RESOLUTION NO. 3845

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF REDLANDS GRANTING TO P. NORMAN OSBORNE, JR., DBA HOWARD AMBULANCE COMPANY OF REDLANDS, 837 NORTH ORANGE STREET, REDLANDS, CALIFORNIA, A FRANCHISE TO OPERATE AUTHORIZED EMERGENCY AMBULANCE VEHICLES OVER, ALONG, AND UPON THE STREETS OF THE CITY OF REDLANDS AND RESCINDING RESOLUTION NO. 3369

THE CITY COUNCIL OF THE CITY OF REDLANDS DOES RESOLVE AS FOLLOWS:

SECTION ONE: Under the provisions of Section Two, Ordinance No. 1418 of the City of Redlands, the City Council hereby grants to:

P. Norman Osborne, Jr., dba
Howard Ambulance Company
837 North Orange Street
Redlands, CA 92373

a franchise to operate authorized emergency ambulance vehicles over, along, and upon the streets of the City of Redlands.

SECTION TWO: The term of this franchise shall be for a period of five (5) years, commencing October 2, 1982, and terminating on October 1, 1987.

SECTION THREE: The rules and regulations prescribed in Ordinance No. 1418 shall govern the operation of the franchise.

SECTION FOUR: The granting of this franchise is conditional upon Howard Ambulance Company filing within ten (10) days, with the City Clerk, City of Redlands, a written acceptance thereof, and an agreement to comply with the terms and conditions of Ordinance No. 1418.

ADOPTED, SIGNED AND APPROVED this 21st day of September, 1982.

Mayor of the City of Redlands

ATTEST:

City Clerk

xc: Mayor and Councilmembers, City Manager, Finance Director

Howard AMBULANCE Company, Inc.

837 N. ORANGE STREET
POST OFFICE BOX 589
REDLANDS, CALIFORNIA 92373
714/793-7676

• SERVING •
BEAUMONT • BANNING • HIGHLAND • LOMA LINDA • YUCAIPA • GRAND TERRACE • MENTONE • CALIMESA

August 10, 1982

Honorable Mayor
City of Redlands
Redlands, Ca.

Dear Mr. Roth;

In conjunction to our letter of August 6, 1982 regarding franchise renewal and rate increases we would like to add a request for your deliberation.

We respectfully ask that you consider including a franchisment for our Wheelchair Transport Service.

This gives us a measure of protection from competition in the same manner that is provided by an Ambulance franchise.

It is our understanding that a franchise agreement stipulates that only the holder of a franchise may transport patients within the city limits.

The exception to this being that outside providers may bring patients into the city but may not remove from or provide intra-transport within the city limits.

Their is precedent for this additional franchise. The city of San Bernardino we are informed has such an agreement with Courtesy Ambulance. as attached

Please find enclosed copy of proposed rates for Wheelchair Transport Service.

Sincerely,

P. Norman Osborne.

Howard AMBULANCE Company, Inc.

714/793-7676

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WHEELCHAIR RATES TO THE GENERAL PUBLIC

RESPONSE TO CALLS:

00015	BASE RATE	1 PATIENT	16.05	
00016		2 PATIENTS	12.83	EACH PATIENT
00017		3 PATIENTS	10.16	EACH PATIENT
00018		4 PATIENTS	9.11	EACH PATIENT
00020	WHEELCHAIR USE		.80	
00023	ATTENDANT		5.02	
00024	WAITING TIME OVER 15 MINUTES		5.14	EACH 15 MINUTES
00025	MILEAGE (ONE WAY)		1.17	PER MILE
00026	NIGHT CALL (7:00 PM TO 7:00 AM)		5.58	
00028	OXYGEN		10.54	PER TANK
00029	SPECIAL CHARGES (UNLISTED)		BY REPORT	

ORDINANCE NO. MC-119

ORDINANCE OF THE CITY OF SAN BERNARDINO AMENDING CHAPTER 5.76 OF THE SAN BERNARDINO MUNICIPAL CODE TO PROVIDE STANDARDS TO DETERMINE INCREASED NEED FOR SERVICES.

THE MAYOR AND COMMON COUNCIL OF THE CITY OF SAN BERNARDINO DO ORDAIN AS FOLLOWS:

SECTION 1. Chapter 5.76 of the San Bernardino Municipal Code is amended by adding thereto Section 5.76.060 to read:

"5.76.060 Permit - Issuance - Increase in service.

