minute the contract is signed and a different array of comparables will control the new pay scales. In the Fraternal Order of Police vs. Adams County decision, by the CIR, it was determined that even a 15% difference in duties resulted in lack of comparability and required a different array. Such an array along with the new duties will increase the firefighters pay scale. Currently it appears from the budget and the proposal that on the average firefighters receive, and this is both benefits and pay, receive just over \$52,000 annually and there's already a 4% increase of January 2001. A discussion with Rural Metro indicates that Rural Metro service providers currently average \$30,000 annually. The second Statutory area that I have a concern on is the political Subdivision Tort Claims Act. Payments on liability claims against firefighters or those that are employed by a political subdivision are capped by state statute. As you know it's \$1,000,000 per individual, \$5,000,000 for the total. This provides some financial protection to the

City, but additional insurance should be required. From the perspective of the citizen, it's difficult to sue government if a mistake is made in providing emergency services or in driving the ambulance. Government awards seldom cover all costs as usually will happen in the private sector when you have private insurance. In summation there are different rules governing government contracts for providing services no matter enterprise fund or not enterprise fund due to the unique governmental legal environment. Because of this there is less ability to control costs and often even to identify how they will escalate. Thank you for your time and your attention. I appreciate it.

Mr. Camp: Yvonne, Yvonne, I had a question that I'd like you and Fire Chief Spadt to help me on. Earlier,

Ms. Leung: I was going to suggest since we're doing rebuttals that both Fire Chief Spadt and perhaps the City Attorney might be the ones that you would want to pull up next.

Mr. Camp: Well, whatever, whoever we need, but earlier we talked about the number of paramedics and the Chief had, we talked about 36 that would be QRT Medics or on the QRT Team, and then 24 Senior Medics but all of these would be paramedics and this would be on the Fire Depts. proposal. If we have a different proposal and that provider handles the paramedic part, what does that do to us on the current Firefighter paramedics and their salaries and the standards that the Lancaster County Medical Society promulgated. Yvonne is absolutely correct when the Commission of Industrial Relations sets the rules set forth by how you determine. I guess to answer your question, the classification exists in the contractual agreement between Local 644 and the City of Lincoln, the International Association of Firefighters and the City of Lincoln which created that classification which was a byproduct of the Commission of the Industrial Relations because we surveyed, under State Statute 48818 like in similar work and like in similar working conditions. Now if I could define exactly what that means and speak to the statement that we're going to change the array based upon the Lincoln Fire Dept. providing transport service that's absolutely incorrect. ALS is ALS. That's like and similar work and like and similar conditions. No matter where you deliver it if it's from a fire engine or if it's from a transport unit or if it's from a truck company the work is the same, it makes no difference and it will not skew the array.

Mr. Camp: Response?

Ms. Leung: No, I think there's some serious questions and that's really why I wanted to raise it at this point. We can't tell obviously until we move forward to the CIR whether it would change the array. But Chief Spadt, having been through this process before his perception is that it will not change the array and that's the information that you'll have to accept at this time.

Chief Spadt: If I could respond to that? The, the, the Case 901 before the Commission of Industrial Relations where Mr. Harding was on the other side, addressed this very debate, like and similar work and ALS services and ALS skills. And, the cities were determined through, if you all remember who was here the bifocated process, the array was established based on what we do in Lincoln Nebraska. In comparison to other cities similar in size and geographical proximity with like and similar work so that's how that was arrived at. It made no difference just as it makes no difference to the City of Omaha or any city who provides ALS service. If it's from a transport unit or it's from an engine company it's the work that drives it.

Mr. Camp: But if we had a different arrangement and the system design was such, which again is the step that I feel we've over, that we've missed, but the system design went to just paramedics with the advanced life ALS service what does that do for the taxpayers of Lincoln on those current 48 or 50 Fire Dept. paramedics? Does that not give us a savings in taxes and savings in salaries?

Chief Spadt: If I would diminish their role?

Mr. Camp: Yeah say they went from 50 ...

Chief Spadt: If I went to less? If I have 48 today and I went to 20 tomorrow, yes there would be a savings to the City General Fund, but I built the system around the design of the Lancaster County Medical Society and their wishes. I took the Quick Response Team which is the fire engine and that has a Quick Response Team paramedic based on their protocol followed by a transport medic which is on a transport unit, the Senior Medic which gives me the total number of 60. I followed the rules or the Lancaster County Medical Society and their desires. I built the program around how they suggested it.

Mr. Camp: But I think earlier Dr. Noble, Dr. Regina Noble said we don't need a paramedic on the Quick Response, we need an EMT I which can

still perform all the necessary functions ...

Chief Spadt: If you read the same Eisenberg study out of the Triple A guide they say the quicker you can get ALS services to the patient of a cardiac arrest the better their chances are of survival.

Mr. Camp: I guess I have to defer to Dr. Noble on that is she still here?

Mr. Shoecraft: Are you done with ...? I'd like to caution myself and I sure would like to get to Rural Metro and AMR, and Platte so if we can continue on with the opposition to Item No. 2 that would be great. Do you got another question, Jon?

Mr. Camp: I'd like your response on this question of where the paramedic and the, actually the EMT certification is it an A, a B, an I, or P?

Dr. Regina Noble: In fact the Eisenberg study does in fact say ALS care needs to be there by 8 minutes. It does not say that every minute counts for ALS care. I made that point in my initial discussion with you and I can read that again from the guide if that would be important or we can make a copy of that page. The other issue is, ALS care does not necessarily equate with paramedic. If you have an advanced EMT level care that person can perform some ALS functions. So, we have to be careful of which functions we're talking about. That seems to be a critical misunderstood point. Must discuss which function you mean when you decide whether or not you need a paramedic, an EMT Basic, or an EMT Intermediate. Intubation even can be performed by EMT Intermediate. Defibrillation can certainly be performed by that person as can the starting of an IV.

Mr. Camp: So that's not a paramedic.

Dr. Regina Noble: That is not paramedic level. A paramedic can do those things, but one does not have to be a paramedic in order to do those functions.

Dr. Chuck Gregorius, Anaesthesiologist, 2220 The Knolls: I'd like to make just a few brief points. One is as we talked about the number of calls whether is was 7400 or 8400 or whatever that is just one factor in the overall reimbursement rates and costs. Another one was the difference between 90% of those calls being ALS versus the historical fact that they're only 40%. If you're going to charge out that other 50% then you're overcharging the patients. The other is the number of patients or the percentage of patients that the transport or the ambulance service, whichever it is, will see that our Medicare and Medicaid is roughly 48%. And, Chief Spadt has already mentioned and referenced one of his, or cited one of his references as being EMS Insider Journal that as of 19 er January 1, 2001 new Medicare rules are going to go into effect and they are going to reduce the amount that Medicare pays for ambulance services. As a physician for 22 year I've dealt with the Medicare program and make no mistake about it when those cuts come through they are going to be deep. Insider EMS er EMS Insider Journal that he cited indicated that that first year's cut will be about 20% and in 3 to 4 years it will be 50%. Not of what you charge, but 50% of what they want to pay you. It has nothing to do with the cost of delivering that service. It has nothing to do with the value of that service it has to do with how much money HCFA has to spend. The bottom line is that it's going to go down. Private, er practitioners that is physicians and facilities such as hospitals, medical providers have seen this since 1966. The average physician in this country is paid 65 cents on the dollar. As an anaesthesiologist I'm paid 30 cents on the dollar despite that fact that my fees are among the lowest in the State, in case somebody wants to say you get less because your fees are too high in the first place. The bottom line here is that any projections about revenue income are very, very iffy at this point and we're not going to know exactly what they are until January 1st. Second thing, just one word, there are no kick-backs to any of the facilities, any medical providers, physicians or facilities in this City from Rural Metro or from EMS period. Finally, it's been stated both in the press and alluded to tonight about oversight and why doesn't somebody look over the doctors? I started listing the number of folks and entities that overlook what I do and I'm not any different than an Intern or a Surgeon or a Family Practitioner or an OB Gynecologist. My group overlooks what I do, but that internal admittedly. Our corporation hires an outside consultant to randomly oversee what we do in audit what we. The department in which I work oversees my work. The medical staff of the hospital oversees my work. Every insurance provider be it governmental or commercial reviews my work and my malpractice carrier reviews my work. I hope that puts that little argument to rest. Finally, I want to make a point about what is qualified. To be a paramedic you have to do a considerable amount of study and training. First you have to pass a test. From that point on, however, in order to maintain your

national registry and your state certification you need to take some classroom work every year, but you don't have to see or practice on patient one. You can be a paramedic for 20 years and go to class every year and never touch a patient. Chief Spadt has made the statement that none of his paramedics meet the Lancaster or the EMS Inc. standards because our standards in Lincoln have been very high. That's experience, that's not your certification, that's separate. Experience means you've done the work recently, not 20 years ago, not 1 a year for 15 years, or 2 a year for 15 years. You've done a lot and you've done it recently. That's qualified. That is experience.

Joe Hampton, no address given: Good evening. My name is Joe Hampton and last fall when this ambulance issue came us some of us old Council has beens, people that have previously served on the Council along with the past Mayor set down and started to wonder, where are we going? What kind of a proposal is this? And I developed some concern. Now as a former City Council person I certainly would prefer not to make (inaudible) comments, however, I must speak up and make the following observations. As I've watched this ambulance proposal move forward with the final outcome predetermined at the front end to fulfill a political promise I recall another proposal was made as a political cause rather than by the facts. I had both Mayor Wesely and Councilwoman Seng tell me that the killing of the Northeast Diagonal was a mistake. That was a \$10,000,000 proposal at the time. It was killed because of a political cause. Now to remedy that mistake we're going to have a \$200,000,000 solution called Antelope Valley. Granted it won't take the entire \$200,000,000 to solve the traffic problem, but it will probably take half of that. At that time people who were informed in the professional community were ignored. The public was told by some of the same people who support this fire proposal that there were many viable alternatives. Antelope Valley is the first viable solution and look at the cost. To date on the ambulance issue knowledgeable people and those with an independent understanding have been ignored. It is now promised that independent medical oversight will be allowed. Why would it be given anymore attention in the future than the disregard the Fire Union has given it in the past? We're told the Fire proposal makes economic sense. The public was told the same on the Northeast Diagonal, now look at what the costs are going to be to the taxpayers. The Northeast Diagonal at least was a professional, well engineered proposal. The ambulance proposal before you today is an embarrassment to knowledgeable people in the field. I see the people going down the same path once again pursuing a political promise rather than meet a need for a quality delivery of emergency medical services at an affordable cost to the taxpayers. As a result of the political maneuvering at the Commission of Industrial Relations that Yvonne was discussing with you the taxpayer was given, has given a 1.8 million dollar windfall to the Fire Dept. Average personnel costs of the Fire Dept. is now almost \$53,000 a year (inaudible) benefits for 10 days a month work. To award the certificate to the Fire Dept. will only exacerbate the problem with the CIR. Will the Union ever be satisfied? Will this Council ever understand that the CIR takes away their financial control and it costs the taxpayer. David Letterman has a frivolous presentation called the top 10 reasons for various topics. I'm going to seriously propose to you the following Top 10 reasons you should not support the Mayor's recommendation. Number 10 - the request for information is a flawed process designed by the Fire Union for the benefit of the Fire Union. Now that's their role. I don't necessarily fault them, it's kind of self-serving. Number 9 - after significant professional input the Council has ignored ...

Mr. Shoecraft: With respect to you Mr. Hampton can you finish up in about 30 seconds.

Mr. Hampton: About a minute. In all seriousness ..

Mr. Shoecraft: Try to wrap it up in about 30 to 40 seconds Sir.

Mr. Hampton: After significant public and professional input the Council has ignored this input as if to say do not confuse us with facts. The County Board has little or no input or consideration. Does the Council still believe in inter-local agreement. Seven - when will the welfare of the public take precedence over the demands of an aggressive Union. Six - the City is facing serious budget constraints. How much longer can you , the Council, ignore this impending crisis? The City has a Fire Union that has responded to no Council or Mayor when their demands are not met. A Mayor and the majority of the Council seem to believe that the Fire Chief and the Union no more about medicine than the medical society. Can you look into a mirror with a clear conscience and tell yourself your actions so far are good medicine, good government, or fiscal responsibility? Is your responsibility to the citizens or the political

demands of a Union.

Mr. Shoecraft: Joe, Sir, since you're a former City Council Member you've had about six minutes.

Mr. Hampton: I'm well aware.

Mr. Shoecraft: OK your time is up.

Mr. Hampton: I sat in that chair for many years and I understood that when you had a very serious question before you didn't try to cut off people.

Mr. Shoecraft: We're trying to stay consistent with every test, every person that testifies and your time is up.

Mr. Hampton: Obviously the fix is in.

Dr. Dan Noble, no address given: I'm Dan Noble and I'm president of the County Medical Society. I wasn't planning on speaking, but Chief Spadt brought a comment that deserves some clarification. He said that he was proceeding along the lines of the Medical Societies recommendations on paramedics and at the Senior Medic level that's correct, but never at any time was there any discussion brought forth about having 36 first line paramedics as part of the Quick Response Team. The literature just does not support that. The EMT I's can start IV's. They can intubate. They can defibrillate and now they can even give some medications. There's no need for an additional 36 paramedics at the first response level. There's no data to support it and I challenge you, Mike, to come forth with an article that supports that because it's not there. I'd also, you know if you're going to speak for the Medical Society you need to speak accurately and we've never at a single time said that there was a need for 36 front line paramedics at the added cost to the City and in your earlier statements about, well they'll all be equal and they can kind of work as a team together. Once again we're going to get into the problem of diluting the experience and that's the whole thing we're trying to prevent by having 24 Senior Medics, it's trying not to dilute the experience of the Senior Paramedics by having them provide, having the front line, basic Quick Response Team provide ALS skills. There's no data to support that.

