

ORDINANCE NO. 09-007

AN ORDINANCE TO REPEAL AND RECREATE SECTION 5.14
OF THE CODE OF ORDINANCES OF THE TOWN OF SOMERS
RELATING TO RESCUE SQUAD FEES ESTABLISHED

The Town Board of Supervisors of the Town of Somers, Kenosha County, Wisconsin, hereby repeals and recreates Section 5.14 of the Code of Ordinances of the Town of Somers relating to rescue squad fees established to read as follows:

5.14 RESCUE SQUAD FEES ESTABLISHED.

(A) **Intent.** Section 60.565, Wis. Stats., requires that the Town Board shall provide ambulance services by contract or municipal maintenance and the Town has had services for many years maintained by the general fund of the Town. The cost of said services has increased to a point where the Town Board now finds that the cost of such services should be borne by those who use the services.

(B) **Charges for Emergency Ambulance Services.** Any person who utilizes emergency services shall pay for emergency rescue services, including equipment and transporting from the scene of the required service to a hospital, according to the schedule of fees hereinafter set forth in subsection (D) below. Active volunteer or retired members with vested rights of the Fire Department and the Rescue Squad and members of their immediate families living at home shall be exempt from the payments of such fees.

(C) **Applicability of Fees.** Paramedic-advanced life support intercepts means, when it is necessary for a patient that is being transported by a nonparamedic ambulance service, to require the services of a paramedic-advanced life support ambulance service. This includes, when necessary, for two ambulance services to be involved in the transport of a patient, when either the patient is transferred from the nonparamedic ambulance to the paramedic ambulance or where the paramedic staff and/or equipment board the nonparamedic ambulance.

(1) **Provision of service.** The Town provides emergency ambulance service to persons needing emergency medical attention after the sudden onset of a medical condition or trauma manifesting itself by acute symptoms of such severity, including severe pain, that the absence of immediate attention could reasonably be expected to result in placing the patient's health in serious jeopardy, or the serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.

(2) **Outlying areas with a mutual aid agreement.** In all cases where the emergency service of the Town is summoned in response to an emergency call in areas outside the Town where a mutual aid agreement does exist, every person

receiving such emergency service, the administration of medical drugs and disposable medical equipment use in attending at the scene of the incident and transporting such person to an emergency hospital shall be charged for such service.

(3) **Outlying areas without a mutual aid agreement.** In all cases where the emergency service of the Town is summoned in response to an emergency call in areas outside of the Town where no mutual aid agreement exists, every person receiving such emergency service, the administration of medical drugs and disposable medical equipment used in attending at the scene of the incident and transporting such person to a private or emergency hospital shall be charged for such service.

(4) **Paramedic-advanced life support intercepts.** In all cases where paramedic-advanced life support intercept service is requested from the Town by a municipal ambulance service or rescue squad that does not provide a paramedic level of care, that municipality or rescue squad shall be billed for the paramedic service provided.

(D) **Schedule of Fees for Service, Transfer Service and Disposable Medical Equipment.** The following fees shall be applicable for ambulance service, transfer service and disposal medical equipment:

(1) **BLS base rate.**

(a) Resident – \$375.00

(b) Non-Resident – \$475.00

(2) **ALS1 base rate.** ALS1 base rate would be charged when it is medically necessary or an assessment by an advanced life support (ALS) provider is given and does one or more ALS interventions.

(a) Resident – \$475.00

(b) Non-Resident – \$550.00

(3) **ALS2 base rate.** ALS2 base rate would be charged when it is medically necessary to administer at least three different medications by intravenous push/bolus or continuous infusion or provide one or more of the following ALS procedures; manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest compression, surgical airway, intraosseous line.

(a) Resident – \$525.00

(b) Non-Resident – \$600.00

(4) **On scene care - BLS.** This is charged when Town rescue personnel respond to a call, provide treatment, and the patient refuses transport and/or is simply not transported – \$150.00

(5) **On scene care - ALS.** This is charged when Town rescue personnel respond to a call, provide treatment including an ALS assessment or at least one ALS intervention. The rate should equal the ALS base rate because of the level of service given; example treating a diabetic who then does not require transport.