A. If the bureau finds that further service in the nature of that proposed in the City is required by the public convenience and necessity, then each holder of a certificate to operate taxi and/or medical transportation vehicles in said class shall be notified as to the total increase in the number of such vehicles for which the convenience and necessity is found. The bureau shall then determine, subject to approval, reversal or modification thereof by the Mayor and Common Council, whether each such holder shall have the right to increase the number of such vehicles in the same proportions that the total increase bears to the number of such vehicles theretofore operated by the holder; or whether an applicant shall be granted a permit to provide such service in accordance with the procedures herein provided upon the condition that the applicant meets all the requirements of this chapter.

B. In making the above findings and determinations, the bureau shall be governed and limited by the following standards:

1. Not more than one taxicab, excluding dial-a-ride taxicabs, shall be permitted for each two thousand five hundred residents of the City, or major portion thereof.

2. Not more than one dial-a-ride taxicab shall be

permitted for each six thousand residents of the City, or major portion thereof.

3. Not more than one ambulance shall be permitted for each twenty-five thousand residents of the City, or major portion thereof.

4. Not more than one wheelchair passenger transportation vehicle shall be permitted for each one hundred thousand residents of the City, or major portion thereof; provided, that if the number of calls average over ten per day per vehicle in any ninety-day period, then the bureau may authorize an additional vehicle.

5. Not more than one chauffeured limousine shall be permitted for each seventy-five thousand residents of the City, or major portion thereof.

6. Not more than one dialysis transportation vehicle shall be permitted for each twenty-five thousand residents of the City, or major portion thereof.

C. The number of residents of the City shall be determined by the current population estimate of the Planning Director of the City.

D. The above limitation of not more than one vehicle for the indicated number of residents means one operating vehicle during each hour of any day."

I HEREBY CERTIFY that the foregoing ordinance was duly adopted by the Mayor and Common Council of the City of San Bernardino at a regular meeting thereof, held on the 16th day of November, 1981, by the following vote, to wit:

AYES: Council Members Castaneda, Reilly, Hernandez, Botts, Hobbs, Strickler

NAYS: None

ABSENT: None

City Clerk

The foregoing ordinance is hereby approved this 16th day of November, 1981.

Mayor of the City of San Bernardino

Approved as to form:

City Attorney

xc: Mayor and Councilmembers, City Manager, Finance Director

Howard AMBULANCE Company, Inc.

837 N. ORANGE STREET
POST OFFICE BOX 589
REDLANDS, CALIFORNIA 92373
714/793-7676

• SERVING •

BEAUMONT • BANNING • HIGHLAND • LOMA LINDA • YUCAIPA • GRAND TERRACE • MENTONE • CALIMESA

August 6, 1982

Honorable Mayor
City of Redlands
Redlands, CA

Dear Mayor Roth;

We feel it is necessary to come before you for some of the formalities of operating and providing ambulance service within the city limits of Redlands.

At this time we need to address some factors that affect our operation. The first is renewal of our franchise. The existing one expires in September of 1982. Secondly, it is again time to request a rate increase. One of our costs have decreased (fuel) while others have skyrocketed. Our insurance costs have taken a great increase as well.

The below listed rates requested are needed also becouse of a problem the state is expressing to us regarding their lack of funds, resulting in reduced amounts paid by Medi-Cal.

Please find enclosed several rate resolutions from local surrounding counties. The requested rates are as follows;

available in Clerk's Office

Base Rate	$81.50
Mileage (per mile)	5.25
Wait Time (per 15 minutes)	8.25
Night Call (7:00 PM to 7:00 AM)	11.50
Oxygen	8.80
Emergency	16.50
Resuscitation	25.00
CPR	35.00
EKG by radio with pads	29.50

I would also like to announce to you a new facet of our business, a part that we feel will better serve the public. The service is wheelchair car transfer for all types of handicapped patients.

Once again I want to thank you for your time and consideration on the above projects.

Sincerely,

P. Norman Osborne

CALIFORNIA AMBULANCE ASSOCIATION

Administrative Office: 1401 21st Street, Suite 300 • Sacramento, CA 95814 • Phone: (916) 443-5959
Governmental Relations: 1225 8th Street, Suite 590 • Sacramento, CA 95814 • (916) 446-7505

MEMORANDUM

July 30, 1982

TO: ALL MEMBERS

FROM: Robert Phillips, Executive Director

SUBJECT: Bi-Annual Rate Survey

We are pleased to enclose a copy of the July 1982 Rate Survey for the state. You will note that we have included Wheelchair, ALS and County Contract rates for most counties.