Mr. Shoecraft: Are you asking Chief Spadt, or asking him the question?

Dr. Dan Noble: No, I'm not. I'm just responding to his comments earlier that, he certainly can.

Mr. Shoecraft: If want to ask him a question during your time frame you may do so.

Dr. Dan Noble: I'm responding to his comments and he can respond if he'd like. I don't know if that's the forum, but ...

Mr. Shoecraft: But it's going to eat into your five minutes is what I'm saying.

Dr. Dan Noble: Oh, well I'll just finish, so bottom line is we don't need 36 frontline paramedics. It's going to dilute the experience of the 24 Senior Medics. It's really a big boost in the cost to the City at no particular advantage.

Dave Watenpaugh, 5239 Wilshire Blvd.: And, just a simple quick question. There's several stations that are proposed to house these ambulances, Stations 6, 7, & 8. I've got pictures here for you. And, if you notice all the stations either have an engine company, truck company, or (inaudible) company in there. My question is where are you going to house these additional ambulances? Clearly there's no room for them. Are you going to charge the taxpayers more to build additional housing or remove trucks and fire suppression to house these ambulances? I thought the Fire Chief said that the infrastructure was ready, in place to house these ambulances. I just don't, out of these three stations I can't see where you're going to house these.

Dr. Regina Robinson Noble, Lancaster County Medical Society Representative: I'm having a little trouble as everyone else seems to be with the numbers that are being ...

Mr. Shoecraft: Dr. Noble have you spoken to this?

Dr. Regina Noble: Not on this issue, Mr. Shoecraft. I spoke on the initial ordinance.

Mr. Shoecraft: OK.

Dr. Regina Noble: The numbers that have been bandied about tonight are difficult to understand and it's difficult to understand how desperate these numbers can be from agency to agency, organization to organization. It is no wonder, it is no fault, actually, of our Fire Dept. or Rural Metro that they have in some cases repeatedly changed their proposals. It is through no fault of their own, it through our fault that this has occurred. We have such a flawed process that we have set ourselves up for such complications as this. So, the thing that I would like to address at this moment has to do with those numbers, and I'm going to be asking for clarification from any or all people who can give that to us tonight. It

was my understanding as a member of the Committee when I read through the initial proposals that the Fire Dept. was in fact bidding on 911 calls in the City of Lincoln and that in fact they were partnering with AMR to provide County and interfacility transportation. In event that the number 7100 or 7000 that people have bandied about would be the correct number that we should use for the Fire Dept. That would be exclusively 911 calls in the City of Lincoln. Other numbers that we have looked at would be transports which would be therefore attributable in both expense and revenue to AMR. If in fact that is not correct that the Fire Dept. is doing more than 911 transportation then we need to take that into account. So far it's not been made clear to me or perhaps to you exactly what the interface then would be between AMR and the Fire Dept. on these other calls. If in fact, the Fire Dept. picks up a number of calls in the County or in transportation that's all well and good, but then one might assume if they're picking up calls that were originally attributed to AMR, AMR would be picking up calls that might be originally attributed to the Fire Dept. Therefore, without any contract, or without any system that we've worked out we can't assess what the Fire Depts. going to be doing, when they're going to be doing it, and we have not, as yet, even addressed the financial status and or revenues and or transport numbers of AMR. I'm simply asking for clarification because that might help all of us including all of the Council Members to better understand where the numbers are coming from, where the revenues are coming from, what the expenses might be. Any questions?

Jackie Hinzman, 3901 W. Springview Rd.: I'm one of the greenhorns that gentleman was referring to earlier. I'm a paramedic at Rural Metro. I've been there for 13 years. I've been a supervisor for 9 years and I've been training paramedics to be system certified for 8 years.

Mr. Shoecraft: Would you give your please?

Ms. Hinzman: My name is Jackie Hinzman, I live at 3901 W. Springview Rd. and I wanted to start with saying first of all I don't understand why, and I don't mean disrespect to the Council, but why you haven't hired your own CPA's to look into these numbers of Rural Metro's and the Fire Depts. I assumed that that was already done and clarified. I'm surprised we have to spend so much time on that, but going on with my own presentation I would want to tell you that the Lincoln Fire Dept. is a excellent Fire Dept. They specialize in fire safety, hazardous materials, fire inspections, fire apparatus, high angle and confined space rescue, fire prevention, forceable entry, search and rescue tactics, tools, power tools, hydraulic tools, extrications, ladders, locks, fire hydrants, hose, appliances, fire behavior and etc. A you can see they do have a very large range of areas that they specialize in. We are currently providing pre-hospital care for the citizens of Lincoln when they are sick or injured. Rural Metro specializes in pharmacology, intravenous therapy, cardiovascular emergencies, respiratory emergencies, OBGYN emergencies, pediatric emergencies, care of the elderly, management of the emotionally disturbed, all medical emergencies, trauma, treads, etc. Thinking on your feet and diagnosing illnesses and injuries in a split second is not learned in paramedic class or by observing another paramedic perform those functions. These skills can only be learned by repetition, constant exposure, good leadership and years of experience. Why are you considering terminating paramedics who specialize in paramedicine to give their jobs to inexperienced paramedics who already have jobs. As I look around there's a lot of unhappy faces here, most of them Rural Metro who feel the pain of possibly being fired. I don't see the other half very unhappy because they have a job no matter what. They're going to win no matter how this turns out. Rural Metro has spent several years creating and perfecting a dedicated, professional team of paramedics. The time and effort we've put forth has proven to be worthwhile. The speed and the skill provided by the Rural Metro paramedics is saving lives on a daily basis. We would be doing the people of the community a vast injustice by putting their lives in those who do not specialize in medical care. The Fire Dept. was created for protection of life and property. The ambulance service was created to provide care for the sick and injured. You the City Council are indirectly responsible for saving the lives of the people who you are representing. I have not heard once that the current care we provide is inadequate. Out of care for human life I have to believe, to trust in you that you will make the right decision. However, I also, believe that you have not taken time to seek out any of this information. You've been shown that Lincoln Fire Dept. paramedics are lacking according to the current medical standard for our EMS system. Why don't you seek out professional emergency workers input? The emergency room physicians see first hand how we bring our patients in and how they have been treated. Why hasn't the emergency room

nurses been asked their opinions? These people are part of our community and they specialize in emergency health care. Why can't EMS Inc. present facts on their findings when outside medical, in emergency health care why can't EMS Inc. present facts in their findings? They read every chart that is written on patients. They have in black & white incidents that have occurred, but they're not allowed to bring these problems forward because it might make Rural Metro look too good and then they would be accused of being biased. The emergency room staff asked to give their opinions, but nobody cared to seek them out. How can you even begin to make a choice without making the answers mandatory? I think it's outrageous that you are about to make a choice to have over 80 people fired and you don't think you need to justify your decision. I always thought you as a City Council were here to make things better for the City. How is sacrificing patient care and forcing over 80 people to potentially have to move out of your City to find a job in paramedicine better for the City. I'm a citizen, too, and I just don't think I'm asking too much when I ask you to justify my termination. Anybody who is fired from any job anywhere requires a just cause. If the people that I have been caring for over 13 years are truly going to wind up in better hands then they currently are then I will gladly be terminated. My sincere concern for my patients come first. Again, I ask how can you prove this to us? We, the Lincoln Fire Dept. and Rural Metro work so closely together it may be difficult for you to distinguish the legitimacy of the two. I can assure you they are both necessary for the safety of the community. We are two different groups of dedicated individuals that work hard hand in hand to achieve a much greater cause. As I look at the situation I am faced with right now my solution is much more original. Instead of eliminating productivity I see this as a chance to excel. We now have given the citizens a better understanding of EMS that is here for them. We were also put under scrutiny that it turned out to be a true test of performance. We, the Lincoln Fire Dept. and Rural Metro have shown that no matter how threatened, confrontational, or challenged we are we still overcome and we are there for our patients. Therefore, in closing I ask that you take more time to seek out a solution that does not require irreplaceable skilled medics to be forced to turn their backs on the people of Lincoln and surrounding rural areas. You have gained a great deal of information over the past six months, please utilize it in a positive, productive manner which will put forth a focus on the most important piece of the puzzle, the citizens of Lincoln. The only way that I know how to reach out to you and make you understand how absolutely imperative it is for you to consider even on human life is to read you a poem I had written two years ago for people that we had successfully resuscitated they are cardiac arrest and we resuscitated them. Can I read it will take me like 15 seconds?

Mr. Shoecraft: Yes, you may.

Ms. Hinzman: Alright, and please imagine this is you, you've been in cardiac arrest, and now you're back to life. It's called a Second Chance. The day had come when needed a hand, it seemed your time to take God's hand. Quietly you lay, no expression on your face, no heartbeat or breath, not a movement took place. Then the prayers went up to the heavens above, one more chance please for the one we love. Then the paramedics came through the door, they knelt by your body laying still on the floor. Their hands were upon you moving swiftly with care, for they too, were praying God would be there. Then you started to show remarkable signs that God had been with you all the time. And, now you resume the life that you love, a recovered treasure, a gift from above. A chance to kiss loved ones, a chance to see friends. A chance to meet new ones or to make amends. Not many are given a second chance to live, your work was not finished, you have more to give. We admire your strength for making it through, may the Lord walk with you in all that you do. I'm asking please don't put me in a position where I can't help people anymore. Thank you.

Randy Hart, President of LIBA. Lincoln Independent Business Assn.: I thank you for your time and diligence to this matter. I know it seems like it's gone on a long time. I'm here representing over 800 business and over 25,000 employees. And, you've heard from several of our past presidents tonight and many of our members in opposition of this matter. I would ask that you postpone this for at least for a longer study so that, this seems to me like a tremendous amount of information has been given you in the past several meetings and including tonight and this is something that is going to impact the City for many, many years down the road and I think it deserves to be well studied and well thought through and so I would ask you to oppose this.

Curt Donaldson, 2860 R Street: I/m here tonight as a ghost as

Councils past and you can cut me off right at the five minutes, by golly. Anyway, anyway one way to look at this tonight is to look at it as just a matter of city politics, but there's also a basic principle of limited government here and that is that the government here and that is that the government do those things that cannot be performed by the private sector. Now, myself I've actually always been a supporter of government doing more things. I don't think there ever was a taxpayer dollar I didn't figure out some way to spend in my time, but at the same time you have to be efficient and cost controlled on current operations or there's no money left for growth or anything left for parks and libraries. That's always the approach I took. What I would say on this matter is I don't think there's any overwhelming need for government to go into the ambulance business has been established and there are on the other hand very great risks for the taxpayer going into the ambulance business. It has been said because an enterprise fund is being set up that this creates a fire wall between the taxpayer and the ambulance business. But, let me just note in the City Budget that Pershing Auditorium is set up at an enterprise fund. And, as you know the City allocates about \$330,000 a year in General Fund revenues and would do more if it was busier. Anyway, in attempting to quantify those risks to the taxpayers let me note from the public hearing it said, "a forecast has been prepared with known historical costs along with prevailing market revenue information". Well, actually more than just a forecast it seems like there's a new forecast every week, but it's always for sunny skies and blue skies. What I would say most likely on the revenue is (inaudible) to the bank anything over \$7,000 transports is speculative. In the same way on the collection rate it seems to me how I've studied this anything over 40% historical collections on the Advanced Life Support is speculative and will be subject to audit by the Federal government. It is not a good sound business plan to planning, to collect over twice that the current provider is collecting on ALS. In addition the risk to the taxpayer is increased because if there are revenue shortfalls because of overstated revenue and overstated collections rates you simply cannot go out and raise the rates because 48%, by the audit of Rural Metro, the 911 calls are paid for by Medicare and Medicaid. And, so you can raise the rates however high you want, but all you're going to collect is a certain dollar amount. So, the risk falls back on the taxpayer. It's been noted that there are uncertain costs on comparability. Another uncertain cost, how can you possibly project 3% a year increase in cost for this project? There's been a lot of public testimony on these cost problems and the cost speculation tonight. At budget time next year, if you pass this, what you will hear is excuses. I don't think, if you wanted a real reality test I would like to see if there's anybody who would be willing to put their jobs on the line over these numbers, whether in the Fire Dept. or in the Finance Dept. I think you will find next year instead excuses, the collections were slow, CIR costs, Medicare changed, well these are not going to be anything new, you heard them here tonight. I think the bottom line on the numbers is we would be incredibly lucky just to break even. So, I'd like to wrap up by quoting from the second Journal Star editorial and not only did I photocopy those I had them laminated. First time I've ever done that with an editorial. It simply said, "elected politicians want to eliminate a private sector job is ought to have a good reason. The Journal Star has no enthusiasm for the record of government running business enterprises. The superficial and flawed process used to select a new provider has failed to provide trustworthy justification for removing emergency medical care from the hands of private enterprise. The burden of proof is clearly on government and I have not met that burden of proof. The benefit of the doubt should be given to the taxpayer and to the current provider." That concludes my remarks.

Dick Fifer, 702 W C St.: Anybody understood any of the statistics earlier in full I'd like them to hold up their hand. I didn't personally. I've been coming to the City Council meetings for, oh I don't know, 20 years maybe and initially I, I'm a late bloomer actually by doing that, but I used to believe I can make a difference. I no longer believe that. I think, and this is my opinion. Things are pretty well cut and dried when you come here for most things. If you don't have an expensive suit or a lot of money behind those expensive suits you might as well stay home, in most meaningful events that apply to citizens. Now that's my opinion. Now what really frustrates me is that now I believe I can predict whether you vote tonight or later on how this votes going to turn out and that's frustrating. It's my prediction that Jonathan Cook, Annette McRoy, Coleen Seng, and Jerry Shoecraft are going to vote for the Fire Dept. and others may join depending what other conversations there have been, but those four are going to vote for the Fire Dept. Now, like

I tell people when sitting in a little friendly game of poker if I'm not raising the pot, just staying, well make me wrong you know if I win. That's my opinion.

