

Prepared by: City Attorney's Office
Requested by: Venice Fire Department

RESOLUTION NO. 2023-31

A RESOLUTION OF THE CITY OF VENICE, FLORIDA, ADOPTING A REVISED SCHEDULE OF EMERGENCY MEDICAL AID FEES CONSISTENT WITH SECTION 30-41 OF THE CITY CODE OF ORDINANCES; SUPERSEDING RESOLUTION NO. 2020-17; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, since assuming emergency medical services from Sarasota County, the City has begun to incur costs for additional services not contemplated by the current fee schedule; and

WHEREAS, it is in the best interest of the public that the users of the services pay the cost thereof; and

WHEREAS, Section 30-41 of the City of Venice Code of Ordinances authorizes city council to adopt emergency medical aid fees by resolution.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF VENICE, FLORIDA, as follows:

SECTION 1. The whereas clauses above are ratified and confirmed as true and correct.

SECTION 2. The Venice City Council hereby adopts the Schedule of Emergency Medical Aid Fees attached hereto as "Exhibit A".

SECTION 3. This Resolution shall supersede and replace Resolution No. 2020-17.

SECTION 4. This Resolution shall take effect October 1, 2023

APPROVED AND ADOPTED AT A REGULAR MEETING OF THE VENICE CITY COUNCIL HELD ON THE 12TH DAY OF SEPTEMBER 2023.

Nick Pachota, Mayor

ATTEST:

Kelly Michaels, MMC, City Clerk

I, Kelly Michaels, MMC, City Clerk of the City of Venice, Florida, a municipal corporation in Sarasota County, Florida, do hereby certify that the foregoing is a full and complete, true and correct copy of a Resolution duly adopted by the City of Venice Council at a meeting thereof duly convened and held on the 12th day of September 2023 a quorum being present.

WITNESS my hand and the official seal of the said city this 12th day of September 2023.

Kelly Michaels, MMC, City Clerk

(SEAL)

APPROVED AS TO FORM:

Kelly Fernandez, City Attorney

“EXHIBIT A”

Schedule of Emergency Medical Aid Fees

Service	Cost
Basic Life Support	\$600.00 <u>\$700.00</u>
Advanced Life Support 1	\$600.00 <u>\$800.00</u>
Advanced Life Support 2	\$650.00 <u>\$825.00</u>
Medical Treatment without Transport	\$125.00 <u>\$175.00</u>
Mileage <u>Patient Transport Mileage</u>	\$10.00 per mile <u>\$14.00 per mile</u>
<u>Team Equipment Fee</u>	<u>\$220.00</u>
<u>Telehealth Service</u>	<u>\$175.00</u>
<u>Hospital Wait Time</u>	<u>First 30 minutes has no charge, \$150.00 for the next 30 minutes, then \$75.00 per each 30 minutes thereafter</u>
<u>STAT-Transport</u>	<u>\$1,500.00 plus patient transport mileage rate</u>
Special Events: a. Stand-by Time for ambulance and crew, per hour (minimum charge will be for three hours and charges will be rounded up to the next hour) b. Stand-by Time for ambulance and crew, per person per hour (minimum charge will be for three hours and charges will be rounded up to the next hour) c. Wait time for ambulance and crew, per half hour (minimum charge will be for three hours and charges will be rounded up to the next half hour)	a. \$160.00 b. \$60.00 c. \$50.00