RLP/tle

Encl.

CALIFORNIA AMBULANCE ASSOCIATION

RATE SURVEY

July 1982

County	Category	Private Rates	INDIGENT County Contract Rates	
ALAMEDA	Base	$91.67	$52.93	
	Mileage	$4.70/per mi.	$3.28/per mi.	
	Emergency	$16.00	$15.00	
	Night	$18.67	$15.00	
	Oxygen	$17.00	$15.00	
	Standby	$50.83/per hr.	$28.00/per hr.	
	Advanced Life Support	* ----------	------	*One company negotiating
	Wheelchair	$20.50*	$12.30	*Some charge additional pe mile-$1.75
BUTTE	Base	$112.50	$57.61	
	Mileage	$6.00/per mi.	$2.97/per mi.	
	Emergency	$39.38	$9.22	
	Night	$34.38	$9.22	
	Oxygen	$22.50	$12.11	
	Standby	$106.00/per hr.	$36.88/per hr.	
	Advanced Life Support	----------	----------	
	Wheelchair	----------	----------	
FRESNO	Base	$130.00	$66.83	
	Mileage	$6.00/per mi.	$2.97/per mi.	
	Emergency	$30.00	$9.22	
	Night	$35.00	$9.22	
	Oxygen	$20.00	----------	
	Standby	$60.00/per hr.	$36.88/per hr.	
	Advanced Life Support	----------	----------	
	Wheelchair	----------	----------	
HUMBOLDT	Base	$106.75	$95.00	
	Mileage	$5.88/per mi.	$4.75/per mi.	
	Emergency	$23.50	$17.00	
	Night	$23.50	$17.00	
	Oxygen	$18.50	$17.00	
	Standby	$58.00/per hr.	$56.00/per hr.	
	Advanced Life Support	$72.50	$72.50	
	Wheelchair	----------	----------	
KERN	Base	$110.00	$57.61	
	Mileage	$6.00/per mi.	$2.97/per mi.	
	Emergency	$30.00	$9.22	
	Night	$30.00	$9.22	
	Oxygen	$25.00	$9.22	
	Standby	$60.00/per hr.	$36.88/per hr.	
	Advanced Life Support	$60.00	----------	
	Wheelchair	$25.00	$13.73	

CAA Rate Survey/July 1982

County	Category	Private Rate	County Rate	
KINGS	Base	$110.00	$95.00	
	Mileage	$6.00/per mi.	$6.00/per mi.	
	Emergency	$30.00	$30.00	
	Night	$25.00	$25.00	
	Oxygen	$25.00	$25.00	
	Standby	.33/per min.	.33/per min.	
	Advanced Life Support	----------	----------	
	Wheelchair	$8.25	----------	
LOS ANGELES	Base	$79.00	$67.70	
	Mileage	$4.85/per mi.	$3.85/per mi.	
	Emergency	$12.00	$11.80	
	Night	$11.10	$11.10	
	Oxygen	$11.08	$11.20	
	Standby	$45.33/per hr.	$48.00/per hr.	
	Advanced Life Support	$126.50	$31.50*	*for CCT only
	Wheelchair	$23.50	----------	
MADERA	Base	$80.00	$35.00	
	Mileage	$4.00/per mi.	$1.50/per mi.	
	Emergency	$15.00	----------	
	Night	$15.00	$5.00	
	Oxygen	$15.00	$5.00	
	Standby	$20.00/per hr.	----------	
	Advanced Life Support	----------	----------	
	Wheelchair	----------	----------	
MENDOCINO	Base	$95.00	$56.00	
	Mileage	$5.00/per mi.	$3.80/per mi.	
	Emergency	$25.00	$12.00	
	Night	$25.00	$12.00	
	Oxygen	$20.00	$12.00	
	Standby	$80.00/per hr.	$48.00/per hr.	
	Advanced Life Support	$35.00	$25.60	
	Wheelchair	----------	----------	
MONTEREY	Base	$88.92	*	*County contrac $1500.00 per month for un-collected emer gency runs, regradless of actual amount.
	Mileage	$4.74/per mi.		
	Emergency	$21.50		
	Night	$19.47		
	Oxygen	$16.91		
	Standby	$58.00/per hr.		
	Advanced Life Support	----------		
	Wheelchair	$21.00		
NAPA	Base	$90.00	*	*No county con-tract-Billed a full rate.
	Mileage	$5.00/per mi.		
	Emergency	$20.00		
	Night	$15.00		
	Oxygen	$10.00		
	Standby	$40.00/per hr.		
	Advanced Life Support	----------		
	Wheelchair	$14.50		