Mark Hexum, Division General Manager, Rural Metro: I just have a couple of quick comments since Mr. Altman and Mr. Herz used a couple of our documents I'd like to just make a couple of clarifications. First of all the numbers that Mr. Altman presented were budgeted numbers, they're not actual numbers. They are the numbers we projected we would use, they are not the ones that we actually did for transports. In reality our actual numbers are less than the budgeted numbers. We have a long history of not meeting our budgeted numbers. We have only grown by 1.5% instead of 4% as they have projected. Transport percent as a whole for the system, the number that he presented was for our whole system. The general transports, the out-of-town for the 911 work our transport percent is 67% not 73 or 6% that he presented. The information on collections that Mr. Herz presented is not an apple to apple comparison. Once again he is just looking at the 911 information and not at the whole system as a collection percent. Doing the whole system allows a better collection percent than what the 911 stuff does. Both Mr. Grunterad and Mr. McClure have provided you audited numbers of our transport figures. They give you 7,013 for in-city 911 calls. The information that we gave out at the RFI Committee was yes and average. Our average has been static. Like I said we've only grown 1 to 1 ½%. So we did use a percent an average over that year period. We came up with approximately 7000. If my math is right that's about 20 calls different. Thank you.

Mr. Shoecraft: I've got a question for you. Do you have any '99 or '98 audit financial statements?

Mike Stroup, 6921 Orchard St.: And, I speak tonight in opposition not of one party or the other, but in opposition of the process. The process of which you are choosing these providers is flawed. You cannot allow it to go on the way it is. This process, I guess the first flaw would be probably about a year ago when our illustrious Mayor was elected and second of all you can't allow people, I'm a salesman by trade, you can't allow people, once they've made the initial bid, you cannot allow them to come back in and bid again. You can't do that. It's unethical. It does happen, but you cannot allow it. You've got to go back. I'm asking the Council tonight to go back and redo this, give yourself a year to rethink this and do it right. There's got to be an application process by any, anything that you vote on as far as contracts there's got to be an application process cut and dried. No questions asked, no political bargaining, no payoffs whatsoever allowed, whatsoever. You've got to have people that are non-partisan, non-biased on review committees to look at the facts and come to you with the facts, you vote right then and that, and that's it. That's it. And, then there's a one time bid process. No second chances. You've got people running scared here because they think they're going to lose. They're going to put people out of jobs. That's going to happen if you vote the way you could vote and I kind of agree with some of the people that have been up here before that, with the way the votes going to turn out. I'm sorry, but I feel that way. I have no opposition to the Lincoln Fire Dept., I have an opposition to this process. It is seriously flawed. One thing I would ask the people on this board right now is when it comes time to vote on this and if you do vote on it I would ask any of you that have received funds from either Rural Metro or the Lincoln Fire Dept. to excuse yourself due to conflict of interest. You have done that in the past, I think you ought to think about that seriously. That way your conscience is clear. You have no qualms about the way it came out. I challenge you to do that. I know there are on this board that do have some conflicts of interest in that matter. This Council has got to get away from playing partisan politics. When I elected, or I voted for any of you on this Council I did not look at you with the R or D behind your name. I looked at what you stood for and what you had to offer. I challenge you to go back to that. You've got to listen to the people. Sometime ago I spoke on another issue and I told you to listen to the people, listen to the people. One of you listened. And, you're not listening. You muddle yourself down in controversy after controversy and it's senseless. I watch this weekly and it sickens me. I mean we need to bring some professionalism back to this forum and I'm sorry, but it's just the way you're going to have to do things. Mr. Shoecraft if you want to bring professionalism back to this forum by time limits you've got to watch your protocol, you interrupt the protocol by the way the forum is set twice tonight by the allowing the people that were for the proposal to come and speak during the process where the people against were speaking. You broke their momentum. You can't do that. You just can't do that. It's not, you've got to bring

some professionalism back to this process. You've got to listen to your people. I have tried to speak to the person that represents me in the area a couple of times and I've been called and I've been told, er I haven't been called, I've called and I've been told the person can't speak and I'd have to call back. And, personally if I'm in your seat and someone calls me and I can't speak to them at the time for whatever reason I take a phone number, I take a name, I call that person back. These people that have put you in your seats allow, deserve to be heard. Simple. And, I'm asking,

Mr. Shoecraft: One minute.

Mr. Stroup: I'm aware of that thank you, and bring some professionalism back to this forum. I'm so tired of it. You, you get yourself muddled down in contract, after contract. Last time it was the towing contract. This time it's this contract. What's it going to be next, the exterminator contract? You've got to listen. Use your independent thinking. When you all ran for this office you were independent thinkers I'm sure you were. And, you've got to come back to that. You've got to think this process through. Do not vote on this tonight. I've seen six of you take extensive notes tonight. I suggest you take the week to read them and come back maybe next Monday and decide what you want to do whether that is to vote on it Monday or to wait a year which I seriously suggest you do. Thank you very much.

Mr. Camp: Mike I would like to thank you for pointing out the flaws in the process.

Jay Wilger, 2319 S. 19th St.: I'm here tonight as a husband, and as a father, a homeowner in Jonathan Cook's district and a Lincoln EMS Preceptor with more than 9000 calls to my career. All 9000 in Lincoln. And, I'm here tonight because I believe that after more than 12 years of running ambulance calls that I'm about to be fired. There are no winners here tonight and there's only losers and the biggest loser will be patient care. Due to the environment that this process has created we have lost so many gifted and talented paramedics to other cities that welcomed them with open arms. They are thrilled to get our providers. Our providers are quality providers and they're thrilled to get them. And, our providers are leaving, they have left because of this issue. It wasn't about the money, and it wasn't about who they worked for or who they didn't work for or any of that. It was because of the patient care issue and they were sick and tired of this issue and so they've left and that's sad because we won't get that experience back. I read quotes recently that the City needs to move on and put this issue behind us. That's the worst thing we could do it should always be in front of us. Patient care has to be the issue and it has to be in front of us. And, don't our patients deserve an in-depth, independent examination of potential providers. Finally, I believe that the City has lost the trust of many of it's citizens. Future decisions will now be clouded with the new questions of what really motivated the decision makers. I believe that patient care should be our priority. I believe in truly independent medical oversight and I believe that you have the ability to do the right thing. We need to stop the way that we're doing this and lets do it right with patient care being the priority. And, if that's done and at that point if I find that I'm unemployed I won't like, but I can at least respect that decision because it will be, have been made for the right reasons. Thank you.

Dave Kendle, 2200 W Sumner: I'm a plant engineer for a local manufacturing company. I'm not going to comment on either of the proposals, I'm here to comment on the process. It is something I'm fairly familiar with we go through a lot of plant upgrades that I'm often in charge of. If I went to my boss with a proposal like these I wouldn't have a job anymore. I mean the process that you guys at these proposals is so flawed that the proposals themselves are meaningless. What you have to do is establish some specifications and then seek bids based on those specifications. That hasn't been done. Secondly, I'm really disappointed in the Fire Dept. because they've become so political. When I was growing up we'd take tours of the Fire Dept. I was reminded of this by the Boy Scouts that were here. When I was in Boy Scouts we took tours of the Fire Dept. It was something you could feel good about. These were guys out there working for the community. Now after this process I see it as, I've heard them threaten some City Council members with retribution the next election. They've become political, a political department. I wouldn't feel good about my son taking a tour or a Fire Dept. because that has become now a matter of political propaganda. I think, I agree with some of the people that have already talked that suggest you take some time, I don't know whether it would be a year or not, to come up with a real bidding process that really means something. Solicit bids from several

providers not just two, and take the best bid, the one that meets your specifications for the cheapest price. I mean that's what it's all about. Thank you.

Tim Bjordal, 740 Glacier Trail: You've seen me before, but you didn't have an ordinance at the time and I'm frustrated the questions I asked you at that time have not been answered. I don't even want to talk about that because you've got more people asking those same questions. I'll let you give them the respect of an answer. I'd like to point out that there's a missing group that hasn't been identified here and it's also goes along with patient care. I manage the business office at Rural Metro in which I have 12 very talented young ladies that work for me and a very dedicated young man that also works there and these people deliver patient care by helping elderly people, people who have suffered emergencies and other problems as a result of using the ambulance service by helping them get the insurance benefits that they pay premiums for and they're entitled to. And, I have to have staff meetings with these people and explain why they're being fired. Why you want to run them out of town when they're very good and they do a very valuable service. I'm out of answers and I need your help. Didn't get one last time, but I'm hopeful. Please tell me why you want to change that. You want to lose that experience. Tell me why that is. I sent a letter to my Council person, no response. Tell me what I need to tell these people because they're going to make plans and I'm going to lose them and then people of Lincoln won't be served. You don't have to give me the respect of an answer tonight I understand that. But I would challenge each of you to think about that, because these people are good at what they do and you're telling them that that doesn't matter. I'm not going to do that anymore.

Mr. Cook: I have a couple of questions for the Fire Dept. regarding the proposal. Yeah I want to ask few questions of the Fire Dept. There was some issues brought up by ...

Mr. Shoecraft: We're done with number 2 Paul?

City Clerk: Yes. Ok. Real quick then we'll get to Rural Metro.

Mr. Cook: I was asking the question of the allocation of the common cost such as the legal or personnel or finance cost and wanted to.

Deputy Fire Chief John Huff: I was actually called up to answer that Jonathan and Mike's not here, he's in the building somewhere. I'll try and answer it for you. And your question was?

Mr. Cook: About the common costs. There was an issue about how are those going to be calculated and there would be City staff time that would be allocated to this, but also to other things.

Deputy Chief Huff: We did include in the proposal what's called central service charges. Those we actually got the charges from the budget office and they appropriate a formula and a cost associated with the services of both and Law, Personnel, just all the different City departments that contributed through the central services process. They actually establish a rate or a cost for each new employee that's hired for example from the Personnel Dept. and documents of the process by Finance and so on. So they are included in the proposal.

Mr. Cook: And, another question I had regarding the bad debt issue, there was talk about how the Fire Depts. proposal has an estimate of 37% bad debt, but apparently Rural Metro has been in real life having approximately 25% for bad debt, used a conservative estimate in your numbers is that ...?

Deputy Chief Huff: Well basically throughout our budget proposal we used what I believed to be very conservative estimates. We felt it was appropriate to error on the side of safety as you will or conservative costs with respect to all of our costs.

Mr. Cook: So, when others chose your figures where they say we use the Fire Depts. 37% number we don't actually know what that number will be, but Rural Metro has been experiencing 25, so we could also done what Don Herz did where we look at a number of different possibilities and we come out much better than if it's just 25. Is that correct?

Deputy Chief Huff: That's correct.

Mr. Cook: There's the issue of Medicare reimbursements and how that's taken into account since the future is a little uncertain, it's uncertain for any provider that can that be explained in a little more detail how you took that into account to make sure we could ...

Deputy Chief Huff: I think I'll defer that question to Mr. Altman.

Mr. Cook: OK.

Mr. Altman: I'd like to do just do a little walk through so you understand the Medicare percentages and 'cause again we had to base in fact and there is a considerable amount of research out there that we go to get an idea of what your Medicare population is in Lancaster County in Lincoln Nebraska.

Mr. Shoecraft: In answer to his question how much time are you going to take?

Mr. Altman: Give me about three minutes. (inaudible)

Mr. Camp: Do you have a copy of this in the material you handed out to us?

Mr. Altman: Councilman, no we can get that for you. Basically, we have five sources here. There's two sources of Lincoln Fire Depts. patient records, that is we looked at the age of the patients 62 and older. We looked at that statistic from Nebraska Health and Human Services which tells us that 10.7% of the population in Lancaster is of Medicare age. And also, the final, the bottom number there that's very important to us is the Nebraska Association of Hospitals and Health Systems. It's a, tells us people that have been discharged from hospitals who was paying their insurance. It's logical to assume that if the 911 transport would go somewhere obviously it's going to a hospital. Most likely it's going to go to a hospital. The same people that are going to pay insurance for the hospital are going to be the same people that pay the insurance for the ambulance. So, with that you could see where we came up with the net affect. Actually, we made the assumption of a 38% net affect of Medicare on the budget. That coincides with the 39% presented in the figures from EMS Inc. and I mean we're one percentage point apart from them in there and we automatically assumed a standard denial rate of 25% of all the claims we wouldn't get any money from them. That's the national average, industry standard and yes, we did put in a 30% allowance for bad debt in that process. You know what the internal calculators were in our budget when comes on the Medicare issue alone it's a, we calculated Medicare at 50-50 mix, that is 50% ALS, the 50% BLS and that's because we pulled the Medicare number aside and we dealt with that differently in our budget line so that we could do that revenue forecast. So again, we're in agreement basically with the numbers that came through EMS Inc. We're not in disagreement with them and our calculator has worked it out as to what the bottom line is. Councilman Cook does that ...?

Mr. Cook: Thank you.

Mr. Altman: Councilman Cook we will get you a copy of this.

Mr. Camp: I guess with Mr. Altman I'm getting back to the audit that Mr. McClure did where he came up with the, the 200 or \$174,000 loss versus your projection of a \$500,000 gain, if you're in agreement how do you reconcile that?

