

King County

## **Meeting Agenda**

## **Regional Policy Committee**

Councilmembers: Pete von Reichbauer, Chair; Rod Dembowski, Girmay Zahilay Alternate: Sarah Perry

Sound Cities Association: Nancy Backus, Auburn, Vice Chair; Jay Arnold, Kirkland; Angela Birney, Redmond; Armondo Pavone, Renton Alternates: Dana Ralph, Kent; Debra Srebnik, Kenmore

> City of Seattle: Cathy Moore, Alexis Mercedes Rinck Alternates: Sara Nelson, Mark Solomon

> Lead Staff: Miranda Leskinen (206-263-5783) Committee Clerk: Angelica Calderon (206-477-0874)

3:00 PM	Wednesday, June 11, 2025	Hybrid Meeting

Hybrid Meetings: Attend the King County Council committee meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or to provide comment remotely are listed below.

Pursuant to K.C.C. 1.24.035 A. and F., this meeting is also noticed as a meeting of the Metropolitan King County Council, whose agenda is limited to the committee business. In this meeting only the rules and procedures applicable to committees apply and not those applicable to full council meetings.

HOW TO PROVIDE PUBLIC COMMENT: The Regional Policy Committee values community input and looks forward to hearing from you on agenda items.

The Committee will accept public comment on items on today's agenda in writing. You may do so by submitting your written comments to kcccomitt@kingcounty.gov. If your comments are submitted before 2:00 p.m. on the day of the meeting, your comments will be distributed to the committee members and appropriate staff prior to the meeting.



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355). TTY Number - TTY 711.

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**RPC** Meeting Materials

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June 11, 2025

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3) Listen to the meeting by telephone.

Dial: 1 253 215 8782 Webinar ID: 827 1647 4590

To help us manage the meeting, please use the Livestream or King County TV options listed above, if possible, to watch or listen to the meeting.

- 1. Call to Order
- 2. <u>Roll Call</u>

To show a PDF of the written materials for an agenda item, click on the agenda item below.

#### 3. <u>Approval of Minutes</u>

Minutes of May 14, 2025 meeting. p. 4

#### Briefing

4. <u>Briefing No. 2025-B0090</u> (No materials)

Briefing on Regional Organics Management



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**RPC** Meeting Materials

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#### **Discussion and Possible Action**

#### 5. <u>Proposed Ordinance No. 2025-0119.2</u> **p. 9**

AN ORDINANCE relating to the funding and provision of Medic One emergency medical services; providing for the submission to the qualified electors of King County, at special election on November 4, 2025, of a proposition to fund the countywide Medic One emergency medical services by authorizing the continuation of a regular property tax levy for a consecutive six year period, for collection beginning in 2026, at a rate of \$0.25 or less per \$1,000 of assessed valuation, to provide for Medic One emergency medical services.

Sponsors: Dunn, Dembowski, Quinn and Balducci

Gene Paul and Olivia Brey, Council staff

All versions of Proposed Ordinance 2025-0119 are before the committee for consideration.

#### 6. <u>Proposed Ordinance No. 2025-0118.2</u> **p. 9**

AN ORDINANCE accepting and approving the Medic One/Emergency Medical Services 2026-2031 Strategic Plan submitted by the executive.

Sponsors: Dunn, Dembowski, Quinn and Balducci

Gene Paul and Olivia Brey, Council staff

All versions of Proposed Ordinance 2025-0118 are before the committee for consideration.

#### **Other Business**

#### Adjournment



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## King County

## **Meeting Minutes**

## **Regional Policy Committee**

Councilmembers: Pete von Reichbauer, Chair; Rod Dembowski, Girmay Zahilay Alternate: Sarah Perry

Sound Cities Association: Nancy Backus, Auburn, Vice Chair; Jay Arnold, Kirkland; Angela Birney, Redmond; Armondo Pavone, Renton Alternates: Dana Ralph, Kent; Debra Srebnik, Kenmore

City of Seattle: Cathy Moore, Alexis Mercedes Rinck Alternates: Sara Nelson, Mark Solomon

Lead Staff: Miranda Leskinen (206-263-5783) Committee Clerk: Angelica Calderon (206-477-0874)

3:00 PM

Wednesday, May 14, 2025

**Hybrid Meeting** 

#### **DRAFT MINUTES**

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#### 1. <u>Call to Order</u>

Chair von Reichbauer called the meeting to order at 3:00 p.m

#### 2. Roll Call

Present: 8 - Arnold, Backus, Dembowski, Pavone, von Reichbauer, Mercedes Rinck, Zahilay and Ralph

Excused: 2 - Birney and Moore

#### 3. Approval of Minutes

Mayor Backus moved approval of the April 3, 9 and 29, 2025 Special meeting minutes. There being no objections, the minutes were approved.

#### Briefing

#### 4. Briefing No. 2025-B0074

Update on Cedar Hills

#### This matter was Deferred

#### 5. Briefing No. 2025-B0070

Solid Waste Rates Briefing: Capital Program Rate Impacts

Ben Thompson, Audit Director, King County Council Auditor's Office gave open remarks and answered questions from the members. Zainab Nejati, Capital Projects Analyst, King County Auditor's Office, briefed the committee via PowerPoint presentation and answered questions from the members. This matter was Presented

#### 6. Briefing No. 2025-B0071

EMS levy renewal proposal

Gene Paul and Olivia Brey, Council staff, briefed the Committee and answered questions from the members.

This matter was Presented

### **Other Business**

There was no other business to come before the Committee.

## Adjournment

The meeting was adjourned at 3:37 p.m.

Approved this \_\_\_\_\_ day of \_\_\_\_\_

Clerk's Signature



## **Regional Policy Committee**

June 11, 2025

Agenda Item No. 4 Briefing No. 2025-B0090

**Briefing on Regional Organics** 

There are no materials for this item.



## Metropolitan King County Council Regional Policy Committee

## STAFF REPORT

Agenda Item:	5&6	Name:	Gene Paul Olivia Brey
Proposed No.:	2025-0118.2 2025-0119.2	Date:	June 11, 2025

## <u>SUBJECT</u>

**Proposed Ordinance 2025-0119**: An Ordinance relating to the placement of a proposition on the November 4, 2025, ballot to authorize a six-year property tax levy to support countywide Medic One/Emergency Medical Services to residents of Seattle and King County through a regional response system.

**Proposed Ordinance 2025-0118**: An Ordinance to accept and approve the 2026-2031 Medic One/Emergency Medical Services Strategic Plan.

## <u>SUMMARY</u>

The King County Medic One/Emergency Medical Services (EMS) system is primarily funded with a countywide, voter-approved EMS levy. The current levy expires at the end of 2025.

**Proposed Ordinance 2025-0119**, if approved by Council,<sup>1</sup> would place on the November 4, 2025, ballot a proposition authorizing a six-year property tax levy that would generate approximately \$1.4 billion (including Seattle) in levy proceeds during the levy period to support the King County Medic One/EMS system.

The initial levy rate is proposed at \$0.250 per \$1,000 assessed value (AV) based on the August 2024 economic forecast. For the owner of a home with a  $844,000 \text{ AV},^2$  the annual levy cost would be \$211 in 2026.<sup>3</sup>

**Proposed Ordinance 2025-0118**, if approved, would accept and approve the proposed 2026-2031 Medic One/EMS Strategic Plan. The proposed EMS Strategic Plan is the

<sup>&</sup>lt;sup>1</sup> Per <u>RCW 82.52.069</u>, for countywide levies, a majority of at least 75% of cities over 50,000 in population must approve the levy proposal in order for a countywide EMS levy to be placed on the ballot.

<sup>&</sup>lt;sup>2</sup> The assessed value of a median valued home in 2024 is \$844,000, according to the <u>King County</u> <u>Assessor's Office</u>.

<sup>&</sup>lt;sup>3</sup> For comparison, at the current EMS levy rate in 2025 (\$0.265 per \$1,000 AV) the cost for the same homeowner would be \$223 for 2026.

primary policy and financial document that would direct the Medic One/EMS system from 2026 to 2031, and it forms the basis for the levy renewal proposal, Proposed Ordinance 2025-0119, that the Council would ask voters to approve.

Proposed Ordinance 2025-0119, as amended, and Proposed Ordinance 2025-0118, as amended, were passed out of the Budget and Fiscal Management (BFM) Committee on May 28, 2025. See the "Summary of Adopted BFM Amendments" section of this staff report for details on the changes made between Versions 1 and 2.

Updates to the staff report since the May 14, 2025, meeting are in blue font.

## BACKGROUND

**King County EMS System.** King County's Medic One/Emergency Medical Services (EMS) system provides residents of Seattle and King County with life-saving prehospital emergency care through an internationally recognized, tiered regional response system. This system relies upon coordinated partnerships with fire departments, paramedic agencies, dispatch centers, hospitals, and education programs.

The City of Seattle operates and funds a Medic One emergency services program that is separate from the County program but is part of the regional EMS delivery system. All EMS levy proceeds collected from taxable property within the City of Seattle are reimbursed and transferred to the City, per an interlocal agreement between the County and the City,<sup>4</sup> and used solely for the Seattle Medic One EMS program, which is coordinated through Seattle Fire Department.

The use of a tiered response system ensures the most appropriate care provider responds to each 9-1-1 call. The tiered regional Medic One/EMS system consists of five major components:

- 1. Access to EMS System: A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for medical assistance. Bystanders' reactions and rapid responses to the scene can greatly impact the chances of patient survival. The EMS Division offers programs to King County residents to train them to administer life-saving treatments on the patient until providers arrive.
- 2. *Triage by Dispatcher*: Calls to 9-1-1 are received and triaged by professional dispatchers at one of four dispatch centers, who determine the most appropriate level of care needed. Dispatchers are trained to provide pre-arrival instructions for most medical emergencies and guide the caller through providing life-saving steps, including cardiopulmonary resuscitation (CPR) and using an automated external defibrillator (AED) until the Medic One/EMS provider arrives.
- 3. *First Tier of Response Basic Life Support (BLS) Services*: BLS personnel, usually first to arrive on scene, provide immediate basic life support medical care

<sup>&</sup>lt;sup>4</sup> The current ILA with the City of Seattle (<u>King County – File #: 2019-0472</u>) expires in 2025. According to Executive staff, the City of Seattle is aware and working on a renewal of the current ILA. The transmittal date is unknown.

that includes advanced first aid and CPR/AED to stabilize the patient.<sup>5</sup> Emergency medical technicians (EMTs) are staffed by firefighters and receive 190 hours of BLS training. EMTs are certified by the state and are required to complete ongoing training to maintain their certification.

- 4. Second Tier of Response Advanced Life Support (ALS) Services: Paramedics provide out-of-hospital emergency care and usually arrive second on the scene to provide emergency care for life-threatening injuries and illness. Regional paramedic services are provided by five agencies<sup>6</sup> operating 27 medic units throughout King County.<sup>7, 8</sup> Paramedics receive more than 2,500 hours of intensive training through the University of Washington/Harborview Medical Center Paramedic Training Program.
- 5. *Additional Medical Care*: Once a patient is stabilized, it is determined whether transport to a hospital or clinic for further medical attention is needed. Transport is most often provided by an ALS or BLS agency, private ambulance, or taxi/ride-share options for lower-acuity situations.

In addition to these components of the system, the EMS Division of Public Health – Seattle King County (PHSKC) oversees strategic initiatives and regional services. These core programs and services provide for regional coordination and consistent quality across all jurisdictions in King County. Regional services include program supervision, BLS EMT staff training, dispatch training, medical data collection and analysis, financial oversight, contract administration, and division management. The EMS Division regularly integrates strategic initiatives that are aimed at preventing/reducing emergency calls and improving the quality of the services.

Additionally, the EMS Advisory Committee, which has provided guidance to the EMS Division since 1997 on regional Medic One/EMS policies and practices in King County, monitors the implementation of strategic initiatives and medic unit recommendations.

**Funding of EMS Services.** The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. State law authorizes EMS levies and stipulates that revenues collected may only be used for EMS operations and support purposes.<sup>9</sup> This type of levy is considered an excess levy and is collected outside the \$1.80 limit for county taxing authority and the \$5.90 limit for the maximum aggregate rate of \$5.90 per

<sup>&</sup>lt;sup>5</sup> Some non-emergent calls may be referred to a nurse line for medical advice and additional care instructions in lieu of dispatching EMS resources.

<sup>&</sup>lt;sup>6</sup> Bellevue Medic One, King County Medic One, Northeast King County Medic One (Redmond), Seattle Medic One, and Shoreline Medic One.

 <sup>&</sup>lt;sup>7</sup> ALS services are provided to the Skykomish and King County Fire District 50 area, from Baring to Stevens Pass, through a contract with Sky Valley Fire (formerly known as Snohomish Fire District #26).
 <sup>8</sup> <u>Ordinance 18479</u>, enacted in March 2017, approved a Memorandum of Agreement (MOA) regarding the merger of Vashon Island's advanced life support paramedic services into the KCM1 program, and <u>Ordinance 18495</u>, enacted in April 2017, approved a corresponding transition MOA.

<sup>&</sup>lt;sup>9</sup> <u>RCW 84.52.069(5)</u> states that "Any tax imposed under this section [RCW 84.52.069] may be used only for the provision of emergency medical care or emergency medical services, including related personnel costs, training for such personnel, and related equipment, supplies, vehicles and structures needed for the provision of emergency medical care or emergency medical services."

\$1,000 of assessed value for counties, cities, fire districts, library districts, and certain other junior taxing districts.<sup>10</sup> In other words, an EMS levy does not impact (i.e., through prorationing) the capacity of taxing districts whose levies are collected within the \$5.90 limit.

Under RCW 84.52.069, EMS levies are permitted to be approved for six years, ten years, or on a permanent basis. EMS levies in King County have typically been approved for six-year periods. Past levy periods and rates are shown in Table 1.

Table 1. EMS Levy History		
Levy Period	Starting Rate per \$1,000 AV	
2019 – 2025	\$0.265	
2014 – 2019	\$0.335	
2008 – 2013	\$0.300	
2002 – 2007	\$0.250	
1999 – 2001 <sup>11</sup>	\$0.290	
1992 – 1997	\$0.250	
1986 – 1991	\$0.250	
1980 – 1985	\$0.210	

## Table 4 EMC Laure Hatam

2020-2025 EMS Levy. The current EMS levy rate was approved by voters in the November 2019 General Election at a levy rate not to exceed \$0.265 per \$1,000 AV. Levy revenues for the 2020-2025 are anticipated to total approximately \$1.1 billion over the six-year collection period, providing annual revenues of approximately \$169 million (2020 collections) to \$192 million (2025 projections, based on March 2025 Office of Economic and Financial Analysis [OEFA] forecast). Annual levy amounts and rates for the current levy are identified in Table 2.12

#### Table 2. 2020-2025 EMS Levy Annual Tax Collections Per the March 2025 OFFA Forecast

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Amount	\$169,415,530	\$173,903,481	\$178,625,807	\$183,314,814	\$187,581,907	\$191,836,242
Rate <sup>13</sup>	\$0.265	\$0.265	\$0.24841	\$0.20922	\$0.22678	\$0.22146
	2020-2025 Projected Net Total EMS Levy Proceeds					
\$1,084,677,781						

The 2020-2025 EMS levy expires December 31, 2025.

**EMS Levy Renewal Planning.** Overseeing the development and vetting of the Medic One/EMS levy is the EMS Advisory Task Force. This 20-body group consists of elected officials from the county, cities, and fire districts, representing those who administer,

<sup>&</sup>lt;sup>10</sup> RCW 84,52,043

<sup>&</sup>lt;sup>11</sup> In the fall of 1997, voters failed to approve a six-year levy for Medic One. In February 1998, a threeyear EMS levy was approved by the voters, which provided for the second half of 1998 expenditures and for the ensuing three years (1999-2001).

<sup>&</sup>lt;sup>12</sup> These calculations exclude the City of Milton, as the portion of the city within King County is excluded from the county's EMS levy through an exemption in state law (RCW 84.52.069(10)).

<sup>&</sup>lt;sup>13</sup> Actual rate values are shown from the King County Assessor Annual Statistical Reports.

authorize, and are served by the system.<sup>14, 15</sup> The Task Force was charged with reviewing and endorsing the Medic One/EMS program recommendations and a supporting levy rate. The EMS Advisory Task Force convened on February 15, 2024, beginning the levy renewal planning process.

The Task Force formed four subcommittees to conduct the bulk of the program and cost analyses. The subcommittees concentrated on the different program areas of ALS, BLS, Regional Services, and Finance. Each subcommittee, chaired by an EMS Advisory Task Force member, included additional subject matter experts from all aspects of the Medic One/EMS system. The subcommittees met regularly to determine system needs and priorities. Subcommittees reported back to the Task Force every two or three months.

On September 26, 2024, the Task Force endorsed the programmatic and financial recommendations that informed the proposed Strategic Plan and renewal levy proposal transmitted to Council by the Executive.

*Task Force Recommendations.* The recommended financial plan from the Task Force, based on the August 2024 financial forecast, would support a six-year EMS budget (2026-2031) with a levy rate of \$0.250 per \$1,000 AV and was forecasted to generate approximately \$1.5 billion during the levy period.

An overview of the	Task Force subcor	nmittee recommenda	ations is provided	in Table 3.
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	5. Task Force Subcommittee Recommendations**			
Subcommittee	Recommendation			
ALS	<ol> <li>Continue the unit allocation to fund ALS and maintain the current level of ALS service</li> </ol>			
	<ol><li>Establish a placeholder in the financial plan to potentially fund an additional unit if needed</li></ol>			
	<ol><li>Continue to use reserves and contingencies to cover costs outside the allocation</li></ol>			
	4. Continue contracting with Sky Valley Fire			
	5. Continue support for ALS-based programs that support the region			
BLS	<ol> <li>Increase BLS funding to offset costs of providing EMS services, including Mobile Integrated Healthcare (MIH)</li> </ol>			
	7. Inflate funding annually			
	<ol> <li>Incorporate the BLS training and quality improvement program funding into the BLS Basic Allocation</li> </ol>			
	<ol> <li>Distribute new BLS funding and annual increases using a more equitable methodology</li> </ol>			

Table 3. Task Force Subcommittee Recommendations<sup>16</sup>

<sup>&</sup>lt;sup>14</sup> According to Executive staff, the EMS Advisory Task Force was originally created in 2007 through <u>Ordinance 15862</u> and modified most recently through Executive Order PHL-9-1-EO in 2017.

<sup>&</sup>lt;sup>15</sup> A list of the task force members can be found on page 3 of the EMS Strategic Plan, which is contained in Attachment 1 to this staff report.

<sup>&</sup>lt;sup>16</sup> Notes and presentations from September 26, 2024, Task Force Meeting

	10. Support mental wellness and Diversity, Equity, Inclusion
	(DEI)/Equity, Racial and Social Justice effort (ERSJ)
	11. Develop exceptions for the use of MIH restricted funds
Regional Services & Strategic Initiatives	12. Continue delivering programs that provide essential support to the system
	13. Enhance programs to meet regional needs
	14. Maintain and develop strategic initiatives that leverage
	previous investments to improve patient care
Finance	15. Conduct a risk analysis to determine the appropriate reserve funding
	16. Support the programmatic recommendations developed by the other subcommittees
	17. Support the level of supplemental/economic reserves in the financial plan
	18. Support forwarding the Updated Initial Proposed Financial Plan

## **ANALYSIS**

## 2026-2031 EMS Renewal Levy Proposal (PO 2025-0119) - Overview

The transmitted 2026-2031 levy proposal (Proposed Ordinance 2025-0119) puts forward a levy of 25-cents or less per \$1,000 of assessed valuation for six years. The forecast and levy rates for subsequent years projected for the proposed levy were expected to generate approximately \$1.47 billion in property tax over the six-year collection period.<sup>17</sup> This estimate was based on the August 2024 OEFA forecast, which was the latest available while the EMS Advisory Task Force was working on the levy plan. The OEFA forecast from March 2025 projects \$46.9 million less during that same six-year period for an estimated total of \$1.42 billion in property tax.<sup>18</sup>

Due to the limitations of state law,<sup>19</sup> total property tax collections in the county cannot exceed an increase of more than one percent per year plus new construction; if assessed values were to grow at a rate higher than one percent, as is projected over the life of the proposed levy, the levy rate would reduce to not exceed the allowed amount under state law. The estimated annual net levy amounts and rates for each of the six years are identified in Table 4. The table includes the data in the proposed Strategic Plan, which used the August 2024 OEFA forecast, and data from the March 2025 OEFA forecast.<sup>20</sup>

<sup>&</sup>lt;sup>17</sup> Based on the August 2024 OEFA forecast and levy rates varying from .245 to .224 cents (Page 63 of proposed Strategic Plan).

<sup>&</sup>lt;sup>18</sup> March 2025 OEFA EMS Property Tax Forecast.

<sup>&</sup>lt;sup>19</sup> <u>RCW 84.55</u>.

<sup>&</sup>lt;sup>20</sup> These calculations exclude the City of Milton, as the portion of the city within King County is excluded from the county's EMS levy through an exemption in state law (<u>RCW 84.52.069(10)</u>).

# Table 4. Estimated Property Tax Collections for Proposed EMS Levy at 25 Cents perAugust 2024 and March 2025 Economic Forecasts

	2026	2027	2028	2029	2030	2031	Total
Aug. 2024 Estimated Levy Rate	\$0.2500	\$0.24502	\$0.23994	\$0.23488	\$0.22918	\$0.22414	
Aug. 2024 Estimated Revenues	\$231.146 M	\$237.046 M	\$242.415 M	\$247.862 M	\$253.383 M	\$259.008 M	\$1.470 B
March 2025 Estimated Revenues	\$225.090 M	\$230.462 M	\$235.080 M	\$239.706 M	\$244.406 M	\$249.183 M	\$1.423 B

**Summary of Levy Proposal Sections.** Proposed Ordinance 2025-0119 consists of twelve sections as follows:

<u>SECTION 1. Approval of cities over 50,000 in population</u>. Per RCW 84.52.069, approval to place this countywide EMS levy proposal on the November 4, 2025, ballot will be obtained from the legislative authority of a majority of at least three-fourths of cities over 50,000 in population. <sup>21, 22</sup> As of June 3, 2025, nine of the 11 cities with populations over 50,000 have approved resolutions endorsing placing the levy on the ballot. This meets the 75 percent threshold.

<u>SECTION 2. Definitions</u>. The following are defined terms in the proposed ordinance, which were defined the same way for the previous levy:

*County:* Refers to King County.

*Levy:* The levy of regular property taxes, for the specific purpose and term provided in this ordinance and authorized by the electorate in accordance with state law.

*Levy Proceeds:* The principal amount of monies raised by the levy, any interest earnings on the funds and the proceeds of any interim financing following authorization of the levy.

<u>SECTION 3. City of Seattle reimbursement.</u><sup>23</sup> Section 3 identifies that the City of Seattle's Medic One emergency services program is separate from the County program but part of the regional delivery system, and directs that all EMS levy proceeds collected within the legal boundaries of the City of Seattle shall be reimbursed and transferred to

<sup>&</sup>lt;sup>21</sup> Prior to a 2018 change in state law (Chapter 136, Laws of 2018), approval to place a countywide EMS levy proposal on the ballot was required from every city in the county with a population in excess of 50,000.

<sup>&</sup>lt;sup>22</sup> Cities in King County with a population over 50,000: Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle and Shoreline.

<sup>&</sup>lt;sup>23</sup> Of historical note, all levy proceeds collected in Seattle are reimbursed and transferred to the city per an agreement with the County in place since the establishment of the countywide EMS levy. All other levy proceeds are deposited into the County Emergency Medical Services Fund, which is also identified in Section 5 of PO 2025-0119 (Deposit of Levy Proceeds).

the city and used solely for the Seattle Medic One EMS program in accordance with RCW 84.52.069.

<u>SECTION 4. Levy submittal to voters</u>. Section 4 specifies the levy period as six consecutive years, with collection beginning in 2026 at a rate not to exceed \$0.25 per \$1,000 AV. This section also states that this levy is exempt from the \$5.90 limit under RCW 84.52.043, but that it is subject in years two through six to the limitations imposed under RCW 84.55 (i.e., one percent plus the value of new construction).

<u>SECTION 5. Deposit of levy proceeds</u>. Except for the levy proceeds transferred to the City of Seattle, all levy proceeds would be deposited into the County EMS Fund.

<u>SECTION 6. Eligible Expenditures</u>. If approved by voters, all proceeds of the levy authorized in this ordinance would be used in accordance with RCW 84.52.069 (Emergency Medical Care and Service Levies).

<u>SECTION 7. Call for special election</u>. Section 7 calls for a special election to be held in conjunction with the general election on November 4, 2025. This section also includes draft ballot measure language.

<u>SECTION 8. Interlocal agreement</u>. Section 8 authorizes and directs the County Executive to enter into an Interlocal Agreement (ILA) with the City of Seattle relating to the Medic One program, to implement the provisions of Section 3 of this ordinance. Of note, the current ILA expires at the end of 2025, so a new ILA is expected to be transmitted for County Council approval (subsequent to Seattle City Council approval).

<u>SECTION 9. Local voters' pamphlet</u>. Section 9 indicates that the Director of Elections is authorized and requested to prepare and distribute a local voters' pamphlet, pursuant to King County Code 1.10.010, for the special election called for in the ordinance. This section specifies that the cost of the pamphlet is included as part of the election cost.

<u>SECTION 10. Exemption</u>. Section 10 states that the property taxes authorized by the levy would be included in the real property tax exemption program authorized by RCW 84.36.381, which exempts some seniors, disabled individuals, and veterans.

<u>SECTION 11. Ratification</u>. Section 11 ratifies and confirms certification of the proposition by the Council Clerk to the Director of Elections.

<u>SECTION 12. Severability</u>. Section 12 states that if any provision of the ordinance is held invalid, the remaining provisions or the application of the provisions to other persons or circumstances would not be affected.

## 2026-2031 Proposed EMS Strategic Plan (PO 2025-0118) - Overview

Proposed Ordinance 2025-0118 would accept and approve the proposed 2026-2031 Medic One/EMS Strategic Plan, which is the primary policy and financial document for the EMS system. The plan defines the roles, responsibilities, and programs for the system and establishes a levy rate to fund these approved functions. It is based on the planning efforts and recommendations of the EMS Advisory Task Force. As stated in

the proposed ordinance, the recommendations contained in the Strategic Plan would inform and update the provision of emergency medical services throughout King County until 2031. Throughout the levy period, if approved by voters, members of the EMS Advisory Committee would convene on a quarterly basis to review implementation of the Strategic Plan and other proposals, including strategic initiatives and medic unit recommendations.

The following table summarizes how the 2020-2025 and 2026-2031 Strategic Plans recommended allocating the County EMS levy funds:

Program Area	2020-2025 Percentage of EMS Expenditures	2026-2031 Percentage of EMS Expenditures
Advanced Life Support (ALS) Services	59	56
Basic Life Support Services (BLS), including	27	30
Mobile Integrated Healthcare (MIH)		
Regional Support Services	13	13
Strategic Initiatives	1	1

# Table 5. Comparison of 2020-2025 and 2026-2031 EMS Strategic PlanExpenditure Allocations

The following sections describe the program areas and recommended spending allocations in greater detail.

**Advanced Life Support (ALS).** As of 2024, there are 27 medic units in Seattle and King County managed by five area agencies.<sup>24</sup> Four of the agencies are fire-based with firefighters trained as paramedics; King County Medic One operates as a paramedic-only agency. A paramedic unit is typically staffed by two paramedics and provides service 24-hours per day, 365 days per year.

The standard unit allocation is the basis for funding each full-time, 24-hour medic unit and is based on fully covering eligible ALS-related expenses to prevent cost-shifting to agencies. During the 2020-2025 levy planning process, the unit allocation methodology was revised to accommodate different types of costs and is divided into four parts: Medic Unit Allocation, Program/Supervisory Allocation, ALS System Allocation, and Equipment Allocation. This methodology was maintained in the development of the 2026-2031 Strategic Plan, with slight adjustments, to ensure fair and equitable distribution of funds across agencies.

Total projected ALS service expenses for the County EMS fund during the 2026-2031 levy period are approximately \$511.8 million.

<sup>&</sup>lt;sup>24</sup> Units may respond to areas where the municipal boundaries or the fire agency's response district crosses into neighboring counties. According to the proposed Strategic Plan, if service into these areas exceeds established levels, the receiving jurisdictions reimburses for such services as outlined in EMS policies.

**Basic Life Support (BLS).** The EMS levy, since the first levy, has provided BLS agencies<sup>25</sup> with an allocation to offset costs of providing EMS services and was never intended to fully fund BLS. Agencies use the allocation to pay for a variety of EMS-specific items including personnel, equipment, and supplies.

For the 2026-2031 levy period, the proposed EMS Strategic Plan includes a recommendation to increase the first year's allocation by \$3 million, in addition to the standard Consumer Price Index inflator, to reflect the growth in inflation, population, and BLS responsibilities. Additionally, a change to the allocation methodology for the first year's increased funding and future annual increases was recommended to more equitably distribute funding towards agencies with higher call volumes, based on the experiences during the current levy period.<sup>26</sup>

Total projected BLS service expenses for the County EMS fund during the 2026-2031 levy period are approximately \$223.9 million.

*Mobile Integrated Healthcare (MIH).* The MIH program, for individuals who are referred by dispatched BLS units, deploys multidisciplinary teams to connect those individuals with appropriate local area health and social services for non-emergency 9-1-1 calls. The teams focus on identifying the root causes of frequent non-urgent use of emergency medical services and aims to reduce unnecessary emergency department visits and alleviate BLS agency responses for non-emergency calls. According to Executive staff, there are currently 11 MIH programs in operation that cover much of King County and each program is uniquely tailored to the communities it serves.

The proposed EMS Strategic Plan strongly recommended the need to maintain support for the MIH program during the 2026-2031 levy period and increase the first year's funding allocation by \$2 million to support increasing connections with service providers, expanding MIH's role in mitigating the opioid epidemic's impact on communities, supporting personnel mental health, and refining data collection. A total of \$50 million for the 6-year levy period is proposed to be allocated to the MIH program, an increase of 92 percent of funding from the previous levy period. Like the BLS allocation, a change to the allocation methodology was also recommended to more equitably distribute funding towards programs with higher call volumes.

Total projected MIH service expenses during the 2026-2031 levy period are approximately \$50 million.

**Regional Services & Strategic Initiatives.** Regional Services are programs that support the direct service and key elements of the Medic One/EMS system. Examples of regional services include EMT and dispatch training, EMT and paramedic continuing

<sup>&</sup>lt;sup>25</sup> There are 23 fire agencies that provide BLS services throughout the region; however, the levy provides partial funding to 21 BLS agencies and does not provide funding to the City of Seattle and the Port of Seattle Fire Departments.

<sup>&</sup>lt;sup>26</sup> The current distribution methodology, in use since the 2008-2013 levy span, allocates funding to agencies based 50% on call volume, and 50% on AV. In developing the new methodology, it was identified that call volumes are associated with need, and need is often a reflection of inequitable access to care in the community. The new distribution will be based on 60% call volume and 40% AV.

education, collective paramedic service planning, and administrative support and financial management of the regional EMS Levy Fund.<sup>27</sup>

Strategic Initiatives are innovative pilot programs and operations aimed to improve the quality of Medic One/EMS services. Strategic Initiatives are continually assessed, may be reconfigured based on emergent needs, and may be transitioned into regional services as ongoing programs if proven successful. Strategic Initiatives that were funded in prior levy periods and are recommended to continue include EMS Community Health Outreach (ECHO)<sup>28</sup> and Pioneering Research for Improved Medical Excellence (PRIME).<sup>29</sup>

Total projected expenses during the 2026-2031 levy period are approximately \$124.8 million for Regional Services expenses and approximately \$8.4 million for Strategic Initiatives expenses. A list of Regional Services activities planned for the 2026-2031 levy, if approved, is provided in Appendix A of the proposed Strategic Plan.

A summary of programmatic recommendations from the proposed 2026-2031 EMS Strategic Plan is provided in Table 6.

ALS Program Allocations	Consistent with Task Force Recommendation in Table 3
Maintain current level of ALS Service (19 medic units for King County; 8 medic units for Seattle)	1, 4
Zero additional units planned \$15.8 million "placeholder" reserve to fund a 12-hour medic unit during the last 2 years of the levy span, if needed <sup>30</sup>	1, 2
<ul> <li>Determine costs using the unit allocation methodology, consisting of:         <ul> <li>Medic Unit Allocation includes direct paramedic service costs (paramedic salaries, benefits, medical supplies, pharmaceuticals, vehicle operations and maintenance, etc.)</li> <li>Program/Supervisory Allocation includes costs related to the management and supervision of direct paramedic services (administration, finances, analysis, etc.).</li> </ul> </li> </ul>	1

# Table 6. Proposed 2026-2031 EMS Strategic Plan ProgrammaticRecommendations Summary

<sup>&</sup>lt;sup>27</sup> The EMS Division of PHSKC is responsible for managing the levy fund in accordance with the EMS Strategic Plan, the EMS Financial Plan, EMS financial policies, and ordinances and motions as adopted by the County Council. EMS Division responsibilities include the review and evaluation of allocations and management of the Regional Services and Strategic Initiatives, contingencies, and reserves as reflected in EMS Strategic Plan, the EMS Financial Plan, and associated County ordinances.

