Ordinance No. //9/

WHEREAS the provision of efficient, timely and professional emergency medical services are a matter of public concern; and

WHEREAS the City Council believes it would be in the best public interest to designate one provider for *all* emergency and transfer ambulance activity within the corporate city limits and extra-territorial jurisdictions currently served by one or more city services; and

WHEREAS the selection of one EMS provider will prevent an erosion of available revenue for the ambulance provider thus reducing / precluding city subsidy to offset operating expenses; and

WHEREAS the provision of professional ambulance service outfitted as Advanced Life Support (ALS) Mobile Intensive Care Units is an essential service for the resident of the city, and the failure to provide, or cause to be provided said professional ALS/MICU service could result in an increase morbidity and mortality;

Page 1 of 4 Pages

OFFRANKSTON	AS FOLL	OWS:
	2 0	
	8	4
34 X		
	ppovine	9 ×
8	PROVIDE	,R
determined by a contractual document	ment which must be exas Medical Center l	Emergency Medical Services (ETMC EMS
	× .	×
	i II.	¥ 1
	Ī	
	LEVEL OF SE	RVICE
[a] To ensure that the citizens of	FRANKSTO	receive quality pre-hospita
		which must be met by the EMS/ambulance
provider.		
	24-hours per day.	essor ambulance company will provide It is understood that the level of care is pment and medications assigned to each
determined by training of person	gulations govern AL	S/MICU designation as well as the training aff the ambulances.
determined by training of person ambulance unit. State law and re	gulations govern AL	

MEMBERSHIP FUNDING

*	N(
[a] The City Council hereby authorogram to defray operating experstate law and regulations, Emergentin 1989.	nses in providing	g ALS /MIC	CU ambulance service pursuant	to
[b] To facilitate collection of month voluntary ambulance membersh customers served by the City of	nip assessment o	on the mont	hly water bills for all resident	f a tial
[c] Residents who do not wish to place to make one annual payment deleted from their monthly water ut	, may request in	monthly menting at	embership program, or who wou City Hall that said assessment	uld be
[d] The Council orders that its sol who make monthly or annual pay contract with the provider, a month	ments. The Cit	y's staff wi	ll provide, subject to terms of t	the
on the water meter.		2 (822)	*	
[e] The ambulance provider masolicitation prior to the start date of on a date certain specified in the contract of the start date of the	the ambulance s	service / men	ctivities to promote membersh nbership program which will be the city and ambulance provider	gin
			w.	
		£)		

Page 3 of 4 Pages

ADOPTED this	18	3 th	_day of _/	November	<u>,</u> 1991.
₩ 		James	1	onger	
		The Honorable	James L.	Gouger	, Mayor
	9	of the City of		n	, Texas
A TYPE OT	a	11 SC			
ATTEST:					
* /		9			
lan this	res	40		ij.	
City Clerk, City of Fran	nksto	n d			
n n		\$			o To
	5	ж л			*
25 M		APPROVED:	2.0 2.0 2.0		
36 S					×
% -1					
		City Attorney			
		8			
			121 52 21		
1.8		3			

Pages

of 4