Mr. Altman: They must be using a form of new math that I'm not. Councilman Camp, I'm in the emergency service business 26 years. I've been in the ambulance industry 7 years. I was a businessman to make money in that. The calculations are based upon the experience of the industry in there. You have to know ambulance billing. I managed two of the billing bids for the Rural Metro Corporation, one in Baltimore, the other in Dallas, Texas, both very successful. I understand the billing process. It's difficult, at best, unless you're doing ambulance billing. It's not like other billings for other industries, other business. Some similarities may be if you're doing hospital billings, but because of the Medicare complications we stand behind the numbers. It's a, we walked through this with the City Finance Director. It a, we've been thorough in our explanations, we just have to say we stand on the numbers.

Mr. Camp: A moment ago you said a 25% bad debt collection for Rural Metro yet Rural Metro just stated it's 911 bad debt collection rate is 37%, so how can you stand behind your numbers when you have 27 years of experience some of which were with Rural Metro.

Mr. Altman: I stand on our projections sir. It, because historically I know as an executive, as a former executive with the company that Lincoln, Nebraska was a very profitable line of business for the company as of March 1st when I left the company that was still the case and when someone is ...

Mr. Camp: (inaudible) bad debt percentages you're saying (inaudible)

Mr. Altman: I'm telling you I disagree with Mr. Hexum with his bad debt presentation, sir, however, the only thing that I can say that has never been done in the history of this contract in the six years or so that the certificates been here is that prior City Administrations nor with the EMS Inc. has ever done a complete independent audit as the ordinance allows for. Audit of the money. So how do you know, Sir. I mean, I know from experience. I know from experience and I'm up here and I'm telling you my reputations on the line. I'm also a stockholder in the company. It's not like I don't have some interest to see that somebody succeeds in the process, but on the other hand my client is the City of Lincoln, the Lincoln Fire Dept. I feel a compelling need here to be

honest with the process. The process is that it's been a very sound business venture, obviously, they're still here and logic would say is that the money is there. Bad debt in the Midwest is, particularly in Nebraska, has not been a huge factor for the company. If the rest of the company did as well as Nebraska it would probably would not be in the financial challenges it's in today.

Mr. Camp: We're not talking generalities though Mr. Altman. Would you, would you agree that it might be more beneficial to take a year or take a period of time and analyze and get these inconsistencies clarified?

Mr. Altman: No Mr. Camp I wouldn't because I think you have the expertise of your City Finance Director, you've invested in that. You have a City Staff that you have confidence in and they've closely scrutinized those numbers.

Mr. Camp: OK. Then how come you're telling me 25% bad debt, yet the experience is 37%, how come you were paid ...

Mr. Altman: Councilman Camp, excuse me, where are you getting 37%? 37% ...

Mr. Hexum, I believe, just stated ...

Mr. Altman: That's not our figure. Our assumption is 37% for bad debt in there and I think we're being pretty liberal with that in that. We did this from the standpoint, if you're going to operate a business (inaudible) going to be a bad debt. And we looked at it for historical, regional averages, that doesn't hold up sir.

Mr. Camp: But you just said 25%, you've said 30% now. What are your figures?

Mr. Altman: Sir, I said one number, 30%. The 25% was represented by the City Finance Director in, you'd have to go back to Mr. Herz.

Mr. Camp: But you told me you briefed him.

Mr. Altman: Mr. Herz questioned me and Mr. Herz had full access, but as an independent finance person he had the ability to pull out his own numbers and he's your Staff member and he has put that under his scrutiny and that's what I'm telling you. You know you can bring in consultants and others ad nauseam The next debate will be who will be the consultant. I think from standpoint I think you have to rely on in that you've invested in a process. You've invested in a City Staff that you've trusted. You rely on the City Finance Director using his staff to give you those numbers. He's examined it, based upon general accounting principles and even adjusted our numbers to make sure that we're in full compliance with gaps. So, I mean he's not an independent function either. I mean I could sit here all night and debate this with you, but we'll stand on our numbers.

Mr. Johnson: I have a couple but, we can debate numbers all we want to and they're obviously conflicting and I would like to have time tonight to hear some more numbers, obviously, from some of the other presenters, but I really think the taxpayers care about one thing, if you're numbers are wrong who pays for it? I bid on things all the time and my numbers have to be met and if I'm wrong and I lose money on it, I pay for it. Who pays for it if you're wrong?

Chief Spadt: I, I'm not wrong. I'm very confident in the numbers and the projections. I'm very confident in the projections and as to how they came forward and how we calculated them. I'm very confident in the analysis that we did and I think you'll find the same result when you go through the information. There are calls, as I mentioned before, that don't go through the 911 system that should go through the 911 system that account for a large number of calls in conjunction with the growth rate. You know, somebody said 1%, Rural Metro submission in the RFI process showed a 4% growth rate. We assumed a 3% growth rate so we were conservative again. We were conservative in all of our estimates. We can back, we can show you a demonstration. We can back engineer the budget from Rural Metro. We have the methodology. We have the spreadsheets. We have the booklet that tells you how to read their budgeting process. We can back engineer the budget if we need to go to that extent before the City Council to show the people what's going on here. I mean we're ...

Ms. Johnson: You know, I'm sure everybody's numbers are true and I honesty cannot argue with them on it, I'm not a number cruncher, but I do know that if I'm wrong when I do my numbers I pay the consequences.

Chief Spadt: You want, I'll tell you who's accountable it's me. I'm accountable.

Ms. Johnson: I know. Does it come out of the General Fund is what I'm asking? If you're wrong does the taxpayers have to pay for the balance? If Medicaid and Medicare formulas really blow us out of the water here, who pays for it when the figures are wrong? I'm going to ask every company that comes before me so be ready for it. Who pays if you're numbers are wrong?

Chief Spadt: We understand the impact of this region to be minimal based on the new negotiated rule committee findings come January 1 or approximate January 1, I understand it may be extended past that point and time. I understand that the affect on the Midwest region is going to be minimal. We have historic data that we can work from. The incumbent provider can make money going on that number of calls. We charge less money per call and we can make money on the same amount of calls in the system. I mean, it's, you know we're getting lost in a bunch of numbers here. The bottom line is you can make, there's 4 ½ million dollars that's going to be made in this community regarding ambulance service. Why can't the Lincoln Fire Dept. make that same 4 ½ million that Rural Metro is making? I mean, we're getting lost in a bunch of numbers here that, you know, some believing somebody and somebody's believing somebody else. I feel that my numbers based upon the methodology that we used and the internal information that we have regarding the number of trips we make within the City of Lincoln, I'm very comfortable with the numbers, and I am accountable.

Ms. Johnson: Your department is accountable is what you're saying.

Chief Spadt: I'm accountable.

Ms. Johnson: You personally will be accountable for your ...?

Chief Spadt: I personally will be accountable that those numbers are correct.

Ms. Johnson: I just want to know if things go wrong who pays and that's really what the taxpayers want to here.

Chief Spadt: That would be me.

Ms. Johnson: Really that's all I really did and it's not meant to be negative, I think that's a question everyone should ask.

Chief Spadt: I understand.

Mr. Shoecraft: The next presenter will be Rural Metro. You have 20 minutes to make your presentations, 10 minutes for question and answer. After that will be Platte Valley, 20 minute presentation, 10 minute question answer followed by AMR for a shorter period than that.

Dr. Michael Sucher, no address given: I'm the Senior Vice President and Chief Medical Officer for Rural Metro Corp. I'm very pleased to have the opportunity to be here tonight and be before you. I'd also like to introduce to you our Rural Metro Management Team, Mark Hexum who you've already met briefly who's our Chief Operating Officer for the Midwest Emergency Services group and Division General Manager for South Dakota and Nebraska. Doug Wyatt who's our Market General Manager for Rural Metro Lincoln, Paul Edwards who is our Director of Public Affairs for Rural Metro Lincoln and the many EMT's and Paramedics who are both here in the audience and out in the streets taking care of you and your family as they have done for many, many years. There are two Rural Metro Ambulance filings that are up for consideration before you. The first, we have an application for a certificate to operate emergency and non-emergency ambulance service in the City of Lincoln under Chapter 8.08 of the Lincoln Municipal Code. And, secondly we have provided you a response to the Request for Information which was sent to Rural Metro Ambulance by the City of Lincoln which by the way is a process which does not appear anywhere in Chapter 8.08 of the Lincoln Municipal Code. I'd like to just share a little bit with you about Rural Metro Corp. and our current financial circumstances and our commitment to you, the citizens of Lincoln. We are a leading national provider of emergency, non-emergency ambulance transportation, fire protection and other safety related services. We provide these services to municipal, residential, commercial, and industrial customers in over 400 communities throughout the United States and Latin America. Our experience is built out of 50 year plus history and we have a strong history of maintaining and forging public private partnerships such as we've enjoyed here for many years. I think every health care provider, whether it's hospitals, physicians, or ambulance companies or others and whether they're public or private have felt the financial impact of delays and difficulties and reimbursement both from insurance companies as well as the Medicare program. We continue to work pro-actively with our community partners here in Lincoln as well as the other areas we serve to help resolve and work those reimbursement challenges together. On January 27 Rural Metro Corp. announced plans to restructure it's United States operations, the purpose being to reduce or close business and select underperforming service area. This does not affect Lincoln. Most of these areas were in the southeastern part of the United States and Texas and most have already been closed or downsized. I think throughout this process we have demonstrated that our companies foundation's solid and that it will emerge a more solid company. There's been lots of rumors and wild speculation about us being financially insolvent or filing for bankruptcy protection.

I can assure you that's unfounded, not true, and not going to happen. We're absolutely committed to providing the highest quality patient care to your citizens as well as those of the surrounding communities. Patient care is at the heart of what we do and really what I would hope to believe that is what this process is all about. Here in Lincoln we bring 33 years of proven leadership and partnership with community and EMS stakeholders. We've had a very successful public private partnership that we are committed to continuing in Lincoln, Nebraska. We believe our service has been nothing short of exemplary throughout this time period. We're also committed to independent medical oversight and direction. Strong medical direction is a most important component of an EMS system. I'm absolutely pleased by the involvement of the EMS Inc. and the Lancaster County Medical Society members who have taken an active role and stance in your community. You're fortunate to have that kind of involvement. Many communities do not have that kind of interest and involvement by the broad medical community. (inaudible) community and your families and it's through the efforts of all of our employees here that we have been an affective and respected member of your business community. We're pleased to be here. We want to stay here and at this moment I'd like to just turn this over to Doug Wyatt to talk a little bit more about our proposal.

Doug Wyatt, no address given: Thank you Dr. Sucher, members of the City Council, my portion of the presentation tonight deals specifically with what we see and what our legal council views as following the current requirements for filing an application of certificate of public convenience and necessity as stated in 8.08.030 in the Lincoln Municipal Code. I have a hand out for you that, Paul if you could do that for me? This is the actual language from the City code. I've also included a copy of our application that will show you that we have met the criteria of this application process. This application meets the requirements of 8.08.040 of the Lincoln Municipal Code. In considering this application the ordinance provides as follows and I will read the specific language listed under this section. There are six items that I'll refer to. Number one. The quotation, "in determining whether the public convenience necessity require the operation of an ambulance or ambulances for which application for a certificate is made, the Council will consider and investigate the statements made in the application". The adequacy of existing ambulance service, the financial responsibility experience and character of the applicant and it's agents and employees. The public needs for additional service, the ability of existing holders of certificates to provide any necessary additional service and any other factors pertinent to this determination. The second thing I'll allude to is Rural Metro currently meets the requirements of the public convenience and necessity because it currently holds and issued certificate that expires 12/31/2000. The existing service meets and exceeds the requirements prescribed by the ordinance. In fact, throughout the past several months during this process, patient care has remained the number one priority of our company and has met or exceeded the expectations of our medical oversight agency. We are very proud to say that throughout the current certificate care has never been an issue. And, in fact it has been stated that our Staff is providing quality care to the Lincoln and Lancaster County citizens. Fourth item, financial responsibility, the experience and character of Rural Metro it's agents and employees justify granting the certificate. Number 5, Rural Metro provides a vital service to the citizens of Lincoln and Lancaster County, one that we have provided for 33 years with compassion and experience that is unparallel. And six, Rural Metro as existing certificate holder can provide any necessary additional services as requested by the City or the County in the provision of ambulance service to the citizens of Lincoln and Lancaster County. With this information, we are requesting that you grant a request for a certificate of public convenience and necessity to continue to provide ambulance service to this community as we have for the last 33 years. At this time I will turn this presentation over to Mark Hexum.