<sup>&</sup>lt;sup>28</sup> Formerly called Vulnerable Populations, which aimed to improve interactions between EMS and historically underserved communities.

<sup>&</sup>lt;sup>29</sup> Formerly called Accelerating Evaluation and Innovation: an Opportunity for Unprecedented Quality Improvement (AEIOU), which focused on technological work between regional partners.

<sup>&</sup>lt;sup>30</sup> This is a \$4.2 million increase for the "placeholder" medic unit compared to the 2020-2025 EMS levy. Executive staff noted that the increase is primarily due to inflation, as well as fully funding equipment costs.

<ul> <li>ALS System Allocation addresses costs that can vary during the levy period (paramedic student costs, dispatch, whole blood, medical direction, etc.)</li> <li>Equipment Allocation includes equipment with a lifespan of more than a year (medic units, staff vehicles, defibrillators, stretchers, etc.)</li> </ul>	
Average Unit Allocation over span of levy: \$4.1 million <sup>31</sup>	
2 Reserve/Contingency categories to cover ALS-specific unanticipated,	
one-time expenses:	
Operational Contingencies includes PTO amounts, other cost	2 17
increases, and unplanned expenses	3, 17
Programmatic Reserves includes ALS equipment reserves and	
capacity reserves (new unit, facility reservations, etc.)	
Support two ALS-based programs that benefit the regional system:	
ALS support of BLS activities	<b>_</b>
Having paramedics guide and train students at Harborview's	5
Paramedic Training Program	

BLS Program Allocations	Consistent with Task Force Recommendation in Table 3
Consolidate BLS training and quality improvement funding into the Basic BLS allocation; remove requirements that it be spent on quality improvement activities	8
Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% call volumes and 40% assessed valuation	6, 9

MIH Program Allocations	Consistent with Task Force Recommendation in Table 3
Provide \$50 million over the levy period for MIH	6
Distribute new funding in the first year across all agencies using new BLS allocation methodology of 60% call volumes and 40% assessed valuation	9, 11

Regional Service and Strategic Initiative Program Allocations	Consistent with Task Force Recommendation in Table 3
Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships	12

<sup>&</sup>lt;sup>31</sup> This is a \$0.9 million increase in the average unit allocation from the 2020-2025 EMS levy. As indicated by Executive staff, the increase above inflation includes funding to cover increased number of paramedic students and equipment.

Enhance programs to meet regional needs	13
Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes including:	
<ul> <li>Continue implementing next stages of ECHO (formerly Vulnerable Populations) and PRIME (formerly AEIOU)</li> </ul>	12, 14
<ul> <li>Develop 1 new initiative focused on Emergency Medical</li> </ul>	
Dispatch	
Support King County Fire Chiefs Association proposals promoting mental wellness and ERSJ/DEI	10

Inflator	Consistent with Task Force Recommendation in Table 3
All programs, <b>except for the ALS equipment allocation</b> , are proposed to be increased by the local CPI-W + 1%. <sup>32</sup> ALS equipment allocation inflator is proposed as the Producer Price Index.	7

## Finance – Overview

*Planning Forecast and Assumptions.* The EMS Levy financial plan was prepared in 2024 and based on "a post-pandemic economic recovery, which stabilized the economy after a period of high inflation and increased mortgage rates."<sup>33</sup> The financial plan, based on OEFA forecasting from that time, assumed lower inflation with rates stabilizing at less than three percent in 2027 and 2028 and the gradual lowering of mortgage rates. Additionally, the financial plan assumed that residential assessed values would continue to increase at rates higher than commercial properties and that commercial assessed value outside of Seattle would remain more stable, which had the combined result of reducing Seattle's percentage of the property tax.

*Finance Subcommittee Recommendations on Risk and Reserves.* Because the 2020-2025 levy period was one of high inflation and dynamic assessed values, the Finance Subcommittee recommended that the levy's financial plan continue to include economic/supplemental reserves to cover for potential reduced tax revenues or increased expenses. These economic/supplemental reserves are in addition to programmatic and rainy day reserves consistent with County financial policies.

To determine the amount of economic/supplemental reserves, the Finance Subcommittee examined three potential ways that property tax revenues could be reduced: reduced AV, reduced new construction, and a change in the proportion of revenues between Seattle and the County EMS Fund. The subcommittee also considered increased inflation for expenses. The combined range of least to most pessimistic impacts for these four factors on the King County EMS Fund was a

<sup>&</sup>lt;sup>32</sup> Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) plus 1%. The CPI assumptions used in the financial plan were provided by King County's Office of Economic Forecast. The 1% added to CPI acknowledges expenses, such as step increases, benefits, and other expenses such as pharmaceuticals that typically increase at rates higher than the inflationary assumptions included in the regional CPI-W.

<sup>&</sup>lt;sup>33</sup> "Economic Forecast," Strategic Plan, page 39.

decrease of roughly \$32 million to a decrease of roughly \$77 million.<sup>34</sup> Consequently, the subcommittee recommended that the financial plan include \$47 million for economic/supplemental reserves.

Although the March 2025 OEFA forecast projected \$46.9 million less in total levy property tax collections over the 2026-2031 time period, the decreased revenues are expected to be offset by carrying more reserves forward from the 2020-2025 levy. The net impact of decreased revenues and increased 2025 reserves is a decrease of \$26.4 million in the supplemental/economic reserves and an expected supplemental/economic reserve balance of \$20.4 million at the end of the levy period. Executive staff have expressed confidence that the \$20.4 million in supplemental reserves is sufficient. This \$20.4 million, roughly equivalent to 45 days of operating expenses, is again in addition to the other contingencies or reserves typically required for County funds.

	Financial Plan using August 2024 Forecast	Update using March 2025 Forecast
Contingencies & Programmatic Reserves <sup>35</sup>	\$26.5M	\$26.5M
Rainy Day Reserve <sup>36</sup>	\$41.2M	\$41.2M
Total Regular Reserves	\$67.7M	\$67.7M
Supplemental/Economic Reserves	\$47.0M	\$20.4M

## Table 7: Total Reserves for 2026-2031 Levy Period

*Finance Subcommittee Recommendation on Expenditures.* The Finance Subcommittee recommended the proposed budget that included \$1.5 billion in projected expenditures over the six-year levy. The programmatic budget, based on the recommendations of the other Task Force subcommittees, would maintain funding for key services and reflect increases in BLS and MIH funding to address inflation, population growth, and enhanced support for MIH. The recommended program budgets were increased annually with an inflation factor, which was generally the local CPI-W plus one percent.<sup>37</sup> As previously described, the reserves and contingencies in the budget are based on programmatic needs and compliance with current County financial policies.

The revenues were planned to cover the expenditures across the levy period. The property tax revenue needs were reduced by carrying forward an expected \$64.4 million

<sup>&</sup>lt;sup>34</sup> The City of Seattle sets its own separate reserves for its portion of the EMS levy.

<sup>&</sup>lt;sup>35</sup> Contingencies reserves include funding for significant operating costs that cannot be accommodated by normal program allocations. Programmatic reserves include funding for unplanned equipment costs, a placeholder for a new ALS unit, and costs to move to a new location.

<sup>&</sup>lt;sup>36</sup> King County Financial Management Policy sets the reserve for special levy funds as 90-days of operating expenses.

<sup>&</sup>lt;sup>37</sup> Only the ALS equipment budget uses a different inflation factor, which is a constant 3%. The additional 1% in CPI-W +1% accommodates benefits and other costs, such as pharmaceuticals, that often increase at rates higher than CPI-W.

from the 2020-2025 levy. Based on the March 2025 update, this carryforward amount is actually expected to be \$81.8 million. At the conclusion of the 2024 planning process, the Finance Subcommittee ultimately recommended the levy rate of 25 cents per \$1,000 of AV. The anticipated revenues and expenditures to support EMS programs and reserves for 2026-2031 are summarized in Table 8.

Revenues	Seattle <sup>38</sup>	County	Total
2026-2031 Property tax forecast	\$502.5	\$921.4	\$1,423.9
Other revenue (KC EMS Fund)		\$20.6	\$20.6
Carryforward reserves from 2020-2025		\$81.8	\$81.8
Total Revenues	\$502.5	\$1023.8	\$1,526.3
Expenditures			
ALS		\$511.8	\$511.8
BLS & MIH		\$273.9	\$273.9
Regional Services		\$124.9	\$124.9
Strategic Initiatives		\$8.4	\$8.4
Total Expenditures	\$518.9	\$919.1	\$1,438.0
Reserves <sup>39</sup>			
Programmatic Reserves		\$26.5	\$26.5
Rainy day fund (90-day operating expenses)		\$41.2	\$41.2
Total Programmatic Reserves		\$67.7	\$67.7
2026-2031 TOTAL (Expenditures w/ Reserves)	\$518.9	\$986.8	\$1,505.9
Supplemental Reserves/Revenue		\$20.4	\$20.4

Table 8. 2026-2031 EMS Projected Revenues, Expenditures, and Reserves per
March 2025 OEFA forecast, (in millions; using 25 cents levy rate)

Other revenue considerations besides the levy rate include the division of property tax revenues between the City of Seattle and the County EMS Levy Fund (shown in Table 9), interest income on fund balance, and other revenues<sup>40</sup> received by property tax funds at King County. As previously mentioned, the assumption that residential assessed values would continue to increase at rates higher than commercial properties and that commercial assessed values outside of Seattle would remain more stable had the combined result of reducing Seattle's percentage of the property tax for the 2026-2031 period to around 35 percent of the total property tax revenues. From 2018 to 2022, Seattle's percentage of the property tax was closer to 40 percent.

<sup>&</sup>lt;sup>38</sup> The City of Seattle, as described in the proposed Strategic Plan, places all funds not targeted for ALS into BLS; other city funds are used for programs (e.g. Health One Pilot Program) similar to those in the KC EMS Fund.

<sup>&</sup>lt;sup>39</sup> Note: Reserves roll over year-to-year during the levy period.

<sup>&</sup>lt;sup>40</sup> In addition to income on the KC EMS Fund balance, other miscellaneous revenues include County revenues distributed proportionately to property tax funds, such as lease and timber tax revenues.

# Table 9. 2026-2031 Forecast Property Tax Revenue per March 2025 OEFAForecast, (in millions; 25 cents levy rate)

	2026	2027	2028	2029	2030	2031	Total
City of	\$78.6	\$80.8	\$82.8	\$84.9	\$86.7	\$88.8	\$502.5
Seattle							
Proportion	34.9%	35.1%	35.2%	35.4%	35.5%	35.6%	-
KC EMS	\$146.5	\$149.7	\$152.3	\$154.9	\$157.7	\$160.4	\$921.4
Fund							
Proportion	65.1%	64.9%	64.8%	64.6%	65.5%	65.4%	-
Total	\$225.1 M	\$230.5 M	\$235.1 M	\$239.7 M	\$244.4 M	\$249.1 M	\$1,423.9
Annual							
Growth in	-	2.39%	2.00%	1.97%	1.96%	1.95%	-
Total Levy							

## SUMMARY OF BFM ADOPTED AMENDMENTS

On May 28, 2025, the BFM Committee passed Proposed Ordinance 2025-0119, as amended, and Proposed Ordinance 2025-0118, as amended.

Proposed Ordinance 2025-0119 was amended to make technical corrections for spelling and to update terminology in the levy ordinance.

Proposed Ordinance 2025-0118 was amended to add missing commas in the ordinance and replace the 2026-2031 Strategic Plan attachment with an amended version. The 2026-2031 Strategic Plan amendments included a technical correction to remove a duplicate page and adjustments for punctuation, spelling, and terminology.

### Next Steps and Key Dates

Proposed Ordinance 2025-0119, the EMS levy ordinance, was originally referred only to the Budget and Fiscal Management Committee. It has since been rereferred as a mandatory, dual referral first to the Budget and Fiscal Management Committee and second to the Regional Policy Committee. Proposed Ordinance 2025-0118, the Strategic Plan ordinance, has been dually referred first to the Budget and Fiscal Management Committee and second to the Regional Policy Committee. Proposed Ordinance 2025-0118, the Strategic Plan ordinance, has been dually referred first to the Budget and Fiscal Management Committee and second to the Regional Policy Committee. Additionally, due to a cancellation of a Full Council meeting in June, the date for possible action in Full Council has been shifted to July 1, 2025. The BFM and RPC chairs have agreed to the schedules below:

### EMS Levy Ordinance (PO 2025-0119) and EMS Levy Strategic Plan (PO 2025-0118) Schedule – MANDATORY DUAL REFERRAL TO RPC AND BFM

Action	Committee/ Council	Date	Amendment Deadlines
Transmittal		4/10/2025	
Exec Staff Briefing	BFM	4/30/2025	

Discussion only	BFM	5/14/25	
Briefing (Legislation in BFM control)	RPC	5/14/25	
Discussion and Possible Action	BFM	5/28/25	Striker Direction: End of Day 5/16 Striker Distribution: End of Day 5/21 Line Amd direction: End of Day 5/22
Discussion and Possible Action	RPC	6/11/2025	Striker Direction: End of Day 5/30 Striker Distribution: End of Day 6/4 Line Amd direction: End of Day 6/5
Possible Final Action	Full Council	7/1/2025	Striker Direction: End of Day 6/13 Striker Distribution: End of Day 6/18 Line Amd direction: End of Day 6/20
If rereferred to RPC	RPC	7/9/2025	No striker amendment planned Line Amd direction: End of Day 7/3
Final Action	Full Council	7/22/2025	

The following are key full Council meeting deadlines<sup>41</sup> to place this measure on the November 4, 2025, ballot for voter approval<sup>42</sup>:

- Last regular Council meeting with maximum processing time (25 days) is July 8, 2025.
- Last regular Council meeting with minimum processing time (10 days) and to pass the ordinance as an emergency is July 22, 2025.
- Last special Council meeting to pass as emergency is August 5, 2025.<sup>43</sup>
- Deadline for King County Elections to receive effective ordinance: August 5, 2025.

It is important to again note that current state law requires that a majority of at least three-fourths of cities over 50,000 in population must approve the levy proposal in order for a countywide EMS levy to be placed on the ballot.<sup>44</sup> This requirement is usually accomplished by each city passing a resolution endorsing the levy; the City of Seattle usually supports the levy by passing legislation approving an Interlocal Agreement with King County to provide EMS services. Executive staff have indicated that they will work with the cities on this process, and that this work is done concomitantly with the legislative process at the County Council.

<sup>&</sup>lt;sup>41</sup> Council Clerk's memorandum on Deadlines for Adoption of Ballot Measures in 2025 (Attachment 10).

<sup>&</sup>lt;sup>42</sup> State law (<u>RCW 84.52.069</u>) requires a simple majority (no less than 51%) voter approval for renewal of a six-year or ten-year EMS levy.

<sup>&</sup>lt;sup>43</sup> Council recess is August 4-15, 2025.

<sup>&</sup>lt;sup>44</sup> <u>RCW 84.52.069(6)</u>.

## AMENDMENT

Amendment 1 to Proposed Ordinance 2025-0118.2 would replace the 2026-2031 Strategic Plan with an amended version that provides additional specifications for the annual report including providing an update on the next levy development, as appropriate, and allowing for members of the Regional Policy Committee to request data on levy expenditures, services provided, needs, revenues by city, or other information three months prior to due date of the annual report. It also directs transmission of the annual report to the Regional Policy Committee, in addition to the King County Council.

### <u>INVITED</u>

- 1. Michele Plorde, Division Director Emergency Medical Services, Public Health Seattle & King County (PHSKC)
- 2. Helen Chatalas, Deputy Division Director Emergency Medical Services, PHSKC

## **ATTACHMENTS**

- Proposed Ordinance 2025-0118.1 (2026-2031 Medic One/EMS Strategic Plan)

   a. 2026-2031 Medic One/EMS Strategic Plan, dated February 2025
- Proposed Ordinance 2025-0118.2 (2026-2031 Medic One/EMS Strategic Plan) Passed by the Budget and Fiscal Management Committee
  - a. 2026-2031 Medic One/EMS Strategic Plan, dated May 28, 2025
- 3. Illustrative Purposes Only: Redline copy of Medic One/EMS Strategic Plan, dated May 28, 2025
- 4. Amendment 1 to Proposed Ordinance 2025-0118.2
  - a. 2026-2031 Medic One/EMS Strategic Plan, dated June 11, 2025
- 5. Illustrative Purposes Only: Redline copy of Medic One/EMS Strategic Plan, dated June 11, 2025 (attachment to Amendment 1)
- 6. Transmittal Letter for 2025-0118
- 7. Fiscal note for 2025-0118
- 8. Proposed Ordinance 2025-0119.1 (EMS levy proposal)
- 9. Proposed Ordinance 2025-0119.2 (EMS levy proposal) Passed by the Budget and Fiscal Management Committee
- 10. Transmittal Letter for 2025-0119
- 11. Fiscal note for 2025-0119
- 12. Council Clerk's memorandum on Deadlines for Adoption of Ballot Measures in 2025
- 13. Copies of city-approved legislation endorsing EMS levy, as of June 4, 2025



## **KING COUNTY**

## Signature Report

ATTACHMENT 1

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

### Ordinance

		ponsors Dunn, Dembowski, Quinn and alducci
1	AN ORDINANCE accepting and	approving the Medic
2	One/Emergency Medical Service	es 2026-2031 Strategic
3	Plan submitted by the executive.	
4	PREAMBLE:	
5	Emergency medical services are among	the most important services
6	provided to county residents. Those serv	vices include basic and advanced
7	life support, regional medical control and	d quality improvement,
8	emergency medical technician training,	emergency medical dispatch
9	training, cardiopulmonary resuscitation a	and defibrillation training,
10	paramedic continuing education, injury p	prevention education, and related
11	services. In combination, those services	have made the emergency
12	medical services network in King Count	y an invaluable lifesaving effort
13	and an important part of the quality of lit	fe standards afforded residents of
14	the county.	
15	The Medic One/emergency medical serv	ices system in King County is
16	recognized as one of the best emergency	medical services program in the
17	country. With an international reputation	n for innovation and excellence, it
18	offers uniform medical care regardless o	f location, incident circumstances,
19	day of the week, or time of day. It serve	s over 2.2 million people

Ordinance

20	throughout the region and provides life-saving services on average every
21	two minutes.
22	The King County regional system has among the finest of medical
23	outcomes in the world for out-of-hospital cardiac arrest. In 2023, the
24	system achieved a fifty-one-percent survival rate for cardiac arrest, which
25	is among the highest-reported rates in the nation. Compared to other
26	communities, Seattle and King County cardiac arrest victims are two to
27	three times more likely to survive.
28	The system's success can be traced to its unique design that is built upon
29	the following components:
30	1. Regional, collaborative, cross jurisdictional and coordinated
31	partnerships that allow for "seamless" operations;
32	2. Emergency medical services that are derived from the highest
33	standards of medical training, practices and care, scientific evidence and
34	close supervision by physicians experienced in emergency medical
35	services care;
36	3. A commitment to equitable medical care that uplifts and safeguards
37	the well-being of all King County communities;
38	4. Programmatic leadership and innovative strategies that allow the
39	system to obtain superior medical outcomes and meet the needs and
40	expectations of its varied communities and users;

41	5. Sustained regional focus on operational and financial efficiencies that
42	have led to the system's financial viability and stability, even throughout
43	the economic recession; and
44	6. Stable funding by a voter approved levy that makes the services it
45	provides less vulnerable, though not immune, to fluctuations in the
46	economy.
47	King County should continue to exercise leadership and assume
48	responsibility for assuring the consistent, standardized, effective, and cost-
49	efficient development and provision of emergency services throughout the
50	county.
51	The emergency medical services advisory task force reconvened in 2024
52	to develop interjurisdictional agreement on an emergency medical services
53	strategic plan and financing package for the 2026-2031 levy funding
54	period.
55	Beginning in February 2024, the emergency medical services advisory
56	task force worked collaboratively with emergency medical services
57	partners to review system needs and regional priorities and develop
58	programmatic and financial recommendations that ensure the integrity of
59	the world-class Medic One/emergency medical services system is
60	maintained. On September 26, 2024, the emergency medical services
61	advisory task force endorsed its Programmatic Needs Recommendations,
62	which became the foundation of the Medic One/Emergency Medical
63	Services 2026-2031 Strategic Plan.

3

64	The Medic One/Emergency Medical Services 2026-2031 Strategic Plan
65	outlines how the region will execute the operational and financial
66	recommendations that the emergency medical services advisory task force
67	endorsed on September 26, 2024. It is the primary policy and financial
68	document that directs the emergency medical services network into the
69	future.
70	The policies embedded within the Medic One/Emergency Medical
71	Services 2026-2031 Strategic Plan ensure that the emergency medical
72	services system serving Seattle and King County: remains an adequately
73	funded, regional tiered system; reflects the existing successful medical
74	model; and continues to provide state of the art science-based strategies,
75	programs and leadership.
76	BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
77	SECTION 1. The council hereby accepts and approves the Medic
78	One/Emergency Medical Services 2026-2031 Strategic Plan, dated February 2025, which
79	is Attachment A to this ordinance. The recommendations contained in the Medic
80	One/Emergency Medical Services 2026-2031 Strategic Plan shall inform and update the

- 81 provision of emergency medical services throughout King County during the 2026-2031
- time span.

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

ATTEST:

Girmay Zahilay, Chair

Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

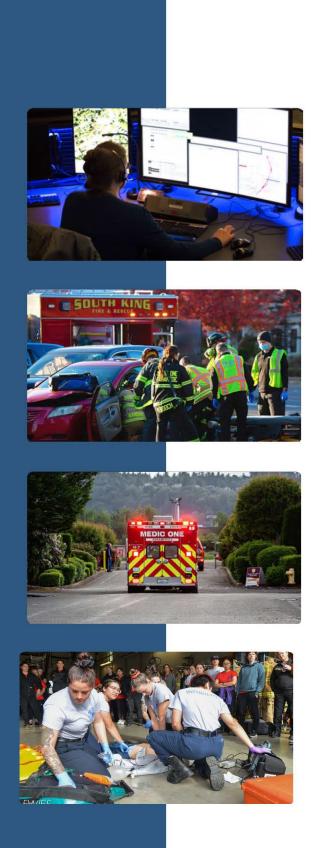
Shannon Braddock, County Executive

Attachments: A. Medic One-EMS 2026-2031 Strategic Plan

5







# MEDIC ONE/ EMERGENCY MEDICAL SERVICES



**RPC** Meeting Materials

The EMS system in King County has a long history of collaboration, and this Medic One/EMS 2026-2031 levy planning process was no exception. The EMS Division, Public Health – Seattle & King County, would like to thank the EMS Advisory Task Force and the numerous participants who so willingly gave us their time, insight, and expertise to ensure our nationally-recognized system will continue to thrive far into the future. We appreciate your commitment to this undertaking.

#### **King County Executive**

Karan Gill Chief of Staff to Executive Dow Constantine; Task Force Chair

#### **King County Council**

Reagan Dunn	Councilmember
Tom Goff	Director of Local and Regional Affairs

#### Cities over 50,000 in Population

Angela Birney	Mayor, City of Redmond; Regional Services Subcommittee Chair
Brian Carson	Fire Chief, Puget Sound Regional Fire Authority, representing the City of Kent
Jim Ferrell	Mayor, City of Federal Way
Karen Howe	Deputy Mayor, City of Sammamish
Armondo Pavone	Mayor, City of Renton; BLS Subcommittee Chair
Lynne Robinson	Mayor, City of Bellevue; Finance Subcommittee Chair
Kevin Schilling	Mayor, City of Burien
Harold Scoggins	Fire Chief, City of Seattle
Keith Scully	Councilmember, City of Shoreline; ALS Subcommittee Chair
Penny Sweet	Councilmember, City of Kirkland
Brad Thompson	Fire Chief, Valley Regional Fire Authority, representing the City of Auburn

#### **Cities under 50,000 in Population**

Catherine Cotton	Councilmember, City of Snoqualmie
Vic Kave	Mayor, City of Pacific
Sean Kelly	Mayor, City of Maple Valley

#### **King County Fire Commissioners**

Don Gentry	Fire Commissioner, Mountain View Fire & Rescue
Jenny Jones	Fire Commissioner, Enumclaw Fire Department
Anita Sandall	Fire Commissioner, Eastside Fire & Rescue

If you have questions about the Medic One/EMS 2026-2031 levy reauthorization process or Strategic Plan, please contact:

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### **EXECUTIVE SUMMARY**

The Medic One/Emergency Medical Services (EMS) system serving Seattle and King County is known worldwide for its excellent medical results. By simply dialing 9-1-1, all residents have immediate access to the best possible medical care, regardless of location, circumstances, or time of day. For 45 years, the system's commitment to medicine, science, innovation, and partnerships has resulted in thousands of lives saved and an EMS program that is second to none.

The system is primarily funded by a countywide, voter-approved EMS levy (per RCW 84.52.069). Mandated by state law to be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding our successful and highly acclaimed system.

The current six-year levy expires December 31, 2025. To ensure continued emergency medical services in 2026 and beyond, King County undertook an extensive planning process in 2024 to develop a Strategic Plan and finance plan (levy) for King County voters to consider renewing in 2025. This process brought together regional leaders, decision-makers, and partners to assess the needs of the system and collectively develop recommendations to direct the system into the future. As in past years, the EMS Advisory Task Force, comprised of regional elected officials, oversaw the development of the recommendations and was responsible for endorsing broad policy decisions including the levy rate, length, and ballot timing.

As the EMS system's primary policy and financial document, the Strategic Plan defines the roles, responsibilities, and programs for the system and establishes a levy rate to fund these approved functions. On September 26, 2024, the Task Force endorsed the programmatic and financial recommendations that form the basis of this Medic One/EMS 2026-2031 Strategic Plan.

The 2026-2031 Medic One/EMS Strategic Plan includes the following key elements:

- A six-year Medic One/EMS levy at \$.25 per \$1,000 Assessed Value (AV);
- Fully funding eligible Advanced Life Support (referred to as ALS, or paramedic services) costs;
- Including an ALS unit "placeholder" should service demands increase beyond what is anticipated and new units are required;
- Increasing funding for Basic Life Support (referred to as BLS, or first responders);
- Continued commitment to Mobile Integrated Healthcare (MIH) to support community needs;
- Sustained funding and enhancements for regional programs that provide essential support to the Medic One/EMS system and are critical for providing the highest emergency medical care possible;
- Initiatives that encourage efficiencies, innovation, and leadership and build upon previous efforts to improve patient care and outcomes;
- Reserve funding that provides additional protection and flexibility against unforeseen financial risks;
- Carrying forward \$64 million of 2020-2025 reserves to help reduce the initial levy rate, and
- Placement of an EMS levy on the November 2025 general election ballot in King County.

The proposed levy rate of 25 cents /\$1,000 AV means that an owner of a \$844,000 home in King County will pay \$211 in 2026 for some of the nation's most highly-trained medical personnel to arrive within minutes of an emergency – at any time of day or night, no matter where in King County.

This Medic One/EMS Strategic Plan is designed to meet the needs of the EMS system, its users, and the community. The proposals incorporated within this Plan support the Medic One/EMS system's strong tradition of service excellence, effective leadership, and regional collaboration. The well-balanced approach outlined in this plan will allow the system to meet the needs and expectations of residents now and in the future.

### **KEY COMPONENTS**

Survival from cardiac arrest is an EMS system benchmark condition used throughout the nation. This is due to the discrete nature of a cardiac arrest: a patient has stopped breathing, and their heart is not pumping. Because patient who is discharged alive from the hospital following a cardiac arrest is identifiable and measurable, it is an easily comparable metric across systems and communities. The survival rate of cardiac arrest patients is a gold standard for measuring the overall functionality and quality of an EMS system.<sup>1</sup>

In 2023, the survival rate for witnessed ventricular fibrillation (VF) cardiac arrest throughout King County was 51 percent. Because of the system's strong collaborative and standardized programs, cardiac arrest patients in the region are two to three times more likely to survive, compared to other communities.<sup>2</sup> This resuscitation success is a tribute to the immense dedication and efforts by all the partners of the regional EMS system.

As a result of these findings, the Medic One/EMS system serving Seattle and King County has earned an international reputation for innovation and excellence, and regularly hosts visitors from all over the world seeking to learn more about how the system works. The system's success can be traced to its design which is based on the following:

### **Regional System Based on Partnerships**

The Medic One/EMS system in King County is built on partnerships that are rooted in regional, collaborative, and cross-jurisdictional coordination. While each provider operates individually, the care provided to the patient operates within a "seamless" system. It is this continuum of consistent, standardized medical care and collaboration between 23 fire agencies, five paramedic agencies, four EMS dispatch centers, more than 20 hospitals, the University of Washington, and the residents throughout King County that allows the system to excel in pre-hospital emergency care. Medical training is provided on a regional basis to ensure that, no matter the location within King County, whether at work, play, home or traveling, medical triage and delivery of medical care is consistent and equitable.

### **Tiered Medical Model**

Medicine is the foundation of the Medic One/EMS system. The services provided by EMS personnel are derived from the highest standards of medical training, clinical practices and care, scientific evidence, and close supervision by physicians experienced in EMS care. The system uses a tiered response model which is centered on having BLS agencies respond to every incident to stabilize the patient. This allows reserving the more limited resource of ALS (known locally as paramedic service) to respond to serious or life-threatening injuries and illnesses. Reserving the number of calls to which paramedics respond helps ensure that paramedic services will be readily available when needed for those serious calls, keeping paramedics well practiced in the life-saving patient skills required for critical incidents.

Compared to systems that send paramedics on all calls, the Medic One/EMS system in King County provides excellent response and patient care with fewer paramedics. It is this tiered medical model response system, working hand-in-hand with the regional medical program direction, intensive dispatch, and evidence-based EMT and paramedic training and protocols, that has led to great success in providing high-quality patient care throughout the demographically diverse King County region.

<sup>&</sup>lt;sup>1</sup> Mickey S. Eisenberg, *Resuscitate: How Your Community Can Improve Survival from Sudden Cardiac Arrest* (Seattle: University of Washington Press, 2009)

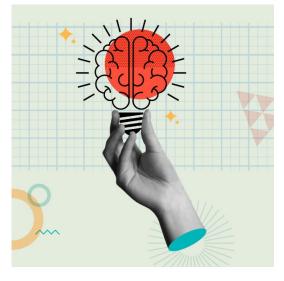
<sup>&</sup>lt;sup>2</sup> McBride O, et al. "Temporal Patterns in Out-of-Hospital Cardiac Arrest Incidence and Outcome: A 20 Year King County Experience". In Press. JAMA Cardiology

### **Equity Led**

The Medic One/EMS system In King County is equity-driven and committed to care that uplifts and safeguards the well-being of all King County communities. Recognizing that measurable outcomes in public health are negatively imbalanced due to racial and other demographic factors, the EMS system is committed to ensuring equity, racial, and social justice (ERSJ) principles influence decision making processes in the delivery of pre-hospital care throughout the region. Partners support organizational equity and inclusion efforts so that the communities served feel valued and included in the vision for a healthy and safe King County.

### **Programs & Innovative Strategies**

Programmatic leadership and state-of-the-art science-based strategies have allowed the Medic One/EMS system serving Seattle and King County to obtain superior medical outcomes. Rather than focusing solely on ensuring a fast response by EMTs or paramedics, the system is comprised of multiple elements – including a strong, evidence-based medical approach. Continual quality improvement activities to systematically identify how patient care can be improved across the region help support the best possible outcomes of care. Testing advanced medical treatments, like the administering of whole blood for hemorrhagic shock and the offering of buprenorphine for opioid use disorder, has allowed the EMS system to adapt to meet the needs and expectations of its varied communities and users.



### **Focus on Effectiveness and Efficiencies**

The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational and financial efficiencies. The tiered response improves the efficiency and effectiveness of the Medic One/EMS system by ensuring the most appropriate level of services is sent to the incident. Transferring non-emergent 9-1-1 calls to a 24-hour consulting nurse line for medical advice effectively helps keep resources available for higher acuity medical emergencies. Programs focus on better understanding and serving complex, diverse, and lower-acuity patients in the field, improving the quality of care and contributing to the overall efficiency of service delivery. Streamlining contract administration within the EMS Division of Public Health – Seattle & King County eliminates inefficiencies and reduces costs for executing separate program agreements. Strategies that address operational and financial efficiencies are continually pursued and practiced.

### **Maintaining an EMS Levy as Funding Source**

The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. Authorized by RCW 84.52.069 which mandates that levied funds be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding this world-renowned system. The EMS levy falls outside the statutory limits with senior and junior taxing districts and therefore does not "compete" for capacity, alleviating a significant concern for the region.

