

## LEGISLATIVE FACT SHEET

DATE: 06/12/18

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

SPONSOR: Fire and Rescue  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: \_\_\_\_\_

Provide Name: Kurt Wilson, Director

Contact Number: 904-630-7873

Email Address: KRWilson@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

Chapter 158 of the Jacksonville Municipal Ordinance Code (Section 158.201) requires that no person or entity shall, directly or indirectly, operate, conduct, or otherwise engage in or profess to be engaged in prehospital emergency medical transportation service, unless that person shall first secure a Certificate of Public Convenience and Necessity (COPCN). There are currently five COPCN's in existence for private ambulance transportation: 3 are occupied by Ambulance Service Incorporated (ASI), Liberty Ambulance Service, and Century Ambulance Service; 2 are currently available. In 2017, St. Vincent's Ambulance Service (SVAS) was acquired by Century Ambulance Service. Section 158.202 states that no person or other legal entity shall have an ownership interest directly or indirectly in more than one certificate holder of ground emergency medical transportation services. Century's acquirement of SVAS provided for one COPCN to be available and OGC subsequently added an additional COPCN, based on the population growth and size of Duval County. As a requirement of the Municipal Ordinance Code, the Director/Fire Chief advertised the two available COPCN's in the Jax Daily Record for a period of 20 days in December 2017. Three applications were received and processed within the application deadline. The three applicants were MedTrust Medical Transport, LLC; Mayo Clinic Medical Transport; and Kindred Care EMS, LLC. Because there are three applicants for two available COPCN's, a scoring matrix was developed to score each applicant based upon merit. The top two scoring applicants were MedTrust Medical Transport and Mayo Clinic Medical Transport. If approved, the COPCNs will be secured for a period of two years. Prior to the end of the second year, the Director/Fire Chief will approve or deny renewals for each COPCN holder.

APPROPRIATION: Total Amount Appropriated \_\_\_\_\_ as follows:  
 List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

|                                   |             |               |
|-----------------------------------|-------------|---------------|
| Name of Federal Funding Source(s) | From: _____ | Amount: _____ |
|                                   | To: _____   | Amount: _____ |

|                                  |             |               |
|----------------------------------|-------------|---------------|
| Name of State Funding Source(s): | From: _____ | Amount: _____ |
|                                  | To: _____   | Amount: _____ |

|   |             |               |
|---|-------------|---------------|
| Name of City of Jacksonville Funding Source(s): | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |

|                                  |             |               |
|----------------------------------|-------------|---------------|
| Name of In-Kind Contribution(s): | From: _____ | Amount: _____ |
|                                  | To: _____   | Amount: _____ |

|                                   |             |               |
|-----------------------------------|-------------|---------------|
| Name & Number of Bond Account(s): | From: _____ | Amount: _____ |
|                                   | To: _____   | Amount: _____ |

**PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:**

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

Per Jacksonville Municipal Ordinance Code, each COPCN applicant was required to submit an application fee in the amount of \$2,000. Any applicant that is not awarded a COPCN is entitled to receive 50 percent or \$1,000 of their application fee in return. Upon approval, each COPCN holder is required to renew their applications every two years at a cost of \$2,000 per entity. The COPCNs renew in alternating years/patterns. There is no cost to the City to provide these COPCNs; however, they are required by Ordinance to provide prehospital emergency medical transport service in Duval County. There is no ongoing maintenance; only clerical work to process the application renewals, which is handled by the administrative assistant to the Chief of Rescue. There is no staffing obligation.

**ACTION ITEMS: Purpose / Check List.** If "Yes" please provide detail by attaching justification, and code provisions for each.

| ACTION ITEMS:                  | Yes                                 | No                                  |   |
|--------------------------------|-------------------------------------|-------------------------------------|---|
| Emergency?                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Justification of Emergency: If yes, explanation must include detailed nature of emergency.<br><br>  |
| Federal or State Mandate?      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.<br><br>  |
| Fiscal Year Carryover?         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language.<br><br>   |
| CIP Amendment?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.   |
| Contract / Agreement Approval? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?<br><br>                                     |
| Related RC/BT?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate RC/BT form(s).   |
| Waiver of Code?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.<br><br>  |
| Code Exception?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.<br><br>   |
| Related Enacted Ordinances?    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.<br><br>Chapter 158 of City Municipal Ordinance Code: Section 158.201 (Part 2) |

**ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.**

**ACTION ITEMS:**

|                        | Yes                      | No                                  |
|------------------------|--------------------------|-------------------------------------|
| Continuation of Grant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Explanation:** How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

|                                 |                          |                                     |
|---------------------------------|--------------------------|-------------------------------------|
| Surplus Property Certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reporting Requirements?         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Attachment:** If yes, attach appropriate form(s).

**Explanation:** List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

Division Chief: \_\_\_\_\_



(signature)

Date: 6/12/2018

Prepared By: \_\_\_\_\_



(signature)

Date: 6/12/2018

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

From: Kurt Wilson, Director, Fire and Rescue

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-630-7873

E-mail: KRWilson@coj.net

Primary Contact: David Castleman, Division Chief of Rescue, Fire and Rescue

(Name, Job Title, Department)

Phone: 904-630-7055

E-mail: DavidS@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: jelsbury@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

E-mail: psidman@coj.net

From: \_\_\_\_\_

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary

Contact: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: jelsbury@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:    Yes    No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**