Mark Hexum, no address given: Council members, excuse me, our request for information response is modeled on our 33 years of business within the community or Lincoln and Lancaster County serving the patients and doing an excellent job of patient care. We have provided a comprehensive transport service which involves all facets of the transportation for the most efficient and economical system that is available. Rural Metro provides these services with no additional tax dollars to the citizens of the City or the County. Rural Metro is also an active member of Lincoln business community. In addition we have contributed more than \$50,000 to over 40 service organizations in 1999 alone. Our 85 employees are committed to providing the highest quality patient care. Our paramedics all have an average of greater than 5 years

of service as a paramedic within the system. Our response to the RFI was based on what the current ordinance governing ambulance transport required. Since the RFI did not set forth response time criteria we felt it was appropriate to respond in the spirit of this ordinance which prescribes 8 minute response time 90% of the time. Our ambulances are staffed by seasoned paramedics who have all met the requirements set forth by the Lancaster County Medical Society. Our billing office has an extensive understanding of Medicare and Medicaid. Dr. Sucher who had direct input into the negotiated rule making with HICFA as that process was going forward. our Com Center is staffed by certified emergency medical dispatchers. We encompass the whole picture within Lincoln and Lancaster County. Our proposal is based on the history of exceptional patient care, care provided by our Staff. We always put the patient first, that has always been our goal and that remains to be our goal of the providers we have on the street. Our proposal meets or exceeds a standard set forth in the RFI. The standards for staffing require one paramedic and one EMT on the ambulance. That's the current standard. Our request or our response to the proposal did have one paramedic and one intermediate on the ambulance. The Fire Depts. did not. On June 12th we resubmitted to Mr. Paul Malzer an updated response to our original request for information. When the Fire Dept. submitted their six minute response standard for their proposal we felt in the spirit of competition it would only be sensible for us to amend the plan for response times. We felt that it was only fair that we had the opportunity to provide comparable response time standards. We agree with Mayor Wesely that the request for information was a flawed process, but with the precedent set by the changes in the Lincoln Fire Dept., AMR's response, and the fact that it was not prohibited by the process we felt that it was appropriate to update ours. I'd like to take a minute just to go over a couple of comparisons between our response and that of the Fire Dept. Both proposals are proposing a six minute 90% of the time response time for emergency transports. We have a proven record as a provider within this community of 33 years. We will staff a minimum of four ambulances everyday 24 hours of the day. They are also staffing four ambulances. We have an integrated transport system. We will do the general transport work. We do the 911 work. We do the long distance work. That provides for the patient the same level of care that the patient on the 911 call gets. They get the same type of paramedic for those types of calls. We have always supported the concept of independent medical oversight. The Fire Dept. up to now has not had a history of supporting EMS Inc. or the oversight. Our financial is based on historic and realistic budgeting. The Fire Depts. proposal is a questionable budget model. We demand no taxpayer support, in fact we do not get any taxpayer support. We are a completely user funded service. The risk for the City of Lincoln and the taxpayer of the City is substantial based on the Fire. Depts. proposal. Our proposal is also least costly for the patients. We have a membership program. Chief Spadt has mentioned come January 1 that the membership program will no longer have any significance. That is no in true the fact. There are membership programs that cover the 20% that Medicare will not pay. Medicare will allow \$100, they will pay only \$80.00. Our membership program covers that 20%. Our membership program also covers deductibles. If you have a deductible on your insurance, or Medicare insurance it still covers that. So, that, even that Medicare change, rules change we can no longer balance the bill or bill the patient for the additional that Medicare doesn't cover there will still be a need for membership program to serve the elderly and the other citizens in the City. You have seen the financial numbers. I'm just going to run through ours real quick. Our Medicare percent is 46.42%. Of all the patients that we transport 46% of them are Medicare. Medicaid patients are 7.48% roughly 7.5% ALS percent, we bill out 40%, 41% of our patients at an ALS rate. The other 60% are billed out at a BLS rate. Our call volume for the City has been justified through the audits that we have done at 7,000 transports within the City. On rate schedule, another question that came up earlier tonight was, well what happened to that \$18.00 or why can you do it for \$18.00 less now. The way the current charges are set up it's a bundled charge, mileage is included. What we did was we in order to make an apples to apples comparison with us and the Fire Dept. and the way Medicare is going to allow is we took out the mileage out of that. So, that \$18.00 will, is still in the mileage charge. It's another issue that keeps (inaudible) being hit, is the mileage charge. There will be a mileage charge. Our BLS rate if \$350.00 and our ALS rate is \$490.00. In summary, Rural Metro has been a responsive, reliable partner in the Emergency Medical System in Lincoln. Our staff is dedicated to providing the care for the patients. They're dedicated to this community. They've

put many hours of blood, sweat, and tears in this community in this emergency medical system. They abide by the rules and they have done a good job. We think we are a vital member of the community as a whole and as an emergency, of the emergency medical service within the City. Thank you.

Dr. Sucher: Just a few more moments, but in conclusion we would request that the City Council grant our application for certificate of public convenience and necessity that you take no action on the responses to request for information and that you vote against any changes in the City ordinance that would grant the Lincoln Fire Dept. the authorization to provide ambulance service or take control of the equipment and management of the Cities Emergency Medical Service system. Or, as an alternative it's been suggested by other tonight that you defer taking any action on changes in the ordinance until the system design has been studied more fully and grant Rural Metro a one year certificate in the interim. This approach has the advantage of allowing the system be designed before another application process is started. It allows for the new federal Medicare regulations be implemented and studied and it also avoids the criticism that you've heard of those who agree with the Mayor that this has been a flawed process.

Ms. Johnson: I just want to ask, I don't know who it is the same question that I asked the Fire Chief. With all the numbers that everybody's been throwing out it really puts us in a question about what's valid and what isn't, if we make a choice and we're wrong and your figures are wrong and there is a loss who pays for that?

Mr. Wyatt: The bottom line we do as a company. The taxpayers will not suffer because of a mistake that we've made.

Mr. Camp: A couple of questions in the presentation one of you were talking about the number of ambulances as being four or minimum of four, I thought, and maybe Chief Spadt should answer this too, the Fire Dept. was talking about six ambulances was that not correct?

Chief Spadt: Four and two ready reserves. We have a total of seven units. (inaudible) and staff.

Mr. Camp: And, then we've had some figures here on the percentage of increases in transports or calls the last few years. What has been your experience?

Mr. Wyatt: Our experience has been about a 1 to 1 1/2% increase per year. I think those figures were actually shared with the RFI Team. Those are total numbers of transports. Remember the certificate allows us to provide all of the services to the community and we gain efficiencies that way.

Mr. Camp: What about the bad debt collection? Earlier I was asking Mr. Altman and some others about the collection rate and I think from what Don Herz and some other accountants said that that's a large amount of the fixed cost. I guess I need some guidance if you're experiencing less why, less bad debt, why is that better or whatever than what the Fire Dept. can do?

Mr. Hexum: Currently our collection percent in Lincoln is 73%. So, we're writing off the remaining amount. Our's is high because, once again we're doing an integrated system. We're billing contract work. We're billing general transport work and we're billing 911 work. 911 typically you have patients that are not going to pay the bill or not able to passing through town. The other components of that of our business help pay for the 911 component of it. Not only that, we have the experience. We've been billing out Medicare and Medicaid for 30 years. We know how to do it. We know how to do it appropriately and we know how to collect our money. Our paramedics know how to document the calls. Medicare has changed their documentation requirements significantly in this last year. We now have to provide a certificate of physician certification on non-emergency stuff. Our employees go through training, have gone through the compliance training every year in order to make sure they're documenting the right things so that Medicare will reimburse us.

Mr. Camp: Are there not collection agencies out there that the Fire Dept. could retain to do something like that?

Mr. Hexum: I'm sure there are. I know Omaha uses a private provider to do their collection and billing.

Mr. Camp: Do you have any comparisons on how those would be to yours?

Mr. Hexum: No I don't.

Mr. Camp: One last question on the collection. You said a 73% collection rate, but that included the 911, the general and the contract transport. What would the 911 collection rate, did I hear you earlier to say something like 63 or ...?

Mr. Hexum: I was talking to the transport percent. Mr. Altman had

said our transport percent from the budgeted numbers he had gotten was in the 73 or 76%. For 911 it's 67%. Of 100 patients we get called for 911 we transport 67 of them. The others are no hauls.

Mr. Camp: So that's not bad debt that's just transports of the calls.

Mr. Hexum: Right. Those don't get, they don't even get billed. It's an expense of doing business.

Mr. Shoecraft: Thank you very much. Next up is Platte Valley.

Mark Hunzeker, 530 S. 13th St., Suite B: Mr. Chairman and members of the Council. I'm Mark Hunzeker appearing on behalf of Platte County Ambulance Company. We may be among the only people in the room who don't really care what you do with the 911 service. The owners of the Platte Valley Ambulance Company are Kim and Joe Wolf who are here this evening. I'd like to just take a few minutes to discuss the application that they've made for certificate of public convenience and necessity. Little bit of their company history, their qualifications, financial responsibility and more importantly the cost of their proposal. Their application is to perform ambulance service in the form of patient transfers. They are not interested in providing 911 service. They are capable of providing backup if needed to the 911 service and they are willing to do so. They are primarily and for purposes of this application interested in intra-city, intra-state and interstate basic life support and advanced life support transport. We understand that there is a desirability for a single 911 provider. We understand that there are benefits to doing that. We believe that there can be better service at a lower cost if there is competition for the intrafacility and interfacility transfers in Lincoln. A little bit of history about Platte County Ambulance Company. The company was formed in 1987 in Columbus. Kim Wolf, the president, was a former firefighter. The need was for non 911 response and transfer. The Columbus Fire Dept. at that time was providing for that service along with two private companies that were based in Genoa, Nebraska. It was expensive and time consuming for the Fire Dept. to staff for the transfer business because it took away from their capability of responding to 911 service. After four years the Columbus Fire Dept. stopped doing non 911 type service. That service has since expanded for Platte County Ambulance. They have expanded to an area that is approximately a 50 mile radius around Columbus. It includes the communities of Genoa, Fullerton, Central City, Albion, Osceola, Schuyler, Madison, and St. Edward. And, they have not gained this market share through local mandates or political action, but by providing superior service. The City's that I have mentioned have come to the Platte County Ambulance Company requesting that they serve the community. They've also engaged in direct competition with one of the other private providers who are here before you this evening, Rural Metro. In 1996 Rural Metro entered the Columbus market and after 2 ½ years left that market having failed to gain sufficient market share to continue. Platte County has recently completed new headquarter facilities in Columbus and continues to grow it's business there at a very satisfactory rate. In January of this year they successfully bid against Rural Metro for a federal contract to serve the VA Hospital in Grand Island. This involves transfers in Kansas, Iowa, Missouri, and Western Nebraska. It also involves, they are also involved in non VA transfers in Grand Island. They are finalizing plans for a second new facility and headquarters in Grand Island. In both Columbus and Grand Island they've had an excellent relationship with the Fire Dept. and we have no brief on either side of the issue of who should provide 911 service in Lincoln. Platte County is qualified to provide this service in Lincoln. They are licensed by the State of Nebraska to provide both basic life support and advanced life support. They employ nationally registered and licensed EMT's and paramedics and they invite your inquiry to any community they serve as to the service they've provided over these past 13 years. 13 years of service in this business they have a remarkable record of never having been sued or even threatened to be sued for any of their services. Financial responsibility is something you should be familiar, at least concerned with. They've been referred to by the press as a mom and pop organization, I suppose in one sense that's not terribly projective. They've grown from 0 to annual revenues of around a million dollars over the period they've been in business. They've had solid annual growth and they're current on all their debt which is something that I think others in this process may have a little trouble saying. They have commitments to finance the expansion into Lincoln and they intend to do so. Now, as to the cost, they have proposed advanced life support transfer rates at \$425.00 plus a \$7.50 mileage fee compared to Rural Metro's \$490.00 and AMR's \$495.00. They have proposed basic life support transport services at \$220.00 plus a

mileage fee of \$5.50. Rural Metro's is \$350.00 plus a \$6.00 mileage charge and AMR's at \$400.00 plus an \$8.00 mileage charge. Clearly they are the low cost provider and there will be benefits to consumers to having an additional competitor in this market place in this limited segment of the market. They bill their in-town calls as a signed Medicare or insurance calls. They accept Medicare reimbursement as payment in full except in those limited cases where the \$100.00 deductible has not yet been met. They are preferred providers for Blue Cross Blue Shield, Mutual of Omaha, Midlands Choice, Midwest Select, and they will make a concerted effort as soon as they arrive in Lincoln to get on the list of PPO's for the large companies which self insure. We feel the Platte County Ambulance is well qualified to provide this service. Again, this application is for a certificate of public convenience and necessity to provide both basic life support and advanced life support patient transfers within the City of Lincoln. Platte County is well qualified to provide this service and to provide backup service to any provider you choose to do the 911 service. Our company history shows the dedication to superior service that has enabled it to grow consistently and profitably throughout its 13 year history. The company is qualified, licensed, insured, and financially responsible. It's committed to providing service to Lincoln. Based on the responses to the RFI, Platte County Ambulance is clearly the lowest cost provider for transfer services. There's really no need to approach this service as if you are awarding some sort of exclusive franchise. You may find it desirable, even necessary, to limit 911 service to a single provider, but there's no efficiency gained and only the loss of cost in service benefits of competition if patient transfers are awarded to a single entity. Platte County Ambulance is engaged in providing competitive patient transfers successfully. They've competed against some of the largest companies, or one of the largest companies in the world in this business in their two locations where they exist today successfully. This small and efficient company is not afraid to compete in this market. We urge to approve this certificate and to allow this company the opportunity to compete in this limited segment of the market and provide the benefits of lower cost and competition to the citizens of Lincoln. I'll try to answer any questions you have.

Annette McRoy, Council member: Yes, did you talk about the County interlocal agreement, would they be willing to participate in that, also?

Mr. Hunzeker: I'm sorry?

Ms. McRoy: Did you talk about would they be willing to participate in the interlocal agreement with the County?

Mr. Hunzeker: Yes, absolutely.

Ms. McRoy: For the interfacility transfers?

Mr. Hunzeker: Yes.

Ms. Johnson: Mark, I'm going to have to ask the question I've asked everybody else, if your projections and what your proposing to us is incorrect who pays for the mistake?

Mr. Hunzeker: Kim & Joe Wolf.

Mr. Camp: Mark you were talking about the possibility of 911 backup service if I understood you correctly ...

Mr. Hunzeker: Yes sir.

Mr. Camp: What would Platte County have paramedics then?

Mr. Hunzeker: Absolutely. They have all the same paramedic personnel that everybody else is talking about here.

Mr. Camp: How many would that be under their assumptions or projections?

Mr. Hunzeker: In terms of numbers of personnel?

Mr. Camp: Yes.

Mr. Hunzeker: I don't know the answer to that. This is Jill Wolf the Vice President of Platte County.

Ms. Wolf: Hi, and I'm going to fudge a little bit on that number because I can't give you an absolute. We feel we would probably need about four to five ambulances staffed 24 hours a day ...

Mr. Camp: Could you speak up just a little, I'm sorry ...