The proposed starting rate for the 2026-2031 span is 25 cents per \$1,000 of assessed value (AV), which is less than the starting rate of the expiring levy. This rate means that the owner of a \$844,000 priced home would pay \$211 a year to know that at any time of day or night, no matter where in the county, some of the most highly trained medical personnel will be there within minutes to treat any sort of medical emergency.

### **MEDIC ONE/EMS SYSTEM OVERVIEW**

Any time you call 9-1-1 in King County for a medical emergency, you are using the Medic One/EMS system. The Medic One/EMS system serving Seattle and King County is distinct from other EMS systems in that it is a regional, medically based, and tiered out-of-hospital response system. Its successful outcomes depend upon community involvement and extensively trained dispatchers, firefighter/emergency medical technicians (EMTs) and highly specialized paramedics. Strong and collaborative partnerships provide a continuum of consistent, standardized medical care that allows the system to excel and achieve the best possible patient outcomes.

The response system is tiered to ensure 9-1-1 callers receive medical care by the most appropriate care provider. There are five major components in the tiered regional Medic One/EMS system.

### **EMS TIERED RESPONSE SYSTEM**



ACCESS TO EMS SYSTEM Bystander calls 9-1-1



### **TRIAGE BY DISPATCHER**

Use of Emergency Medical Response Assessment Criteria



### FIRST TIER OF RESPONSE

Basic Life Support (**BLS**) by firefighter/EMTs



### SECOND TIER OF RESPONSE

Advanced Life Support (**ALS**) by paramedics



### ADDITIONAL MEDICAL CARE

Transport to hospital

**ACCESS TO EMS SYSTEM:** A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for medical assistance. Bystanders' reactions and rapid responses to the scene can greatly impact the chances of patient survival – studies have shown that survival rate increases from 10 percent to 43 percent if cardiopulmonary resuscitation (CPR) is given within four minutes, and defibrillation in less than eight minutes. The EMS Division offers programs to King County residents so that they can administer life-saving treatments on the patient until providers arrive at the scene. Comprehensive CPR classes train thousands of secondary school students in CPR and automated external defibrillator (AED) use each year. The regional coordinated AED program registers and places devices in the community within public facilities, businesses, and even private homes of high-risk patients, and provides training in AED use. Because of this program, the number of registered AEDs is nearing 7,000 in King County.

**TRIAGE BY DISPATCHER:** 9-1-1 calls are received and triaged by telecommunicators at one of four dispatch centers. Dispatchers are the first point of contact with the public, asking medically based questions to determine the appropriate level of care to be sent. Amid a wide range of needs, they provide pre-hospital instructions and even guide callers through providing life-saving steps such as CPR and using a defibrillator until the Medic One/EMS providers arrive. The medical dispatch triage guidelines that King County dispatchers follow were developed by the EMS Division and have been internationally recognized as an innovative approach to emergency medical dispatching.

**FIRST TIER OF RESPONSE - BASIC LIFE SUPPORT (BLS) SERVICES:** BLS personnel are the first responders to an incident, providing immediate basic life support medical care (e.g. first aid, CPR, defibrillation) and stabilizing the patient. Staffed by firefighters trained as emergency medical technicians (EMTs) aboard fire trucks and aid cars, BLS arrives at the scene in less than five minutes (on average). Some non-emergent calls qualify to be referred to a nurse line for medical advice and care instructions in lieu of dispatching EMS resources. The 4,300 EMTs in Seattle and King County receive 190 hours of quality BLS training and continuing education. The EMS levy provides some funding to BLS providers to help ensure uniform and standardized patient care and enhance BLS services to reduce the impact on ALS resources. However, the great majority of BLS funding is provided by local fire departments.

**SECOND TIER OF RESPONSE - ADVANCED LIFE SUPPORT (ALS) SERVICES:** Paramedics provide out-of-hospital emergency medical care for critical or life-threatening injuries and illnesses. As the second on scene, they provide airway control, heart pacing, the dispensing of medicine and other life-saving procedures. ALS is provided by highly trained paramedics who have completed an extensive program at Harborview Medical Center in conjunction with University of Washington School of Medicine and are certified by the state. These paramedics remain well practiced and use their skills routinely to provide effective care when it is needed most. Paramedics operate in teams of two on medic units. There are 27 medic units strategically placed across King County that are deployed regionally to critical or life-threatening emergencies. A contract with Sky Valley Fire (Snohomish County Fire District 26) provides ALS services to the Skykomish and King County Fire District 50 area, from Baring to Stevens Pass. ALS is the primary recipient of regional funding and is the first commitment for funding within the EMS system. The EMS levy provides virtually 100 percent of support for paramedic services in the regional system.

**ADDITIONAL MEDICAL CARE:** Once a patient is stabilized, EMS personnel determine whether transport to a hospital or clinic for further medical attention is needed. Transport is provided by an ALS or BLS agency, private ambulance, or taxi/ride-share options for lower-acuity situations.

### **SYSTEM OVERSIGHT**

Statutes and policies at the state, County, and local levels standardize and influence the Medic One/EMS system of Seattle and King County.

The **Medic One/EMS Strategic Plan** is the primary policy and financial document directing the Medic One/EMS system in its work. Defining the responsibilities, functions, and programs of the successful EMS system, the Plan presents a comprehensive strategy to ensure the system can continue to meet its commitments. It documents the system's current structure and priorities and summarizes the services, programs, and initiatives supported by the countywide, voter-approved EMS levy. While the Plan outlines the necessary steps to direct the system into the future, it still allows for flexibility in addressing emerging community health needs.

The **EMS Division** of Public Health - Seattle & King County works with its regional partners to implement the Strategic Plan. The EMS Division manages core support functions that tie together the regional model, providing consistency, standardization, and oversight of the direct services provided by the system's numerous partners. It is more cost-efficient for the EMS Division to produce, administer and share initial training, continuing education and instructor education for 4,300 EMTs; to manage the certification process for EMTs countywide; and to provide medical oversight, quality improvement and performance standards for the system as a whole than to have each local response agency develop, implement and administer its own such programs. Regional support services managed by the EMS Division can be found in **Appendix A: Proposed 2026-2031 Regional Services** on page 54.

Since 1997, the **EMS Advisory Committee (EMSAC)** has provided guidance to the EMS Division about regional Medic One/EMS policies and practices in King County. The group, comprised of regional EMS partners, convenes on a quarterly basis to review implementation of the Strategic Plan as well as other proposals including strategic initiatives and medic unit recommendations. The EMS Division submits an Annual Report to the King County Council highlighting the status and progress of items identified in the Medic One/EMS Strategic Plan.

**Regional System Policies** ratified by Public Health – Seattle & King County document the general framework for medical oversight and management of EMS in King County, and financial guidance of the EMS levy.

The **Revised Code of Washington (RCW)**, the **Washington Administrative Code (WAC)**, and **King County Code** regulate different aspects of EMS, from defining "emergency medical services" to financing service delivery. **Appendix D: EMS Citations** on page 60 compiles the different codes that govern EMS.

**RCW 84.52.069** allows jurisdictions to levy a property tax "for the purpose of providing emergency medical services." The levy is subject to the growth limitations contained in RCW 84.55.010 of one percent per year plus the assessment on new construction, even if assessed values increase at a higher rate.

### Specifically, RCW 84.52.069:

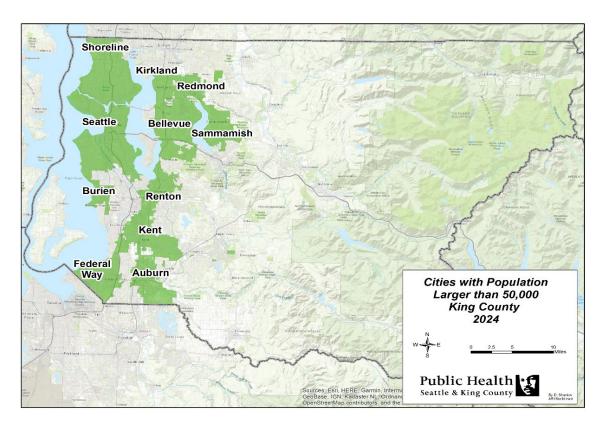
- Allows a jurisdiction to impose an additional regular property tax up to \$0.50 per \$1,000 Assessed Value (AV);
- Allows for a six-year, 10-year, or permanent levy period;
- Mandates for a countywide levy that the legislative bodies of King County and 75 percent of cities with populations in excess of 50,000 authorize the levy proposal prior to placement on the ballot, <sup>3</sup> and
- Requires a simple majority vote for the "subsequent renewal" of a previously imposed EMS levy.

<sup>&</sup>lt;sup>3</sup> Amended approval and validation requirements effective June 7, 2018, per SHB 2627.

### **EMS LEVY STATUTE**

**EMS Levy Rate in Cents** The maximum levy rate ever 50.0 approved by voters in King County 45.0 was .335 cents per \$1,000 AV in 40.0 Rate per \$1,00 AV 2013. The proposed rate for 2026 35.0 is .25 cents per \$1,000 AV. EMS 30.0 33.5 30.0 levies require voter approval every 25.0 29.0 26.5 25.0 25.0 25.0 25.0 20.0 levy period. 21.0 15.0 10.0 5.0 1979 1985 1991 1997/1998 2001 2007 2013 2019 2025 Proposed Year on Ballot

As stated previously, RCW 84.52.069 requires 75 percent of cities with 50,000 or more in population to approve placing a countywide EMS levy on the ballot. Since King County currently has 11 such cities - Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline - it would need to gain the approval from at least nine out of the 11 cities, as well as the King County Council.



Per an agreement in place since the creation of the countywide EMS levy, **Seattle receives all Medic One/EMS levy funds raised within the city limits. County funds are placed in the King County (KC) EMS Fund and managed regionally by the EMS Division** based on EMS system and financial policies ratified by Public Health – Seattle & King County, Strategic Plan guidelines, and EMSAC recommendations.

### THE STRATEGIC PLAN & LEVY PLANNING PROCESS

With the 2020-2025 EMS levy expiring December 31, 2025, a new strategic plan to outline the roles, responsibilities, and programs for the system and a levy rate to fund these approved functions, needed to be developed. This would entail not just a detailed review of the concepts and operations of the Medic One/EMS system, but also an all-inclusive planning process to secure consensus for the plan among Medic One/EMS in the region.

### **The EMS Advisory Task Force**

The region assembled the EMS Advisory Task Force to oversee the development and vetting of this Strategic Plan and levy. Consisting of elected officials from the County, cities, and fire districts, the group was charged with reviewing and approving Medic One/EMS program recommendations and a supporting levy rate to be put before King County voters. While not every member of the Task Force was an EMS expert, each had a stake in ensuring the continuity in the provision of EMS services in King County. Its membership collectively represented a balanced geographic distribution of those jurisdictions that are required to endorse the levy proposal prior to its placement on the ballot, per RCW 84.52.069.

Responsibilities of the Task Force included evaluating and endorsing recommendations regarding:

- Current and projected EMS system needs;
- A financial plan based on those needs, and
- Levy type, levy length, and when to run the levy ballot measure.

#### **Current and Projected EMS System Needs**

The Strategic Plan is designed to reflect the regional system's commitment to providing cohesive, medically based patient care, using a tiered response system designed to ensure the highest level of patient care through the coordination and collaboration of all Medic One/EMS partners.

#### **Financial Plan to Meet Those Needs**

The financial plan proposes adequate funding to support the programmatic needs of the system. However, the Plan also recognizes individual jurisdictions' needs for local autonomy to meet their communities' expectations and Medic One/EMS services.

#### Levy Type, Length, and Ballot Timing

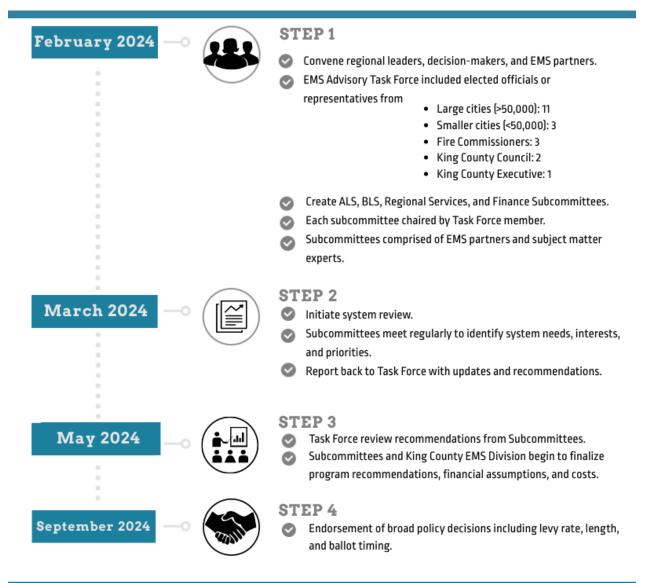
<u>Levy Type:</u> While the Medic One/EMS system has historically been funded through a Medic One/EMS levy, other potential options exist to support the system, such as King County General Fund property tax levy lid lifts. These alternatives do not require that cities with over 50,000 in population approve placing the levy on the ballot, nor are they subject to the one percent growth limitation ratified by Initiative 747, but they could negatively impact junior taxing districts.

<u>Levy Length</u>: State law offers three levy length options for a Medic One/EMS levy: six years, 10 years, or permanent. The Medic One/EMS levy in King County has historically been approved by voters for six-year levy periods. This allows EMS partners to periodically gather to strategically plan for emerging regional needs. Six-year periods help reduce the range of financial risk because the longer the projection period, the greater the variability.

<u>Levy Timing</u>: EMS levy validation requirements at the state level were amended in 2018, opening up the option of running the levy measure at a primary election. Task Force members were willing to consider this contingent upon what other issues may be on the same ballot.

### **Levy Planning Process**

The EMS Advisory Task Force convened on February 15, 2024, officially launching the start of the 2026-2031 Medic One/EMS levy planning process. Regional leaders, decision-makers, and EMS/Medic One partners came together to assess the needs of the system and develop recommendations to direct the system into the future. The Task Force formed four subcommittees organized around the primary service areas to conduct the bulk of the program and cost analysis. Each subcommittee was chaired by an EMS Advisory Task Force member, included subject matter experts from all aspects of the Medic One/EMS system, and met regularly to review system needs and priorities.



Subcommittees met 17 times in total over eight months and generated recommendations that came to the Task Force for approval. True to the ethos of the Medic One/EMS system, partners reviewed current and future system needs through a lens of science, innovation, equity, and effectiveness. Ideas were evaluated by balancing their merits of furthering the goals of the system against the challenges of constrained revenues. In late September 2024, the Task Force adopted the subcommittees' finalized programmatic and financial recommendations which then became the basis of this Medic One/EMS 2026-2031 Strategic Plan.

### 2026-2031 STRATEGIC PLAN OVERVIEW

The Medic One/EMS 2026-2031 Strategic Plan builds upon the system's successful medical model and regional approach. It commits to innovative strategies, leadership, and equity while remaining focused on effectiveness and efficiencies. In outlining the roles and responsibility of EMS providers, it further strengthens the foundation for ongoing coordination and regionalization.

### FUNDING

As mentioned, the City of Seattle receives all Medic One/EMS levy funds raised within the city limits and manages its own funding. This Strategic Plan recommends spending the **KC EMS Fund** in these four main areas:

#### **ADVANCED LIFE SUPPORT (ALS) SERVICES**

Funding ALS services has been, and continues to be, the priority of the Medic One/EMS levy, which fully funds ALS services primarily through the ALS unit allocation model. ALS services are provided by five agencies: Bellevue, Redmond, Seattle, Shoreline, and King County Medic One. Exceptions to the unit allocation model are sometimes required, as in the case of Sky Valley Fire (Snohomish County Fire District #26) for service in the Skykomish/Stevens Pass area and are made based on the specifics of the service issue. ALS is proposed to account for 56 percent of KC EMS expenditures in the 2026-2031 levy.

#### **BASIC LIFE SUPPORT (BLS) SERVICES**

BLS providers receive an annual distribution of levy revenue to help offset the costs of providing EMS services. The level of funding is based on a combination of the volume of responses to calls for EMS services and assessed property values within fire agencies' jurisdictions. The allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system and not intended to fully fund BLS. Local jurisdictions cover the majority of BLS costs, a strategy, which has helped King County seek a lower levy rate. BLS services are provided by 23 fire agencies, including Seattle. BLS, including Mobile Integrated Healthcare (MIH), is proposed to account for 30 percent of KC EMS expenditures in the 2026-2031 levy.

#### **REGIONAL SUPPORT (RS) SERVICES**

The EMS Division of Public Health – Seattle & King County manages core regional Medic One/EMS programs critical to providing the highest quality out-of-hospital emergency care available. The programs and services emphasize uniformity of medical care across jurisdictions, consistency in excellent training, medical quality assurance, centralized data collection, and contract and financial management. Centrally delivering these services on a regional basis is more effective and efficient because it avoids unnecessary duplication of effort. Regional services are proposed to account for 13 percent of KC EMS expenditures in the 2026-2031 levy.

#### **STRATEGIC INITIATIVES (SI)**

Strategic initiatives are pilot programs designed to improve the quality of Medic One/EMS services and help manage the growth and costs of the system. Initiatives that achieve their intended outcomes or demonstrate efficiency may be incorporated into regional services as ongoing programs. Strategic initiatives are proposed to account for one percent of KC EMS expenditures in the 2026-2031 levy.

Contingencies and reserves fund unanticipated/one-time costs. EMS reserves follow use and access policies included in the Medic One/EMS Strategic Plan. For additional information about contingencies and reserves, please see page 41.

### **ALIGNMENT WITH GOALS AND OBJECTIVES**

The 2026-2031 Strategic Plan aligns with the objectives, policies and goals of the regional EMS system and King County government as outlined below.

### **Alignment with Regional EMS System Global Objectives**

The Plan is built upon the system's current configuration and strengths, advancing the following global objectives to ensure the EMS system remains tiered, regional, cohesive, and medically based:

- 1. Maintaining the Medic One/EMS system as an integrated regional network of basic and advanced life support services provided by King County, local cities, fire authorities, and fire districts.
  - Emergency Medical Dispatchers receive 9-1-1 calls from residents and rapidly triage the call to send the most appropriate level of medical aid to the patient while providing pre-arrival instructions to the caller.
  - Firefighters, trained as Emergency Medical Technicians (EMTs), provide rapid, first-on-scene response to emergency medical service calls and deliver immediate basic life support services.
  - Paramedics, trained through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of Washington School of Medicine, provide out-of-hospital emergency medical care for serious or life-threatening injuries and illnesses. As has been adopted in prior Medic One/EMS strategic and master plans and confirmed by an independently conducted ALS Study, advanced life support services will be most cost effective through the delivery of paramedic services on a subregional basis with a limited number of agencies.
  - Regional programs emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.
- 2. Making regional delivery and funding decisions cooperatively and balancing the needs of Advanced Life Support (ALS), Basic Life Support (BLS), and regional programs from a system-wide perspective.
- 3. Developing and implementing strategic initiatives to provide greater system efficiencies and effectiveness to:
  - Maintain or improve current standards of patient care;
  - Improve the operational efficiencies of the system to help contain costs, and
  - Manage the rate of growth in the demand for Medic One/EMS services.

### **EMS System Policies**

This Medic One/EMS 2026-2031 Strategic Plan reinforces EMS System and Financial Policies which provide a general framework for medical oversight and financial management of emergency medical services in King County. The <u>EMS System Policies</u> underscore the regional commitment to the medical model and tiered system, while the <u>EMS Financial Policies</u> provide guidance and oversight for all components related to financial management of the EMS levy fund. In addition, policies regarding <u>ALS services outside King County</u> establish the formation of a service threshold for the purpose of cost recovery.

### 2026-2031 STRATEGIC PLAN OVERVIEW

#### Summary of EMS System Policies (PHL 9-1 and PHL 9-3)

The EMS Division will **work in partnership** with regional EMS agencies to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs.

The EMS Division will ensure the EMS system in King County remains an **integrated regional system** that provides cohesive, medically based patient care within a tiered response system to ensure the highest level of patient care.

The EMS Division will ensure the EMS system in King County provides **paramedic training through the UW/HMC-based educational program** that meets or exceeds the standards.

The EMS Division will **maintain a rigorous and evidence-based system** with medical oversight of the EMS system to ensure the provision of quality patient care.

The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel.

The EMS Division recognizes the existence of **automatic aid** between agencies within King County and between counties; however, should established service thresholds be reached, affected EMS agencies will review options and establish terms for reasonable cost recovery.

#### **Alignment with King County Government Values**

The Medic One/EMS 2026-2031 Strategic Plan is consistent with King County's commitment to provide fiscally responsible, quality driven local and regional services, and embodies the County's values of operating efficiently and effectively and being accountable to the public. Working with cities and EMS partners to provide services more efficiently; pursuing technologies that improve patient outcomes while reducing delivery cost; and managing assets in a way that maximizes their productivity and value exemplify the EMS system's commitment to delivering high-quality services with sound financial management.

EMS programs are also guided by shared values of being inclusive and collaborative, diverse and people-focused, responsive and adaptive, transparent and accountable, racially just, and focused where needs are greatest so every person can thrive. The ongoing centering of equity and underrepresented communities through local area partnerships was embedded in the most recent EMS levy planning process and reflects the alignment between EMS and County's values.

The EMS system's mission also aligns with the core values and priorities of Public Health – Seattle & King County. Public Health's focus is to protect and improve the health and well-being of all people in King County. The provision of EMS services is an integral part of achieving optimum health, helping Public Health meet its goal of increasing the number of healthy years lived. EMS priorities align with those of the Public Health – Seattle & King County 2024–2029 Strategic Plan which is rooted in anti-racism and equity. Specific programs that support communities with less than equitable access to healthcare have resulted in strengthening these partners' voices, which is a key priority of the Strategic Plan. With additional focus on information, impact, and innovation, as well as workforce and infrastructure, EMS continues to value the input of its employment community in creating policy.

### Operational and Financial Proposals for the Medic One/EMS 2026-2031 Levy

The EMS Advisory Task Force endorsed the following at its September 26, 2024, meeting:

**Reauthorize a six-year EMS levy** to fund the EMS system for the years 2026-2031 per RCW 84.52.069.

**Enact a levy rate of 25 cents/\$1,000 Assessed Valuation** to fund projected expenditures and reserves of \$1.5 billion over 2026-2031. This levy rate means that an owner of an \$844,000 home will pay \$211 a year in 2026 for highly trained medical personnel to arrive within minutes of an emergency, any time of day or night, no matter where in King County.

**Renew the EMS levy in 2025** preferably at the General election, unless there are competing levy measures; in that case, renew the levy at the Primary election.

**Continue using financial policies** guiding the most recent levy. Such policies have provided a very strong foundation for the upcoming levy and should meet the needs of the 2026-2031 levy span.

**Continue services from 2020-2025 levy** through the 2026-2031 levy. The next levy should fully fund and continue operations with the current ALS units in service; partially fund first responder services for local fire and emergency response departments; help support MIH programs to assist lower acuity and complex patients; maintain programs that provide essential support to the system; and pursue initiatives that

**Meet future demands** over the span of the 2026-2031 levy. Services include enhancing programs to meet increased EMT hiring, low-acuity patients and community needs, and existing data and e-learning technology; strengthening community interactions and partnerships; and including a "placeholder" for the equivalent of a new medic unit, should service demands be higher than originally anticipated.

encourage efficiencies, innovation, and leadership.

### Operational and Financial Fundamentals of the Medic One/EMS 2026-2031 Levy

Endorsed by the EMS Advisory Task Force on 9/26/2024

CONTINUE with EMS levy:

- Six-year EMS levy, per RCW 84.52.069
- Levy rate of 25 cents/\$1,000 Assessed Valuation
- Forecasted revenues and reserves of \$1.5 billion over six-year span (including Seattle)
- Run at the 2025 General election, unless there are competing ballot measures; if so, run at Primary

#### **ADVANCED LIFE SUPPORT (ALS) RECOMMENDATIONS\***

- CONTINUE using the unit allocation to fund ALS; slightly revise to better ensure full funding and prevent cost shifting to providers
- MAINTAIN the current level of ALS service; INCLUDE a "place holder" in the financial plan to protect the system, should service demands require additional units over the span of the 2026-2031 levy
- MAINTAIN contingencies and reserves to cover unanticipated and one-time expenses
- CONTINUE support for ALS-based programs (ALS Support for BLS Activities; having paramedics train paramedic students) that benefit the region

#### **BASIC LIFE SUPPORT (BLS) RECOMMENDATIONS\***

- INCREASE total BLS funding to help offset costs of providing EMS services
- INCORPORATE the BLS Training & QI funding into the BLS Allocation; REMOVE requirement that this funding be spent on training and QI activities
- INCREASE funding support for Mobile Integrated Healthcare (MIH) that addresses community needs
- DISTRIBUTE new BLS and MIH funding and annual increases using a more equitable methodology that is more weighted toward service level and need over assessed value
- SUPPORT mental wellness and DEI/ERSJ efforts proposed by the King County Fire Chiefs Association

#### **REGIONAL SERVICES & STRATEGIC INITIATIVES (RS/SI) RECOMMENDATIONS\***

- CONTINUE delivering programs that provide essential support to the system
- ENHANCE programs to meet regional needs
- CONTINUE AND DEVELOP strategic initiatives that leverage previous investments made by the region to improve patient care and outcomes

#### **FINANCE RECOMMENDATIONS\*\***

BASE financial plan on financial policies that provide stability to the system by:

- Incorporating sufficient reserves to mitigate unforeseen financial risk
- Ensuring additional protection and flexibility to meet emerging needs

\* Program recommendations apply to King County outside the City of Seattle

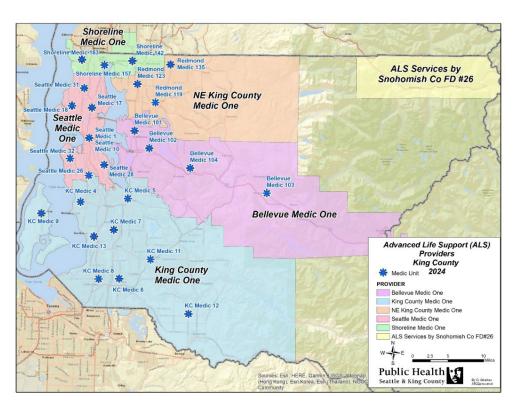
\*\* Finance recommendations include the City of Seattle

### **LEVY PROGRAM AREAS**

As discussed throughout this document, paramedics provide out-of-hospital emergency care for serious or lifethreatening injuries and illnesses. As typically the second on scene for critically ill patients, paramedics deliver Advanced Life Support (ALS) to patients including airway management, heart pacing, the dispensing of medicine, and other lifesaving out-of-hospital procedures under the medical supervision of the Medical Program Director. Paramedic interns receive more than 2,100 hours of highly specific and intensive emergency medical training through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of Washington School of Medicine, which is nearly double the required number of hours for Washington State paramedic certification.

In King County, a paramedic unit is typically staffed by two paramedics and provides service 24-hours per day, 365 days per year. The two-paramedic provider model was developed in Seattle in the early 1970s and has proven to be the most effective model for enhanced patient care outcomes when incorporated into a regionally coordinated tiered response system that includes dispatch and Basic Life Support (BLS).

Medic units are positioned throughout the region to best respond to service demands. As of 2024, there are 27 units in Seattle and King County managed by five agencies: Bellevue Medic One, King County Medic One, Northeast King County Medic One (Redmond), Seattle Medic One, and Shoreline Medic One. Of these five agencies, four are fire-based with firefighters trained as paramedics, and King County Medic One operates as a paramedic-only agency. Paramedic service is provided to the Skykomish area through a contract with Sky Valley Fire (formerly



known as Snohomish Fire District #26). Units may respond to areas where the municipal boundaries or the fire agency's response district crosses into neighboring counties. If service into these areas exceeds established levels, the receiving jurisdictions reimburses for such services as outlined in EMS policies.

Adding a medic unit to maintain critical service levels and address service challenges is a complex undertaking. Prior to adding a unit, the region conducts a thorough analysis, considering a variety of elements including workload (call volumes), response time, availability in primary service area, frequency and impact of multiple alarms, and medic exposure to critical skills. Analysis also includes possible dispatch criteria revisions and an assessment of whether medic units could be moved to other locations to improve workload distributions and response times. The decision to add or relocate units relies on obtaining regional consensus. **Appendix B: Advanced Life Support (ALS) Units** on page 56 provides a complete history of medic units in King County, highlighting when and where units were added.

### ALS

In 2023, paramedics responded to more than 51,000 calls for emergency medical care throughout the region. The median response time of medic units is 7.7 minutes, with units responding to 94 percent of the calls in less than 14 minutes. These response times have remained stable over the past three levy periods despite increases in King County's overall population. EMS data shows that paramedics respond to cardiac conditions (16 percent of ALS calls) and attend to older patients (33 percent of ALS calls are for people 65+ years of age).<sup>4</sup>

### **ALS SUBCOMMITTEE**

Chair: The Honorable Keith Scully, Shoreline City Councilmember

The ALS Subcommittee recognized its tasks as determining the number of medic units needed in the upcoming levy period and establishing the cost of each unit. Workload, service trends, and demographics were all factors considered by the group as it assessed future service demands and system needs. The Subcommittee reviewed in depth the standard medic unit allocation, analyzing actual expenditures for providing ALS services and comparing costs and trends across agencies. Revisiting the unit allocation resulted in slight revisions to the methodology that will help ensure sufficient funding for program oversight and support. Subcommittee participants weighed in on the benefits and costs of ALS-specific programs that support the entire regional system.

The ALS Subcommittee recommendations are as follows:

### **ALS RECOMMENDATION 1:**

# CONTINUE using the unit allocation methodology to determine costs. Update methodology to help ensure sufficient funding for program oversight and support.

The **standard unit allocation** is the basis for funding each full-time, 24-hour medic unit in King County. This allocation methodology is based on fully covering eligible ALS-related expenses to prevent cost-shifting to agencies. This cost model calculates the average annual costs across all ALS agencies to run a two-paramedic, 24-hour medic unit. Each individual paramedic agency's annual ALS funding is determined by multiplying the number of operating medic units by the unit allocation.

The unit allocation is an average of agency expenditures and was developed to ensure a fair and equitable distribution of funds across agencies. It provides a set amount of funding to each agency with the flexibility to manage funds based on its specific cost structure and needs. Annual comparison of costs on a unit basis allows the region to understand differences between agencies, share efficiencies, and identify potential new costs being experienced early by one or two agencies. These annual reviews help document and justify ALS allocation costs and evaluate if the allocation is covering 100 percent of eligible ALS costs.

During the 2020-2025 levy planning process, the unit allocation methodology was revised to simplify and better accommodate different types of costs. The Subcommittee agreed to maintain this current methodology for the 2026-2031 levy which breaks the overall unit allocation into four parts:

The **Medic Unit Allocation** includes direct paramedic services costs, such as paramedic salaries and benefits, medical supplies, pharmaceuticals, vehicle and facility operating and maintenance costs, communications, and other costs associated with direct paramedic services.

The **Program/Supervisory Allocation** (previously referred to as the Program Administration Allocation) includes costs related to the management and supervision of direct paramedic services such as the management, administration, supervision, finances, and analysis (including quality improvement) of direct paramedic services.

<sup>&</sup>lt;sup>4</sup> Emergency Medical Services Division 2024 Annual Report

The **ALS System Allocation** addresses costs that vary significantly between providers or are anticipated to vary during the levy period. This allocation is intended to reimburse agencies for highly mutable costs associated with paramedic students as well as costs associated with the paramedic recruitment cycle and any changes in program medical direction. Costs that vary between agencies include dispatch, whole blood, and medical direction. While the funds budgeted are shown on a per unit basis, agencies are reimbursed for actual costs incurred, with the EMS Division tracking costs against overall funding. Use of funds are monitored and reported.

The **Equipment Allocation** covers expenses related to equipment. Included are medic units, Medical Services Officer (MSO) and staff vehicles, defibrillators, stretchers, radios and communications equipment, stretcher systems, and other equipment with a lifespan of more than one year. This allocation includes items such as radios and mobile data computers that could be classified as operating by individual agencies.

The Subcommittee endorsed making slight adjustments to the Equipment and System Allocations to help cover vehicle and defibrillator costs that were increasing higher than inflation, and to accommodate the increased number of paramedic students. The distribution methodology for the Program/Supervisory Allocation was amended to distribute fixed costs by agency and more variable costs by unit, with no change to the total funding level.

### **ALS RECOMMENDATION 2:**

## CONTINUE INFLATING annual ALS operating allocation costs using CPI-W + 1% inflator; inflate equipment costs using equipment inflator.

During the 2020-2025 levy span, ALS allocations were inflated by the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) +1 percent. For 2026-2031, the Subcommittee supported continuing with the identified inflators and assessing them throughout the levy period. For additional information on financial assumptions used in the 2026-2031 levy financials, please see the Finance Key Assumptions Section on page 45.

### **ALS RECOMMENDATION 3:**

# MAINTAIN the current level of ALS service. The regional system has sufficient capacity to address current demand but should continue to monitor medic unit performance on an annual basis to ensure continued high performance.

