

RESOLUTION NO. 20210520-061

WHEREAS, proactive healthcare and responsive medical treatment is a necessary part of promoting and maintaining a healthy life, and healthcare costs remain unaffordable for many residents, particularly those in low income households; and

WHEREAS, such expenses can prevent people from seeking medical care in order to avoid high costs; and

WHEREAS, when many residents do seek medical attention, they typically call 9-1-1, where they are traditionally transported to emergency rooms, and receiving medical treatment at the emergency room can lead to unnecessarily high bills; and

WHEREAS, during the FY21 budget process, the Austin City Council created the Office of the Chief Medical Officer (OCMO), with the mission of expanding access to medical services in Austin; and

WHEREAS, there exist physicians within the OCMO who do not currently charge for their medical services which could be covered by patient insurance; and

WHEREAS, Austin has hired a Physician Assistant (PA) within the OCMO who provides medical treatment in the field to low-acuity patients, negating the need for those patients to be transported to emergency rooms and thus avoiding the associated high costs to both individuals and institutions; and

WHEREAS, the PA role is an example of a paramedic practitioner, and a paramedic practitioner provides health care services in the area of clinical specialization, an umbrella that also includes nurse practitioners; and

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

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

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

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

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

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

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

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

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

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

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

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

BE IT FURTHER RESOLVED:

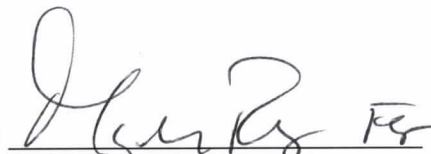
The City Manager is directed to return to Council by June 30, 2021 with an update on the pilot payment system and options for incorporating the program and its expansion into upcoming budget cycles, or applying American Rescue Plan (ARP) funds or other appropriate funding sources.

BE IT FURTHER RESOLVED:

Upon a successful launch of the pilot program, the City Manager is directed to deliver a plan to City Council regarding the acceleration and/or expansion of the program, including the hiring of additional paramedic practitioners and clinical staff.

ADOPTED: May 20, 2021

ATTEST:



Jannette S. Goodall
City Clerk