Ms. Wolf: Four to five ambulances staffed 24 hours a day and of course like some of the other companies we would look at staffing more people during the peak times. We have always felt that you have to grow into your service meaning that as we grow in this area we would provide additional personnel, so I'm not giving you an absolute number, but I'm telling you what we'd look at.

Mr. Camp: And, I guess specifically within that on staffing those four to five ambulances initially how many of your personnel or your staff would be a paramedic?

Ms. Wolf: Each of our units would be staffed at all time with a paramedic. So, if we're doing 12 hour shifts you're looking at a minimum

of four paramedics per shift.

Mr. Camp: And so, counting for vacations, sick time, and so forth how many total would you anticipate?

Ms. Wolf: I would probably need another two to three paramedics to account for that and we also employ the EMT I and the EMT's as well.

Mr. Camp: So we're talking maybe 12 or 13?

Ms. Wolf: Probably initially.

Mr. Camp: Then my next question is how do we factor that in, I assume you've been following some of the new, the standard affect here in Lancaster County and where there's been talk of say 30 paramedics perhaps being the total number. If you're taking 12 to 13 how are we going to interface that in the system design ...?

Ms. Wolf: Well, I think one of the things to remember is that we're not asking to do a 911 service. We're asking to do transfer service meaning that you are staffed 24 hours a day 7 days a week, however, that staffing is different than a 911 situation.

Mr. Camp: And I appreciate your clarification because I may be misunderstanding here and I apologize in advance. If you're backup, though, if you're serving as a backup 911 service would you not need ...?

Ms. Wolf: When we say backup we mean in the event of national disaster, some overwhelming incident. We do not mean routinely providing 911 service.

Mr. Camp: Thank you.

Mr. Shoecraft: AMR you're up to bat for about 5 to 7 minutes.

Tom Little, no address given: While he's getting me set up let me introduce a couple of people I brought with me today. My name is Tom Little. I'm the Vice President of operations for the Plains Dist. I'm responsible for six states which is Missouri, Iowa, Kansas, Illinois, Wisconsin, and hopefully we'll be in Nebraska if we get selected. With me tonight is Bill Paul. Bill Paul is CEO of the regional division of American Medical Response. And Cynthia Wentworth which is director of business and development for the Plains Dist. The reason we're here tonight is because we understand your current providers certificate for necessity and convenience expires at the end of this year. And, in planning as to what you're going to do when that certificate expires you put out a Request for Information so that you can illicit whether there might be another provider or just exactly how you're going to provide services. We started several months ago when we read about a lot of controversy going on in Lincoln between the provider and the Fire Dept. One of the things that we think that we specialize in is being able to quail a lot of those types of issues. Create seamless operations, take controversy out of providing ambulance services, being able to work with, partner with somebody whoever it might be in order to provide good ambulance service so when people dial a seven digit number or they dial 911 they don't worry about who's going to come they just know that somebody's going to come and the people that come are going to be good. And, meeting with the Fire Chief got our interest up in wanting to look at Lincoln further and we wanted to respond to the RFI and hopefully, you'll consider us as a successful candidate to issue a certificate for operation here in Lincoln. We originally thought a partnership with the Fire Dept. would be in order because we could tell, or we thought felt like the Fire Dept. was going to prevail in being able to provide 911 services and we wanted to be the provider for non-emergency services. We think we have a wealth of experience and background in being able to do that and we wanted to be able to offer those services to Lincoln. So, you're going to see a lot of our slides and format here including the Fire Dept. in a lot of our discussion here today because we do want to be a partner in this venture. We want to provide a coordinated, seamless effort. We're not just a vendor, it's beyond a contract vendor relationship. We're providing services in concert with the 911 provider. It's developing an EMS system where all the participants serve the County. In looking at local control system design, that administration that's personalized your community needs. We're going to listen to what you as a City Council, with the doctors of the Lancaster Medical Society, with the Emergency Room physicians, with the hospital administrators, with the nursing home owners and administrators want in the way of service and try to tailor our needs to be able to provide that. The best of both worlds, a private sector and a private provider. We bring again a wealth of knowledge and expertise and innovation unmatched by any of your other responses to the RFI process. Who is American Medical Response? First of all we're America's medical transportation leader. Nationwide we do 4.5 million ambulance transports. We do three million non-ambulance transports. We operate in 34 states. We have 900 million dollars in revenues. We employ over 22,000 employees and we have over 5,000 vehicles that we operate. In

looking at strategic planning for this particular area strategically the most integrated and flexible system yielding greatest efficiency and that's by working with the Fire Dept. and understanding what their needs and what their service levels are. The plan that we offer provides more available resources for patients and 911 transfers and both. We've met with some of the hospital administrators and some nursing home people trying to understand what the needs are and one of the things we hear the most is we're always preempted by 911. We have needs to get our patients where they need to be, they have timed appointments, and the 911 provider in a single contract system always supercedes us and they run the 911 calls first. And, that's not bad, but in providing extra resources to the system and sharing resources I provide some efficiencies that meets the business needs of the community as well as the 911 need of the community. And it's all centered around saving lives and the patients, patient care. 31% more lifesaving paramedic unit hours generating more capacity. This means more availability for 911 calls as we'll be providing backup services for the Fire Dept. as they do their services. In like return if we get overwhelmed at times when they have resources they'll help us with the transfer market. It's more availability for on time performance for the non-emergency transfers also. Have 7 on duty ambulances around the clock in this system. Paramedic ambulance resource by provider with this graph is meant to show is just an increase of unit hours which is more lifesaving hours. Strategically located stations and ambulance units, one of the items you'll see in the revenue side of the Fire Dept. budget is an expense item from AMR where we will be renting, hopefully, space from the Fire Dept. We'll be contracting for some services such as dispatching as well as vehicle maintenance. We're going to share educational resources. The deployment and station location comparisons, this particular plan allows for more stations than is currently provided and it places the units in areas of high volume areas. We've analyzed where we think the non-emergency market is as the Fire Dept. has the emergency market and we plan on making sure our units are close to those transfer needs. We're talking about service for all of Lancaster County. More resources equal faster response out in the County. And, with the Lincoln Fire Dept. and AMR combined resources we maximize ALS ambulance availability County wide not just in the City. One of our fortes' that we're very good at is customer service and market focus. We'll maintain a data base like the Fire Dept. will on all the hospitals, the rehab hospital, nursing facilities understanding what their patient flow mixes represent and being able to use that data so that we can respond in a timely fashion to their needs. Knowing where our healthcare customers are located and deployment for the transfer market, we're offering two 24 hour cars and one 7 day 10 hour unit which is about 403 unit hours a week. All of our units are going to be paramedic staffed for ALS backup response as well as ALS interfacility response. Customer contacts, we want to make it easy to report concerns. One of the things we found is sometimes we make it tough for people to complain about us and we want to make sure that we're in tune with our customers so we can respond to their needs. We have a consumer solution alliance, an 800 number. People can dial that if they have a problem in our area they can report that and we can deal with it. Again, ambulance subscription, we've been running ambulance subscription programs in multiple states for years. We understand the subscription process. We modeled it after the Arcadian Ambulance Service down in Lafayette, Louisiana which is the grandfather of subscription services and we know how to do subscription services. Provided the changes in health care reimbursement don't make it prohibitive of doing membership programs we'll be working with the Fire Dept. in developing a membership program and by prohibitive what I'm saying is with mandated assignment on the accounts and fee structure they're developing there may be a discussion that it's not cost interested for the senior people on Medicare to buy a membership program anymore. We think that with co-pay and deductibles there might be a need for that, but until the numbers are finalized we're not sure that's a product that the senior citizens will have an interest in purchasing in the future. Human resource focus, we're dedicated to Lincoln. Those employees that are displaced by the closure of Rural Metro, if that were to occur, are certainly the ones we're going to focus on in hiring. We also know the Fire Dept. will be doing that, so these people aren't necessarily all going to be out there without jobs. We hope that we can attract a lot of the lead medics that work for the Fire Dept. to work for us on a part-time capacity on their days off. Our benefit package is also unmatched when it comes to the private sector and the incumbent workforce provision is something we will stress strongly. In dealing with process managements, again, best practices we're doing a study on pen based computer systems for patient reporting processes. We

operate wheel chair services in certain areas. We have a pathways program that might be of interest to the medical community in directing the flow of patients away from emergency facilities if that's not where they belong. Direct them away from emergency ambulances if that's not where they belong, and it's developing a true pathways concept for the patients to go to the right place at the right time of their need. Our ambulance equipment is going to match, pretty much, the Fire Depts. plan. We want a seamless operation so when people dial 911 whether it's a Fire Dept. ambulance or an AMR ambulance they're really not going to know the difference because they shouldn't have to worry about who it is coming to take care of them. We're going to have a matching color scheme and all of our vehicles are going to be Type 3, Class 1 vehicles also. We anticipate our medical equipment being the same medical equipment the Fire Depts. using and a cross utilization of training and the equipment would make us proficient with the same items. It's our family helping your family. Can I answer any questions?

Mr. Camp: Tom, a couple questions, you started and I guess I got confused are you proposing both AMR just to do a stand alone and AMR could be a partner to the Fire Dept.?

Mr. Little: It is not our position at this time to say we're going to do 911 service. We're interested in coming to Lincoln and providing the non-emergency transfer market place business.

Mr. Camp: So that would not be at all in your thought?

Mr. Little: No, we're not interested in doing the 911 business at this time.

Mr. Camp: Just for clarification, you had on one of the slides the phrase where you said non-ambulance transport, what's a non-ambulance transport?

Mr. Little: It's wheel chair services. This coming day and age, stretcher vans are starting to become more popular as a cheaper means of moving patients who don't really need to be in ambulances. Currently we don't operate any stretcher vans, but that is something we certainly could provide if the community had a need for that. And wheel chair services, there's also hired car services, a valet service that some medical facilities need for their patients.

Mr. Camp: You mentioned that the, with the seamless service you'd also have the visually seamless in that the transport vehicles be painted the same, as a City official I'm just thinking to myself is that really good because if it's the Fire Dept. doing it where we have certain liability there we may not take liability for you, are we confusing the public?

Mr. Little: I think not, not confusing them. I think we're making it so that they, they may not necessarily really know who's providing the service but when they dial for help they know they're getting an operation that's going to take care of them. Now, if it's 911 do you really want the community wondering whether it's a, the Fire Dept. coming out or another ambulance service. We think with the seamless operation by using cross trained people from both departments and using the same equipment and the same medical oversight, same medical protocols that the operations ought to be fairly seamless and consistent. If there's a liability issue in this, I mean there's time to explore that, but our thought and our presentation was to make it a seamless operation.

Mr. Camp: We had Mr. Hunzeker a moment ago make the Platte County presentation, it sounded like they had some lower rates than what AMR's proposing, would we not or would our citizens be better served to have some system with Platte County and the Fire Dept.?

Mr. Little: We think not. We think that the ideal match to use the Fire Dept. and AMR and we've matched our rates with the Fire Dept. again so that there's consistency between the two organizations for seamless operations. Otherwise, you might get some guy out there that would dial 911, get a Fire Dept. ambulance one day with one rate, get an AMR ambulance the next day providing backup for the City with a different rate and I think that would create an awful lot of confusion. So, we've basically agreed with the Fire Dept. what there rate structures will be our rate structure.

Mr. Camp: But, Platte County is less, was substantially less if I recall the quotations, so whether it's matched with the Fire Dept. or not wouldn't our citizens not be better served having a general transport service that's \$100 to \$200 less?

Mr. Little: No. I don't agree with you because I believe on the medical quality assurance side of that we've got a lot, we will have a lot of the lead medics that work for the Fire Dept. working for us. We'll have a lot of the other medics that will be working for the Fire Dept. working for us. It'll be providing them experience at the same time it's

maintaining a standard of care and I think if you try and do a total separate workforce you're going to get into a lot of the concerns and issues that medical society has already voiced some concerns over.

Mr. Camp: The last major question is you've said repeatedly you're going to have the Fire Dept. paramedics working for you, what does that do to Rural Metro's employees then? I know when we met a couple weeks ago you mentioned the same thing that since the Fire Dept. employees generally have a second job that you would hire them for that, what does that do to Rural Metro's paramedics?

Mr. Little: Well, we're anticipating hiring about 15 employees to man the operation. Out of that 15 we think that there will be some that will be full-time employees and some that will be part-time. In looking with what the Fire Depts. going to do with their paramedic service they're going to be hiring about another 20, 24 paramedics. If that's the case then we think a lot of the Rural Medics will have an opportunity to go to work either for the Fire Dept. or for AMR.

Mr. Camp: Now, you brought up another question, you said that the Fire Dept. wants another 24 paramedics, but the Fire Dept. already has 50 paramedics and they were going to have a total of 60 that's only 10 more?

Mr. Little: Well then perhaps I misspoke, I'm trying to hurry through this because of the time restriction here, and I'm not going to speak for the Fire Dept. on how many, where they're realigning their medics from, but I know as we looked at the ambulance operation they needed paramedics to man their ambulances and didn't really think they were depleting their fire apparatus fleet, er personnel.

Mr. Shoecraft: OK. Thank you, we're going to take a 5 minute break.

Ms. Johnson: Actually, I've got a question. Let's just do it now so he doesn't have to come back, OK? I have to ask you the question I asked everybody else, OK?

Mr. Little: Sure. My position on that will be, and I operate an underperforming unit now up in Wisconsin. We had budgeted at the beginning of the year to lose like 20% up there and over the last course of the last nine months we've been able to find efficiencies and factors that have taken it from budgeted losing money to making money. Clearly, nobody, I don't care what anybody says here, nobody's going to stay in business very long as a private provider or year after year after year put up a lot of cash if they're losing money all the time. We think that if we're under performing we have the ability and experience to make it a performing division. However, if Medicare guidelines or reimbursement structures make it just impossible for a private provider to be in business they're not going to be in business. We think that if it's possible to make a dollar doing this line of work we know how to do that and we can do it and we'll be in place here and we'll be in business.