#### **ALS Capacity Analysis**

ALS capacity analysis assesses the ability of current medic units to accommodate anticipated future demand for services, specifically through to the end of the levy period. This assessment includes consideration of unit performance trends and critical factors driving demand in addition to mitigation techniques such as the review of Criteria Based Dispatch (CBD) guidelines to reduce unnecessary ALS responses or relocation of units to better distribute calls among the units. Discussing the relocation of medic units to new locations is an important function of a regional system.

The ALS Subcommittee reviewed five-year (2018-2022) unit performance trends and exposures to critical skills and noted an innate challenge to interpreting the data and projecting demand for future services due to the 2020 pandemic's impact on call volumes and response times. The group concluded that while there was sufficient current capacity within the region, they strongly advocated for a CBD guideline review process to mitigate any potential growth in calls (CBD guideline review is anticipated in 2025) and to include a medic unit placeholder in the financial plan to ensure access to funds if needed.

### ALS

#### **Medic Unit Analysis**

The ALS Subcommittee concluded there was currently sufficient medic unit capacity (outside the City of Seattle) and supported continuing the annual review of medic units to ensure continued high performance. The regional medic unit analysis considers the following key performance indicators: unit workload (call volumes), median unit response times, availability in the primary service area and responses from units outside of the primary service area; and paramedic exposure to critical skills (e.g. intubations, response to cardiac arrest events).

While performance indicators do not serve as automatic prompts for adding new paramedic services, they do help with assessment of overall performance and direct attention to a geographical area of the Medic One/EMS system that may need further examination. This approach to medic unit analysis is useful since some units operate in small, highly dense areas with high call volumes and short response times, while others operate in larger, more rural areas with lower call volumes and longer response times. Monitoring unit performance in rolling five-year increments allows the region to identify both individual unit and overall trends to better understand the magnitude of service gaps and ascertain the need for additional service.

As noted, prior to implementation of new paramedic service, the region outside the City of Seattle conducts a thorough analysis of medic unit performance to assess whether mitigation strategies could address increasing stress on the system, including revisions to the CBD guidelines or medic unit relocations. If the regional review concludes that additional medic unit service is the only option remaining, a process of review and approval by the EMS Advisory Committee and the King County Council ensues through the budget process.

### **ALS RECOMMENDATION 4:**

# CONTINUE having a medic unit placeholder (reserve) in the financial plan to ensure access to resources should demand analysis support the addition of a medic unit during the 2026-2031 levy span.

Establishing a placeholder in a reserve fund provides access to funds to support additional medic unit service should mitigation attempts fail to improve ALS response capacity. The financial plan shows reserve funding of \$15.8 million to potentially fund a 12-hour unit in the third (2028) and fifth (2030) years of the levy period. *This is a resource to be used only if demand for ALS services exceeds existing available capacity despite mitigation attempts. It is not included as a definitive plan for adding medic units.* 

Prior to any request for access to this reserve fund, a comprehensive medic unit analysis and discussion with regional partners would occur to consider alternative options. Per EMS Financial Policies, the use of reserves requires review by the EMS Advisory Committee Financial Subcommittee, and the EMS Advisory Committee. If additional appropriation authority is needed, the County's budgeting process would be followed.

### **ALS RECOMMENDATION 5:**

# CONTINUE to use contingencies and reserves to cover unanticipated/one-time expenses. Contingencies and reserves are appropriate mechanisms to cover unanticipated and one-time expenses.

**Contingencies** can be used to cover increases in operating costs that cannot be covered by the ALS allocation or program balances. This includes paid time off (PTO) above amounts included in the allocation, and other potential cost increases above amount included in allocations. Contingency funding may also cover unplanned expenses

related to regional services and initiatives. In the 2020-2025 levy span, contingency funding was used to expand initial EMT training to accommodate the significant increase in new EMT hires and to create the ALS support for BLS activities program.

Analysis conducted within the ALS Subcommittee resulted in a funding recommendation of \$1.3 million a year for the 2026-2031 levy span.

**Programmatic reserves** can be used for other ALS expenses that may not be covered by allocations, program balances, or contingencies. Like in the previous levy span, the ALS Subcommittee recommended the 2026-2031 levy include programmatic reserves related to ALS equipment and ALS capacity (including a "placeholder for a potential new unit(s)" as outlined in **ALS Subcommittee Recommendation #4**). The group proposed that the levy fund's Rainy Day Reserve be accessed for risk issues including responses to major events and other issues as appropriate.

#### EQUIPMENT RESERVES

The ALS Subcommittee recommended funding ALS Equipment Reserves at \$1.3 million. This could cover ALS equipment costs such as new technology not currently included or accommodated within the equipment allocation or contingencies.

#### CAPACITY RESERVES

The ALS Subcommittee recommended funding the ALS Capacity Reserve at a total of \$17.4 million. This includes \$1.6 million for facility renovations to accommodate moving a medic unit into a station, investments needed at the current location, and temporary capacity increases. The remainder, approximately \$15.8 million, is set aside as a placeholder for a potential new unit, per **ALS Subcommittee Recommendation #4**. For more information on Contingencies and Reserves, please see **Finance Subcommittee Recommendation #2** on page 40.

### **ALS RECOMMENDATION 6:**

# CONTINUE to address service challenges presented in outlying areas through a regional approach.

The provision of paramedic services in the **Skykomish region** in the northeast corner of King County offers an example of the challenge serving outlying areas. This isolated area of King County is accessible only via Snohomish County and US-2 highway. The King County border starts just before the town of Baring and continues through Stevens Pass to the border with Chelan County. This area is primarily forest service land and includes the town of Skykomish and Stevens Pass Ski Resort.

There are a number of unique aspects in the Skykomish region relative to other provider areas, including required passage through Snohomish County in order to access to the region, call volumes less than 100 per year, seasonal demand for services peaks during the wintertime, a high percentage of trauma patients, and response and transport times that exceed the average urban and suburban times.

Since 2006, Sky Valley Fire (Snohomish County Fire District 26) has provided paramedic services to the adjacent areas in Snohomish County with a fire station located approximately 15 minutes from the King County border. Sky Valley Fire has worked closely with King County Fire District 50 to create an approach that provides excellent patient care to those living in or visiting the Skykomish Valley. After a detailed review, EMS partners determined that Sky Valley Fire remained in the best position to be able to provide consistent service to the isolated area and

### ALS

recommended that it continue providing contract services for that area. EMS partners also agreed to review and update the terms and conditions of the EMS policy regarding ALS service to outlying areas in advance of the 2026-2031 levy period.

### **ALS RECOMMENDATION 7:**

### **CONTINUE** to support two ALS-based programs that benefit the regional system.

Paramedics play a number of roles outside of first response duties that contribute to the quality of the regional system. These roles include instruction, training, and quality assurance/quality improvement (QA/QI). These activities support all tiers of the EMS system and foster improvements in patient outcomes. Conducting these activities on a regional basis ensures greater integration and participation and supports cohesive and consistent countywide training.

- The <u>ALS Support of BLS Activities program</u> assists ALS agencies in conducting BLS Run review, enhanced training, and activities focused on improving interaction between the ALS and BLS tiers in the EMS system. Fire agencies' BLS Training & QI funding supplemented this program during the 2020-2025 levy span. The recommendations for 2026-2031 support sufficiently funding this program without these monies, thereby "returning" this funding to BLS agencies to use as needed.
- There is value in incorporating certified field paramedics in the development of up-and-coming student interns at the <u>Paramedic Training program at Harborview</u>. This support helps students rise to the challenge befitting their duty as medical providers in the community, but also reinforces their field skills and commitment to the regional system. The recommendations for 2026-2031 support continuing this collaborative arrangement with the Paramedic Training program.

2020-2025 Levy	2026-2031 Levy
Maintain current level of ALS service	Maintain current level of ALS service
0 planned additional units	0 planned additional units
\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
<ul> <li>2 Reserve/Contingency categories to cover ALS- specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>
Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
Piloted two ALS-based programs that benefit the regional system in 2024-2025	Support two ALS-based programs that benefit the regional system
- ALS Support of BLS Activities	- ALS Support of BLS Activities
<ul> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>	<ul> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>

### **RPC** Meeting Materials

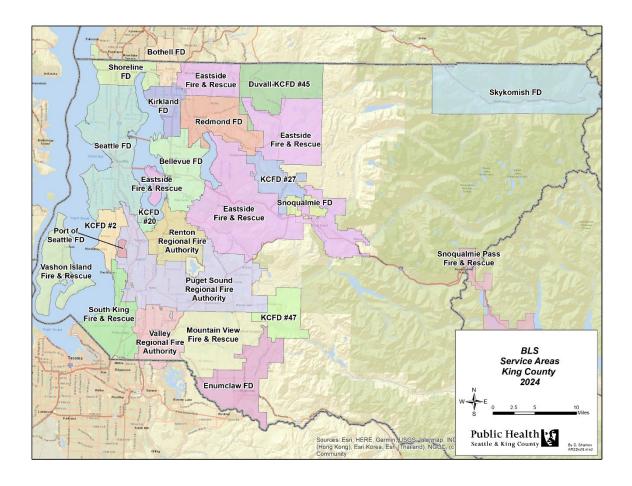
### **BASIC LIFE SUPPORT (BLS)**

**Basic Life Support (BLS)** personnel are the first responders to an incident, providing immediate basic life support medical care that includes advanced first aid, High performance CPR, and AED use to stabilize the patient. Provided by approximately 4,300 EMTs throughout the region, BLS is the foundation of all medical responses within the EMS system serving Seattle and King County.

EMTs in this regional system are among the most trained in the nation, receiving approximately 190 hours of emergency medical response training and hospital experience with additional training in CPR, cardiac defibrillation (electrical shocks given to restore a heart rhythm), and airway management. EMTs are certified by the State of Washington and must complete ongoing continuing education and quarterly trainings to maintain their certification. Like their ALS counterparts, EMTs are highly practiced and use their BLS skills daily.

As the first-on-scene provider, BLS contributes significantly to the success of the Medic One/EMS system. BLS agencies must arrive quickly, assess each situation, and provide effective and precise medical care. Although BLS receives limited funding through the EMS levy, it is an integral piece of the interdependency on which the entire EMS response system in King County is built.

Regional data shows that in 2023, EMTs responded to over 205,000 calls for emergency medical care throughout the region. The median response time of BLS units in Seattle and King County is 5.2 minutes. EMTs are more likely to respond to incidents involving trauma (57 percent), and younger patients (57 percent of BLS calls are for people 25-64 years of age). <sup>5</sup>



<sup>&</sup>lt;sup>5</sup> Emergency Medical Services 2024 Annual Report

### **BLS SUBCOMMITTEE**

Chair: The Honorable Armondo Pavone, Mayor of Renton

Total BLS funding, its distribution methodology, and addressing community needs were core topics of discussion for the BLS Subcommittee. Members endorsed modifying the BLS funding formula to help address equity and need, as well as increasing total BLS funding to reflect the growth in inflation, population, and BLS responsibilities. Mobile Integrated Healthcare (MIH) remained a regional priority, and the Subcommittee directed new funding into the program over the next levy span.

The <u>BLS Subcommittee recommendations</u> are described on the following pages.

### **BLS RECOMMENDATION 1:**

## INCREASE total BLS funding by at least \$3 million in the first year of the new levy, and up to \$5 million if that can be done within a 26.5-cent levy rate.

The BLS Subcommittee discussed five scenarios of possible funding levels. These options ranged from a 30 percent increase over 2020-2025 to a 50 percent increase over 2020-2025 levels. They acknowledged the need to balance the desire for increased funding with concerns about voter tax fatigue. Partners settled on \$3 million in new funding but requested that it be increased to \$5 million if it could fit within a 26.5-cent levy rate.

The August 2024 financial forecast showed that \$5 million in new funds could be accommodated within the proposed 25-cent levy rate.

### **BLS RECOMMENDATION 2:**

### A. ATTRIBUTE 60 percent of this new funding to the BLS Basic Allocation.

Since its inception, the regional Medic One/EMS levy has provided BLS agencies with an allocation to help offset costs of providing EMS services. The allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system but was never intended to fully fund BLS. The Subcommittee directed \$3 million of this new \$5 million into the basic allocation for agencies to use on a variety of EMS-specific items including personnel, equipment, and supplies.

### B. ATTRIBUTE 40 percent of this new funding to Mobile Integrated Healthcare (MIH).

The Subcommittee was adamant about the need to maintain support for the MIH program over the next levy span. Members endorsed a proposal that includes increasing connections with service providers, expanding MIH's role to help mitigate the opioid epidemic's impact on communities, supporting MIH ground-level personnel mental wellness, and leveraging proven tools (such as Julota software) to further refine how MIH programs collect data. They directed \$2 million of this new \$5 million into MIH for 2026 and beyond.

### **BLS RECOMMENDATION 3:**

## INFLATE annual costs using CPI-W + 1%. This inflator will be based on the forecast from the King County Office of Economic and Financial Analysis.

BLS agencies use the Medic One/EMS levy allocation to pay for different EMS-specific items. Since these items have differing inflationary trends, no one specific inflator would accurately reflect their increasing costs. However, since most BLS costs are related to wages and benefits, the BLS Subcommittee determined that using a standard CPI inflator tied to wages (CPI-W) as forecast by the King County Office of Economic and Financial Analysis was preferable.

### **BLS RECOMMENDATION 4:**

### INCORPORATE the BLS Training & QI program funding into the BLS Basic Allocation. Remove requirements that this funding be spent on training and QI activities.

The <u>BLS Training & QI program</u> provides BLS agencies with funding to pay paramedics and certified competencybased training (CBT) instructors for conducting run review and related EMT training. In 2023, the region initiated the <u>ALS Support of BLS Activities</u> program which provides funding directly to ALS agencies to conduct those training and QI activities that were previously funded by BLS training and QI monies. The BLS Subcommittee supported folding the BLS Training and QI funding into the Basic Allocation so that it is no longer earmarked specifically for QI and agencies can use the funds at their discretion.

### **BLS RECOMMENDATION 5:**

# DISTRIBUTE NEW BLS funding and annual increases using a more equitable distribution methodology of 60 percent call volume/40 percent Assessed Value (AV). Do not reset the first year of levy funding.

The current distribution methodology, in use since the 2008-2013 levy span, allocates funding to agencies based 50 percent on call volume, and 50 percent on AV. This methodology acknowledges and balances jurisdictions' services needs with financial investment. When examining different funding alternatives and distribution options, the conversation focused on finding a more equitable way to distribute the funds. Identifying that call volumes are associated with need, and need is often a reflection of inequitable access to care in the community, the Subcommittee revised the distribution methodology to be more weighted toward call volumes. This new ratio better balances the financial contribution with calls for service.

For the 2020-2025 levy span, the first year's total funding levels were reset which distributed the full allocation based on the most updated call volume and AV data. The Subcommittee opted against initiating a reset for the 2026-2031 levy span as resetting models showed large deviations to agency allocations.

### **BLS RECOMMENDATION 6:**

# SUPPORT King County Fire Chiefs Association Mental Wellness and Equity, Racism & Social Justice/Diversity, Equity & Inclusion proposals.

The King County Fire Chiefs Association (KCFCA) has partnered with the King County EMS Division to develop strategies that address mental wellness for all first responders and advance equity in EMS organizations and the diverse communities they serve. The Subcommittee endorsed continuing these efforts that further advance such causes for the 2026-2031 levy span:

#### Mental Wellness:

KCFCA proposes to create and implement a comprehensive approach across King County to support the health of our region's first responders, medics, and dispatchers. This will focus on a regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the mental wellness field. It includes consulting authorities in first responder mental wellness, continuing peer support training, and organizing other learning opportunities for EMS personnel.

#### Diversity, Equity and Inclusion/Equity, Racial and Social Justice:

This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel DEI and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and supporting outward facing work that connects communities to EMS skills and knowledge. This includes the community-based Vulnerable Populations Strategic Initiative along with the Strategic Training and Recruitment (STAR) program and the Future Women in EMS/Fire recruitment programs.

### **BLS RECOMMENDATION 7:**

# **DEVELOP** exceptions for the use of MIH restricted funds for those agencies unable to fully expend their MIH funding.

There are some BLS agencies, particularly in rural areas, that cannot implement a traditional MIH program. They may lack a sufficient volume of MIH-type calls; the levy funding available to them may not sustain an MIH program; or their location may exclude partnering with an existing MIH program. The EMS Division proposed authorizing these agencies to use their MIH funding in other ways to provide flexibility in meeting the needs of their communities. This would be discussed and determined on a case-by-case basis with regional review and consensus.

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2020-2025 Levy	2026-2031 Levy
Consolidate the funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements.	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation.
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

### <u>Mobile Integrated Healthcare (MIH)</u> <u>Programmatic Comparison Between Levies</u>

2020-2025 Levy	2026-2031 Levy
Provide \$26 million over 6 years for MIH.	Provide \$50 million over 6 years for MIH.
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes.	For the first year, distribute new funding across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation.
Inflate each agency's funding in subsequent years of levy by CPI-W + 1%.	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology.

**Regional Services** are programs that support the direct service activities and key elements of the Medic One/EMS system. They are critical to providing the highest quality out-of-hospital emergency care available. Helping to tie together the regional medical model components, these programs support the system by providing uniform regional medical direction, standardized EMT and emergency dispatch training, EMT and paramedic continuing education, centralized data collection and expert analysis, collective paramedic service planning and evaluation, and administrative support and financial management of the regional EMS levy fund.

**Strategic Initiatives** are innovative pilot programs and operations aimed to improve the quality of Medic One/EMS services and manage the growth and cost of the system. Testing new approaches, Strategic initiatives are continually assessed and may be reconfigured, if needed, to broaden the reach, advance their objectives, or meet emergent needs. Once completed and having achieved their intended outcomes or demonstrated efficacy to partners in the community, they may be transitioned into regional services as ongoing programs. Strategic initiatives have not only allowed the Medic One/EMS program throughout King County to maintain its role as a national leader in the field of emergency medical services but have also been instrumental in the system's ability to manage its costs.

Regional services and strategic initiatives contribute to the regional system's medical effectiveness. These programs extend across the segments of the Medic One/EMS system and are not centered solely on fast EMT or paramedic responses. For example, the system provides injury prevention programs to help ensure the safe use of car seats for infants and prevent falls among the elderly. These are important programs in managing the occurrence of medical emergencies that impact the system. CPR and automated external defibrillator (AED) programs help ensure bystander witnesses to cardiac arrests have the necessary training to assist by notifying 9-1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive to provide patient care and transport. Revising the region's criteria based guidelines which determine the appropriate level of EMS response has resulted in delays of adding new medic units and helped the system defray additional expenses. By forwarding lower-acuity calls to a Nurseline instead of sending a BLS response allows for BLS resources to be available for more acute patients. Having these programs coordinated at the regional level ensures prehospital patient care is delivered at the same standards across the system; policies and practices that reflect the diversity of needs are maintained; and local area service delivery is balanced with regional interests.

The **EMS Division** oversees these regional services and strategic initiatives and plays a significant role in developing, administering, and evaluating critical EMS system activities.

### **REGIONAL SERVICES SUBCOMMITTEE**

Chair: The Honorable Angela Birney, Redmond Mayor

The Regional Services Subcommittee systematically reviewed core programs and strategic initiatives to assess how well the activities were reaching their audiences and accomplishing intended goals. Partners discussed the benefits of the programs and attested to how the activities undertaken are making a difference in the community. This detailed review identified EMS system emergent needs and generated ideas to bring greater benefits to the system.

The concerns brought forth to this Subcommittee such as hiring issues; increased training for first responders; continued ALS/BLS interactions and quality improvement; and mental wellness support, were similar to issues identified by the other subcommittees, reiterating the need for a regional solution to these shared issues. The EMS Division worked with various partners to develop ideas and proposals for review by the Regional Services Subcommittee.

The Regional Services Subcommittee recommendations are as follows:

### **RS/SI RECOMMENDATION 1:**

### CONTINUE delivering programs that provide essential support to the system.

The Regional Services Subcommittee recommended continuing core regional services that support the key elements of the Medic One/EMS system. Such programs and services are the foundation of the direct services provided by EMS personnel, ensuring consistency and standardization throughout the system. These programs focus on superior medical training, quality improvement, and innovation, as well as strengthen community interactions and partnerships. Following are descriptions of these services. Please see **Appendix A: Proposed 2026-2031 Regional Services** on page 54 for a full list.

#### **Regional Medical Control**

Best medical practices drive every aspect of the Medic One/EMS system and are a main component of the system's success. Vital to this is a strong Medical Program Director to oversee all aspects of medical care and hold people within the system accountable. Responsibilities for this role include: writing and approving the patient care protocols for paramedics and EMTs; approving initial and continuing EMT medical education; approving criteria based dispatch (CBD) guidelines; developing new and updating existing medical quality improvement activities; and initiating disciplinary actions.

#### **Regional Medical Quality Improvement**

At the heart of quality patient care is the practice of quality improvement, or QI. EMS medical QI is the on-going programmatic and scientific review of the EMS system's performance to assure excellence in patient care. Impacting all components of the regional system, QI projects and programs require collaboration across both the academic and operational Medic One/EMS community. For example, evaluating the use of administering whole blood for hemorrhagic shock, the efficiencies of an updated nurse line for lower acuity calls, and the role of different CPR strategies for patients in cardiac arrest will help to advance the science of EMS care throughout the region.

#### Training

<u>EMT Training</u>: The EMS Division provides initial training, continuing education, and instructor/evaluator education for EMTs in King County. Through research, coordination, and communication among Medic One/EMS stakeholders and the regional Medical Program Directors, the Division develops curricula so that the training and educational programs meet individual agency, Washington State Department of Health, and national requirements. The Division is the liaison between the Washington State Department of Health and the 23 EMS/fire agencies in King County. It oversees the recertification and regulatory and policy changes to Medic One/EMS agencies.

<u>Dispatch Training</u>: Sending the appropriate resource in the appropriate manner is a critical link in the EMS system. The EMS Division provides comprehensive initial and continuing education training to dispatchers in King County outside the City of Seattle. King County dispatchers follow medically approved emergency triage CBD guidelines. These guidelines



were developed by the EMS Division. CBD uses specific medical criteria based on signs and symptoms to send the appropriate level of care with the proper urgency.

<u>CPR/AED Training</u>: The EMS Division of Public Health – Seattle and King County offers educational programs to King County residents, teaching them to administer life- saving techniques until EMS agencies arrive at the scene. This includes CPR classes with an emphasis on training teachers and students. Thousands of secondary school students receive instruction on CPR and AED use each year. In addition, regionally coordinated AED programs register and place automated defibrillators in the community within public facilities, businesses, and even private homes for high-risk patients, along with providing training in their use.

#### Community Centered Programs

The complex health needs of King County's residents can be as diverse as its communities. The EMS Division and its partners offer a wide variety of community centered services and programs to ensure emergency medical services provided are equitable, appropriate, and of the highest quality. This includes targeted community



interventions to help manage the rate of call growth in the EMS system and address the demand for services. Programs like the Communities of Care and the Vulnerable Populations Strategic Initiative provide community-specific education and training about the appropriate use of EMS services and how to receive the proper level of care. The Taxi Voucher Program, Nurseline and Mobile Integrated Healthcare programs offer alternative, high-quality care to 9-1-1 patients with lower acuity medical needs. The region reviews and revises dispatch

guidelines so that specific types of calls are receiving the most appropriate level of response. In addition, the EMS Division works with its partners on efforts preventing the need to call 9-1-1 in the first place, with programs designed to appropriately install child seats and mitigate potential falls among older adults.

#### **Regional Leadership and Management**

The EMS Division provides financial and administrative leadership and support to both Public Health – Seattle & King County government as well as external EMS partners, bringing expertise, knowledge, and stability to the system, thereby preserving the integrity and transparency of the entire system. The EMS Division actively engages with regional partners to implement the Medic One/EMS Strategic Plan; manage EMS levy funds; monitor contract and medical compliance and performance; identify and participate in countywide business improvement processes; facilitate the recertification process for the 4,300 EMTs in King County; and maintain the continuity of business in collaboration with Medic One/EMS partners. This also includes regional planning for the Medic One/EMS system which monitors medic unit performance, the periodic assessment of medic unit placement, and other system parameters. Regional planning analyzes medic unit demand projections and measures the impacts of regional programs, supported by ongoing data quality improvement activities.

#### Center for the Evaluation of Emergency Medical Services (CEEMS)

CEEMS conducts research aimed at improving the delivery of pre-hospital emergency care and advancing the science of cardiac arrest resuscitation. It is funded by grants from private foundations, state agencies, and federal institutions. CEEMS is a collaborative effort between the EMS Division and academic faculty from the University of Washington who are recognized nationally for their contributions in the care and treatment of cardiac emergencies. Achievements made by this collective effort continue to improve outcomes from sudden cardiac arrest and advance evidenced-based care and treatment.

### **RS/SI RECOMMENDATION 2:**

### ENHANCE programs to meet regional needs.

- The region continues to see a record number of EMT hires throughout the EMS system. Increasing the number of initial EMT training classes is required to get these new hires certified and meet the growing demands of EMS in the county.
- When the Telephone Referral Program, or Nurseline, contract was discontinued in 2023, the region supported finding a way to preserve this critical service. An even more comprehensive Nurse Navigation program was initiated in late 2024 which will help decrease non-emergent dispatches and improve the overall efficiency of the EMS system. Maintaining this renovated program is a priority for the 2026-2031 levy span.
- The STRIVE Initiative, implemented during the 2020-2025 levy period, modernized the EMS Division's online continuing medical education platform, EMS Online. Converting STRIVE's ongoing operations and maintenance into regional support services and providing funding for 2026-2031 will help ensure the EMS Division can meet the region's changing educational, data, and technological needs of the eLearning environment.

### **RS/SI RECOMMENDATION 3:**

### MAINTAIN AND DEVELOP Strategic Initiatives that leverage previous investments made by the region to improve patient care and outcomes.

Areas identified by the Regional Services Subcommittee include continued focus on vulnerable populations, enhancing quality improvement capabilities, and supporting mental wellness and equity and social justice efforts.

# **1.** Vulnerable Populations Strategic Initiative (VPSI) – CONTINUING AS EMS Community Health Outreach (ECHO)

VPSI was launched during the 2014-2019 levy period to improve interactions between EMS and historically underserved communities. Continued support for VPSI efforts throughout the 2026-2031 levy span will further enable communities to remain actively engaged with EMS agencies and continue to address disparities in access to services. This includes expanding community partnerships, connecting local EMS agencies to community-led organizations, and introducing new education and outreach topics to meet the evolving needs of the communities. To better represent this work and align with the commitment to equity and social justice, VPSI will be renamed **EMS Community Health Outreach (ECHO)** for the 2026-2031 levy span.

### 2. <u>A</u>ccelerating <u>E</u>valuation and Innovation: an <u>O</u>pportunity for <u>U</u>nprecedented Quality Improvement (AEIOU) Strategic Initiative - CONTINUING AS <u>P</u>ioneering <u>R</u>esearch for <u>I</u>mproved <u>M</u>edical <u>E</u>xcellence (PRIME) Strategic Initiative

AEIOU built upon the technological work between regional partners from all parts of the EMS system to bolster the region's quality improvement abilities, capacity, and efforts. It included creating standardized systems for data analysis, updating data-sharing mechanisms, and contributing toward advancements of medical research. **PRIME** is the next iteration in upgrading current data processes and enhancing overall data management capabilities, contributing to medical quality improvement efforts. It includes improvements to the patient care records software (ESO Solutions), data sharing, standardization, and data automation; improving integration pertaining to data systems with Public Health, ESO, and agencies; and conducting pilot projects to foster innovation.

### 3. Emergency Medical Dispatch Strategic Initiative - NEW

This Initiative invests in emergency medical dispatch (EMD) improvements, including identification of an external vendor to host the electronic criteria based dispatch (eCBD) guidelines used to determine the appropriate level of care and response type. Using an outside vendor brings greater security, more rapid eCBD updates, and increased interoperability between systems that exchange information. It also provides funding to explore EMD-focused pilots for continuous quality assurance/quality improvement activities during and after 9-1-1 calls.

## 4. King County Fire Chiefs Association Mental Wellness & Equity, Racism & Social Justice/Diversity, Equity & Inclusion proposals

The King County Fire Chiefs Association (KCFCA) has partnered with the EMS Division to develop strategies to address mental wellness for all first responders and advance equity in EMS organizations and the diverse communities they serve. Like the BLS Subcommittee, the Regional Services Subcommittee endorsed continuing these efforts that further advance such causes for the 2026-2031 levy span:

#### Mental Wellness:

KCFCA proposes to create and implement a comprehensive mental wellness approach across King County to support the health of our region's first responders, medics, and dispatchers. This effort will focus on a regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the mental wellness field. It will include consulting authorities in first responder mental wellness, continuing peer support training, and organizing other learning opportunities for EMS personnel.

#### Diversity, Equity and Inclusion/Equity, Racial and Social Justice:

This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel DEI and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and supporting outward facing work that connects communities to EMS skills and knowledge. This includes the community-based Vulnerable Populations Strategic Initiative along with the Strategic Training and Recruitment (STAR) program and the Future Women in EMS/Fire recruitment programs.

Programmatic Comparison Between Levies		
2020-2025 Levy	2026-2031 Levy	
Regional Services (RS)		
Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies.	Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships.	
Move BLS Core Services program out of Regional Services budget and into BLS allocation.	Enhance programs to meet regional needs.	
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%	
Strategic Initiatives (SI) and other programs		
Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a Mobile Integrated Healthcare (MIH) model to address community needs. • Convert BLS Efficiencies into ongoing programs • Transition CMT and E&E into MIH exploration • Convert RMS into ongoing programs • Integrate the BLS Training and QI SI into the BLS Allocation		
Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes. • Continue implementing next stages of Vulnerable Populations • Develop two new Initiatives: 1) AEIOU and 2) STRIVE • Transition Community Medical Technician into MIH exploration	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes.</li> <li>Continue implementing next stages of Vulnerable Populations -&gt; ECHO and AEIOU -&gt; PRIME</li> <li>Develop one new Initiative focused on Emergency Medical Dispatch</li> <li>Support KCFCA proposals promoting mental wellness and ERSJ/DEI</li> </ul>	
Provide regular updates to past audit recommendations		
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%	

### **ECONOMIC FORECAST**

The Medic One/EMS Levy financial plan is based on a post-pandemic economic recovery, which stabilized the economy after a period of high inflation and increased mortgage rates. Based on projections from the King County Office of Economic and Financial Analysis (OEFA), the financial plan assumes lower inflation with rates stabilizing at less than three percent in the second and third years of the levy period and the gradual lowering of mortgage rates. King County inflation is projected to remain higher than the national average.

In addition, residential assessed value (AV), particularly for single-family homes, is increasing at rates higher than commercial and industrial properties both in Seattle and King County. Commercial AV outside of the City of Seattle has remained more stable. As a result, OEFA has forecast a reduction in the City of Seattle's percentage of property tax relative to levels prior to 2022.

Given the experience of the 2020-2025 levy period with high inflation and dynamics affecting both AV projections and the distribution of AV between the City of Seattle and the KC EMS Fund (remainder of King County), it was deemed prudent by the Finance Subcommittee to continue to include economic/supplemental reserves to cover the potential of reduced property taxes or increased expenses related to inflation.

### **FINANCE SUBCOMMITTEE**

Chair: The Honorable Lynne Robinson, Mayor of Bellevue

The Finance Subcommittee assessed the programmatic recommendations developed by the other subcommittees and provided financial perspective and advice to the Task Force. As the ALS, BLS and Regional Services Subcommittees each developed its own set of recommendations specific to its program areas, the Finance Subcommittee reviewed the proposals as a whole package, rather than as individual and independent pieces, to ensure the financial plan was well balanced and financially prudent.

The Subcommittee also looked at the recommendations within the perspective of the levy planning economic environment, economic forecasts, and the potential for changes in the economic forecast. Significant efforts went toward analyzing financial implications of changes in economic conditions to develop appropriate contingency and reserve levels.

The Finance Subcommittee recommendations are as follows:

### FINANCE RECOMMENDATION 1:

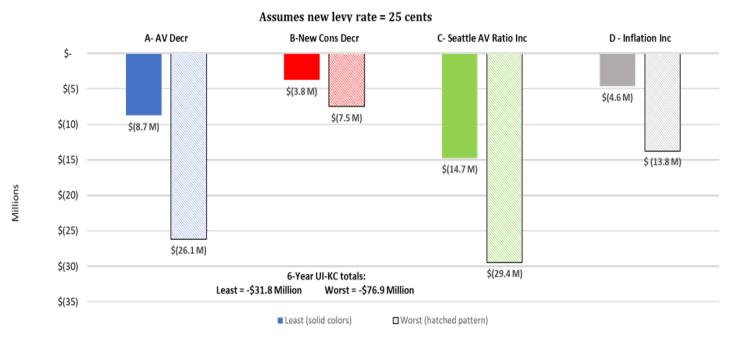
## CONDUCT A RISK ANALYSIS to determine appropriate reserve funding to help safeguard the Medic One/EMS system from unforeseen financial risk.