(a) Resident – \$400.00

(b) Non-Resident – \$475.00

(6) **Mileage.** Charges for mileage must be based on loaded mileage only, from the pickup of a patient to arrival at the destination. Any portion of a mile should be recorded as a complete mile. Mileage, per loaded mile – as listed. If diesel is about \$2.75/gallon, to be reviewed if diesel is above \$3.50/gallon.

(a) Resident – \$11.00

(b) Non-Resident – \$11.50

(7) **Extra ambulance attendant.** When a patient weighing more than 250 pounds requires more than 2 attendants or if patient is combative – \$150.00. Extra manpower as required – \$150.00 each.

(8) **Procedures.**

(a) Spinal Immobilization – \$150.00

(b) Disposable supplies – \$50.00

(c) IV and supplies – \$65.00

(d) Oxygen – \$60.00

(e) Intubation – \$65.00

(f) Defibrillation – \$60.00

(g) EKG, 3-lead – \$30.00

(h) EKG, 12-lead – \$30.00

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- (i) OB kit/burn kit – \$15.00
- (j) IO – \$200.00
- (k) If Capnography used add \$50.00 to base rate.
- (l) If no transport is given and no ALS (Advanced Life Support), the following be charged:
 - (i) 1 - 3 calls within one year (January 1st through December 31st) – No charge.
 - (ii) 4 - 6 calls within one year (January 1st through December 31st) – \$75.00 each.
 - (iii) 7 plus calls within one year (January 1st through December 31st) – \$150.00 each.

(9) **Medication used in ALS and BLS services.** The following fees are established for medications used in ALS and BLS services. The Fire Chief shall periodically, no less than once per calendar year, report such fees to the Town Board, which may modify such fees. Such fees are as stated as of the date of adoption of the ordinance from which this section is derived, until revised:

- (a) Adensine, 6 mg – \$40.00
- (b) Albuterol/Ventolin/Proventil, 0.5 percent ml by nebulizer – \$25.00
- (c) Amyl Nitrate, capsule – \$25.00
- (d) Ativan – \$50.00
- (e) Atropine, 1 mg/10 ml syringe – \$25.00
- (f) Benadryl/Diphenhydramine, 50 mg syringe – \$25.00
- (g) Bretylium, 500 mg – \$25.00
- (h) Calcium Chloride, 1 gm/10 ml syringe – \$25.00
- (i) Cardizem, per syringe – \$26.50
- (j) Cordarone/Amiodarone, 300 mg – \$200.00
- (k) Dextrose/D5W, 500 ml – \$25.00

- (l) Dextrose/D25/syringe – \$25.00
- (m) Dextrose/D50/syringe – \$25.00
- (n) Diazepam/Valium up to 5 mg – \$175.00
- (o) Dopamine/Intropine, 200 mg – \$26.00
- (p) Epinephrine/Adrenalin, 1:1,000 – \$25.00
- (q) Epinephrine/Adrenalin, 1:10,000, 1 gm/10 ml syringe – \$25.00
- (r) Furosemide/Lasix, up to 20 mg – \$25.00
- (s) Glucagon, up to 1 mg – \$70.00
- (t) Isoproterenol bu inhalation, 0.5 percent ml – \$5.15
- (u) Lidocaine drip and D5W, 500 cc – \$25.00
- (v) Lidocaine, 50 ml – \$25.00
- (w) Magnesium Sulfate, up to 10 mg – \$25.00
- (x) Midazolan, up to 1 mg – \$25.00
- (y) Morphine Sulphate, up to 10 mg – \$25.00
- (z) Narcan/Naloxone – \$30.00
- (aa) Nitro sublingual, each tab/spray/dose – \$25.00
- (bb) Normal saline/capped IV, one 5 ml – \$25.00
- (cc) Normal saline, 251 - 500 ml – \$25.00
- (dd) Normal saline, 501 - 1,000 ml – \$25.00
- (ee) Procainamide, 1 gm – \$25.00
- (ff) Sodium Bicarbonate – \$25.00
- (gg) Sodium Chloride – \$25.00

That the schedule of fees set forth herein shall be amended by ordinance of the Town Board from time to time as determined by the Town Board.

Dated at Somers, Wisconsin, this 11 day of August, 2009.

TOWN OF SOMERS

By: James M Ameth
James Smith, Chairperson

Attest: Tim Kitzman
Tim Kitzman, Clerk/Treasurer