Ms. Johnson: But if your figures are wrong you're going to eat it?

Mr. Little: Over a course of several years, yes we'll be eating it because we'll be improving it and we don't think it will take us very long to make it right.

Ms. Johnson: And your billing is yours? Who does your billing?

Mr. Little: We do our own billing. We have a billing office out of our Aurora office in Colorado.

Ms. Johnson: OK, so the Fire Dept. does their own billing, you do your own billing.

Mr. Little: That's correct. However, with an opportunity of privatizing the Fire Depts. billing we'll certainly be interested in giving them a bid to provide that service.

Mr. Cook: I know you provide 911 service in many communities, how many communities do you provide just non-emergency service?

Mr. Little: Johnson County Kansas which is Overland Park. It's an ALS transfer service. We operate two 24 hour cars and three short cars. We operate in concert with the County operated 911 service which is called MEDACT. It's not an exclusive market place, it's not a franchise, we share that with another competitor which happens to be MAST at this time and we operate an ALS transfer service there.

Mr. Cook: You were talking about an interest in providing ambulances that are marked similarly to the Fire Depts. ambulances in case you served as in a backup role. In those cases where you serve only in a non-emergency capacity how often do you find yourself in a backup emergency role?

Mr. Little: In our Illinois operation we found that we would run anywhere from 10 to 12 calls a week as a backup provider to the various Fire Dept. ALS services. In our Johnson County operation we probably provide backup probably 3 or 4 time a month. It's not very often.

Mr. Little: Would you have any problem serving in a community where

if you have a competitive, er competitor for non-emergency service and we'd have to work out the details of how it would be integrated with the Fire Dept. for backup and so on, but would you have a problem serving the community if we issued more than one certificate for non-emergency service?

Mr. Little: Yes, we would. We think that there's probably not enough volume there for multiple providers and for us to maintain the level of service that you're entitled to and you're going to expect. We'd like to make sure we're the exclusive provider of that.

Mr. Fortenberry: Speak to your companies financial condition, please. Rural Metro's had well publicized company restructuring in our local community, but it's my understanding that there is some question I think you should address regarding your companies financial solvency.

Mr. Little: I'd like to call on Bill Paul to address that if I may.

Bill Paul, no address given: I'm Bill Paul I work in the regional office which oversees the central part of the United States for American Medical Response. I was, I was empathetic listening to Dr. Sucher earlier responding to press reports and rumors about the financial conditions and bankruptcy of their company in that it's not true and the same is not true with what is in essence our parent company which is a company called Laidlaw. AMR is a wholly owned subsidiary of Laidlaw. AMR is financially very strong. It has positive cash flow and positive earnings and we are in fact expanding our business and continuing to grow. Any questions?

Mr. Fortenberry: What does Laidlaw do other than ...?

Mr. Paul: Well, Laidlaw is about a 4 billion company that has a number of operating units including Greyhound. They are the largest private contract school bus provider in North America. They as well own us as part of their health caring unit on a company called M-Care which is an emergency physician practice management group. So there are a variety of holding companies that they have. They also have and what has been most public recently is that they have a large ownership share in a company called Safety Kleen. They own 44% of that company. It's been separately, publically traded and that company has had significant problems recently and Laidlaw had to take a significant write-off, in fact about \$650 million and that tilted their balance sheet and as a result there's been a great deal of, you know, a great deal of press about that, but AMR is unaffected. AMR's assets are not pledged against Laidlaw's debts and AMR is a strong financial company.

Mr. Camp: Since your bringing that up, is it not correct that AMR is for sale by Laidlaw?

Mr. Paul: Yes it is, and no that's public as well that Laidlaw did announce that they were going to focus on their core busing business and that they were going to sell their health care units as well as their interest in Safety Kleen. That was announced publically last September. There are, and again it's been public knowledge there are interested buyers, those negotiations are ongoing.

**TOOK BREAK 10:35 P.M.**

**RECONVENED 10:47 P.M.**

Mr. Shoecraft: OK Paul we'll continue. Just a reminder, we've pretty much covered the Public Hearing portion of the meeting. This Public Hearing that just took place was on the applications of Rural Metro, Platte County, got you right, and AMR and so any member of the public may come forward and talk about those three. We'll let you know, though, that the presentation from testimony which is irrelevant or redundant will not be heard. So, it has to be something new or pertaining to those three applications and nothing prior that is redundant.

Mr. Grunterad: Question of AMR and Platte County. Got 11,270, 11,207 transports. Fire Dept. has 8,800 transports. Based on the incident reports billed that means outside of the Fire Dept. that's 2,407 transports or that would equate to 6.6 transports a day or 46 transports a week. I'm curious to know what the projections were billed on for them to have a contract for the other services that the Lincoln Fire Dept. doesn't provide.

Mr. Shoecraft: That's be something with the general transport that will be addressed with other legislation and not what we're dealing with here tonight as far as the 911 service. We've heard the legislation that's been on the agenda. But, the Council can ask them a question, but you can't get up and ask them a question on it.

Mr. Grunterad: Just raising it as a public question because AMR was up here and they said they'll have a staff of 15. I assume they'll have 5 ambulances can you staff 15, keep 5 ambulances and do 2407 transports. I think their belief is there's more transports than that, but there's so many incidences to go around. That's the only question. I just wanted it

as a public comment.

Mr. Camp: Dale, before you sit down. I have to stay straight on my facts here. You said 11,000 transports or what was that again?

Mr. Grunterad: According to my information provided was 11,207 billable transport, City and outside City. Fire Dept. projections are based on 8,800 transports. The difference between that is 2,407 transports, general transports.

Mr. Camp: Could I ask Mr. Little to address that?

Mr. Shoecraft: Who?

Mr. Camp: Tom Little. Last names Little wasn't it?

Mr. Shoecraft: Oh, I'm sorry. I didn't recognize the name.

Mr. Camp: Pardon me, yes. He's got my interest peaked here on 2407 or 6.5 a day or whatever the math was. How does that work?

Mr. Little: Well, let me first say that we predicated our business at were providing non-emergency business at risk. We're not asking for any subsidy. We're not asking for any funding. We've said that we'll back the Fire Dept. up when we're not busy. If the call volumes there, not there I guess we'll be more available to back the Fire Dept. up than what we anticipated. But, I can tell you that in looking at all the numbers you all have been exploring that the numbers are pretty, lets use the term nilly willy here, I mean nobody's been able to really latch on to what the actual counts are. And, probably the more nebulous number is the number we're going to be looking at and that's the non-emergency market place. The Fire Chief can go back to the Fire, pumper responses and try and rebuild what the emergency business is then we can look at as this independent, I'm not sure what the relationship is of the gentleman that just spoke, to how he got the numbers and whether he really got all the numbers or not, but we think there is more business than that. We think that Rural Metro does out of town road trips. They do responses outside the County and that they have a private seven digit number that they're not accountable for for reporting just what those transport volumes are. And, it's our experience in a community of this size for the type of health care that's available in this town, the demographics you have here we think there's more than 2400 transports to be had on the non-emergency transfer side. And we're willing to stake our business at that and get up and running and be prepared to address that.

Mr. Camp: And you said you think that instead of seven digit numbers so your saying or suggesting that there might be over a million dollars of unreported transports?

Mr. Little: We're saying that nobody but Rural Metro knows what there non-emergency transfer business count is and I bet that they are not going to share that. They have not been audited. They've not had to report those numbers. That's proprietary for them and that's their numbers and based on our experience of like communities we think that there's an adequate amount of business for us to staff two 24 hour cars and one 10 hour car seven days a week and be profitable at that.

Danny Walker, 427 E Street: If I understood Mark Hunzeker's address to the City Council in regards to Platte County they do have a working agreement with the VA Hospital in Grand Island. Rural Metro currently has a working agreement with the Veterans Hospital here in Lincoln. I would like to know if AMR also has a working agreement with various Veterans Hospitals in areas that they serve and I would like to have that stated in public before the Council.

Mr. Little: Be happy to. We have held a VA contract in Topeka, Kansas since 1983. We've been the only provider of that since that time and are currently providing that. And, we currently have been the provider of VA services under contract for the Veterans Administration Center in Kansas City, Missouri and we have another year on that contract and we're in negotiation to renew that one.

Joe Hampton: I think this gives me an opportunity to conclude what I was trying to say earlier. It's just one item broke down into three parts. The last of the 10 reasons: Number one -

Mr. Shoecraft: That's experience of for you.

Mr. Hampton: The delivery of quality medicine should be your overriding concern. On B the budget impact will be significant. On C how can you ignore someone as respected as Bill Austin, past City Attorney, who has so much respect from his peers and has had so little consideration in this question. Finally, I think it's been demonstrated this evening there must be totally independent medical oversight and control so when the Medical Director tries to insist on sound medical protocol they cannot be fired. And, I don't think you can hammer an agreement together satisfactory without putting medical control into hard private copy. You'll have more grief than you can imagine. Finally, I would close with there's more honor in taking a principle stand and losing than in

compromising oneself in staying in office.

Mr. Camp: Joe, if I may have one question for you. You may have heard me suggest that we delay the process, this was about a week ago that I said this, and have some type of comprehensive study. Based upon your past experience in the City Council what do, what would you recommend of us?

Mr. Hampton: I don't know how anybody can be anything but greatly concerned about this process when you're dealing with this much of a consequential item that affects the lives and the pocketbooks of this community. In the 26 years I've served in public office I've never seen a more flawed process.

Mr. Wyatt: I just wanted to clarify one thing Mr. Little brought up the information regarding the transport numbers. I just really need to clarify that we had three accountants come into our office and independently audit our numbers, and our Staff took extensive time to lay out all of the information. I signed an affidavit to the fact that these are true and honest information and I don't know how much more that you can ask of our service in providing the accurate numbers.

Jackie Hinzman: I work with Rural Metro. 3901 W. Springview Rd. I want to make sure that, I hear companies talking about the transfer site as if it's not as important as the 911 service. I run transfers regularly along with 911 calls. I just want to make the point that a fragmented, nonintegrated system does not work. The problem with this is that sometimes with all the hospitals closing you find yourself at Lincoln General with a patient that has no blood pressure on five drips and they're intubated and these patients requires critical care and so we're transporting them from one hospital to another. This is what these transfers are all about. And, you can't have a paramedic doing those that aren't extremely skilled and talented in running drips and knowing medications and reactions and contraindications. When we talk about transfers I don't think it's right to say that just because your going to be transferred from one facility to another you shouldn't be required to have the same experienced type of paramedic respond to you and if you don't, you have a system that's separate where one is running transfers and one is counting on 911, the 911 paramedics will have all that experience. Well, what about the people that are going to be transferred. There's no plan to make those paramedics skilled to handle some of these patients. Some of these patients are really sick. They code in route and you have to be able to take care of them when they code. Nobody's there but you. And, I hope that you understand that separating the two it doesn't work.

Ron Ecklund: I heard the AMR proposal. I wasn't going to say anything more tonight, but as I sit here and think about it I heard them talk about serving as backup for the Fire Dept. and I assume if they serve as backup for the Fire Dept. on 911 calls they would then get the revenue for those calls and I don't have the Fire Dept. proposal or projections in front of me right now, but I don't think they show that those loses with sharing the fees with AMR as part of their projection and I think that leads me back again to question the projections that we're currently looking at from the Fire Dept. and I've had this conversation with some of the Fire Dept. people tonight, these projections are significantly better than the ones they brought forward 7 years ago. But, I still think they can be characterized as naive and optimistic and I am very reluctant to see you folks make a decision of this magnitude on financial projections that are created under these circumstances and I would again ask you to delay your decision until you can get some independent financial projections brought into play. Thank you.

This matter was taken under advisement.

#### ORDINANCES - 3RD READING

CREATING ALLEY RE-PAVING DIST. 47 IN THE EAST/WEST ALLEY FROM 14TH ST. TO CENTENNIAL MALL, BETWEEN P & Q STS. - CLERK read an ordinance, introduced by Jon Camp, creating Alley Re-paving Dist. 47, defining the limits thereof, establishing the width of the alley roadway to be repaved, providing for the payment of the cost thereof, designating the property to be benefitted, providing for the acquisition of easements & additional right-of-way, if necessary, & repealing all ordinances or parts of ordinances in conflict herewith, the third time.

CAMP Moved to pass ordinance as read.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

The ordinance, being numbered #17686, is recorded in Ordinance Book 24, Page

**REGULAR MEETING**  
**JUNE 26, 2000**  
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RENAMING "WILDFLOWER DR." LOCATED IN THE NORTHRIDGE HEIGHTS 6TH & 7TH ADDS. AS "CORNFLOWER DR.", & RENAMING "CYPRESS LN." LOCATED IN NORTHRIDGE HEIGHTS 6TH ADD. AS "WATERCRESS LN." - CLERK read an ordinance, introduced by Jon Camp, changing the name of Wildflower Dr. to Cornflower Dr. located in the Northridge Heights 6th & 7th Adds., & changing the name of Cypress Ln. to Watercress Ln. in Northridge Heights 6th Add., as recommended by the Street Name Committee, the third time.

CAMP Moved to pass ordinance as read.  
Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.  
The ordinance, being numbered #17687, is recorded in Ordinance Book 24, Page

VACATING TIMOTHY CT. EAST OF N. 24TH ST. BETWEEN SUPERIOR ST. & DODGE ST. - CLERK read an ordinance, introduced by Jon Camp, vacating a portion of Timothy Ct. east off of N. 24th St. between Superior St. & Dodge St., & retaining title thereto in the City of Lincoln, Lancaster County, Nebraska, the third time.