To better understand the level of risk for the next levy span, the Subcommittee requested that King County staff prepare different "what-if" scenarios (sensitivity analyses) to evaluate how changes to the proposed revenue and expenditures could impact the financial plan. The scenarios assumed:

- Potential of reduced property taxes, and
- Potential of higher inflation that could increase costs of planned services.

### FINANCE

The revenue scenarios considered three different ways property taxes could be less than planned: reduced AV; reduced new construction, and a change in the proportion of funds between the City of Seattle and the King County EMS Fund. The expenditure scenarios looked at potential increased inflation and evaluated inflation increases from 0.5 percent to 1.5 percent higher than planned. Each scenario contained a least and worst case situation for the Subcommittee to consider.



#### All 4 Scenarios: 6-Year Total Impacts For Least and Worst Cases

Subcommittee members used this information to determine whether the planned reserves could accommodate a potential change in economic conditions. Since the City of Seattle funds reserves separately from EMS levy funds, the Subcommittee focused on appropriate reserves for the King County EMS Fund. The potential impacts on the King County EMS Fund ranged from a decrease of \$31.8 million to a decrease of \$76.9 million. The financial plan includes approximately \$47.0 million for Economic/Supplemental Reserves. These reserves allow the EMS levy to remain whole even if many of these scenarios occur. Based on the potential for economic volatility, the Subcommittee recommended fully funding reserves and placing any additional funds into supplemental reserves.

### **FINANCE RECOMMENDATION 2:**

# INCORPORATE sufficient reserves and contingencies, with appropriate access policies, to mitigate financial risk and provide flexibility; adapt policies as needed for alignment with King County financial policies.

Reserves were first explicitly included in the 2008-2013 Medic One/EMS financial plan when regional partners wanted to ensure that funds were available to address emerging needs, particularly larger one-time expenses and unexpected/unplanned expenses. Now an integral and expected part of the levy's financial plan, EMS reserves are routinely reviewed and adjusted to better meet the needs of the regional system and consistency with updated King County Financial Policies.

#### 2026-2031 Proposed Contingencies and Reserves

Subcommittee members agreed that the financial plan should include adequate and reasonable reserves and contingencies to fund unanticipated or one-time costs. The group supported fully funding programmatic and King County-required rainy day reserves (90-day funding). In addition, Subcommittee members prioritized placing remaining funds in the Economic/Supplemental Reserves to protect the system should the economy change. Revenues received that are not needed to cover program and reserve needs will be placed in the Economic/Supplemental Reserves to supplement existing reserves, and/or be used to buy down a future levy rate. Reserves and contingencies would continue to have appropriate access and usage policies and would be consistent with King County financial policies.

Based on the system's programmatic needs as determined in the other three subcommittees and the desire to be prepared in the event of an economic downturn, the Finance Subcommittee recommended the following for Contingencies and Reserves.

- **Fund Contingencies** at \$1.3 million a year to cover significant increases in operating costs that cannot be accommodated by the ALS allocation or program balances. An example is paid-time-off above amounts included in the allocation (due to the need to backfill paid-time-off). On a limited basis, allow contingency funding to be available to cover unplanned expenses related to regional services and initiatives.
- Fund Programmatic Reserves that include:

**\$1.3 million for ALS equipment** – covers unplanned costs related to equipment including potential addition of new equipment, decreased lifespans of equipment or need for early replacement, and increased costs not accommodated within the Equipment Allocation, and

**\$17.4 million for ALS Capacity** – includes \$1.6 million to accommodate moving a medic unit to a new location or cover significant investments needed at current locations, and temporary capacity increases; and \$15.8 million as a placeholder for new units. This is consistent with **ALS Subcommittee Recommendations #4 and #5**.

- **Funding the Rainy Day Reserve** consistent with King County policy (currently 90-days). This is estimated at \$41.2 million.
- Placing any other available funds in the Economic/Supplemental Reserve to accommodate potential economic downturn. The current estimate is \$47 million.

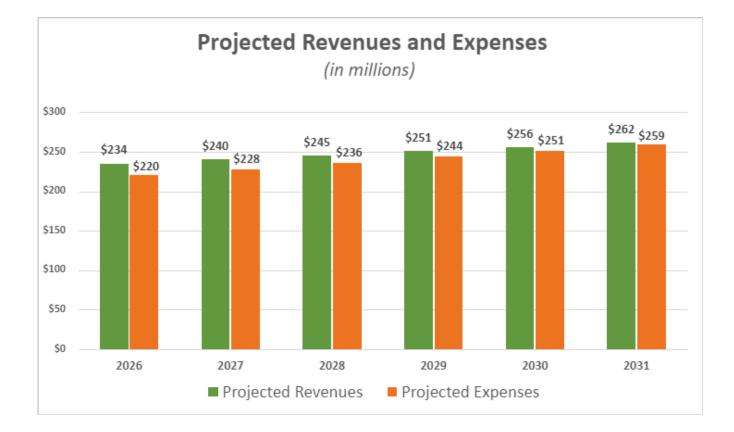
Total Contingencies & Reserves Budget for the 2026 - 2031 Levy Period	
	2026-2031 Total
Contingencies & Programmatic Reserves	\$26.5 million
Rainy Day Reserve	\$41.2 million
Total Programmatic Reserves	\$67.7 million
Economic/Supplemental/Rate Stabilization	\$47.0 million

### **FINANCE RECOMMENDATION 3:**

# EXPENDITURES AND RESERVES projected at \$1.5 billion over the six-year span. The budget supports maintaining current services and meeting anticipated future demand.

The proposed budget maintains funding for the system's key services of ALS, BLS, regional programs, and initiatives. An increase in BLS funding reflects the growth in inflation, population, and BLS responsibilities, while a revised BLS basic allocation helps address equity and need. There is enhanced support for the MIH program, two reconfigured strategic initiatives, and a new initiative focused on dispatch.

The 2026-2031 levy financial plan maximizes savings from the current levy period to fund future reserves. It assumes that a total of \$64.4 million from 2020-2025 levy reserves will carry forward to the 2026-2031 levy period to reduce the need to raise funds in the next levy span to fund reserves. This \$64.4 million is comprised of \$34.7 million from the rainy day fund, and \$29.7 million from the economic/supplemental reserves, and helps to reduce the starting levy rate.



The following chart compares projected revenues to expenditures for the 2026-2031 levy.

### **FINANCIAL PLAN OVERVIEW & ASSUMPTIONS**

The 2026-2031 financial plan endorsed by the EMS Advisory Task Force meets the programmatic needs identified in the subcommittees, maintains financial policies used during previous levy spans, and provides adequate reserves to ensure continuation of essential EMS services in the case of an economic downturn.

It was developed based on widely understood and accepted regional principles of the tiered system:

- The Medic One/EMS levy will continue to support the delivery of quality pre-hospital emergency medical services and supply adequate funding to provide these services;
- Advanced Life Support (ALS) services will remain the priority of the Medic One/EMS levy;
- Basic Life Support (BLS) services will be funded through a combination of local taxes and Medic One/EMS levy funds;
- The EMS Division is responsible for:
  - coordinating and convening regional partners to facilitate collaborative activities necessary to assure the success of the regional strategic and financial plans;
  - o managing and ensuring the transparency of system finances, and
  - o continuing to innovate and evaluate the efficacy and funding of programs from a system-wide perspective.

### **Financial Oversight and Management**

The EMS Division is responsible for managing the levy fund in accordance with the Medic One/EMS Strategic Plan, the EMS financial plan, EMS Financial Policies PHL 9-2 (see below), and adopted King County Ordinances. Public Health - Seattle & King County's Chief Financial Officer provides general oversight of the EMS Division financial plan. Financial policies will continue to be updated to document and meet system needs including adapting to updated King County Financial Policies (within funding limits of the levy) and reflect financial decisions and recommendations from the adopted Medic One/EMS 2026-2031 Strategic Plan. EMS Division responsibilities include the review and evaluation of allocations, and the management of regional services and strategic initiatives, Contingencies and Reserves as reflected in the Plan, the EMS financial plan and associated King County ordinances.

#### **EMS Financial Policies - PHL 9-2**

**Oversight and management** of EMS levy funds;

Methodology for appropriately **reimbursing ALS agencies** for eligible costs, including responsibilities by both the EMS Division and ALS agencies related to Operating and Equipment Allocations;

Required reporting by ALS agencies with review and analysis by EMS Division;

Methodologies for **BLS**, regional services and strategic initiatives funding;

Regional services and strategic initiatives management, and

Review and management of reserves and designations including program balances.

### **Considerations & Drivers**

This financial plan is based on key regional priorities outlined in this document to aggressively manage resources and the growth of services, create efficiencies, address uncertainty, and build on previous investments. Although experiencing a strong economy, the region was concerned about potential economic changes during the span of the next levy. Steps taken to help address uncertainties include continuing the ALS allocation structure with subtle updates, using the more conservative 65 percent confidence level in forecasting revenues (per King County policy) and ensuring sufficient contingencies and reserves. Reserve recommendations include fully funding programmatic and rainy day reserves plus directing any additional funds available in a 25.0 cent levy into an Economic/Supplemental reserve that could be used in the case of an economic downturn. In determining Economic/Supplemental reserve levels, King County prepared four different scenarios to evaluate how changes to the proposed AV, new construction, inflation, and City of Seattle AV could impact the EMS levy financials.

**Primary cost drivers** relate to increases in the costs of providing services, demand for services, and changes in the types of services to meet community needs. Primary revenue drivers include 2026 starting AV and assumptions related to new construction.

**Expenditures** are based on Subcommittees' recommendations and are inflated yearly based on forecasts from the King County Office of Economic and Financial Analysis. Reserves and contingencies are based on programmatic needs and updated for compliance with King County Financial Policies, including a 90-day rainy ray reserve requirement for all levy supported funds. Economic/Supplemental reserves are consistent with the rate stabilization reserve category in the financial policies.

**Revenues** are planned to cover expenditures across the 2026-2031 levy period. Revenue needs were reduced by carrying forward approximately \$64.4 million from the 2020-2025 levy. The recommended 25.0 cent per \$1,000 AV levy rate allows supplemental reserves of \$47 million that could be available in an economic downturn.

Medic One/Emergency Medical Services 2026-2031 Levy (in millions)								
	Seattle	KC EMS	Total					
Revenues								
Property Taxes	\$518.9	\$951.9	\$1,470.8					
Other Revenue		\$17.5	\$17.5					
Carryforward Reserves from 2020-2025		\$64.4	\$64.4					
Total Available Revenues	\$518.9	\$1,033.8	\$1,552.7					
TOTAL Expenditures	\$518.9	\$919.1	\$1,438.0					
Programmatic & Rainy Day Reserves		\$67.7	\$67.7					
TOTAL Expenditures and Reserves	\$518.9	\$986.8	\$1,505.7					
Funds available for Supplemental Reserves		\$47.0	\$47.0					
Levy Rate			25.0 cents					

### FINANCIAL PLAN ASSUMPTIONS

The 2026-2031 financial plan, like other financial plans, is based on numerous assumptions and acknowledges that actual conditions may differ from the original projections. The objective is to have a financial plan flexible enough to handle changes as they occur. Key financial assumptions provided by the King County Economist include new construction growth, assessed value, inflation, and cost indices. Actuals are through 2023. Most of the assumptions for the 2026-2031 financial plan include inflation and growth assumptions for 2025 as well as 2026-2031.

This section documents key assumptions and shows projected costs related to inflation increases and distribution of property taxes. It also outlines estimated revenues, expenditures, and reserves that constitute the 2026-2031 financial plan. Note that when numbers are rounded to millions for presentation purposes, some rounding errors will occur.

Total expenditures are projected to be \$1.4 billion over the 2026-2031 levy period, with \$919 million projected for the King County EMS Fund. The financial plan includes carrying forward \$64.4 million in rainy day and economic/supplemental reserves from the 2020-205 levy which reduces the funding and levy rate needed for the 2026-2031 levy. A 25.0 cent per \$1,000/AV rate is proposed to fund the 2026-2031 levy period.

### **KEY ASSUMPTIONS**

### Revenues

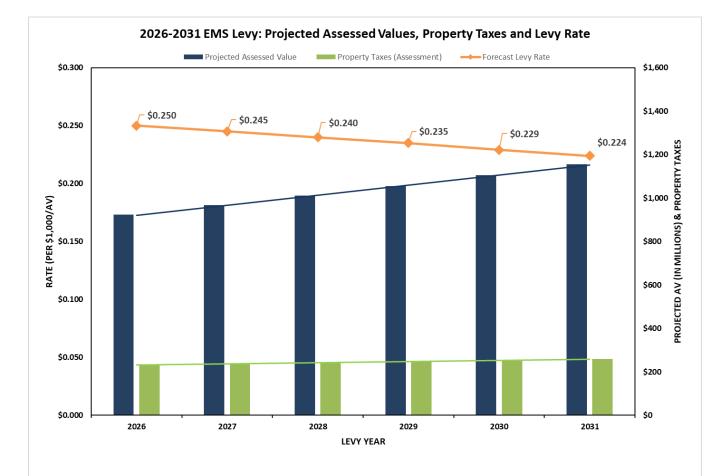
The 2026-2031 financial plan is based on an EMS property tax levy as the primary source of funding. The revenue forecast is built on assumptions including the AV at the start of the levy period, AV growth, and new construction AV, as forecast by the King County Office of Economic and Financial Analysis (OEFA). Other considerations include the division of property tax revenues between the City of Seattle and the King County EMS Fund, interest income on fund balance, and other revenues received by property tax funds at King County. While previous levy periods assumed a one percent delinquency rate, King County now forecasts without it.

The plan is based on increases in King County AV from 2020 to 2025 followed by a forecast of more moderate increases between 2026 and 2031. The forecast assumes growth of new construction AV from \$10.4 billion in 2026 (the first year of the levy) and end the levy period at \$11.8 billion in 2031. The EMS levy does not receive new construction funds in the first year of the levy.

Key Assumptions: 2026 - 2031 Forecast											
Rate of Growth	2026	2027	2028	2029	2030	2031					
New Construction		3.57%	2.00%	2.48%	2.19%	2.48%					
Growth in Existing AV	5.87%	4.64%	4.43%	4.45%	4.77%	4.52%					

#### Assessment (Property Taxes):

Per RCW 84.55.010, increases in assessments (property taxes) are limited to one percent plus assessments on new construction. Forecast property tax increases exceeding one percent are due to new construction. The following chart and table show the relationship between assessed value, levy assessment (property taxes), and levy rate as currently forecasted. While the growth in AV from 2026 to 2031 averages just under five percent per year, projected property taxes (property taxes/assessment) are projected to average just over two percent per year. Assessment includes a one percent increase on existing properties and the addition of new construction. Based on these increases, the levy rate is projected to decline from 25.0 cents to 22.4 cents per \$1,000 AV in the last year of the levy (2031).



Levy Year Projected AV		Projected AV Property Taxes Forecas (Assessment) Levy Rat		Growth in AV	Growth in Assessment
2026	\$924,584,361,939	\$231,146,090	\$0.250		
2027	\$967,445,977,367	\$237,045,806	\$0.245	4.64%	2.55%
2028	\$1,010,332,965,793	\$242,414,877	\$0.240	4.43%	2.26%
2029	\$1,055,291,690,277	\$247,862,021	\$0.235	4.45%	2.25%
2030	\$1,105,597,146,946	\$253,383,158	\$0.229	4.77%	2.23%
2031	\$1,155,558,905,321	\$259,007,621	\$0.224	4.52%	2.22%

Division of Revenues:

Revenues raised within the City of Seattle are sent directly to the City by King County; revenues for the remainder of King County are deposited in the King County EMS Fund. The percentage of overall AV in the City of Seattle has decreased during the current levy period from 40.1 percent in 2020 to 35.5 percent in 2025 but is forecast to increase slightly over the 2026-2031 levy period.

The following table shows AV trends for the 2026-2031 levy:

#### Estimated Value of Assessments for the 2026 - 2031 Levy Period (in millions)

	Average % of Assessed Value	Estimated Tax Revenue	Estimated Other Revenue	Estimated Total
City of Seattle	35.27%	\$518.9		\$518.9
KC EMS Fund	64.73%	\$951.9	\$17.5	\$969.4

The following table shows forecast property tax assessments based on the forecast division of property taxes by King County OEFA. Forecast levy revenue above one percent is due to new construction.

Forecast Property Tax Assessment 2026 - 2031 (in millions)											
	2026	2027	2028	2029	2030	2031	2026-2031 Total				
City of Seattle	\$80.7	\$83.0	\$85.3	\$87.7	\$89.9	\$92.3	\$518.9				
Growth in City of Seattle		2.85%	2.77%	2.81%	2.51%	2.67%					
KC EMS Fund	\$150.5	\$154.0	\$157.1	\$160.1	\$163.5	\$166.7	\$951.9				
Growth in KC EMS Fund		2.36%	1.97%	1.95%	2.10%	1.96%					

#### Other Revenues:

In addition to property taxes from the Medic One/EMS levy, the KC EMS Fund receives interest income on its fund balance, and other miscellaneous King County revenues distributed proportionately to property tax funds (such as lease and timber taxes).

Other Revenue Assumptions KC EMS Fund								
Revenues	Estimate	% of Total Revenue						
Interest Income	\$15,127,000	86.3%						
Other Revenue Sources	\$2,400,000	13.7%						
<b>Total Other Revenue</b>	\$17,527,000	100.0%						

### Expenditures

Total expenditures, including both City of Seattle and KC EMS Fund are estimated at \$1.4 billion with \$519 million estimated for the City of Seattle and \$919 million estimated for the King County EMS Fund. The remainder of this section covers KC EMS Fund expenditures.

The KC EMS Fund finances four main program areas related to direct service delivery or support programs:

- Advanced Life Support (ALS)
- Basic Life Support (BLS), including Mobile Integrated Healthcare (MIH)
- Regional Services (RS)
- Strategic Initiatives (SI)

In addition, funding for contingencies and reserves is allocated within the financial plan.

Program budgets are increased yearly with inflators appropriate to the program. All programs, except for the ALS equipment allocation, are proposed to be increased by the local CPI-W + 1%. The one percent accommodates benefits and other costs, such as pharmaceuticals, that often increase at rates higher than CPI-W. The CPI assumptions used in this financial plan were provided by King County OEFA. Expenditures are inflated by the previous year's actuals (through June).

CPI Assumptions – CPI-W									
Levy Year	2025	2026	2027	2028	2029	2030	2031		
CPI-W	3.63%	3.46%	2.96%	2.62%	2.84%	2.60%	2.49%		

The current CPI-W for the Seattle area is CPI-W Seattle-Tacoma-Bellevue. The ALS equipment allocation is inflated by the Producer Price Index for transportation equipment: other trucks and vehicles, complete, produced on purchased chassis, except upfitting trucks. If the definition of these indices is updated or discontinued, EMS will use the updated indices (such as the change in the PPI for transportation equipment in the past levy period) or choose a closely aligned index as reviewed by the King OEFA. If needed, an alternative index could be proposed and reviewed by the EMS Advisory Committee and King County OEFA.

Programmatic expenditure levels for the 2026-2031 levy period are based on increases using the identified inflator for the program, the timing of new services, and cash flow projections for individual strategic initiatives. The actual allocation will differ slightly based on actual (rather than forecast) economic indices.

#### **Expenditures by Program Areas**

Program Area Expenses	King County
Advanced Life Support (ALS)	\$511,807,522
Basic Life Support (BLS & MIH)	\$273,916,796
Regional Support Services	\$124,933,604
Strategic Initiatives	\$8,493,623
Sub-Total	\$919,151,545
Reserves	\$67,686,382
Total Programmatic Proposal	\$986,837,927
Economic/Supplemental Reserves	\$46,974,700

The following table includes the expenditures by program area for the KC EMS Fund.

#### Advanced Life Support (ALS) Services

Since the first Medic One/EMS levy in 1979, regional paramedic services have been largely supported by, and are the funding priority of, the Medic One/EMS levy. Costs have been forecasted as accurately as feasible; but should the forecasts prove insufficient, ALS remains the first priority for any available funds. Contingency and reserve funds are available if needed. Funding levels for Bellevue Medic One, Northeast King County Medic One (Redmond), Shoreline Medic One, and King County Medic One are allocated on a per unit cost basis, as shown in the chart below.

Advanced Life Support (ALS) Standard Unit Cost: 2026 Allocations							
Category	Average Costs	%					
Medic Unit Allocation	\$2,821,501	69.51%					
Supervisory/Program Allocation	\$711,281	17.52%					
System Allocation	\$375,176	9.24%					
Subtotal Operating Allocations	\$3,907,958	<b>96.27</b> %					
Equipment Allocation	\$151,271	3.73%					
ALS Per Unit Total	\$4,059,229	<b>100.00</b> %					

The equipment allocation is based on average cost of equipment purchases, the expected lifespan of the equipment, and the number needed per unit. Each medic unit is budgeted to have two vehicles – primary and back-up for when the primary is out-of-service, there is an overlap between shifts, and times when an extra response unit may be needed (such as in the event of a storm or flood).

ALS operating allocations are proposed to increase yearly by CPI-W + 1%. The equipment allocation will remain inflated using a PPI related to transportation equipment, as recommended by the King County Auditor's Office. The King County Economist recommends using a 40-year average of that PPI for forecast purposes.

Inflation Assumption	Calculation Basis	Source	2026	2027	2028	2029	2030	2031
Operating Allocation	Local CPI-W +1% (CWURS49DSAO)	KC OEFA	4.46%	3.96%	3.62%	3.84%	3.60%	3.49%
Equipment Allocation	WPU14130294	KC OEFA	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

### **ALS Allocation - Inflation Assumptions**

The following table shows estimated ALS costs for the KC EMS Fund.

#### Total Projected ALS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	202 <del>9</del>	2030	2031	2026-2031 Total
KC EMS Fund	\$77,669,176	\$80,720,142	\$83,626,832	\$86,815,477	\$89,925,097	\$93,050,798	\$511,807,522

The 2026-2031 financial plan recommends an annual review of ALS costs to minimize cost-shifting to agencies. As has been the practice, a group that includes representatives from the different ALS agencies will meet annually or as appropriate to review costs and provide recommendations on the adequacy of the allocations.

#### **Basic Life Support (BLS) Services**

Total BLS funding, including Mobile Integrated Healthcare (MIH), for 2026-2031 is estimated at \$273 million.

**Basic Life Support Funding:** While there are 23 fire agencies that provide BLS services throughout the region, the levy provides partial funding to 21 BLS agencies (excluding the City of Seattle and the Port of Seattle Fire Departments) to help ensure uniform and standardized patient care and enhance BLS services. BLS funding is inflated at CPI-W + 1% per year. In addition, \$3 million will be added to the baseline 2026 allocation and will be allotted in the first year using the newly revised BLS allocation distribution methodology. The one percent added to CPI acknowledges expenses, such as step increases, benefits, and other expenses such as pharmaceuticals that typically increase at rates higher than the inflationary assumptions included in the regional CPI-W.

#### Total Projected BLS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$33,962,126	\$35,307,026	\$36,585,141	\$37,990,010	\$39,357,652	\$40,731,235	\$223,933,190

**MIH Funding:** The 2026-2031 levy includes funding the MIH program to address community needs. MIH allocations inflate at CPI-W +1%. In addition, \$2 million will be added to the baseline 2026 allocation and will be distributed the first year using the same methodology as the BLS allocation. For additional information on MIH, please refer to page 29.

#### **Total Projected Annual MIH Expenses During the 2026-2031 Levy Period**

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$7,580,607	\$7,880,799	\$8,166,084	\$8,479,662	\$8,784,930	\$9,091,524	\$49,983,606

#### **Regional Services**

The EMS Division is responsible for managing regional Medic One/EMS programs and services that support critical functions that are essential to providing the highest quality out-of-hospital emergency care available. Funds to support overall infrastructure and expenses related to managing the regional system are budgeted in Regional Services. Regional services are inflated at CPI-W + 1% per year. For additional information on regional services, please refer to page 33.

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$18,947,663	\$19,697,991	\$20,411,058	\$21,194,843	\$21,957,859	\$22,724,190	\$124,933,604

#### Total Projected Regional Services Expenses for 2026-2031 Levy Period

#### Strategic Initiatives

Strategic initiatives are pilot projects geared to improve the quality of EMS services, contain costs, and/or manage the rate of system growth. Strategic initiatives are funded with lifetime budgets that include inflationary assumptions similar to those used by regional services. Increased funding for the programs and new projects is reviewed and recommended by the EMS Advisory Committee and the King County Council through the normal County budget process. For additional information on strategic initiatives, please refer to page 33.

	Total Projec	ted Strategic	Initiatives Ex	penses for t	he 2026-2031	Levy Period	
	2026	2027	2028	2029	2030	2031	2026-2031 Total
ECHO	\$482,988	\$559,292	\$638,787	\$663,316	\$687,195	\$711,179	\$3,742,757
PRIME	\$247,500	\$257,301	\$266,616	\$276,854	\$286,820	\$296,828	\$1,631,919
EMD SI	\$275,000	\$224,356	\$229,491	\$235,136	\$240,631	\$246,149	\$1,450,763
Mental Wellness	\$176,000	\$182,970	\$189,593	\$196,873	\$203,961	\$211,079	\$1,160,476
ERSJ/DEI	\$77,000	\$80,049	\$82,947	\$86,132	\$89,233	\$92,347	\$507,708
TOTAL King County	\$1,258,488	\$1,303,968	\$1,407,434	\$1,458,311	\$1,507,840	\$1,557,582	\$8,493,623

#### **Reserves and Contingencies**

Reserves were added during the 2008-2013 levy planning process and continue to be refined for this levy period. The reserve levels proposed are consistent with updated King County Financial Policies requiring 90-day reserves for levy funds and reflect the Task Force's concerns about being sufficiently resilient and able to provide services during a potential economic downturn.

Categories include programmatic, rainy day, and economic/supplemental reserves. Contingency funding, while technically not a reserve, is rolled into the programmatic category. Programmatic reserves are designed to cover potential ALS costs related to equipment and expanding capacity (including \$15.8 million "placeholder" that could cover costs related to adding up to two 12-hour ALS units). The plan includes a 90-day rainy day reserve, in adherence with King County financial policies. To ensure resiliency, funds above the amount needed to cover programmatic needs (expenditures, contingencies, and reserves) will be placed in an economic/supplemental reserve. These funds will be available to address funding if there is an economic downturn and can replenish other reserves during the levy period. If not used during the levy period, these reserves and contingency are intended to buy down a future levy rate. Use of programmatic reserves and contingency will be reviewed by the EMSAC Financial Subcommittee and the EMS Advisory Committee. The funds would also require appropriation by King County.

If needed to address emerging conditions, changed economic circumstances and/or King County policies, changes to reserves can be implemented during the 2026-2031 levy period. Such changes would require review and approval by the EMS Advisory Committee, the Executive, and the King County Council.

Reserves included in the 2026-2031 levy plan are shown in the following table.

	2026	2027	2028	2029	2030	2031
Programmatic Reserves	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000
Rainy Day Reserve	\$34,377,056	\$35,731,215	\$37,034,766	\$38,450,541	\$39,830,148	\$41,216,382
Total Programmatic Reserves	\$60,847,056	\$62,201,215	\$63,504,766	\$64,920,541	\$66,300,148	\$67,686,382
Economic/ Supplemental Reserves	\$17,935,149	\$28,730,755	\$37,075,300	\$42,643,462	\$46,020,165	\$46,974,700

#### Projected Annual Reserves Levels: 2026-2031 Levy

Note: Reserves roll over year-to-year; total budget dedicated to programmatic reserves is \$67.7 million

To encourage cost efficiencies and allow for variances in expenditure patterns, program balances were added during the 2002-2007 levy and have remained in practice. Program balances allow agencies to save funds from yearly allocations to use for variances in expenditures in future years. They are primarily used by ALS agencies to accommodate cashflow peaks related to completing labor negotiations – particularly related to back wages. Within the Regional Services budget, use of program balances may be related to the timing of special projects (particularly projects supporting ALS or BLS agencies). Program balances are proposed to continue in the 2026-2031 levy period. Program balances are not shown in the proposed levy financial plan but are reviewed on a regular basis.

### **Appendix A: Proposed 2026-2031 Regional Services**

Regional services planned in the 2026-2031 levy, including converted strategic initiatives are as follows:

#### **TRAINING AND EDUCATION**

#### **EMT TRAINING**

- Basic Training: Entry-level training to achieve WA State certification
- EMS Online Continuing Education (CE) Training: Web-based training to maintain/learn new skills and meet state requirements
- CBT Instructor Workshops: Training for Senior EMT instructors
- Regionalized Initial Training: Condensed training conducted zonally
- EMT Certification Recordkeeping: Monitor and maintain EMS certification records
- Strategic Training and Research (STAR) program: Training opportunities for traditionally underrepresented students
- **STRIVE:** The modernized EMS Online teaching platform supporting a Learning Management System (LMS) and Learning Records Store (LRS) for enhanced reporting capabilities

#### **PARAMEDIC TRAINING**

- **EMS Online Continuing Education modules:** Web-based training to maintain skills, developed in coordination with UW Harborview Paramedic Training program
- Paramedic Training: Certified paramedics support students at the UW Harborview Paramedic Training program
- Harborview Series: Posting of "Tuesday Series" on EMS Online

#### **EMERGENCY MEDICAL DISPATCH (EMD) TRAINING**

- Basic Training: 40 hours entry level Criteria Based Dispatch training
- **Continuing Education:** Eight-hour hybrid (in-class and EMS online web-based) instruction to reinforce training/learn new skills
- Advanced EMS Training: Enhanced medical dispatching concepts
- EMS Instructor Training: Instructor training for Basic Dispatch

**CPR/AED TRAINING**: Secondary School Students: Conduct CPR instructor training, purchase training supplies and equipment, train students

#### **COMMUNITY BASED PROGRAMS**

#### **INJURY PREVENTION**

- Fall Prevention for Older Adults: Home fall hazard mitigation and patient assessment
- Shape-up 50+ for a Healthy & Independent Lifestyle: A community awareness campaign regarding exercise opportunities for seniors to prevent falls and injuries
- Child Passenger Safety Program: Proper car seat fitting and installation for populations not served by other programs
- Targeted Age Driving: Safety interventions, include preventing driving and texting

**TRP/NURSELINE**: Divert low-acuity BLS calls to Nurseline for assistance in lieu of sending a unit response

TAXI TRANSPORT VOUCHER: Transport patients at lower costs using taxis as an alternative to private ambulances

**COMMUNITIES OF CARE**: Evaluate 9-1-1 calls for services and educate licensed care facilities on appropriate use of EMS resources

**MOBILE INTEGRATED HEALTHCARE**: Providing alternative yet still most appropriate care for lower-acuity and complex patients

#### **REGIONAL MEDICAL QUALITY IMPROVEMENT (QI)**

**REGIONAL MEDICAL DIRECTION:** Oversight of all medical care; approval of protocols, continued education, and quality improvement projects

PATIENT SPECIFIC MEDICAL QI: Review medical conditions to improve patient care

CARDIAC CASE REVIEW: Assessment and feedback re: cardiac arrest events throughout King County

**EMERGENCY MEDICAL DISPATCH QI:** Evaluation and improvement of medical 9-1-1 call handling and dispatch decisions

**CRITERIA-BASED DISPATCH (CBD) GUIDELINES: CBD Revisions:** Analysis to safely limit frequency that ALS is dispatched

**DISPATCHER-ASSISTED CPR QI:** Review of the handling of cardiac arrest calls; evaluate and provide feedback

#### **PUBLIC ACCESS DEFIBRILLATION (PAD)**

- PAD Registry: Maintain registry/ provide PAD location to dispatchers
- Project RAMPART: Funding to buy/place AEDs in public areas; provide CPR training to public sector employees
- PAD Community Awareness: Increase public placement and registration of AEDs (SI converted to RS for 2014-2019 levy

**ALS/BLS PATIENT CARE PROTOCOLS:** Development of EMT and Medic protocols/standards for providing prehospital care

**REGULATORY COMPLIANCE:** Ensure system-wide contractual/quality assurance compliance

#### **EMS DATA MANAGEMENT**

**EMS DATA COLLECTION:** Oversee collection/integration/use of EMS system data, including Medical Incident Reports

EMS DATA ANALYSIS: Analyze system performance and needs

**REGIONAL RECORDS MANAGEMENT SYSTEM (RMS)** /**SEND:** Improved network of data collection throughout the region with numerous EMS partners, including dispatch and hospitals

**EMS SUPPORT FOR SMALL AGENCIES**: Supports IT assistance and equipment purchases necessary for agencies to participate in the regional EMS system.