CAA Rate Survey County	Category	Private Rate	County Rate	
ORANGE	Base	$60.00	$57.61	
	Mileage	$5.00/per mi.	$2.97/per mi.	
	Emergency	$10.00	$9.27	
	Night	$15.00	$9.22	
	Oxygen	$10.00	$9.22	
	Standby	$60.00/per hr.	$17.60/per hr.	
	Advanced Life Support	----------	----------	
	Wheelchair	----------	----------	
PLACER	Base	$110.00	$40.00	
	Mileage	$6.00/per mi.	$1.50/per mi.	
	Emergency	$35.00	$5.00	
	Night	$30.00	$5.00	
	Oxygen	$30.00	$10.00	
	Standby	$60.00/per hr.	$20.00/per hr.	
	Advanced Life Support	----------	----------	
	Wheelchair	$20.00	----------	
RIVERSIDE	Base	$110.00	$60.00	
	Mileage	$6.17/per mi.	$2.43/per mi.	
	Emergency	$40.00	----------	
	Night	$29.17	----------	
	Oxygen	$25.00	----------	
	Standby	$70.00/per hr.	----------	
	Advanced Life Support	$55.00	----------	
	Wheelchair	$75.00	----------	
SACRAMENTO	Base	$102.50	$44.00	
	Mileage	$5.00/per mi.	$1.50/per mi.	
	Emergency	$15.00	----------	
	Night	$17.50	$5.50	
	Oxygen	$12.50	$6.00	
	Standby	$42.50/per hr.	$25.00/per hr.	
	Advanced Life Support	*		*One company negotiating
	Wheelchair	$20.00	----------	
SAN BENITO	Base	$75.00	----------	
	Mileage	$3.50/per mi.	----------	
	Emergency	$12.50	----------	
	Night	$12.50	----------	
	Oxygen	$12.50	----------	
	Standby	$60.00/per hr.	----------	
	Advanced Life Support	----------	----------	
	Wheelchair	----------	----------	
SAN BERNARDINO	Base	$81.50	$56.83	
	Mileage	$5.25/per mi.	$2.77/per mi.	
	Emergency	$16.50	$5.45	
	Night	$11.50	$7.53	
	Oxygen	$8.80	$7.14	
	Standby	$32.80/per hr.	$27.00/per hr.	
	Advanced Life Support	----------	----------	
	Wheelchair	$12.00	----------	

CAA Rate Survey

County	Category	Private Rate	County Rate
SAN DIEGO	Base	$90.00*	***
	Mileage	$6.00/per mi.	
	Emergency	$20.00	
	Night	$20.00	
	Oxygen	$20.00	
	Standby	$60.00	
	Advanced Life Support	**	
	Wheelchair	$30.00	----------
SAN FRANCISCO	Base	$102.50	----------
	Mileage	$4.63/per mi.	----------
	Emergency	$15.75	----------
	Night	$15.75	----------
	Oxygen	$14.50	----------
	Standby	$137.50/per hr.	----------
	Advanced Life Support	$47.00	----------
	Wheelchair	----------	----------
SAN JOAQUIN	Base	$93.75	----------
	Mileage	$4.75/per mi.	----------
	Emergency	$19.19	----------
	Night	$17.44	----------
	Oxygen	$20.06	----------
	Standby	$62.67/per hr.	----------
	Advanced Life Support	$49.50	----------
	Wheelchair	$13.75	----------
SAN LUIS OBISPO	Base	$117.00	$57.61
	Mileage	$5.83/per mi.	$2.97/per mi.
	Emergency	$45.00	$9.22
	Night	$41.67	$9.22
	Oxygen	$28.33	$9.22
	Standby	$136.00/per hr.	$36.88/per hr.
	Advanced Life Support	----------	----------
	Wheelchair	----------	----------
SANTA BARBARA	Base	$106.00	----------
	Mileage	$5.50/per mi.	----------
	Emergency	$79.50	----------
	Night	$27.50	----------
	Oxygen	$29.00	----------
	Standby	$80.00/per hr.	----------
	Advanced Life Support	----------	----------
	Wheelchair	$27.00	----------
SANTA CLARA	Base	$115.33	----------
	Mileage	$4.67/per mi.	----------
	Emergency	$23.33	----------
	Night	$20.00	----------
	Oxygen	$21.67	----------
	Standby	$60.00/per hr.	----------
	Advanced Life Support	----------	----------
	Wheelchair	----------	----------

