

24 **WHEREAS**, the City has opportunities for increased field treatment and
25 telehealth services through the expansion of this program; and

26 **WHEREAS**, a payment system would lay the groundwork to provide a
27 funding mechanism to subsidize this program, and to increase the number of
28 paramedic practitioners going forward; and

29 **WHEREAS**, opportunities exist for current Emergency Medical Services
30 (EMS) providers to advance into PA and nurse practitioner roles, providing an
31 additional mechanism for professional development, and expansion of the program
32 may enhance recruitment and retention of EMS personnel due to clinical
33 advancement opportunities; and

34 **WHEREAS**, an increased number of paramedic practitioners will free up
35 other units to respond to high acuity calls that require transport by ambulance; and

36 **WHEREAS**, the EMS Department is in the process of updating its fee
37 schedule to allow for the possibility of payment for physician services; and

38 **WHEREAS**, changes at the federal level (through Medicare and Medicaid)
39 may allow for additional EMS-related savings for individuals and institutions; and

40 **WHEREAS**, a pilot program for payment of paramedic practitioner services
41 would serve as proof of concept for this model and provide the building blocks for
42 the City to hire more paramedic practitioners; **NOW, THEREFORE,**

43 **BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:**

44 The City Manager is directed to create a pilot program launching a payment
45 system for medical services (including telehealth services) provided by paramedic
46 practitioners (defined as clinical staff providing services in an emergency setting)

47 and physicians within the OCMO who do not currently charge for their services
48 and to identify appropriate funding mechanisms to achieve the goal of expanding
49 affordable medical services to Austinites through the expansion of the paramedic
50 practitioner program. Possible mechanisms may include the use of third-party
51 billing services or direct negotiations with insurance providers. The City Manager
52 is directed to complete a fee study to determine if the City can accelerate the
53 adoption of a fee schedule that would document that the fee does not exceed the
54 cost to provide these services, and then adopt an amended fee schedule as required
55 to create the pilot program. The City Manager is directed to create a new program
56 and/or revise the existing EMS billing system to add billing for this level of
57 service, which may be billed at higher rates given the additional level of
58 professional services provided by these clinicians as well as the costs to properly
59 program the billing system to charge these fees.

60 Processes should align with current EMS billing and adjustments practices
61 regarding the ability to pay in order to protect low-income residents from receiving
62 unaffordable bills.

63 Revenue generated through this payment system shall be budgeted and
64 programmed with the intent to fund and support the expansion of this program in
65 the future.

66 **BE IT FURTHER RESOLVED:**

67 The City Manager is directed to return to Council by June 30, 2021 with an
68 update on the pilot payment system and options for incorporating the program and
69 its expansion into upcoming budget cycles, or applying American Rescue Plan
70 (ARP) funds or other appropriate funding sources.

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