ORDINANCE 2005 - 49

AN ORDINANCE AMENDING ORDINANCE 81-6, AS AMENDED, WHICH ESTABLISHED EMERGENCY AND NON-EMERGENCY FEES FOR CALLS MADE WITHIN THE BOUNDARIES OF NASSAU COUNTY; SPECIFICALLY AMENDING SECTION 1, EMERGENCY RATES AND SECTION 3, ITEMIZED CHARGES; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners has found it necessary to further amend Ordinance 81-6, as amended.

NOW, THEREFORE, BE IT ORDAINED this 13th of June, 2005, by the Board of County Commissioners of Nassau County, Florida, that Ordinance 81-6, amended, shall be further amended as follows:

1. SECTION 1. EMERGENCY RATES

Emergency rescue service shall be provided for all visitors and citizens of Nassau County, Florida, based upon the following rates:

A. Transport Rates

(1) Any service call that requires that the patient be transported, a charge shall be made to the patient of two hundred seventy-five dollars (\$275.00) as set forth on the attached Schedule "A" plus a mileage fee which shall be five and 50/100 dollars (\$5.50) eight dollars and 50/100 (\$8.50) per loaded mile.

2. SECTION 3. ITEMIZED CHARGES

A. The use of the following shall be charged to the patient as at the rate indicated:

Oxygen \$35.00 A flat fee of thirty dollars (\$30.00) will be charged for the therapeutic administration, or continuation, of oxygen, USP.

Mast Suit (Credit upon return of suit of \$550.00) \$50.00

OB Kit \$38.00

Spinal Immobilization (KED, Backboard, C-Collar \$250.00, credit upon return, \$200.00) \$50.00

Extraction \$75.00 Motor vehicle crashes (MVC) requiring extrication using non-hydraulic assisted tools will be billed a flat rate of one hundred dollars (\$100.00) per vehicle requiring extrication. Other incidents, not limited to MVC, requiring the use of hydraulic devices will be billed at the flat rate of two hundred dollars (\$200.00).

First Aid Supplies \$20.00

Blood Gas \$15.00

Burn Kit \$30.00

External pacemaker \$45.00

Decontamination and disinfecting \$50.00

IV \$35.00

Cardiac Monitor \$30.00

Drug Administration \$25.00

3. This Ordinance shall become effective upon its being filed in the office of the Secretary of State.

BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

MSLEY N ACREE

Its: Chairman

ATTEST:

JOHN A. CRAWFORD

Its: Ex-Officio Clerk

Approved as to form by the Nassau County Attorney

MACHAEL & MILLYTH

z/amyers/ords/emergency-rates-ord-amd-2005

SCHEDULE A

Level of service:

1. BLS- Emergency basic medically necessary supplies and services, non-invasive basic care, Emergency Medical Technician (EMT) required.

Rate \$300.00

HCPCS Code A-0429

2. ALS-1: Emergency Advanced medically necessary supplies and services, invasive advanced care, at least one advanced life support procedure utilized; EMT-paramedic required.

Rate \$400.00

HCPCS Code A-0427

3. ALS-2 The same as ALS 1, plus the administration of at least three (3) intervals of medications and or the provisions of at least one ALS procedure following: endotracheal intubation, central venous line, cardiac pacing, chest compressions, surgical airway, intra-osseous line.

Rate \$500.00

HCPCS Code A-0433

4. Specialty Care Transport (SCT) advanced medically necessary supplies and services, invasive advanced care, paramedic required, inter-facility transport of a critically injured or ill patient, scope of care required additional training outside of the paramedic regular curriculum. (i.e. Ventilator dependant patient)

Rate \$600.00

HCPCS Codes A-0434