CAMP Moved to pass ordinance as read.  
Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.  
The ordinance, being numbered #17688, is recorded in Ordinance Book 24, Page

VACATING LOTS 36, 37, 38, & 39, BLOCK 1, NORTHRIDGE HEIGHTS 6TH ADD., & OUTLOT A, NORTHRIDGE HEIGHTS 7TH ADD., GENERALLY LOCATED AT PRAIRIEVIEW DR. & N. 34TH ST. - CLERK read an ordinance, introduced by Jon Camp, vacating a portion of Northridge Heights 6th Add. & Northridge Heights 7th Add., Lincoln, Lancaster County, Nebraska, the third time.

CAMP Moved to pass ordinance as read.  
Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.  
The ordinance, being numbered #17689, is recorded in Ordinance Book 24, Page

CHANGE OF ZONE 3257 - APP. OF THE PLANNING DIRECTOR FOR A CHANGE FROM P PUBLIC TO I-1 INDUSTRIAL ON PROPERTY GENERALLY LOCATED AT 6TH & THE BURLINGTON NORTHERN RAILROAD - CLERK read an ordinance, introduced by Jon Camp, amending the Lincoln Zoning Dist. Maps attached to & made a part of Title 27 of the LMC, as provided by Sec. 27.05.020 of the LMC, by changing the boundaries of the districts established & shown thereon, the third time.

CAMP Moved to pass ordinance as read.  
Seconded by Cook & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.  
The ordinance, being numbered #17690, is recorded in Ordinance Book 24, Page

**REPORTS TO CITY OFFICERS**

CLERK'S LETTER & MAYOR'S APPROVAL OF ORDINANCES & RESOLUTIONS PASSED ON June 12, 2000 - CLERK presented said report which was placed on file in the Office of the City Clerk.

INVESTMENT OF FUNDS - CLERK read the following resolution, introduced by Jeff Fortenberry, who moved its adoption:

A-80247 BE IT HEREBY RESOLVED BY THE CITY COUNCIL of the City of Lincoln, Nebraska:

That the attached list of investments be confirmed & approved, & the City Treasurer is hereby directed to hold said investments until maturity unless otherwise directed by the City Council. (Investments beginning 06/23/00)

Introduced by Jeff Fortenberry  
Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

REPORT FROM CITY TREASURER OF TELECOMM. OCC. TAX FOR THE MONTH OF MAY, 2000: NEXTEL WEST CORP., LCI INT'L., PRIMUS TELECOMM., CINCINNATI BELL, VIATEL SERVICES, PHOENIX NETWORK, BIG PLANET INC., LONG DISTANCE OF MICHIGAN, TOPP TELECOM, ATLAS COMM., TRANS NAT'L., WESTERN UNION COMM., MCLEODUSA, SPRINT, ASSOC. ADMINISTRATORS, NETWORK INT'L, I-LINK COMM., OPERATOR COMM., SINGLE BILLING SERVICES, RSL COM USA, GLOBAL TELEPHONE, NOSVA, D & D COMM., TRI-M COMM., TELIGENT, GLYPHICS COMM., INCOMNET, LDM SYSTEMS, NEXTLINK LONG DISTANCE, NOS COMM., UNIDIAL, COMDATA, STORMTEL, GTC, GLOBALCOM, GST NET, AFINITY NETWORK, EQUALITY, NETWORK BILLING -CLERK presented said report which was placed on file in the Office of the City

Clerk.

**OTHER RESOLUTIONS**

SETTING HEARING DATE OF MON., JULY 10, 2000 AT 1:30 P.M. ON THE MAN. APP. OF KRISTEN K. WORNER FOR SYDRAN FOOD SERVICES DBA "CHILI'S SOUTHWEST GRILL" AT 6730 S. 27<sup>TH</sup> ST. - CLERK read the following resolution, introduced by Jeff Fortenberry, who moved its adoption:

A-80246 BE IT RESOLVED by the City Council, of the City of Lincoln, that a hearing date is hereby fixed for Mon., July 10, 2000, at 1:30 p.m. or as soon thereafter as possible in the City Council Chambers, County-City Building, 555 S. 10th St., Lincoln, NE, for the purpose of considering the following Man. App. of Kristen K. Worner for Sydran Food Serviced dba "Chili's Southwest Grill" at 6730 S. 27th Street.

Introduced by Jeff Fortenberry

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

**ORDINANCES - 1ST & 2ND READING**

AMENDING SECTION 2.76.160 OF THE LINCOLN MUNICIPAL CODE TO PROVIDE THAT THE DIRECTOR OF PERSONNEL, WITH THE MAYOR'S APPROVAL, MAY GRANT EMPLOYEES IN PAY RANGES PREFIXED BY "E" OR "M" PERMANENT SALARY INCREASES WITHIN THE EMPLOYEE'S PAY RANGE OTHER THAN ON AN EMPLOYEE'S NORMAL ELIGIBILITY DATE WHEN THE EMPLOYEE'S DEPARTMENT HEAD PRESENTS WRITTEN EVIDENCE OF UNUSUAL CIRCUMSTANCES - CLERK read an ordinance, introduced by Jon Camp, amending Section 2.76.160 of the Lincoln Municipal Code to provide that the Director of Personnel, with the Mayor's approval, may grant employees in pay ranges prefixed by "E" or "M" permanent salary increases within the employer's pay range other than on an employee's normal eligibility date when the employee's department head presents written evidence of unusual circumstances; and repealing Section 2.76.160 of the Lincoln Municipal Code as hitherto existing, the first time.

RENAMING ASHBROOK CIRCLE AS "ASHBROOK DRIVE" IN THE STEVENS RIDGE 1ST ADDITION GENERALLY LOCATED AT STEVENS RIDGE ROAD AND ASHBROOK CIRCLE - CLERK read an ordinance, introduced by Jon Camp, changing the name of Ashbrook Circle to Ashbrook Drive located south from Stevens Creek Road in Stevens Ridge 1st Addition, as recommended by the Street Name Committee, the first time.

VACATING A PORTION OF THE S. 11TH STREET ADJACENT TO LOT 2, VAN BOSKIRK ADDITION, GENERALLY LOCATED AT 11TH AND B STREETS - CLERK read an ordinance, introduced by Jon Camp, vacating a portion of the South 11th Street right-of-way, and retaining title thereto in the City of Lincoln, Lancaster County, Nebraska, the first time.

VACATING A PORTION OF N. 18TH STREET BETWEEN Q AND R STREETS - CLERK read an ordinance, introduced by Jon Camp, vacating a portion of North 18th Street between Q and R Streets, and retaining title thereto in the City of Lincoln, Lancaster County, Nebraska, the first time.

VACATING A PORTION OF E STREET FROM THE WEST RIGHT-OF-WAY LINE OF S. 27TH STREET TO A LINE 145 FEET WEST THEREOF - CLERK read an ordinance, introduced by Jon Camp, vacating a portion of E Street west from 27th Street, and retaining title thereto in the City of Lincoln, Lancaster County, Nebraska, the first time.

CHANGE OF ZONE 3261 - APPLICATION OF THE PARKS & RECREATION DEPARTMENT FOR A CHANGE OF ZONE FROM R-3 RESIDENTIAL TO P PUBLIC USE ON PROPERTY GENERALLY LOCATED AT N. 14TH AND SUPERIOR STREETS - CLERK, introduced by Jon Camp, amending the Lincoln Zoning District Maps attached to and made a part of Title 27 of the Lincoln Municipal Code, as provided by Section 27.05.020 of the Lincoln Municipal Code, by changing the boundaries of the districts established and shown thereon, the first time.

CHANGE OF ZONE 3262 - APPLICATION OF THE PARKS & RECREATION DEPARTMENT FOR A CHANGE OF ZONE FROM R-1 RESIDENTIAL TO P PUBLIC USE ON PROPERTY GENERALLY LOCATED ½ MILE NORTH OF PINE LAKE ROAD AND WEST OF S. 14TH STREET - CLERK read an ordinance, introduced by Jon Camp, amending the Lincoln Zoning District Maps attached to and made a part of Title 27 of the Lincoln Municipal Code, as provided by Section 27.05.020 of the Lincoln Municipal Code, by changing the boundaries of the districts established and shown

thereon, the first time.

AMENDING SECTION 26.11.010 OF THE LINCOLN MUNICIPAL CODE TO ALLOW SURPLUS PROPERTY TO BE CONVEYED TO THE ABUTTING PROPERTY OWNER WITHOUT BEING REQUIRED TO COMPLY WITH THE OTHERWISE APPLICABLE REQUIREMENTS OF THE SUBDIVISION ORDINANCE - CLERK read an ordinance, introduced by Jon Camp, amending Section 26.11.010 of the Lincoln Municipal Code to allow surplus property to be conveyed to the abutting property owner without being required to comply with the otherwise applicable requirements of the Subdivision Ordinance; and repealing Section 26.11.020 of the Lincoln Municipal Code as hitherto existing, the first time.

APPROVING A LEASE OF SPACE FOR THE CITY OF LINCOLN AT 620 N. 48TH STREET FOR A TERM OF SEPTEMBER 1, 2000 THROUGH AUGUST 31, 2005 - CLERK read an ordinance, introduced by Jon Camp, accepting and approving a Lease Agreement between The 3 Amigos Properties, L.L.C. and the City of Lincoln for a lease of space at 620 North 48th Street, Lincoln, Lancaster county, Nebraska for a term of September 1, 2000 through August 31, 2005 for use by the Lincoln Police Department, the first time.

AMENDING SECTION 8.08.020 TO PROVIDE AN EXCEPTION TO THE REQUIREMENT OF A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR GOVERNMENT PROVIDERS OF SERVICE; AMENDING SECTION 8.08.090 TO PROVIDE ENFORCEABLE RESPONSE TIME VERIFICATION - CLERK read an ordinance, introduced by Cindy Johnson, amending Chapter 8.08 of the Lincoln Municipal Code relating to the Ambulance Transportation Code by amending Section 8.08.020 to provide an exception to the requirement of a certificate of public convenience and necessity for government providers of service; amending Section 8.08.090 to provide enforceable response time verification; and repealing Sections 8.08.020 and 8.08.090 of the Lincoln Municipal Code as hitherto existing, the second time.

AMENDING SECTION 2.20.010 TO PROVIDE THAT THE FIRE CHIEF HAVE CARE AND CONTROL OF ALL EQUIPMENT AND MANAGEMENT OF THE EMERGENCY MEDICAL SERVICES PROGRAM; ADDING A NEW SECTION NUMBERED 2.20.015 TO PROVIDE THAT EMERGENCY MEDICAL SERVICES AND AMBULANCE TRANSPORT BE ASSIGNED TO THE FIRE DEPARTMENT - CLERK read an ordinance, introduced by Cindy Johnson, amending Chapter 2.20 of the Lincoln Municipal Code relating to the fire department by amending Section 2.20.010 to provide that the Fire Chief have care and control of all equipment and management of the emergency medical services program; adding a new section numbered 2.20.015 to provide that emergency medical services and ambulance transport be assigned to the Fire Department; and repealing Section 2.20.010 of the Lincoln Municipal Code as hitherto existing, the second time.

#### MISCELLANEOUS BUSINESS

AMENDING CHAPTER 8.08 OF THE LMC, THE AMBULANCE TRANSPORTATION CODE, BY AMENDING SECTION 8.08.050 TO ALLOW EXTENSIONS OF CERTIFICATES OF PUBLIC CONVENIENCE AND NECESSITY UNDER CIRCUMSTANCES AS DEFINED IN SECTION 8.08.051 AND ADDING A NEW SECTION NUMBERED 8.08.051 TO ALLOW AN EXTENSION OF A CURRENT CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR A PERIOD NOT TO EXCEED TWO YEARS - CLERK requested a motion.

CAMP Moved to have 1st Reading on Bill No. 00-127 on this date and to have 2nd & 3rd Reading on July 3, 2000.

Seconded by Johnson & carried by the following vote: AYES: Camp, Fortenberry, Johnson; NAYS: Cook, McRoy, Seng, Shoecraft.

#### PENDING LIST -

ACTION DEFERRED TO JULY 3, 2000 - RE: SPECIAL PERMIT NO. 1165A - TO SHOW CAUSE WHY SAID SPECIAL PERMIT SHOULD NOT BE REVOKED FOR FAILURE TO COMPLY WITH THE CONDITIONS OF THE SPECIAL PERMIT (1301 "H")- CLERK requested to remove for action on 7/3/00.

SENG So moved.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SENG Moved to extend the Pending List for 1 week.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

**UPCOMING RESOLUTIONS**

AUTHORIZING A REQUEST BY THE CITY FOR AN EXCEPTION TO THE STATE REQUIREMENT OF MINIMUM LANE WIDTH IN EAST O STREET, 52ND STREET TO WEDGEWOOD DRIVE - CLERK requested to delay introduction until 7/3/00.

SENG So moved.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

SENG Moved that City Council state its intent to create emergency ambulance service as a governmental service and I ask the City Attorney (Law) to bring back the legislation to get this created.

Seconded by Cook & carried by the following vote: AYES: Cook, McRoy, Seng, Shoecraft; NAYS: Camp, Fortenberry, Johnson.

SENG Moved to approve the resolutions to have Public Hearing on July 3, 2000.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

**ADJOURNMENT**

**11:36 P.M.**

SENG Moved to adjourn the City Council Meeting of June 26, 2000.

Seconded by Johnson & carried by the following vote: AYES: Camp, Cook, Fortenberry, Johnson, McRoy, Seng, Shoecraft; NAYS: None.

So ordered.

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Paul A. Malzer, Jr., City Clerk

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Judy Roscoe, Office Assistant III