#### **REGIONAL LEADERSHIP AND MANAGEMENT**

**REGIONAL LEADERSHIP, MANAGEMENT, AND SUPPORT:** Provide financial and administrative leadership and support to internal and external customers; implement EMS Strategic Plans, best practices, business improvement process

MANAGE EMS LEVY FUND FINANCES: Oversee all financial aspects of EMS levy funding

CONDUCT LEVY PLANNING AND IMPLEMENTATION: Develop EMS Strategic Plan; implement programs

MANAGE HR, CONTRACTS, AND PROCUREMENT: Oversee contract compliance and continuity of business with EMS partners

#### **INDIRECT AND INFRASTRUCTURE**

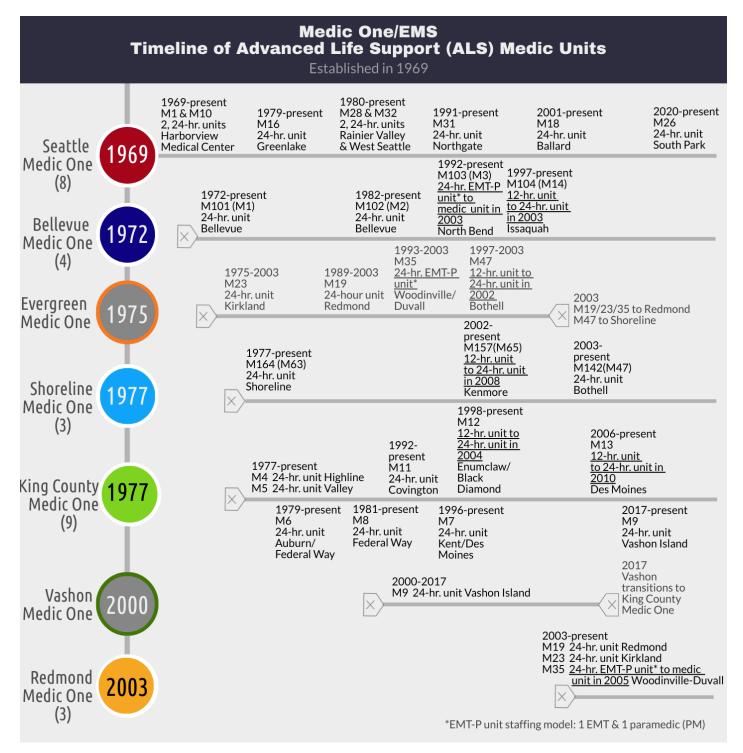
**INFRASTRUCTURE SUPPORT:** Infrastructure costs to support EMS Division including leases, vehicles, copier, etc.

INDIRECT AND OVERHEAD (INCLUDES INFORMATION TECHNOLOGY & BUSINESS SYSTEMS): Costs

associated with EMS Division including payroll, human resources, contract support, other services, and overhead

# **Appendix B: Advanced Life Support (ALS) Units**

The Medic One/EMS system serving Seattle and King County is recognized as the first EMS system established in the United States in 1969. The timeline below identifies the year that each Medic One ALS Program was established and key dates when medic units were added into service or removed from service. Full-time medic units staffed with two paramedics provide 24-hour service. Half-time units staffed with two paramedics provide 12-hour service. EMT-P units were used primarily to provide service to outlying areas and were staffed with an emergency medical technician and paramedics.



## **Appendix C: Comparisons Between Levies**

Program Area	2020-2025 Levy	2026-2031 Levy
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service
(ALS)	0 planned additional units	0 planned additional units
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
	<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one- time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>
	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
	Support two ALS-based programs that benefit the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program	Support two ALS-based programs that benefi the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
	Allocate funds to BLS agencies using methodology that is based on 50% Call Volumes and 50% Assessed Valuation; reset the first year using updated data that better reflects agencies' current Assessed Valuation and service levels; increase funding to ensure consistency in the first year	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 50% Assessed Valuation
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

Program Area	2020-2025 Levy	2026-2031 Levy
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service
(ALS)	0 planned additional units	0 planned additional units
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
	<ul> <li>2 Reserve/Contingency categories to cover</li> <li>ALS-specific unanticipated/one-time</li> <li>expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one- time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>
	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	INFLATORS Operating Allocation Inflator: CPI (using CPI-V + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
	Support two ALS-based programs that benefit the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program	Support two ALS-based programs that benef the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
	For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

MOBILE	Provide \$26 million over 6 years for MIH	Provide \$50 million over 6 years for MIH
INTEGRATED HEALTHCARE (MIH)	Distribute first year of funding across all agencies using BLS allocation methodology of 50% AV and 50% call volumes	Distribute new funding in the first year across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation
	Inflate each agency's funding in subsequent years of the levy by CPI-W + 1%	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology
Regional Services (RS)	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships
	Move BLS Core Services program out of Regional Services budget and into BLS allocation	Enhance programs to meet regional needs
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%
Strategic Initiatives (SI)	<ul> <li>Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a <u>Mobile Integrated</u> <u>Healthcare, or MIH</u>, model to address community needs</li> <li>Convert <u>BLS Efficiencies</u> into ongoing programs</li> <li>Transition <u>CMT</u> and <u>E&amp;E</u> into MIH exploration</li> <li>Convert <u>RMS</u> into ongoing programs.</li> <li>Integrate the <u>BLS Training and QI SI</u> into the BLS allocation</li> </ul>	
	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes</li> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop 2 new Initiatives: 1) <u>AEIOU</u> and 2) <u>STRIVE</u></li> </ul>	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes</li> <li>Continue implementing next stages of <u>Vulnerable Populations -&gt; ECHO</u> and <u>AEIOU -&gt;</u> <u>PRIME</u></li> <li>Develop 1 new Initiative focused on Emergency Medical Dispatch</li> <li>Support King County Fire Chiefs Association proposals promoting Mental Wellness and ERSJ/DEI</li> </ul>
	Transition <u>Community Medical Technician</u> into MIH exploration	
	Provide regular updates to past audit recommendations	
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

Citation	Chapters
Chapter 18.71 RCW	Defining EMS personnel requirements: Physicians
18.71.021	License required.
18.71.030	Exemptions.
18.71.200	Emergency medical service personnel Definitions.
18.71.205	Emergency medical service personnel Certification.
18.71.210	Emergency medical service personnel Liability.
18.71.212	Medical program directors Certification.
18.71.213	Medical program directors – Termination – Temporary delegation of authority.
18.71.215	Medical program directors Liability for acts or omissions of others.
18.71.220	Rendering emergency care Immunity of physician or hospital from civil liability.
Chapter 18.73 RCW	Defining EMS practice: Emergency medical care and transportation services
<u>Chapter 35.21.930 RCW</u>	Community Assistance Referral and Education Services program (CARES)
<u>Chapter 36.01.095 RCW</u>	Authorizing counties to establish an EMS System: Emergency medical services — Authorized — Fees
<u>Chapter 36.01.100 RCW</u>	Ambulance service authorized — Restriction
Chapter 70.05.070 RCW	Mandating public health services by requiring the local health officer to take such action as is necessary to maintain the health of the public
	Local health officer – powers and duties
<u>Chapter 70.46.085 RCW</u>	County to bear expense of providing public health services
Chapter 70.54 RCW	Miscellaneous health and safety provisions
70.54.060 RCW	Ambulances and drivers.
70.54.065 RCW	Ambulances and drivers-Penalty.
70.54.310 RCW	Semiautomatic external defibrillator-duty of acquirer-immunity from civil liability.
70.54.430 RCW	First responders—Emergency response service—Contact information
Chapter 70.168 RCW	Revising the EMS & trauma care system: Statewide trauma care system
70.168.170 RCW	Patient transportation—Mental health or chemical dependency services
<u> Chapter 74.09.330 RCW</u>	Reimbursement methodology for ambulance services—Transport of a medical assistance enrollee to a mental health facility or chemical dependency program
Chapter 84.52.069 RCW	Allowing a taxing district to impose an EMS levy: Emergency medical care and service levies

<u>Title 246-976 WAC</u>	Establishing the trauma care system: Emergency medical services and trauma care systems
	TRAINING
246-976-022	EMS training program requirements, approval, reapproval, discipline.
246-976-023	Initial EMS training course requirements and course approval.
246-976-024	EMS specialized training.
246-976-031	Senior EMS instructor (SEI) approval.
246-976-032	Senior EMS instructor (SEI) reapproval of recognition.
246-976-033	Denial, suspension, modification, or revocation of SEI recognition.
246-976-041	To apply for EMS training.
	CERTIFICATION
246-976-141	To obtain initial EMS agency certification following the successful completion of Washington state approved EMS course.
246-976-142	To obtain reciprocal (out-of-state) EMS certification, based on a current out- of-state or national EMS certification approved by the department.
246-976-143	To obtain EMS certification by challenging the educational requirements, based on possession of a current health care providers credential.
246-976-144	EMS certification.
246-976-161	General education requirements for EMS agency recertification.
246-976-162	The CME method of recertification.
246-976-163	The OTEP method of recertification.
246-976-171	Recertification, reversion, reissuance, and reinstatement of certification.
246-976-182	Authorized care Scope of practice.
246-976-191	Disciplinary actions.
	LICENSURE AND VERIFICATION
246-976-260	Licenses required.
246-976-270	Denial, suspension, revocation.
246-976-290	Ground ambulance vehicle standards.
246-976-300	Ground ambulance and aid service Equipment.
246-976-310	Ground ambulance and aid service Communications equipment.
246-976-320	Air ambulance services.
246-976-330	Ambulance and aid services Record requirements.
246-976-340	Ambulance and aid services Inspections and investigations.
246-976-390	Trauma verification of pre-hospital EMS services.
246-976-395	To apply for initial verification or to change verification status as a pre- hospital EMS service.
246-976-400	Verification – Noncompliance with standards.

	TRAUMA REGISTRY
246-976-420	Trauma registry Department responsibilities.
246-976-430	Trauma registry responsibilities.
	DESIGNATION OF TRAUMA CARE FACILITIES
246-976-580	Trauma designation process.
246-976-700	Trauma service standards.
246-976-800	Trauma rehabilitation service standards.
	SYSTEM ADMINISTRATION
246-976-890	Inter-hospital transfer guidelines and agreements.
246-976-910	Regional quality assurance and improvement program.
246-976-920	Medical program director.
246-976-930	General responsibilities of the department.
246-976-935	Emergency medical services and trauma care system trust account.
246-976-940	Steering committee.
246-976-960	Regional emergency medical services and trauma care councils.
246-976-970	Local emergency medical services and trauma care councils.
246-976-990	Fees and fines.
<u> Title 296-305-02501 WAC</u>	Emergency medical protection
<u>Title 458-19-060 WAC</u>	Emergency medical service levy
King County Code Section 2.35A.030	<ul> <li>Enlergency medical service levy</li> <li>Establishing the Emergency Medical Services Division within the Department of Public Health and describing the duties of the division.</li> <li>The duties of the EMS division shall include the following:</li> <li>A. Tracking and analyzing service and program needs of the EMS system in the county, and planning and implementing emergency medical programs, services and delivery systems based on uniform data and standard emergency medical incident reporting;</li> <li>B. Providing medical direction and setting standards for emergency medical and medical dispatch training and implementing EMS personnel training programs, including, but not limited to, public education, communication and response capabilities and transportation of the sick and injured;</li> <li>C. Administering contracts for disbursement of Medic One EMS tax levy funds for basic and advanced life support services and providing King County Medic One advanced life support services;</li> <li>D. Coordinating all aspects of emergency medical services in the county with local, state, and federal governments and other counties, municipalities, and special districts for the purpose of improving the quality of emergency medical services and disaster response in King County; and</li> <li>E. Analyzing and coordinating the emergency medical services components of disaster response capabilities of the department. (Ord. 17733 § 5, 2014).</li> </ul>

REVENUES	2026 Proposed	2027 Proposed	2028 Proposed	2029 Proposed	2030 Proposed	2031 Proposed	2026-2031
Countywide Assessed Value (EMS Only) <sup>1</sup> Countywide EMS Levy	924,584,361,939 231,146,090	967,445,977,367 237,045,806	1,010,332,965,793 242,414,877	1,055,291,690,277 247,862,021	1,105,597,146,946	1,155,558,905,321 259,007,621	1,470,859,574
Proportion	34 90%	35.02%	35.21%	35 40%	35.47%	35 64%	
Projected Net Seattle Property Taxes	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
Seattle Revenue	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
Proportion	65.10%	64.98%	64.79%	64.60%	64.53%	64.36%	100.00%
Projected Net King County Property Taxes	150,480,812	154,033,691	157,061,645	160,131,241	163,498,688	166,705,097	951,911,175
Fridected Arrig County Other Revenue King County Revenue	3,343,000 153,825,812	157,059,691	2,783,000 159,844,645	2,791,000 162,922,241	2,791,000 166,289,688	2,791,000 169,496,097	969,438,175
TOTAL REVENUE	234,491,090	240,071,806	245,197,877	250,653,021	256,174,158	261,798,621	1,488,386,574
Total City of Seattle	180 665 2781	183 043 1451	185 252 2221	187 720 7841	180 887 1601	102 202 5211	1548 048 2001
	(art, art,			(00 045 477)			
Basic Life Sunnort Services King County	(41 542 733)	(43, 187, 895)	(44 751 225)	(46 469 672)	(48 149 582)	(49 822 759)	(273 916 796)
Regional Services	(18.947.663)	(19.697.991)	(20,411,058)	(21, 194, 843)	(21.957.859)	(22.724.190)	(124.933.604)
Strategic Initiatives	(1,258,488)	(1,303,968)	(1,407,434)	(1,458,311)	(1,507,840)	(1,557,582)	(8,493,623)
Total King County EMS Fund	(139,418,060)	(144,909,926)	(150,196,549)	(155,938,303)	(161,533,378)	(167,155,328)	(919,151,545)
TOTAL EXPENDITURES	(220,083,338)	(227,922,042)	(235,549,781)	(243,669,084)	(251,417,848)	(259,457,852)	(1,438,099,945)
DIFFERENCE Revenues/Expenditures	14,407,752	12,149,765	9,648,096	6,983,937	4,756,310	2,340,769	50,286,629
RESERVES (not cumulative)							
KC Expenditure Reserves	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)
KC Economic/Supplemental Reserves <sup>2</sup>	(17,935,149)	(28,730,755)	(37,075,300)	(42,643,462)	(46,020,165)	(46,974,700)	(46,974,700)
KC Rainy Day Reserves (90 day requirement) <sup>3</sup>	(34,377,056)	(35,731,215)	(37,034,766)	(38,450,541)	(39,830,148)	(41,216,382)	(41,216,382)
	(10,102,201)	(90,001,010)	100,000,000	ادمه ۲۵۲٬ ۱۹۱	(112,020,010)	(114,001,002)	(114,001,002)



**KING COUNTY** 

### Signature Report

ATTACHMENT 2 1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

### Ordinance

	Proposed No. 2025-0118.2 Sponsors Dunn, Dembowski, Quinn and Balducci
1	AN ORDINANCE accepting and approving the Medic
2	One/Emergency Medical Services 2026-2031 Strategic
3	Plan submitted by the executive.
4	PREAMBLE:
5	Emergency medical services are among the most important services
6	provided to county residents. Those services include basic and advanced
7	life support, regional medical control and quality improvement,
8	emergency medical technician training, emergency medical dispatch
9	training, cardiopulmonary resuscitation and defibrillation training,
10	paramedic continuing education, injury prevention education, and related
11	services. In combination, those services have made the emergency
12	medical services network in King County an invaluable lifesaving effort
13	and an important part of the quality of life standards afforded residents of
14	the county.
15	The Medic One/emergency medical services system in King County is
16	recognized as one of the best emergency medical services program in the
17	country. With an international reputation for innovation and excellence, it
18	offers uniform medical care regardless of location, incident circumstances,
19	day of the week, or time of day. It serves over 2.2 million people

Ordinance

20	throughout the region and provides life-saving services on average every
21	two minutes.
22	The King County regional system has among the finest of medical
23	outcomes in the world for out-of-hospital cardiac arrest. In 2023, the
24	system achieved a fifty-one-percent survival rate for cardiac arrest, which
25	is among the highest-reported rates in the nation. Compared to other
26	communities, Seattle and King County cardiac arrest victims are two to
27	three times more likely to survive.
28	The system's success can be traced to its unique design that is built upon
29	the following components:
30	1. Regional, collaborative, cross jurisdictional, and coordinated
31	partnerships that allow for "seamless" operations;
32	2. Emergency medical services that are derived from the highest
33	standards of medical training, practices and care, scientific evidence, and
34	close supervision by physicians experienced in emergency medical
35	services care;
36	3. A commitment to equitable medical care that uplifts and safeguards
37	the well-being of all King County communities;
38	4. Programmatic leadership and innovative strategies that allow the
39	system to obtain superior medical outcomes and meet the needs and
40	expectations of its varied communities and users;

41	5. Sustained regional focus on operational and financial efficiencies that
42	have led to the system's financial viability and stability, even throughout
43	the economic recession; and
44	6. Stable funding by a voter approved levy that makes the services it
45	provides less vulnerable, though not immune, to fluctuations in the
46	economy.
47	King County should continue to exercise leadership and assume
48	responsibility for assuring the consistent, standardized, effective, and cost-
49	efficient development and provision of emergency services throughout the
50	county.
51	The emergency medical services advisory task force reconvened in 2024
52	to develop interjurisdictional agreement on an emergency medical services
53	strategic plan and financing package for the 2026-2031 levy funding
54	period.
55	Beginning in February 2024, the emergency medical services advisory
56	task force worked collaboratively with emergency medical services
57	partners to review system needs and regional priorities and develop
58	programmatic and financial recommendations that ensure the integrity of
59	the world-class Medic One/emergency medical services system is
60	maintained. On September 26, 2024, the emergency medical services
61	advisory task force endorsed its Programmatic Needs Recommendations,
62	which became the foundation of the Medic One/Emergency Medical
63	Services 2026-2031 Strategic Plan.

64	The Medic One/Emergency Medical Services 2026-2031 Strategic Plan
65	outlines how the region will execute the operational and financial
66	recommendations that the emergency medical services advisory task force
67	endorsed on September 26, 2024. It is the primary policy and financial
68	document that directs the emergency medical services network into the
69	future.
70	The policies embedded within the Medic One/Emergency Medical
71	Services 2026-2031 Strategic Plan ensure that the emergency medical
72	services system serving Seattle and King County: remains an adequately
73	funded, regional tiered system; reflects the existing successful medical
74	model; and continues to provide state of the art science-based strategies,
75	programs and leadership.
76	BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
77	SECTION 1. The council hereby accepts and approves the Medic
78	One/Emergency Medical Services 2026-2031 Strategic Plan, dated May 28, 2025, which
79	is Attachment A to this ordinance. The recommendations contained in the Medic
80	One/Emergency Medical Services 2026-2031 Strategic Plan shall inform and update the

- 81 provision of emergency medical services throughout King County during the 2026-2031
- time span.

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

ATTEST:

Girmay Zahilay, Chair

Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Shannon Braddock, County Executive

Attachments: A. Medic One/Emergency Medical Services 2026-2031 Strategic Plan, dated May 28, 2025

ATTACHMENT A

May 28, 2025

Seattle & King County



1

# MEDIC ONE/ EMERGENCY MEDICAL SERVICES



3 4 5 6 7	The EMS system in King County has a long history of collaboration, and this Medic One/EMS 2026-2031 levy planning process was no exception. The EMS Division, Public Health – Seattle & King County, would like to thank the EMS Advisory Task Force and the numerous participants who so willingly gave us their time, insight, and expertise to ensure our nationally-recognized system will continue to thrive far into the future. <sup>1</sup> We appreciate your commitment to this undertaking.				
8	King County Executiv	ve			
9	Karan Gill	Chief of Staff to Executive Dow Constantine; Task Force Chair			
.1	King County Council				
2	Reagan Dunn	Councilmember			
.3 .4	Tom Goff	Director of Local and Regional Affairs			
.5	Cities over 50,000 in Population				
.6	Angela Birney	Mayor, City of Redmond; Regional Services Subcommittee Chair			
7	Brian Carson	Fire Chief, Puget Sound Regional Fire Authority, representing the City of Kent			
.8	Jim Ferrell	Mayor, City of Federal Way			
.9	Karen Howe	Deputy Mayor, City of Sammamish			
20	Armondo Pavone	Mayor, City of Renton; BLS Subcommittee Chair			
21	Lynne Robinson	Mayor, City of Bellevue; Finance Subcommittee Chair			
22	Kevin Schilling	Mayor, City of Burien			
23	Harold Scoggins	Fire Chief, City of Seattle			
24	Keith Scully	Councilmember, City of Shoreline; ALS Subcommittee Chair			
25	Penny Sweet	Councilmember, City of Kirkland			
26 27	Brad Thompson	Fire Chief, Valley Regional Fire Authority, representing the City of Auburn			
28	Cities under 50,000	in Population			
29	Catherine Cotton	Councilmember, City of Snoqualmie			
80	Vic Kave	Mayor, City of Pacific			
81 82	Sean Kelly	Mayor, City of Maple Valley			
33	King County Fire Cor	nmissioners			
34	Don Gentry	Fire Commissioner, Mountain View Fire & Rescue			
85	Jenny Jones	Fire Commissioner, Enumclaw Fire Department			
86	Anita Sandall	Fire Commissioner, Eastside Fire & Rescue			
37					
88 89	If you have questions about the Medic One/EMS 2026-2031 levy reauthorization process or Strategic Plan, please contact:				
10	Helen Chatalas, Depu	uty Director			
1	Emergency Medical Services Division				
2	Department of Public Health - Seattle & King County				
13		401 5th Ave., Suite 1200, Seattle, WA 98104			
4	Email: Helen.Chatalas@	<u>@kingcounty.gov</u> Website: <u>www.kingcounty.gov/health/ems</u>			

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3

<sup>&</sup>lt;sup>1</sup> Participant titles are representative of the titles held during the levy planning process

### **Levy Planning Process Partners**

45

Will Aho, Eastside Fire & Rescue 46 Dan Alexander, Renton Regional Fire Authority 47 Eric Andrews, Sky Valley Fire 48 Marc Bellis, Bellevue Fire MPD 49 Rachel Bianchi, City of Sammamish 50 51 Nate Blakeslee, Renton Regional Fire Authority Schon Branum, Seattle Fire 52 Matt Burrow, Bellevue Fire 53 54 Brant Butte, AMR Jasmine Chau, Chinese Information & Service Center 55 Charles Chen, Burien Fire 56 57 Andrea Coulson, King County Medic One 58 Matt Cowan, Shoreline Fire Kevin Crossen, South King Fire 59 60 Brian Culp, KCFD #27 - Fall City Ben Davidson, Vashon Island Fire & Rescue 61 Tim Day, Valley Regional Fire Authority 62 Andrea DeCaro, Northeast KC Medic One 63 64 Lisa Defenbaugh, South King Fire Marianne Deppen, NORCOM 65 Chuck DeSmith, Renton Regional Fire Authority 66 Alexa Dilhoff, Bellevue Fire 67 Larry Doll. Seattle Fire 68 69 Cody Eccles, King County Council Maggie Eid, City of Kirkland 70 Scott Faires, Eastside Fire & Rescue 71 72 Jamie Formisano, Eastside Fire & Rescue Greg Garat, Eastside Fire & Rescue 73 74 Rachel Garlini, Shoreline Fire Matt Gau, Tri-Med Ambulance 75 76 Jason Gay, Burien Fire Natasha Grossman, Bellevue Fire 77 Jay Hagen, Bellevue Fire 78 Maymuna Haji, Somali Health Board 79 Katie Halse, City of Bellevue 80 Steve Heitman, Renton Regional Fire Authority 81 Veronica Hill, City of Kirkland 82 Mark Horaski, Valley Regional Fire Authority 83 Cory James, NORCOM 84 Dawn Judkins, Mountain View Fire & Rescue 85 Raman Kaur, City of Seattle 86 87 Tony Kuzma, AMR Ben Lane, Eastside Fire & Rescue 88 Eric Lee, Bellevue Fire 89 Herlinda Martin, St. Vincent de Paul 90 91 Lizbeth Martin-Mahar, King County Rebeccah Maskin, King County 92 Vonnie Mayer, Valley Com 93 Doug McDonald, Eastside Fire & Rescue 94 Graham McGinnis, King County Medic One 95 96 Hendrika Meischke, University of Washington

Wayne Metz, Burien Fire Stephanie Miller, Lake WA School District Tania Mondaca, King County Council Joan Montegary, Eastside Fire & Rescue Amy Moorhead, Northeast KC Medic One Mirya Munoz-Roach, St. Vincent de Paul Bill Newbold, Kirkland Fire Rick Olson, Valley Regional Fire Authority Andres Orams, Shoreline Fire Brian Parry, Sound Cities Association Eric Perry, City of Renton Steve Perry, King County Medic One Mark Peterson, Shoreline Fire Kaleigh Phillips, Redmond Fire Drew Pounds, King County Josh Pratt, Kirkland Fire Michael Rogers, Seattle Fire Chris Santos, Seattle Fire Mark Sawdon, King County Medic One Cal Schlegel, King County Medic One Susan Schoeld, King County Adrian Sheppard, Redmond Fire Mohamed Shidane, Somali Health Board Pete Simmons, Sky Valley Fire Scott Symons, Bellevue Fire Dave Tait, Bellevue Fire Eric Timm, Paramedic Training Program Kenney Tran, Seattle OEM Liz Tusing, Redmond Fire Aaron Tyerman, Puget Sound Regional Fire Authority Evan Van Otten, King County Medic One Dave Van Valkenburg, South King Fire Melissa Vieth, NORCOM Simon Vila, King County Matt Vinci, Vashon Island Fire & Rescue Brian Wallace, Seattle Fire Jimmy Webb, South King County Fire Training Consortium Jim Whitney, Redmond Fire Todd Wollum, Shoreline Fire Kwan Wong, City of Bothell Ryan Woodey, Kirkland Fire Mei Po Yip, Chinese Information & Service Center

#### EMS Division, Public Health - Seattle & King County

Mary Alice Allenbach Jason Hammond Jen Blackwood Kristine Mejilla Cynthia Bradshaw Laura Miccile Kellv O'Brien Juan Diaz Michele Plorde Markisha Dixon Leah Doctorello Dr. Tom Rea Chris Drucker Amy Warrior Becky Ellis Rose Young

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RPC Meeting Materials

### **EXECUTIVE SUMMARY**

- The Medic One/Emergency Medical Services (EMS) system serving Seattle and King County is known worldwide for its excellent medical results. By simply dialing 9-1-1, all residents have immediate access to the best possible medical care, regardless of location, circumstances, or time of day. For 45 years, the system's commitment to medicine, science, innovation, and partnerships has resulted in thousands of lives saved and an EMS program that is second to none.
- 133The system is primarily funded by a countywide, voter-approved EMS levy (per RCW 84.52.069). Mandated by state134law to be exclusively used to support emergency medical services, the levy is a reliable and secure source for135funding our successful and highly acclaimed system.
- The current six-year levy expires December 31, 2025. To ensure continued emergency medical services in 2026 and beyond, King County undertook an extensive planning process in 2024 to develop a Strategic Plan and finance plan (levy) for King County voters to consider renewing in 2025. This process brought together regional leaders, decision-makers, and partners to assess the needs of the system and collectively develop recommendations to direct the system into the future. As in past years, the EMS Advisory Task Force, comprised of regional elected officials, oversaw the development of the recommendations and was responsible for endorsing broad policy decisions including the levy rate, length, and ballot timing.
- As the EMS system's primary policy and financial document, the Strategic Plan defines the roles, responsibilities,
   and programs for the system and establishes a levy rate to fund these approved functions. On September 26,
   2024, the Task Force endorsed the programmatic and financial recommendations that form the basis of this Medic
   One/EMS 2026-2031 Strategic Plan.
- 147 The 2026-2031 Medic One/EMS Strategic Plan includes the following key elements:
- A six-year Medic One/EMS levy at \$.25 per \$1,000 Assessed Value (AV);
- Fully funding eligible Advanced Life Support (referred to as ALS, or paramedic services) costs;
- Including an ALS unit "placeholder" should service demands increase beyond what is anticipated and new units are required;
- Increasing funding for Basic Life Support (referred to as BLS, or first responders);
- Continued commitment to Mobile Integrated Healthcare (MIH) to support community needs;
  - Sustained funding and enhancements for regional programs that provide essential support to the Medic One/EMS system and are critical for providing the highest emergency medical care possible;
  - Initiatives that encourage efficiencies, innovation, and leadership and build upon previous efforts to improve patient care and outcomes;
- Reserve funding that provides additional protection and flexibility against unforeseen financial risks;
- Carrying forward \$64 million of 2020-2025 reserves to help reduce the initial levy rate; and
- Placement of an EMS levy on the November 2025 general election ballot in King County.

161The proposed levy rate of 25.0 cents /\$1,000 AV means that an owner of a \$844,000 home in King County will pay162\$211 in 2026 for some of the nation's most highly-trained medical personnel to arrive within minutes of an163emergency – at any time of day or night, no matter where in King County.

164 This Medic One/EMS Strategic Plan is designed to meet the needs of the EMS system, its users, and the 165 community. The proposals incorporated within this Plan support the Medic One/EMS system's strong tradition of 166 service excellence, effective leadership, and regional collaboration. The well-balanced approach outlined in this 167 plan will allow the system to meet the needs and expectations of residents now and in the future.

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# 168 **KEY COMPONENTS**

Survival from cardiac arrest is an EMS system benchmark condition used throughout the nation. This is due to the discrete nature of a cardiac arrest: a patient has stopped breathing, and their heart is not pumping. Because a patient who is discharged alive from the hospital following a cardiac arrest is identifiable and measurable, it is an easily comparable metric across systems and communities. The survival rate of cardiac arrest patients is a gold standard for measuring the overall functionality and quality of an EMS system.<sup>2</sup>

In 2023, the survival rate for witnessed ventricular fibrillation (VF) cardiac arrest throughout King County was 51
 percent. Because of the system's strong collaborative and standardized programs, cardiac arrest patients in the
 region are two to three times more likely to survive, compared to other communities.<sup>3</sup> This resuscitation success is a
 tribute to the immense dedication and efforts by all the partners of the regional EMS system.

As a result of these findings, the Medic One/EMS system serving Seattle and King County has earned an
 international reputation for innovation and excellence, and regularly hosts visitors from all over the world seeking to
 learn more about how the system works. The system's success can be traced to its design which is based on the
 following:

### <sup>183</sup> Regional System Based on Partnerships

The Medic One/EMS system in King County is built on partnerships that are rooted in regional, collaborative, and cross-jurisdictional coordination. While each provider operates individually, the care provided to the patient operates within a "seamless" system. It is this continuum of consistent, standardized medical care and collaboration between 23 fire agencies, five paramedic agencies, four EMS dispatch centers, more than 20 hospitals, the University of Washington, and the residents throughout King County that allows the system to excel in pre-hospital emergency care. Medical training is provided on a regional basis to ensure that, no matter the location within King County, whether at work, play, home, or traveling, medical triage and delivery of medical care is consistent and equitable.

### <sup>191</sup> Tiered Medical Model

192 Medicine is the foundation of the Medic One/EMS system. The services provided by EMS personnel are derived from 193 the highest standards of medical training, clinical practices and care, scientific evidence, and close supervision by 194 physicians experienced in EMS care. The system uses a tiered response model which is centered on having BLS 195 agencies respond to every incident to stabilize the patient. This allows reserving the more limited resource of ALS 196 (known locally as paramedic service) to respond to serious or life-threatening injuries and illnesses. Reserving the 197 number of calls to which paramedics respond helps ensure that paramedic services will be readily available when 198 needed for those serious calls, keeping paramedics well practiced in the life-saving patient skills required for critical 199 incidents.

Compared to systems that send paramedics on all calls, the Medic One/EMS system in King County provides
 excellent response and patient care with fewer paramedics. It is this tiered medical model response system, working
 hand-in-hand with the regional medical program direction, intensive dispatch, and evidence-based EMT and
 paramedic training and protocols, that has led to great success in providing high-quality patient care throughout the
 demographically diverse King County region.

<sup>&</sup>lt;sup>2</sup> Mickey S. Eisenberg, *Resuscitate: How Your Community Can Improve Survival from Sudden Cardiac Arrest* (Seattle: University of Washington Press, 2009)

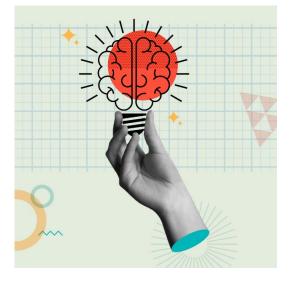
<sup>&</sup>lt;sup>3</sup> McBride O, et al. "Temporal Patterns in Out-of-Hospital Cardiac Arrest Incidence and Outcome: A 20 Year King County Experience". In Press. JAMA Cardiology

#### 206 Equity Led

The Medic One/EMS system In King County is equity-driven and committed to care that uplifts and safeguards the well-being of all King County communities. Recognizing that measurable outcomes in public health are negatively imbalanced due to racial and other demographic factors, the EMS system is committed to ensuring equity, racial, and social justice (ERSJ) principles influence decision making processes in the delivery of pre-hospital care throughout the region. Partners support organizational equity and inclusion efforts so that the communities served feel valued and included in the vision for a healthy and safe King County.