*EMT II Rate
**Paramedic Rate Charge-$120.00 + 5 specific procedure charges, if necessary.
***County Rates same as Private

CAA Rate Survey County	Category	Private Rate	County Rate	
SANTA CRUZ	Base	$96.25	%57.61	
	Mileage	$4.25/per mi.	$2.97/per mi.	
	Emergency	$14.75	$9.22	
	Night	$14.75	$9.22	
	Oxygen	$14.75	$9.22	
	Standby	$62.50/per hr.	----------	
	Advanced Life Support	----------	----------	
	Wheelchair	$20.25	$13.73	
SISKIYOU	Base	$100.00	*	*County rates same as Medi-Cal rates.
	Mileage	$5.38/one way		
	Emergency	$17.50		
	Night	$15.00		
	Oxygen	$20.00		
	Standby	$100.00/per hr.		
	Advanced Life Support	----------		
	Wheelchair	----------		
SOLANO	Base	$90.00	$57.61	
	Mileage	$5.00/per mi.	$2.97/per mi.	
	Emergency	$20.00	$9.22	
	Night	$20.00	$9.22	
	Oxygen	$15.00	$9.22	
	Standby	$90.00/per hr.	----------	
	Advanced Life Support	$40.00*	----------	*Paramedic Service
	Wheelchair	----------	----------	
SONOMA	Base	$110.00	*	*County rates same as Medi-Cal rates.
	Mileage	$5.50/per mi.		
	Emergency	$32.50		
	Night	$32.50		
	Oxygen	$22.50		
	Standby	$90.00/per hr.		
	Advanced Life Support	$125.00		
	Wheelchair	$30.00		
STANISLAUS	Base	$102.00	$65.00	
	Mileage	$5.50/per mi.	----------	
	Emergency	$30.00	----------	
	Night	$22.67	----------	
	Oxygen	$24.67	----------	
	Standby	$66.67/per hr.	----------	
	Advanced Life Support	----------	----------	
	Wheelchair	$20.00	$15.00	
SUTTER	Base	$87.50	----------	
	Mileage	$5.25/per mi.	----------	
	Emergency	$25.00	----------	
	Night	$25.00	----------	
	Oxygen	$25.00	----------	
	Standby	$50.00/per hr.	----------	
	Advanced Life Support	$35.00	----------	
	Wheelchair	----------	----------	

County	Category	Private Rate	County Rate	
TULARE	Base	$97.50	*	*County pays for only dry-runs at Medi-Cal base fee rate.
	Mileage	$5.00/per mi.		
	Emergency	$25.00		
	Night	$22.50		
	Oxygen	$20.00		
	Standby	$60.00/per hr.		
	Advanced Life Support	$30.00		
	Wheelchair	$12.00		
VENTURA	Base	$105.00	$105.00	
	Mileage	$6.00/per mi.	$6.00/per mi.	
	Emergency	$35.00	$35.00	
	Night	$30.00	$30.00	
	Oxygen	$25.00	$25.00	
	Standby	$80.00/per hr.	$80.00/per hr.	
	Advanced Life Support	----------	----------	
	Wheelchair	----------	----------	
YOLO	Base	$100.00	$42.50	
	Mileage	$6.00/per mi.	$1.75/per mi.	
	Emergency	$30.00	$5.00	
	Night	$25.00	$5.00	
	Oxygen	$20.00	$5.00	
	Standby	$55.00/per hr.	$25.00/per hr.	
	Advanced Life Support	$80.00*	----------	*EMT II base
	Wheelchair	----------	----------	
YUBA	Base	$87.50	----------	
	Mileage	$5.25/per mi.	----------	
	Emergency	$25.00	----------	
	Night	$25.00	----------	
	Oxygen	$25.00	----------	
	Standby	$50.00/per hr.	----------	
	Advanced Life Support	$35.00	----------	
	Wheelchair	----------	----------	