

**AMENDMENT NUMBER THREE OF AGREEMENT FOR
EMERGENCY GROUND AMBULANCE SERVICES
IN THE EXCLUSIVE OPERATING AREA BETWEEN
COUNTY OF SONOMA AND AMERICAN MEDICAL RESPONSE WEST**

On December 31, 2008, the County of Sonoma, a political subdivision of the State of California, (hereinafter “County”) and American Medical Response West (hereinafter “Contractor”) entered into an agreement for emergency ground ambulance service in the exclusive operating area, modified by the parties as modification number one, effective November 9, 2011, and modification number two, effective October 18, 2013 (hereinafter “Agreement”).

Pursuant to Section 21.7 (Merger) of the Agreement, the parties hereby evidence their intent and desire to modify the Agreement as follows:

1. Exhibit C.2 (Rate Schedule) is hereby added to the Agreement. Rates listed in Exhibit C.2 shall be effective beginning July 1, 2019 through June 30, 2020. The parties hereby agree that beginning July 1, 2020, and annually thereafter during the term of this Agreement and any extensions thereto, Contractor may request, and the County shall grant, an annual increase to the ambulance base rate and mileage rate equal to the greater of 1) the published increase over the most recent 12 months in the San Francisco-Oakland-San Jose area’s Consumer Price Index for All Urban Consumers (CPI-U) for all items or 2) the published increase over the most recent 12 months in the San Francisco-Oakland-San Jose area’s Consumer Price Index for All Urban Consumers (CPI-U) for medical care services, not seasonally adjusted, with a minimum increase of four percent (4.00%) and a maximum increase of five-and-a-half percent (5.50%). The annual increase in the CPI-U and the rate increases shall be calculated by rounding up or down to the closest hundredth of a percent. Any request for an increase under Section 1 of this amendment must be received by the County at least ninety (90) days prior to the effective date of the rate increase.

2. Extension of Agreement.

By execution of this Amendment Number 3, the parties agree to the extension of the Agreement through June 30, 2022. This Agreement may be further extended upon the mutual consent of the parties for two additional one year extension periods from July 1, 2022 through June 30, 2023 and July 1, 2023 through June 30, 2024.

To the extent possible, any decision regarding possible renewal of this Agreement or any extension thereof shall be made at least 18 months prior to the scheduled termination date so that a new bid process may be conducted on a schedule that will identify the new contractor and allow reasonable time for both outgoing and incoming contractors to plan and execute an orderly transition (transition period).

3. Section 4.2 End Term Equipment Replacement is hereby revised to read as follows:

4.2. End Term Equipment Replacement. EMS Agency recognizes that Contractor’s equipment replacement schedules cannot be made to coincide with EMS Agency’s procurement cycles. Contractor may find it difficult to arrange replacement of equipment toward the end of the contract term, unless special arrangements are made through the EMS Agency. To that end, Contractor may request a waiver of equipment replacement requirements during the following periods, provided Contractor can demonstrate a negative fiscal impact and that such waiver shall not compromise Contractor’s other performance

requirements set forth herein and shall not jeopardize public health and safety:

1) July 1, 2017 through June 30, 2019; 2) July 1, 2020 through June 30, 2022; and 3) any applicable extension period beginning July 1, 2022 or later.

Except as expressly modified herein, all terms and conditions of Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this modification to be duly executed by their authorized representatives this _____ day of _____, 2019.

AMERICAN MEDICAL RESPONSE WEST:

Edward Van Horne, President

Dated

COUNTY OF SONOMA:

Barbie Robinson, Director
Department of Health Services

Dated

Approved as to Form:

County Counsel

Dated

Exhibit C.2 - Rate Schedule

Procedure Code	Rate – Effective July 1, 2019
1150 - ALS BASE RATE	\$2,177.10
1151 - ALS BASE RATE	\$2,177.10
1152 - ALS BASE RATE	\$2,177.10
1171 - ALS BASE RATE	\$2,177.10
1250 - BLS BASE RATE	\$1,686.13
15000 - NON MEDICAL TRANSPORT	\$263.37
15001 - NON MEDICAL TRANSPORT R/T	\$263.37
2150 - ALS MILEAGE	\$46.43
2151 - ALS MILEAGE	\$46.43
2250 - BLS MILEAGE	\$46.43
2251 - BLS MILEAGE	\$46.43
25000 - NON MEDICAL TRANSPORT MILEAGE	\$11.52
2999 - NON COVERED EXCESS MILEAGE	\$46.43
3001 - OXYGEN	\$194.07
3002 - AIRWAY/NASAL	\$28.58
3003 - AIRWAY /ORAL	\$14.27
3004 - COLD/HOT PACK	\$27.96
3005 - CRICO/CREST SUPPLIES	\$65.32
3006 - DEFIB ELECTRODES	\$107.89
3007 - DRESSING - MAJOR	\$14.27
3009 - GLUCOMETER TEST SUPP	\$40.77
3010 - INTUBATION SUPPLIES	\$21.44
3016 - EKG ELECTRODES	\$42.60
3017 - O2 SUPPLIES/NEBULIZER	\$28.00
3018 - OB PACK	\$86.53
3022 - CERVICAL COLLAR	\$109.24
3023 - SUCTION TUBE	\$42.88
3025 - CO2 DETECTION SUPPLY	\$42.61
3027 - CERVICAL COLLAR PEDIATRIC	\$109.24
3028 - BURN SHEET	\$46.13
3031 - CANNULA	\$25.28
3032 - STYLETTE, DISPOSABLE	\$16.80
3034 - BLOOD SET	\$28.58
3037 - DEFIB/ELECTRODES ADULT	\$107.89
3038 - DEFIB/ELECTRODES PEDIATRIC	\$107.89
3041 - STA BLOCK HEAD IMMOBILIZER	\$21.58
3046 - DISPOSABLE SYRINGE	\$4.26
3055 - DISPOSABLE LINEN	\$3.36