#### <sup>213</sup> **Programs & Innovative Strategies**

214 Programmatic leadership and state-of-the-art science-based strategies 215 have allowed the Medic One/EMS system serving Seattle and King 216 County to obtain superior medical outcomes. Rather than focusing solely 217 on ensuring a fast response by EMTs or paramedics, the system is 218 comprised of multiple elements - including a strong, evidence-based 219 medical approach. Continual quality improvement activities to 220 systematically identify how patient care can be improved across the 221 region help support the best possible outcomes of care. Testing 222 advanced medical treatments, like the administering of whole blood for 223 hemorrhagic shock and the offering of buprenorphine for opioid use 224 disorder, has allowed the EMS system to adapt to meet the needs and 225 expectations of its varied communities and users.



#### <sup>226</sup> Focus on Effectiveness and Efficiencies

227 The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational 228 and financial efficiencies. The tiered response improves the efficiency and effectiveness of the Medic One/EMS 229 system by ensuring the most appropriate level of services is sent to the incident. Transferring non-emergent 9-1-1 230 calls to a 24-hour consulting nurse line for medical advice effectively helps keep resources available for higher 231 acuity medical emergencies. Programs focus on better understanding and serving complex, diverse, and lower-232 acuity patients in the field, improving the quality of care, and contributing to the overall efficiency of service 233 delivery. Streamlining contract administration within the EMS Division of Public Health - Seattle & King County 234 eliminates inefficiencies and reduces costs for executing separate program agreements. Strategies that address 235 operational and financial efficiencies are continually pursued and practiced.

#### <sup>236</sup> Maintaining an EMS Levy as Funding Source

The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. Authorized by RCW 84.52.069 which mandates that levied funds be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding this world-renowned system. The EMS levy falls outside the statutory limits with senior and junior taxing districts and therefore does not "compete" for capacity, alleviating a significant concern for the region.

The proposed starting rate for the 2026-2031 span is 25.0 cents per \$1,000 of assessed value (AV), which is less than the starting rate of the expiring levy. This rate means that the owner of a \$844,000 priced home would pay \$211 a year to know that at any time of day or night, no matter where in the county, some of the most highly trained medical personnel will be there within minutes to treat any sort of medical emergency.

## 247 MEDIC ONE/EMS SYSTEM OVERVIEW

Any time you call 9-1-1 in King County for a medical emergency, you are using the Medic One/EMS system. The Medic One/EMS system serving Seattle and King County is distinct from other EMS systems in that it is a regional, medically based, and tiered out-of-hospital response system. Its successful outcomes depend upon community involvement and extensively trained dispatchers, firefighter/emergency medical technicians (EMTs), and highly specialized paramedics. Strong and collaborative partnerships provide a continuum of consistent, standardized medical care that allows the system to excel and achieve the best possible patient outcomes.

The response system is tiered to ensure 9-1-1 callers receive medical care by the most appropriate care provider. There are five major components in the tiered regional Medic One/EMS system.

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## EMS TIERED RESPONSE SYSTEM

ACCESS TO EMS SYSTEM Bystander calls 9-1-1

> **TRIAGE BY DISPATCHER** Use of Emergency Medical Response Assessment Criteria

### FIRST TIER OF RESPONSE

Basic Life Support (**BLS**) by firefighter/EMTs



#### SECOND TIER OF RESPONSE

Advanced Life Support (**ALS**) by paramedics



#### ADDITIONAL MEDICAL CARE

Transport to hospital

ACCESS TO EMS SYSTEM: A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for 273 274 medical assistance. Bystanders' reactions and rapid responses to the scene can greatly impact the chances of patient survival - studies have shown that survival rate increases from 10 percent to 43 percent if 275 cardiopulmonary resuscitation (CPR) is given within four minutes, and defibrillation in less than eight minutes. The 276 EMS Division offers programs to King County residents so that they can administer life-saving treatments on the 277 patient until providers arrive at the scene. Comprehensive CPR classes train thousands of secondary school 278 279 students in CPR and automated external defibrillator (AED) use each year. The regional coordinated AED program registers and places devices in the community within public facilities, businesses, and even private homes of high-280 risk patients, and provides training in AED use. Because of this program, the number of registered AEDs is nearing 281 7,000 in King County. 282

- TRIAGE BY DISPATCHER: 9-1-1 calls are received and triaged by telecommunicators at one of four dispatch
   centers. Dispatchers are the first point of contact with the public, asking medically based questions to determine
   the appropriate level of care to be sent. Amid a wide range of needs, they provide pre-hospital instructions and
   even guide callers through providing life-saving steps such as CPR and using a defibrillator until the Medic
   One/EMS providers arrive. The medical dispatch triage guidelines that King County dispatchers follow were
   developed by the EMS Division and have been internationally recognized as an innovative approach to emergency
   medical dispatching.
- 290 FIRST TIER OF RESPONSE - BASIC LIFE SUPPORT (BLS) SERVICES: BLS personnel are the first responders to 291 an incident, providing immediate basic life support medical care (e.g. first aid, CPR, defibrillation) and stabilizing 292 the patient. Staffed by firefighters trained as emergency medical technicians (EMTs) aboard fire trucks and aid 293 cars, BLS arrives at the scene in less than five minutes (on average). Some non-emergent calls qualify to be 294 referred to a nurse line for medical advice and care instructions in lieu of dispatching EMS resources. The 4,300 295 EMTs in Seattle and King County receive 190 hours of quality BLS training and continuing education. The EMS levy 296 provides some funding to BLS providers to help ensure uniform and standardized patient care and enhance BLS 297 services to reduce the impact on ALS resources. However, the great majority of BLS funding is provided by local fire 298 departments.
- 299 SECOND TIER OF RESPONSE - ADVANCED LIFE SUPPORT (ALS) SERVICES: Paramedics provide out-of-hospital 300 emergency medical care for critical or life-threatening injuries and illnesses. As the second on scene, they provide 301 airway control, heart pacing, the dispensing of medicine, and other life-saving procedures. ALS is provided by highly 302 trained paramedics who have completed an extensive program at Harborview Medical Center in conjunction with 303 the University of Washington School of Medicine and are certified by the state. These paramedics remain well 304 practiced and use their skills routinely to provide effective care when it is needed most. Paramedics operate in 305 teams of two on medic units. There are 27 medic units strategically placed across King County that are deployed 306 regionally to critical or life-threatening emergencies. A contract with Sky Valley Fire (Snohomish County Fire District 307 26) provides ALS services to the Skykomish and King County Fire District 50 area, from Baring to Stevens Pass. ALS 308 is the primary recipient of regional funding and is the first commitment for funding within the EMS system. The EMS 309 levy provides virtually 100 percent of support for paramedic services in the regional system.
- ADDITIONAL MEDICAL CARE: Once a patient is stabilized, EMS personnel determine whether transport to a
   hospital or clinic for further medical attention is needed. Transport is provided by an ALS or BLS agency, private
   ambulance, or taxi/ride-share options for lower-acuity situations.
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## 314 SYSTEM OVERSIGHT

Statutes and policies at the state, County, and local levels standardize and influence the Medic One/EMS system of
 Seattle and King County.

The **Medic One/EMS Strategic Plan** is the primary policy and financial document directing the Medic One/EMS system in its work. Defining the responsibilities, functions, and programs of the successful EMS system, the Plan presents a comprehensive strategy to ensure the system can continue to meet its commitments. It documents the system's current structure and priorities and summarizes the services, programs, and initiatives supported by the countywide, voter-approved EMS levy. While the Plan outlines the necessary steps to direct the system into the future, it still allows for flexibility in addressing emerging community health needs.

- 323 The EMS Division of Public Health - Seattle & King County works with its regional partners to implement the 324 Strategic Plan. The EMS Division manages core support functions that tie together the regional model, providing 325 consistency, standardization, and oversight of the direct services provided by the system's numerous partners. It is 326 more cost-efficient for the EMS Division to produce, administer, and share initial training, continuing education, and 327 instructor education for 4,300 EMTs; to manage the certification process for EMTs countywide; and to provide 328 medical oversight, quality improvement, and performance standards for the system as a whole than to have each 329 local response agency develop, implement, and administer its own such programs. Regional support services 330 managed by the EMS Division can be found in Appendix A: Proposed 2026-2031 Regional Services on page 331 54.
- Since 1997, the EMS Advisory Committee (EMSAC) has provided guidance to the EMS Division about regional
   Medic One/EMS policies and practices in King County. The group, comprised of regional EMS partners, convenes on
   a quarterly basis to review implementation of the Strategic Plan as well as other proposals including strategic
   initiatives and medic unit recommendations. The EMS Division submits an Annual Report to the King County Council
   highlighting the status and progress of items identified in the Medic One/EMS Strategic Plan.
- Regional System Policies ratified by Public Health Seattle & King County document the general framework for
   medical oversight and management of EMS in King County, and financial guidance of the EMS levy.

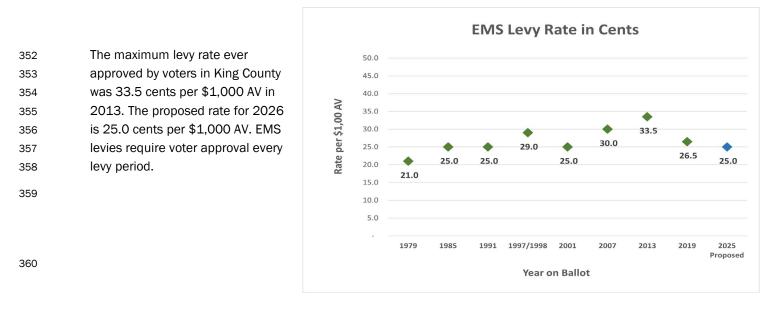
<sup>339</sup> The **Revised Code of Washington (RCW)**, the **Washington Administrative Code (WAC)**, and **King County** 

- Code regulate different aspects of EMS, from defining "emergency medical services" to financing service delivery.
   Appendix D: EMS Citations on page 60 compiles the different codes that govern EMS.
- RCW 84.52.069 allows jurisdictions to levy a property tax "for the purpose of providing emergency medical
   services." The levy is subject to the growth limitations contained in RCW 84.55.010 of one percent per year plus the
   assessment on new construction, even if assessed values increase at a higher rate.
- <sup>345</sup> Specifically, <u>RCW 84.52.069:</u>

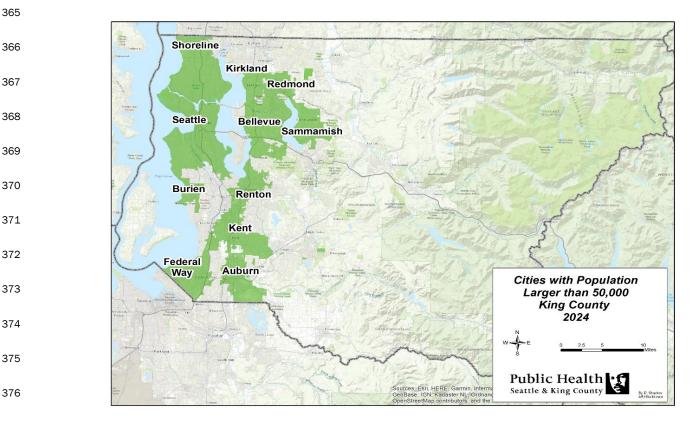
- Allows a jurisdiction to impose an additional regular property tax up to \$0.50 per \$1,000 Assessed Value (AV);
- Allows for a six-year, 10-year, or permanent levy period;
- Mandates for a countywide levy that the legislative bodies of King County and 75 percent of cities with
   populations in excess of 50,000 authorize the levy proposal prior to placement on the ballot;<sup>4</sup> and
- Requires a simple majority vote for the "subsequent renewal" of a previously imposed EMS levy.

<sup>&</sup>lt;sup>4</sup> Amended approval and validation requirements effective June 7, 2018, per SHB 2627.

## **EMS LEVY STATUTE**



As stated previously, RCW 84.52.069 requires 75 percent of cities with 50,000 or more in population to approve placing a countywide EMS levy on the ballot. Since King County currently has 11 such cities - Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline - it would need to gain the approval from at least nine out of the 11 cities, as well as the King County Council.



Per an agreement in place since the creation of the countywide EMS levy, Seattle receives all Medic One/EMS
 levy funds raised within the city limits. County funds are placed in the King County (KC) EMS Fund and
 managed regionally by the EMS Division based on EMS system and financial policies ratified by Public Health –
 Seattle & King County, Strategic Plan guidelines, and EMSAC recommendations.

## **THE STRATEGIC PLAN & LEVY PLANNING PROCESS**

With the 2020-2025 EMS levy expiring December 31, 2025, a new strategic plan to outline the roles,
 responsibilities, and programs for the system and a levy rate to fund these approved functions, needed to be
 developed. This would entail not just a detailed review of the concepts and operations of the Medic One/EMS
 system, but also an all-inclusive planning process to secure consensus for the plan among Medic One/EMS in the region.

#### <sup>388</sup> The EMS Advisory Task Force

The region assembled the EMS Advisory Task Force to oversee the development and vetting of this Strategic Plan and levy. Consisting of elected officials from the County, cities, and fire districts, the group was charged with reviewing and approving Medic One/EMS program recommendations and a supporting levy rate to be put before King County voters. While not every member of the Task Force was an EMS expert, each had a stake in ensuring the continuity in the provision of EMS services in King County. Its membership collectively represented a balanced geographic distribution of those jurisdictions that are required to endorse the levy proposal prior to its placement on the ballot, per RCW 84.52.069.

<sup>396</sup> Responsibilities of the Task Force included evaluating and endorsing recommendations regarding:

- Current and projected EMS system needs;
  - A financial plan based on those needs; and
    - Levy type, levy length, and when to run the levy ballot measure.

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#### <sup>401</sup> Current and Projected EMS System Needs

The Strategic Plan is designed to reflect the regional system's commitment to providing cohesive, medically based
 patient care, using a tiered response system designed to ensure the highest level of patient care through the
 coordination and collaboration of all Medic One/EMS partners.

#### <sup>406</sup> Financial Plan to Meet Those Needs

The financial plan proposes adequate funding to support the programmatic needs of the system. However, the Plan
 also recognizes individual jurisdictions' needs for local autonomy to meet their communities' expectations and Medic
 One/EMS services.

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#### <sup>411</sup> Levy Type, Length, and Ballot Timing

Levy Type: While the Medic One/EMS system has historically been funded through a Medic One/EMS levy, other
 potential options exist to support the system, such as King County General Fund property tax levy lid lifts. These
 alternatives do not require that cities with over 50,000 in population approve placing the levy on the ballot, nor are
 they subject to the one percent growth limitation ratified by Initiative 747, but they could negatively impact junior
 taxing districts.

Levy Length: State law offers three levy length options for a Medic One/EMS levy: six years, 10 years, or permanent.
 The Medic One/EMS levy in King County has historically been approved by voters for six-year levy periods. This allows
 EMS partners to periodically gather to strategically plan for emerging regional needs. Six-year periods help reduce
 the range of financial risk because the longer the projection period, the greater the variability.

Levy Timing: EMS levy validation requirements at the state level were amended in 2018, opening up the option of
 running the levy measure at a primary election. Task Force members were willing to consider this contingent upon
 what other issues may be on the same ballot.

5	Levy Planning Process	
) ,	-	oruary 15, 2024, officially launching the start of the 2026-2031 al leaders, decision-makers, and EMS/Medic One partners came
	together to assess the needs of the system and	d develop recommendations to direct the system into the future.
)	The Task Force formed four subcommittees or	ganized around the primary service areas to conduct the bulk of t
)	program and cost analysis. Each subcommittee	e was chaired by an EMS Advisory Task Force member, included
L		Medic One/EMS system, and met regularly to review system need
2	and priorities.	
3	February 2024 — 0	STEP 1
ļ		Convene regional leaders, decision-makers, and EMS partners.
		EMS Advisory Task Force included elected officials or
	0	representatives from
		<ul> <li>Large cities (&gt;50,000): 11</li> </ul>
		<ul> <li>Smaller cities (&lt;50,000): 3</li> </ul>
		Fire Commissioners: 3     King Sound 10
	0	<ul> <li>King County Council: 2</li> <li>King County Executive: 1</li> </ul>
		• King county Executive. I
	0	Create ALS, BLS, Regional Services, and Finance Subcommittees.
		Each subcommittee chaired by Task Force member.
		Subcommittees comprised of EMS partners and subject matter
		experts.
		STEP 2
	March 2024 — ([😭 )	📀 Initiate system review.
		Subcommittees meet regularly to identify system needs, interests,
		and priorities.
	0	Report back to Task Force with updates and recommendations.
		STEP 3
	May 2024 ( 🛉 🛄 )	Task Force review recommendations from Subcommittees.
		Subcommittees and King County EMS Division begin to finalize
	Ŭ	program recommendations, financial assumptions, and costs.
	$\frown$	
	September 2024 — (	STEP 4
	September 2024	Endorsement of broad policy decisions including levy rate, length,
		and ballot timing.

Subcommittees met 17 times in total over eight months and generated recommendations that came to the Task
 Force for approval. True to the ethos of the Medic One/EMS system, partners reviewed current and future system
 needs through a lens of science, innovation, equity, and effectiveness. Ideas were evaluated by balancing their
 merits of furthering the goals of the system against the challenges of constrained revenues. In late September
 2024, the Task Force adopted the subcommittees' finalized programmatic and financial recommendations which
 then became the basis of this Medic One/EMS 2026-2031 Strategic Plan.

## 456 2026-2031 STRATEGIC PLAN OVERVIEW

The Medic One/EMS 2026-2031 Strategic Plan builds upon the system's successful medical model and regional
 approach. It commits to innovative strategies, leadership, and equity while remaining focused on effectiveness and
 efficiencies. In outlining the roles and responsibility of EMS providers, it further strengthens the foundation for
 ongoing coordination and regionalization.

#### 462 **FUNDING**

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As mentioned, the City of Seattle receives all Medic One/EMS levy funds raised within the city limits and manages its own funding. This Strategic Plan recommends spending the **KC EMS Fund** in these four main areas:

#### 465 ADVANCED LIFE SUPPORT (ALS) SERVICES

Funding ALS services has been, and continues to be, the priority of the Medic One/EMS levy, which fully funds ALS
 services primarily through the ALS unit allocation model. ALS services are provided by five agencies: Bellevue,
 Redmond, Seattle, Shoreline, and King County Medic One. Exceptions to the unit allocation model are sometimes
 required, as in the case of Sky Valley Fire (Snohomish County Fire District #26) for service in the Skykomish/Stevens
 Pass area and are made based on the specifics of the service issue. ALS is proposed to account for 56 percent of KC

<sup>471</sup> EMS expenditures in the 2026-2031 levy.

#### 472 BASIC LIFE SUPPORT (BLS) SERVICES

BLS providers receive an annual distribution of levy revenue to help offset the costs of providing EMS services. The level of funding is based on a combination of the volume of responses to calls for EMS services and assessed property values within fire agencies' jurisdictions. The allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system and not intended to fully fund BLS. Local jurisdictions cover the majority of BLS costs – a strategy which has helped King County seek a lower levy rate. BLS services are provided by 23 fire agencies, including Seattle. BLS, including Mobile Integrated Healthcare (MIH), is proposed to account for 30 percent of KC EMS expenditures in the 2026-2031 levy.

#### 480 **REGIONAL SUPPORT (RS) SERVICES**

The EMS Division of Public Health – Seattle & King County manages core regional Medic One/EMS programs critical
 to providing the highest quality out-of-hospital emergency care available. The programs and services emphasize
 uniformity of medical care across jurisdictions, consistency in excellent training, medical quality assurance,
 centralized data collection, and contract and financial management. Centrally delivering these services on a regional
 basis is more effective and efficient because it avoids unnecessary duplication of effort. Regional services are
 proposed to account for 13 percent of KC EMS expenditures in the 2026-2031 levy.

#### 487 STRATEGIC INITIATIVES (SI)

Strategic initiatives are pilot programs designed to improve the quality of Medic One/EMS services and help manage
 the growth and costs of the system. Initiatives that achieve their intended outcomes or demonstrate efficiency may
 be incorporated into regional services as ongoing programs. Strategic initiatives are proposed to account for one
 percent of KC EMS expenditures in the 2026-2031 levy.

492 Contingencies and reserves fund unanticipated/one-time costs. EMS reserves follow use and access policies
 493 included in the Medic One/EMS Strategic Plan. For additional information about contingencies and reserves, please
 494 see page 41.

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#### ALIGNMENT WITH GOALS AND OBJECTIVES

<sup>501</sup> The 2026-2031 Strategic Plan aligns with the objectives, policies, and goals of the regional EMS system and King <sup>502</sup> County government as outlined below.

#### <sup>504</sup> Alignment with Regional EMS System Global Objectives

<sup>505</sup> The Plan is built upon the system's current configuration and strengths, advancing the following global objectives <sup>506</sup> to ensure the EMS system remains tiered, regional, cohesive, and medically based:

- Maintaining the Medic One/EMS system as an integrated regional network of basic and advanced life support
   services provided by King County, local cities, fire authorities, and fire districts.
  - Emergency Medical Dispatchers receive 9-1-1 calls from residents and rapidly triage the call to send the most appropriate level of medical aid to the patient while providing pre-arrival instructions to the caller.
  - Firefighters, trained as Emergency Medical Technicians (EMTs), provide rapid, first-on-scene response to emergency medical service calls and deliver immediate basic life support services.
- Paramedics, trained through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of Washington School of Medicine, provide out-of-hospital emergency medical care for serious or life-threatening injuries and illnesses. As has been adopted in prior Medic
   One/EMS strategic and master plans and confirmed by an independently conducted ALS Study, advanced life support services will be most cost effective through the delivery of paramedic services on a subregional basis with a limited number of agencies.
  - Regional programs emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.
- 521
   2. Making regional delivery and funding decisions cooperatively and balancing the needs of Advanced Life
   522
   Support (ALS), Basic Life Support (BLS), and regional programs from a system-wide perspective.
  - 3. Developing and implementing strategic initiatives to provide greater system efficiencies and effectiveness to:
    - Maintain or improve current standards of patient care;
    - Improve the operational efficiencies of the system to help contain costs; and
    - Manage the rate of growth in the demand for Medic One/EMS services.

#### 526 527

#### 528 EMS System Policies

This Medic One/EMS 2026-2031 Strategic Plan reinforces EMS System and Financial Policies which provide a
 general framework for medical oversight and financial management of emergency medical services in King
 County. The EMS System Policies underscore the regional commitment to the medical model and tiered system,
 while the EMS Financial Policies provide guidance and oversight for all components related to financial
 management of the EMS levy fund. In addition, policies regarding <u>ALS services outside King County</u> establish the
 formation of a service threshold for the purpose of cost recovery.

## 2026-2031 STRATEGIC PLAN OVERVIEW

#### Summary of EMS System Policies (PHL 9-1 and PHL 9-3)

The EMS Division will **work in partnership** with regional EMS agencies to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs.

The EMS Division will ensure the EMS system in King County remains an **integrated regional system** that provides cohesive, medically based patient care within a tiered response system to ensure the highest level of patient care.

The EMS Division will ensure the EMS system in King County provides **paramedic training through the UW/HMC-based educational program** that meets or exceeds the standards.

The EMS Division will **maintain a rigorous and evidence-based system** with medical oversight of the EMS system to ensure the provision of quality patient care.

The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel.

The EMS Division recognizes the existence of **automatic aid** between agencies within King County and between counties; however, should established service thresholds be reached, affected EMS agencies will review options and establish terms for reasonable cost recovery.

#### <sup>536</sup> Alignment with King County Government Values

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The Medic One/EMS 2026-2031 Strategic Plan is consistent with King County's commitment to provide fiscally responsible, quality driven local and regional services, and embodies the County's values of operating efficiently and effectively and being accountable to the public. Working with cities and EMS partners to provide services more efficiently; pursuing technologies that improve patient outcomes while reducing delivery cost; and managing assets in a way that maximizes their productivity and value exemplify the EMS system's commitment to delivering highquality services with sound financial management.

EMS programs are also guided by shared values of being inclusive and collaborative, diverse and people-focused,
 responsive and adaptive, transparent and accountable, racially just, and focused where needs are greatest so every
 person can thrive. The ongoing centering of equity and underrepresented communities through local area
 partnerships was embedded in the most recent EMS levy planning process and reflects the alignment between EMS
 and County's values.

548 The EMS system's mission also aligns with the core values and priorities of Public Health – Seattle & King County. 549 Public Health's focus is to protect and improve the health and well-being of all people in King County. The provision 550 of EMS services is an integral part of achieving optimum health, helping Public Health meet its goal of increasing the 551 number of healthy years lived. EMS priorities align with those of the Public Health - Seattle & King County 2024-552 2029 Strategic Plan which is rooted in anti-racism and equity. Specific programs that support communities with less 553 than equitable access to healthcare have resulted in strengthening these partners' voices, which is a key priority of 554 the Strategic Plan. With additional focus on information, impact, and innovation, as well as workforce and 555 infrastructure, EMS continues to value the input of its employment community in creating policy.

56	2026-2031 STRATEGIC PLAN HIGHLIGHTS				
57					
58					
59	<b>Operational and Financial Proposals for the</b>				
60	Medic One/EMS 2026-2031 Levy				
61	The EMS Advisory Task Force endorsed the following at its September 26, 2024, meeting:				
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63 64	<b>Reauthorize a six-year EMS levy</b> to fund the EMS system for the years 2026-2031 per RCW 84.52.069.				
65	Enact a levy rate of 25.0 cents/\$1,000 Assessed Valuation to fund projected				
66 67 68	expenditures and reserves of \$1.5 billion over 2026-2031. This levy rate means that an owner of an \$844,000 home will pay \$211 a year in 2026 for highly trained medical personnel to arrive within minutes of an emergency, any time of day or night, no matter where in King County.				
69	<b>Renew the EMS levy in 2025</b> preferably at the General election, unless there are competing levy				
70	measures; in that case, renew the levy at the Primary election.				
71	Continue using financial policies guiding the most recent levy. Such policies have provided a				
72	very strong foundation for the upcoming levy and should meet the needs of the 2026-2031 levy span.				
73	Continue services from 2020-2025 levy through the 2026-2031 levy. The next levy should				
74	fully fund and continue operations with the current ALS units in service; partially fund first responder services				
75 76	for local fire and emergency response departments; help support MIH programs to assist lower acuity and				
76 77	complex patients; maintain programs that provide essential support to the system; and pursue initiatives that encourage efficiencies, innovation, and leadership.				
78	Meet future demands over the span of the 2026-2031 levy. Services include enhancing programs				
79	to meet increased EMT hiring, low-acuity patients and community needs, and existing data and e-learning				
80	technology; strengthening community interactions and partnerships; and including a "placeholder" for the				
31	equivalent of a new medic unit, should service demands be higher than originally anticipated.				
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#### **Operational and Financial Fundamentals of the** Medic One/EMS 2026-2031 Levy

#### Endorsed by the EMS Advisory Task Force on 9/26/2024

CONTINUE with EMS levy:

- Six-year EMS levy, per RCW 84.52.069
- Levy rate of 25.0 cents/\$1,000 Assessed Valuation
- Forecasted revenues and reserves of \$1.5 billion over six-year span (including Seattle)
- Run at the 2025 General election, unless there are competing ballot measures; if so, run at Primary

#### **ADVANCED LIFE SUPPORT (ALS) RECOMMENDATIONS\***

- CONTINUE using the unit allocation to fund ALS; slightly revise to better ensure full funding and prevent . cost shifting to providers
- MAINTAIN the current level of ALS service; INCLUDE a "place holder" in the financial plan to protect the system, should service demands require additional units over the span of the 2026-2031 levy
- MAINTAIN contingencies and reserves to cover unanticipated and one-time expenses
- CONTINUE support for ALS-based programs (ALS Support for BLS Activities; having paramedics train paramedic students) that benefit the region

#### **BASIC LIFE SUPPORT (BLS) RECOMMENDATIONS\***

- INCREASE total BLS funding to help offset costs of providing EMS services
- INCORPORATE the BLS Training & QI funding into the BLS Allocation; REMOVE requirement that this • funding be spent on training and QI activities
- INCREASE funding support for Mobile Integrated Healthcare (MIH) that addresses community needs
- DISTRIBUTE new BLS and MIH funding and annual increases using a more equitable methodology that is more weighted toward service level and need over assessed value
- SUPPORT mental wellness and DEI/ERSJ efforts proposed by the King County Fire Chiefs Association

#### **REGIONAL SERVICES & STRATEGIC INITIATIVES (RS/SI) RECOMMENDATIONS\***

- CONTINUE delivering programs that provide essential support to the system
- ENHANCE programs to meet regional needs
- CONTINUE AND DEVELOP strategic initiatives that leverage previous investments made by the region to improve patient care and outcomes

#### **FINANCE RECOMMENDATIONS\*\***

BASE financial plan on financial policies that provide stability to the system by:

- Incorporating sufficient reserves to mitigate unforeseen financial risk
- Ensuring additional protection and flexibility to meet emerging needs •

\* Program recommendations apply to King County outside the City of Seattle

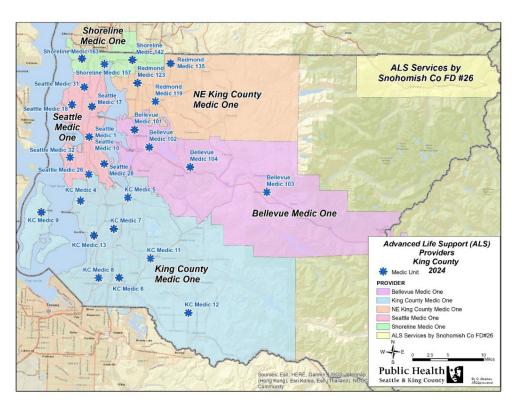
\*\* Finance recommendations include the City of Seattle

## LEVY PROGRAM AREAS

591 As discussed throughout this document, paramedics provide out-of-hospital emergency care for serious or life-592 threatening injuries and illnesses. As typically the second on scene for critically ill patients, paramedics deliver 593 Advanced Life Support (ALS) to patients including airway management, heart pacing, the dispensing of medicine, 594 and other lifesaving out-of-hospital procedures under the medical supervision of the Medical Program Director. 595 Paramedic interns receive more than 2,100 hours of highly specific and intensive emergency medical training 596 through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of 597 Washington School of Medicine, which is nearly double the required number of hours for Washington State 598 paramedic certification.

In King County, a paramedic unit is typically staffed by two paramedics and provides service 24-hours per day, 365
 days per year. The two-paramedic provider model was developed in Seattle in the early 1970s and has proven to
 be the most effective model for enhanced patient care outcomes when incorporated into a regionally coordinated
 tiered response system that includes dispatch and Basic Life Support (BLS).

603 Medic units are positioned 604 throughout the region to 605 best respond to service 606 demands. As of 2024, there 607 are 27 units in Seattle and 608 King County managed by 609 five agencies: Bellevue 610 Medic One, King County 611 Medic One, Northeast King 612 County Medic One 613 (Redmond), Seattle Medic 614 One, and Shoreline Medic 615 One. Of these five agencies, 616 four are fire-based with 617 firefighters trained as 618 paramedics, and King 619 County Medic One operates 620 as a paramedic-only agency. 621 Paramedic service is 622 provided to the Skykomish 623 area through a contract with 624 Sky Valley Fire (formerly



known as Snohomish Fire District #26). Units may respond to areas where the municipal boundaries or the fire
 agency's response district crosses into neighboring counties. If service into these areas exceeds established
 levels, the receiving jurisdictions reimburses for such services as outlined in EMS policies.

628 Adding a medic unit to maintain critical service levels and address service challenges is a complex undertaking. 629 Prior to adding a unit, the region conducts a thorough analysis, considering a variety of elements including 630 workload (call volumes), response time, availability in primary service area, frequency and impact of multiple 631 alarms, and medic exposure to critical skills. Analysis also includes possible dispatch criteria revisions and an 632 assessment of whether medic units could be moved to other locations to improve workload distributions and 633 response times. The decision to add or relocate units relies on obtaining regional consensus. Appendix B: 634 Advanced Life Support (ALS) Units on page 56 provides a complete history of medic units in King County, 635 highlighting when and where units were added.