Procedure Code	Rate – Effective July 1, 2019
3061 - BAG VALVE MASK	\$108.31
3062 - BANDAGES ROLLER	\$7.27
3063 - BANDAGES TRIANGULAR	\$14.27
3064 - BLANKET, DISPOSABLE	\$28.58
3074 - I.V. START PAK	\$87.78
3075 - INFUSION SET 3 WAY ADD A FLOW	\$10.14
3076 - INFUSION SET BLOOD SET WITH PU	\$51.92
3077 - INFUSION SET MICRO	\$28.84
3080 - INTRAOSSEOUS NEEDLE	\$327.72
3083 - NASOPHARYNGEAL AIRWAY	\$28.58
3085 - NEEDLES, ALL	\$11.19
3086 - NON-REBREATHER MASK	\$15.66
3090 - PETROLEUM GAUZE PADS	\$7.27
3092 - RESTRAINTS DISPOSABLE	\$29.23
3096 - SPLINT ARM	\$20.02
3097 - SPLINT LEG	\$20.02
3101 - SUCTION CATHETERS	\$54.65
3148 - NEBULIZER MASK	\$28.00
3149 - NEBULIZER MASK-PEDI	\$28.00
3151 - SUCTION CATH BIG STICK SSCOR	\$54.65
3152 - ENDOTRACHEAL TUBE	\$21.44
3153 - ENDOTRACHEAL TUBE W/O CUFF	\$21.44
3157 - DEFIB PADS	\$107.89
3171 - EXAM GLOVES	\$12.78
3172 - EKG ELECTRODES	\$42.60
3188 - MACRODRIP 10 GTT ABBOTT	\$10.22
3198 - KING AIRWAY/INTUBATION	\$218.38
3200 - ASPIRIN	\$7.29
4001 - ALBUTEROL NEBULIZER	\$26.72
4003 - ATROPINE	\$28.58
4007 - DEXTROSE 50%	\$48.89
4009 - EPI 1:10,000	\$42.88
4010 - GLUCAGON	\$255.62
4011 - EPI 1 1000 1MG 1CC	\$42.88
4013 - LASIX	\$42.88
4014 - LIDOCAINE 200	\$50.01
4017 - MORPHINE	\$28.58
4018 - NARCAN	\$42.88
4019 - NITROSPRAY	\$27.64

Procedure Code	Rate – Effective July 1, 2019
4030 - ADENOSINE	\$118.70
40450 - DEXTROSE 10%	\$62.68
4049 - INSTA GLUCOSE	\$51.41
40610 - FENTANYL CITRATE/SUBLIMAZE	\$28.58
4066 - STERILE WATER	\$29.80
4085 - DEXTROSE 25%	\$31.21
4086 - DOPAMINE	\$64.40
4093 - LIDOCAINE PRELOAD	\$50.01
4095 - NORMAL SALINE 1000CC	\$57.12
4096 - NORMAL SALINE 100CC	\$34.16
4104 - CETACAINE/HURRACAINE	\$118.70
4112 - ATROPINE SULFATE 1MG SYR	\$28.58
4113 - ATROPINE SULFATE 5MG SYR-PEDI	\$28.58
4114 - BENADRYL PRELD 50MG/1CC	\$28.58
4118 - AMIODARONE	\$49.68
4130 - ATROVENT	\$28.58
4132 - ZOFRAN/ONDANSETRON	\$42.88
4523 - NEOSYNEPHRINE	\$22.08
4524 - VERSED 10MG	\$41.96
4525 - VERSED 2MG	\$41.96
5009 - GLUCOMETER USE	\$40.77
5027 - PULSE OXIMETRY	\$25.57
5029 - EKG MONITOR	\$192.06
5029N - EKG MONITOR 12 LEAD	\$192.06
5030N - EKG MONITOR	\$192.06
5042 - ISOL/DECONTAMINATION	\$376.13
5079 - CPAP PROCEDURE/SUPPLIES	\$312.11
6040 - EMERGENCY	\$228.46
6060 - NIGHT CHARGE	\$138.72
6060N - NIGHT CHARGE	\$138.72