## ALS

- In 2023, paramedics responded to more than 51,000 calls for emergency medical care throughout the region. The
   median response time of medic units is 7.7 minutes, with units responding to 94 percent of the calls in less than 14
   minutes. These response times have remained stable over the past three levy periods despite increases in King
   County's overall population. EMS data shows that paramedics respond to cardiac conditions (16 percent of ALS calls)
   and attend to older patients (33 percent of ALS calls are for people 65+ years of age).<sup>5</sup>
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#### <sup>643</sup> ALS SUBCOMMITTEE

- 644 Chair: The Honorable Keith Scully, Shoreline City Councilmember
- The ALS Subcommittee recognized its tasks as determining the number of medic units needed in the upcoming levy
   period and establishing the cost of each unit. Workload, service trends, and demographics were all factors
   considered by the group as it assessed future service demands and system needs. The Subcommittee reviewed in
   depth the standard medic unit allocation, analyzing actual expenditures for providing ALS services and comparing
   costs and trends across agencies. Revisiting the unit allocation resulted in slight revisions to the methodology that
   will help ensure sufficient funding for program oversight and support. Subcommittee participants weighed in on the
   benefits and costs of ALS-specific programs that support the entire regional system.
- <sup>652</sup> The <u>ALS Subcommittee recommendations</u> are as follows:

#### <sup>653</sup> **ALS RECOMMENDATION 1:**

## <sup>654</sup> CONTINUE using the unit allocation methodology to determine costs. Update <sup>655</sup> methodology to help ensure sufficient funding for program oversight and support.

# The standard unit allocation is the basis for funding each full-time, 24-hour medic unit in King County. This allocation methodology is based on fully covering eligible ALS-related expenses to prevent cost-shifting to agencies. This cost model calculates the average annual costs across all ALS agencies to run a two-paramedic, 24-hour medic unit. Each individual paramedic agency's annual ALS funding is determined by multiplying the number of operating medic units by the unit allocation.

- <sup>661</sup> The unit allocation is an average of agency expenditures and was developed to ensure a fair and equitable distribution of funds across agencies. It provides a set amount of funding to each agency with the flexibility to manage funds based on its specific cost structure and needs. Annual comparison of costs on a unit basis allows the region to understand differences between agencies, share efficiencies, and identify potential new costs being experienced early by one or two agencies. These annual reviews help document and justify ALS allocation costs and evaluate if the allocation is covering 100 percent of eligible ALS costs.
- <sup>667</sup> During the 2020-2025 levy planning process, the unit allocation methodology was revised to simplify and better
   <sup>668</sup> accommodate different types of costs. The Subcommittee agreed to maintain this current methodology for the 2026 <sup>669</sup> 2031 levy which breaks the overall unit allocation into four parts:
- The Medic Unit Allocation includes direct paramedic services costs, such as paramedic salaries and benefits,
   medical supplies, pharmaceuticals, vehicle and facility operating and maintenance costs, communications, and
   other costs associated with direct paramedic services.
- The Program/Supervisory Allocation (previously referred to as the Program Administration Allocation) includes
   costs related to the management and supervision of direct paramedic services such as the management,
   administration, supervision, finances, and analysis (including quality improvement) of direct paramedic services.

<sup>&</sup>lt;sup>5</sup> Emergency Medical Services Division 2024 Annual Report



The ALS System Allocation addresses costs that vary significantly between providers or are anticipated to vary
 during the levy period. This allocation is intended to reimburse agencies for highly mutable costs associated with
 paramedic students as well as costs associated with the paramedic recruitment cycle and any changes in program
 medical direction. Costs that vary between agencies include dispatch, whole blood, and medical direction. While
 the funds budgeted are shown on a per unit basis, agencies are reimbursed for actual costs incurred, with the
 EMS Division tracking costs against overall funding. Use of funds are monitored and reported.

The Equipment Allocation covers expenses related to equipment. Included are medic units, Medical Services
 Officer (MSO) and staff vehicles, defibrillators, stretchers, radios and communications equipment, stretcher
 systems, and other equipment with a lifespan of more than one year. This allocation includes items such as radios
 and mobile data computers that could be classified as operating by individual agencies.

The Subcommittee endorsed making slight adjustments to the Equipment and System Allocations to help cover
 vehicle and defibrillator costs that were increasing higher than inflation, and to accommodate the increased
 number of paramedic students. The distribution methodology for the Program/Supervisory Allocation was
 amended to distribute fixed costs by agency and more variable costs by unit, with no change to the total funding
 level.

#### ALS RECOMMENDATION 2:

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## <sup>696</sup> CONTINUE INFLATING annual ALS operating allocation costs using CPI-W + 1% inflator; <sup>697</sup> inflate equipment costs using equipment inflator.

During the 2020-2025 levy span, ALS allocations were inflated by the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) +1 percent. For 2026-2031, the Subcommittee supported continuing with the identified inflators and assessing them throughout the levy period. For additional information on financial assumptions used in the 2026-2031 levy financials, please see the Finance Key Assumptions Section on page 45.

#### ALS RECOMMENDATION 3:

## <sup>705</sup> MAINTAIN the current level of ALS service. The regional system has sufficient <sup>706</sup> capacity to address current demand but should continue to monitor medic unit <sup>707</sup> performance on an annual basis to ensure continued high performance.

#### 708 ALS Capacity Analysis

ALS capacity analysis assesses the ability of current medic units to accommodate anticipated future demand for
 services, specifically through to the end of the levy period. This assessment includes consideration of unit
 performance trends and critical factors driving demand in addition to mitigation techniques such as the review of
 Criteria Based Dispatch (CBD) guidelines to reduce unnecessary ALS responses or relocation of units to better
 distribute calls among the units. Discussing the relocation of medic units to new locations is an important function
 of a regional system.

The ALS Subcommittee reviewed five-year (2018-2022) unit performance trends and exposures to critical skills
 and noted an innate challenge to interpreting the data and projecting demand for future services due to the 2020
 pandemic's impact on call volumes and response times. The group concluded that while there was sufficient
 current capacity within the region, they strongly advocated for a CBD guideline review process to mitigate any
 potential growth in calls (CBD guideline review is anticipated in 2025) and to include a medic unit placeholder in
 the financial plan to ensure access to funds if needed.

## ALS

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#### 723 Medic Unit Analysis

The ALS Subcommittee concluded there was currently sufficient medic unit capacity (outside the City of Seattle) and
 supported continuing the annual review of medic units to ensure continued high performance. The regional medic
 unit analysis considers the following key performance indicators: unit workload (call volumes), median unit response
 times, availability in the primary service area and responses from units outside of the primary service area; and
 paramedic exposure to critical skills (e.g. intubations, response to cardiac arrest events).

While performance indicators do not serve as automatic prompts for adding new paramedic services, they do help with assessment of overall performance and direct attention to a geographical area of the Medic One/EMS system that may need further examination. This approach to medic unit analysis is useful since some units operate in small, highly dense areas with high call volumes and short response times, while others operate in larger, more rural areas with lower call volumes and longer response times. Monitoring unit performance in rolling five-year increments allows the region to identify both individual unit and overall trends to better understand the magnitude of service gaps and ascertain the need for additional service.

As noted, prior to implementation of new paramedic service, the region outside the City of Seattle conducts a
 thorough analysis of medic unit performance to assess whether mitigation strategies could address increasing stress
 on the system, including revisions to the CBD guidelines or medic unit relocations. If the regional review concludes
 that additional medic unit service is the only option remaining, a process of review and approval by the EMS Advisory
 Committee and the King County Council ensues through the budget process.

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#### 743 **ALS RECOMMENDATION 4:**

#### <sup>744</sup> **CONTINUE** having a medic unit placeholder (reserve) in the financial plan to ensure

## <sup>745</sup> access to resources should demand analysis support the addition of a medic unit <sup>746</sup> during the 2026-2031 levy span.

## Figure 1 Figure 2 Figure 2<

to potentially fund a 12-hour unit in the third (2028) and fifth (2030) years of the levy period. This is a resource to be
 used only if demand for ALS services exceeds existing available capacity despite mitigation attempts. It is not
 included as a definitive plan for adding medic units.

Prior to any request for access to this reserve fund, a comprehensive medic unit analysis and discussion with
 regional partners would occur to consider alternative options. Per EMS Financial Policies, the use of reserves
 requires review by the EMS Advisory Committee Financial Subcommittee, and the EMS Advisory Committee. If
 additional appropriation authority is needed, the County's budgeting process would be followed.

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#### <sup>758</sup> **ALS RECOMMENDATION 5:**

#### <sup>759</sup> CONTINUE to use contingencies and reserves to cover unanticipated/one-time

### <sup>760</sup> expenses. Contingencies and reserves are appropriate mechanisms to cover

#### <sup>761</sup> unanticipated and one-time expenses.

Contingencies can be used to cover increases in operating costs that cannot be covered by the ALS allocation or
 program balances. This includes paid time off (PTO) above amounts included in the allocation, and other potential
 cost increases above amount included in allocations. Contingency funding may also cover unplanned expenses

- related to regional services and initiatives. In the 2020-2025 levy span, contingency funding was used to expand
   initial EMT training to accommodate the significant increase in new EMT hires and to create the ALS support for
   BLS activities program.
- Analysis conducted within the ALS Subcommittee resulted in a funding recommendation of \$1.3 million a year for
   the 2026-2031 levy span.

Programmatic reserves can be used for other ALS expenses that may not be covered by allocations, program
 balances, or contingencies. Like in the previous levy span, the ALS Subcommittee recommended the 2026-2031
 levy include programmatic reserves related to ALS equipment and ALS capacity (including a "placeholder for a
 potential new unit(s)" as outlined in ALS Subcommittee Recommendation #4). The group proposed that the
 levy fund's Rainy Day Reserve be accessed for risk issues including responses to major events and other issues as
 appropriate.

#### 778 EQUIPMENT RESERVES

The ALS Subcommittee recommended funding ALS Equipment Reserves at \$1.3 million. This could cover ALS
 equipment costs such as new technology not currently included or accommodated within the equipment allocation
 or contingencies.

#### CAPACITY RESERVES

The ALS Subcommittee recommended funding the ALS Capacity Reserve at a total of \$17.4 million. This includes
 \$1.6 million for facility renovations to accommodate moving a medic unit into a station, investments needed at the
 current location, and temporary capacity increases. The remainder, approximately \$15.8 million, is set aside as a
 placeholder for a potential new unit, per ALS Subcommittee Recommendation #4. For more information on
 Contingencies and Reserves, please see Finance Subcommittee Recommendation #2 on page 40.

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#### ALS RECOMMENDATION 6:

## <sup>792</sup> CONTINUE to address service challenges presented in outlying areas through a <sup>793</sup> regional approach.

The provision of paramedic services in the Skykomish region in the northeast corner of King County offers an
 example of the challenge serving outlying areas. This isolated area of King County is accessible only via
 Snohomish County and US-2 highway. The King County border starts just before the town of Baring and continues
 through Stevens Pass to the border with Chelan County. This area is primarily forest service land and includes the
 town of Skykomish and Stevens Pass Ski Resort.

- There are a number of unique aspects in the Skykomish region relative to other provider areas, including required
   passage through Snohomish County in order to access to the region, call volumes less than 100 per year,
   seasonal demand for services peaks during the wintertime, a high percentage of trauma patients, and response
   and transport times that exceed the average urban and suburban times.
- Since 2006, Sky Valley Fire (Snohomish County Fire District 26) has provided paramedic services to the adjacent
   areas in Snohomish County with a fire station located approximately 15 minutes from the King County border. Sky
   Valley Fire has worked closely with King County Fire District 50 to create an approach that provides excellent
   patient care to those living in or visiting the Skykomish Valley. After a detailed review, EMS partners determined
   that Sky Valley Fire remained in the best position to be able to provide consistent service to the isolated area and

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recommended that it continue providing contract services for that area. EMS partners also agreed to review and
 update the terms and conditions of the EMS policy regarding ALS service to outlying areas in advance of the 2026 2031 levy period.

#### ALS RECOMMENDATION 7:

#### **CONTINUE to support two ALS-based programs that benefit the regional system.**

Paramedics play a number of roles outside of first response duties that contribute to the quality of the regional system. These roles include instruction, training, and quality assurance/quality improvement (QA/QI). These activities support all tiers of the EMS system and foster improvements in patient outcomes. Conducting these activities on a regional basis ensures greater integration and participation and supports cohesive and consistent countywide training.

- The <u>ALS Support of BLS Activities program</u> assists ALS agencies in conducting BLS Run review, enhanced
   training, and activities focused on improving interaction between the ALS and BLS tiers in the EMS system. Fire
   agencies' BLS Training & QI funding supplemented this program during the 2020-2025 levy span. The
   recommendations for 2026-2031 support sufficiently funding this program without these moneys, thereby
   "returning" this funding to BLS agencies to use as needed.
- There is value in incorporating certified field paramedics in the development of up-and-coming student interns at the <u>Paramedic Training program at Harborview</u>. This support helps students rise to the challenge befitting their duty as medical providers in the community, but also reinforces their field skills and commitment to the regional system. The recommendations for 2026-2031 support continuing this collaborative arrangement with the Paramedic Training program.

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#### **ALS Programmatic Comparison Between Levies**

2020-2025 Levy	2026-2031 Levy		
Maintain current level of ALS service	Maintain current level of ALS service		
0 planned additional units	0 planned additional units		
\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy		
Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology		
Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million		
<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS- specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>		
Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI		
<ul> <li>Piloted two ALS-based programs that benefit the regional system in 2024-2025</li> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>	<ul> <li>Support two ALS-based programs that benefit the regional system</li> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>		

## **BASIC LIFE SUPPORT (BLS)**

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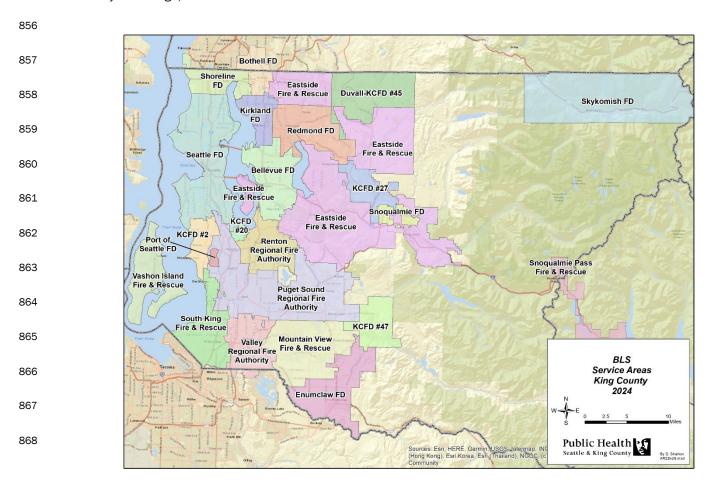
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Basic Life Support (BLS) personnel are the first responders to an incident, providing immediate basic life support
 medical care that includes advanced first aid, High Performance CPR, and AED use to stabilize the patient. Provided
 by approximately 4,300 EMTs throughout the region, BLS is the foundation of all medical responses within the EMS
 system serving Seattle and King County.

EMTs in this regional system are among the most trained in the nation, receiving approximately 190 hours of
 emergency medical response training and hospital experience with additional training in CPR, cardiac defibrillation
 (electrical shocks given to restore a heart rhythm), and airway management. EMTs are certified by the State of
 Washington and must complete ongoing continuing education and quarterly trainings to maintain their certification.
 Like their ALS counterparts, EMTs are highly practiced and use their BLS skills daily.

As the first-on-scene provider, BLS contributes significantly to the success of the Medic One/EMS system. BLS
 agencies must arrive quickly, assess each situation, and provide effective and precise medical care. Although BLS
 receives limited funding through the EMS levy, it is an integral piece of the interdependency on which the entire EMS
 response system in King County is built.

Regional data shows that in 2023, EMTs responded to over 205,000 calls for emergency medical care throughout
 the region. The median response time of BLS units in Seattle and King County is 5.2 minutes. EMTs are more likely
 to respond to incidents involving trauma (57 percent), and younger patients (57 percent of BLS calls are for people
 25-64 years of age). <sup>6</sup>



<sup>&</sup>lt;sup>6</sup> Emergency Medical Services 2024 Annual Report

BLS

#### 872 BLS SUBCOMMITTEE

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<sup>873</sup> Chair: The Honorable Armondo Pavone, Mayor of Renton

Total BLS funding, its distribution methodology, and addressing community needs were core topics of discussion
 for the BLS Subcommittee. Members endorsed modifying the BLS funding formula to help address equity and
 need, as well as increasing total BLS funding to reflect the growth in inflation, population, and BLS responsibilities.
 Mobile Integrated Healthcare (MIH) remained a regional priority, and the Subcommittee directed new funding into
 the program over the next levy span.

The <u>BLS Subcommittee recommendations</u> are described on the following pages.

#### 880 BLS RECOMMENDATION 1:

## INCREASE total BLS funding by at least \$3 million in the first year of the new levy, and up to \$5 million if that can be done within a 26.5-cent levy rate.

The BLS Subcommittee discussed five scenarios of possible funding levels. These options ranged from a 30 percent increase over 2020-2025 to a 50 percent increase over 2020-2025 levels. They acknowledged the need to balance the desire for increased funding with concerns about voter tax fatigue. Partners settled on \$3 million in new funding but requested that it be increased to \$5 million if it could fit within a 26.5 cent levy rate.

The August 2024 financial forecast showed that \$5 million in new funds could be accommodated within the proposed 25 cent levy rate.

#### **BLS RECOMMENDATION 2:**

#### A. ATTRIBUTE 60 percent of this new funding to the BLS Basic Allocation.

Since its inception, the regional Medic One/EMS levy has provided BLS agencies with an allocation to help offset
 costs of providing EMS services. The allocation was developed as a way to recognize and support BLS for its
 significant contribution to the success of the EMS system but was never intended to fully fund BLS. The
 Subcommittee directed \$3 million of this new \$5 million into the basic allocation for agencies to use on a variety
 of EMS-specific items including personnel, equipment, and supplies.

#### 900 B. ATTRIBUTE 40 percent of this new funding to Mobile Integrated Healthcare (MIH).

The Subcommittee was adamant about the need to maintain support for the MIH program over the next levy span. Members endorsed a proposal that includes increasing connections with service providers, expanding MIH's role to help mitigate the opioid epidemic's impact on communities, supporting MIH ground-level personnel mental wellness, and leveraging proven tools (such as Julota software) to further refine how MIH programs collect data. They directed \$2 million of this new \$5 million into MIH for 2026 and beyond. **BLS** 

#### 908 BLS RECOMMENDATION 3:

## INFLATE annual costs using CPI-W + 1%. This inflator will be based on the forecast from the King County Office of Economic and Financial Analysis.

BLS agencies use the Medic One/EMS levy allocation to pay for different EMS-specific items. Since these items have differing inflationary trends, no one specific inflator would accurately reflect their increasing costs. However, since most BLS costs are related to wages and benefits, the BLS Subcommittee determined that using a standard CPI inflator tied to wages (CPI-W) as forecast by the King County Office of Economic and Financial Analysis was preferable.

#### 918 **BLS RECOMMENDATION 4:**

## INCORPORATE the BLS Training & QI program funding into the BLS Basic Allocation. Remove requirements that this funding be spent on training and QI activities.

The <u>BLS Training & QI program</u> provides BLS agencies with funding to pay paramedics and certified competencybased training (CBT) instructors for conducting run review and related EMT training. In 2023, the region initiated the <u>ALS Support of BLS Activities</u> program which provides funding directly to ALS agencies to conduct those training and QI activities that were previously funded by BLS training and QI moneys. The BLS Subcommittee supported folding the BLS Training and QI funding into the Basic Allocation so that it is no longer earmarked specifically for QI and agencies can use the funds at their discretion.

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#### 929 BLS RECOMMENDATION 5:

## DISTRIBUTE NEW BLS funding and annual increases using a more equitable distribution methodology of 60 percent call volume/40 percent Assessed Value (AV). Do not reset the first year of levy funding.

The current distribution methodology, in use since the 2008-2013 levy span, allocates funding to agencies based 50 percent on call volume, and 50 percent on AV. This methodology acknowledges and balances jurisdictions' services needs with financial investment. When examining different funding alternatives and distribution options, the conversation focused on finding a more equitable way to distribute the funds. Identifying that call volumes are associated with need, and need is often a reflection of inequitable access to care in the community, the Subcommittee revised the distribution methodology to be more weighted toward call volumes. This new ratio better balances the financial contribution with calls for service.

For the 2020-2025 levy span, the first year's total funding levels were reset which distributed the full allocation
 based on the most updated call volume and AV data. The Subcommittee opted against initiating a reset for the
 2026-2031 levy span as resetting models showed large deviations to agency allocations.

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#### 947 **BLS RECOMMENDATION 6:**

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#### SUPPORT King County Fire Chiefs Association Mental Wellness and Equity, Racism & Social Justice/Diversity, Equity & Inclusion proposals. 949

The King County Fire Chiefs Association (KCFCA) has partnered with the King County EMS Division to develop 950 strategies that address mental wellness for all first responders and advance equity in EMS organizations and the 951 diverse communities they serve. The Subcommittee endorsed continuing these efforts that further advance such 952 causes for the 2026-2031 levy span: 953

#### Mental Wellness: 955

- KCFCA proposes to create and implement a comprehensive approach across King County to support the health of 956 our region's first responders, medics, and dispatchers. This will focus on a regional system of support, reflect the 957 needs of frontline workers, and garner the expertise of leaders in the mental wellness field. It includes consulting 958 authorities in first responder mental wellness, continuing peer support training, and organizing other learning 959 960 opportunities for EMS personnel.
- Diversity, Equity and Inclusion/Equity, Racial and Social Justice: 961
- This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel DEI 962 and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring workshops and 963 partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within 964 the Division with Public Health - Seattle & King County business and supporting outward facing work that connects 965 communities to EMS skills and knowledge. This includes the community-based Vulnerable Populations Strategic 966 Initiative along with the Strategic Training and Recruitment (STAR) program and the Future Women in EMS/Fire 967 recruitment programs. 968

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#### 970 971 **BLS RECOMMENDATION 7:**

#### DEVELOP exceptions for the use of MIH restricted funds for those agencies unable to 972 fully expend their MIH funding. 973

There are some BLS agencies, particularly in rural areas, that cannot implement a traditional MIH program. They 974 may lack a sufficient volume of MIH-type calls; the levy funding available to them may not sustain an MIH program; 975 or their location may exclude partnering with an existing MIH program. The EMS Division proposed authorizing 976 these agencies to use their MIH funding in other ways to provide flexibility in meeting the needs of their 977 communities. This would be discussed and determined on a case-by-case basis with regional review and 978 979 consensus.

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<b>BLS Programmatic Comparison Between Levies</b>				
2020-2025 Levy	2026-2031 Levy			
Consolidate the funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements.	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities.			
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation.			
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%			

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#### <u>Mobile Integrated Healthcare (MIH)</u> <u>Programmatic Comparison Between Levies</u>

2020-2025 Levy	2026-2031 Levy	
Provide \$26 million over 6 years for MIH.	Provide \$50 million over 6 years for MIH.	
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes.	For the first year, distribute new funding across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation.	
Inflate each agency's funding in subsequent years of levy by CPI-W + 1%.	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology.	

990	<b>REGIONAL SERVICES/STRATEGIC INITIATIVES</b>
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992	Regional Services are programs that support the direct service activities and key elements of the Medic
993	One/EMS system. They are critical to providing the highest quality out-of-hospital emergency care available.
994	Helping to tie together the regional medical model components, these programs support the system by providing
995	uniform regional medical direction, standardized EMT and emergency dispatch training, EMT and paramedic
996	continuing education, centralized data collection and expert analysis, collective paramedic service planning and
997	evaluation, and administrative support and financial management of the regional EMS levy fund.
998	Strategic Initiatives are innovative pilot programs and operations aimed to improve the quality of Medic
999	One/EMS services and manage the growth and cost of the system. Testing new approaches, strategic initiatives
1000	are continually assessed and may be reconfigured, if needed, to broaden the reach, advance their objectives, or
1001	meet emergent needs. Once completed and having achieved their intended outcomes or demonstrated efficacy to
1002	partners in the community, they may be transitioned into regional services as ongoing programs. Strategic
1003	initiatives have not only allowed the Medic One/EMS program throughout King County to maintain its role as a
1004	national leader in the field of emergency medical services but have also been instrumental in the system's ability
1005	to manage its costs.
1006	Regional services and strategic initiatives contribute to the regional system's medical effectiveness. These
1007	programs extend across the segments of the Medic One/EMS system and are not centered solely on fast EMT or
1008	paramedic responses. For example, the system provides injury prevention programs to help ensure the safe use of
1009	car seats for infants and prevent falls among the elderly. These are important programs in managing the
1010	occurrence of medical emergencies that impact the system. CPR and automated external defibrillator (AED)
1011	programs help ensure bystander witnesses to cardiac arrests have the necessary training to assist by notifying 9-
1012	1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive to provide patient care and
1013	transport. Revising the region's criteria based guidelines which determine the appropriate level of EMS response
1014	has resulted in delays of adding new medic units and helped the system defray additional expenses. By forwarding
1015	lower-acuity calls to a Nurseline instead of sending a BLS response allows for BLS resources to be available for
1016 1017	more acute patients. Having these programs coordinated at the regional level ensures prehospital patient care is
1017	delivered at the same standards across the system; policies and practices that reflect the diversity of needs are
1010	maintained; and local area service delivery is balanced with regional interests.

- 1019The **EMS Division** oversees these regional services and strategic initiatives and plays a significant role in1020developing, administering, and evaluating critical EMS system activities.
- 1021

#### <sup>1022</sup> **REGIONAL SERVICES SUBCOMMITTEE**

- 1023 Chair: The Honorable Angela Birney, Redmond Mayor
- 1024The Regional Services Subcommittee systematically reviewed core programs and strategic initiatives to assess1025how well the activities were reaching their audiences and accomplishing intended goals. Partners discussed the1026benefits of the programs and attested to how the activities undertaken are making a difference in the community.1027This detailed review identified EMS system emergent needs and generated ideas to bring greater benefits to the1028system.
- 1029The concerns brought forth to this Subcommittee such as hiring issues; increased training for first responders;1030continued ALS/BLS interactions and quality improvement; and mental wellness support, were similar to issues1031identified by the other subcommittees, reiterating the need for a regional solution to these shared issues. The EMS1032Division worked with various partners to develop ideas and proposals for review by the Regional Services1033Subcommittee.

## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

1035 The <u>Regional Services Subcommittee</u> recommendations are as follows:

#### 1036 **RS/SI RECOMMENDATION 1:**

#### 1037 **CONTINUE delivering programs that provide essential support to the system.**

1038The Regional Services Subcommittee recommended continuing core regional services that support the key elements1039of the Medic One/EMS system. Such programs and services are the foundation of the direct services provided by1040EMS personnel, ensuring consistency and standardization throughout the system. These programs focus on superior1041medical training, quality improvement, and innovation, as well as strengthen community interactions and1042partnerships. Following are descriptions of these services. Please see Appendix A: Proposed 2026-20311043Regional Services on page 54 for a full list.

#### 1044 Regional Medical Control

Best medical practices drive every aspect of the Medic One/EMS system and are a main component of the system's success. Vital to this is a strong Medical Program Director to oversee all aspects of medical care and hold people within the system accountable. Responsibilities for this role include: writing and approving the patient care protocols for paramedics and EMTs; approving initial and continuing EMT medical education; approving criteria based dispatch (CBD) guidelines; developing new and updating existing medical quality improvement activities; and initiating disciplinary actions.

#### 1051 Regional Medical Quality Improvement

At the heart of quality patient care is the practice of quality improvement, or QI. EMS medical QI is the on-going programmatic and scientific review of the EMS system's performance to assure excellence in patient care. Impacting all components of the regional system, QI projects and programs require collaboration across both the academic and operational Medic One/EMS community. For example, evaluating the use of administering whole blood for hemorrhagic shock, the efficiencies of an updated nurse line for lower acuity calls, and the role of different CPR strategies for patients in cardiac arrest will help to advance the science of EMS care throughout the region.

#### 1058 Training

1059 EMT Training: The EMS Division provides initial training, continuing education, and instructor/evaluator education for EMTs in King County. Through research, coordination, 1060 and communication among Medic One/EMS stakeholders and the regional Medical 1061 1062 Program Directors, the Division develops curricula so that the training and educational programs meet individual agency, Washington State Department of Health, and national 1063 requirements. The Division is the liaison between the Washington State Department of 1064 Health and the 23 EMS/fire agencies in King County. It oversees the recertification and 1065 regulatory and policy changes to Medic One/EMS agencies. 1066

1067Dispatch Training: Sending the appropriate resource in the appropriate manner is a critical1068link in the EMS system. The EMS Division provides comprehensive initial and continuing1069education training to dispatchers in King County outside the City of Seattle. King County1070dispatchers follow medically approved emergency triage CBD guidelines. These guidelines



were developed by the EMS Division. CBD uses specific medical criteria based on signs and symptoms to send theappropriate level of care with the proper urgency.

## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

1075<u>CPR/AED Training:</u> The EMS Division of Public Health – Seattle and King County offers educational programs to1076King County residents, teaching them to administer life- saving techniques until EMS agencies arrive at the scene.1077This includes CPR classes with an emphasis on training teachers and students. Thousands of secondary school1078students receive instruction on CPR and AED use each year. In addition, regionally coordinated AED programs1079register and place automated defibrillators in the community within public facilities, businesses, and even private1080homes for high-risk patients, along with providing training in their use.

#### 1081Community Centered Programs

1082The complex health needs of King County's residents can be as diverse as its communities. The EMS Division and1083its partners offer a wide variety of community centered services and programs to ensure emergency medical1084services provided are equitable, appropriate, and of the highest quality. This includes targeted community

1085 interventions to help manage the rate of call growth in the EMS 1086 1087 system and address the demand for services. Programs like the 1088 Communities of Care and the 1089 Vulnerable Populations Strategic 1090 Initiative provide community-1091 1092 specific education and training 1093 about the appropriate use of EMS services and how to receive 1094 the proper level of care. The Taxi 1095 Voucher Program, Nurseline, and 1096 Mobile Integrated Healthcare 1097 programs offer alternative, high-1098 quality care to 9-1-1 patients 1099 with lower acuity medical needs. 1100 The region reviews and revises 1101 dispatch guidelines so that 1102 1103 specific types of calls are



receiving the most appropriate level of response. In addition, the EMS Division works with its partners on efforts preventing the need to call 9-1-1 in the first place, with programs designed to appropriately install child seats and mitigate potential falls among older adults.

#### 1107 Regional Leadership and Management

The EMS Division provides financial and administrative leadership and support to both Public Health - Seattle & 1108 King County government as well as external EMS partners, bringing expertise, knowledge, and stability to the 1109 system, thereby preserving the integrity and transparency of the entire system. The EMS Division actively engages 1110 with regional partners to implement the Medic One/EMS Strategic Plan; manage EMS levy funds; monitor contract 1111 and medical compliance and performance; identify and participate in countywide business improvement 1112 processes; facilitate the recertification process for the 4,300 EMTs in King County; and maintain the continuity of 1113 business in collaboration with Medic One/EMS partners. This also includes regional planning for the Medic 1114 1115 One/EMS system which monitors medic unit performance, the periodic assessment of medic unit placement, and other system parameters. Regional planning analyzes medic unit demand projections and measures the impacts 1116 of regional programs, supported by ongoing data quality improvement activities. 1117

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## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

#### Center for the Evaluation of Emergency Medical Services (CEEMS) 1120

CEEMS conducts research aimed at improving the delivery of pre-hospital emergency care and advancing the 1121 science of cardiac arrest resuscitation. It is funded by grants from private foundations, state agencies, and federal 1122 institutions. CEEMS is a collaborative effort between the EMS Division and academic faculty from the University of 1123 Washington who are recognized nationally for their contributions in the care and treatment of cardiac emergencies. 1124 Achievements made by this collective effort continue to improve outcomes from sudden cardiac arrest and advance 1125 evidenced-based care and treatment. 1126

1127 1128

#### **RS/SI RECOMMENDATION 2:** 1129

#### **ENHANCE** programs to meet regional needs. 1130

- The region continues to see a record number of EMT hires throughout the EMS system. Increasing the number of 1131 • initial EMT training classes is required to get these new hires certified and meet the growing demands of EMS in 1132 1133 the county.
- When the Telephone Referral Program, or Nurseline, contract was discontinued in 2023, the region supported 1134 . 1135 finding a way to preserve this critical service. An even more comprehensive Nurse Navigation program was initiated in late 2024 which will help decrease non-emergent dispatches and improve the overall efficiency of the 1136 EMS system. Maintaining this renovated program is a priority for the 2026-2031 levy span. 1137
- The STRIVE Initiative, implemented during the 2020-2025 levy period, modernized the EMS Division's online 1138 • continuing medical education platform, EMS Online. Converting STRIVE's ongoing operations and maintenance 1139 1140 into regional support services and providing funding for 2026-2031 will help ensure the EMS Division can meet the region's changing educational, data, and technological needs of the eLearning environment. 1141
- 1142 1143

#### **RS/SI RECOMMENDATION 3:** 1144

#### MAINTAIN AND DEVELOP Strategic Initiatives that leverage previous investments made 1145 by the region to improve patient care and outcomes. 1146

Areas identified by the Regional Services Subcommittee include continued focus on vulnerable populations, 1147 enhancing quality improvement capabilities, and supporting mental wellness and equity and social justice efforts. 1148

#### 1. Vulnerable Populations Strategic Initiative (VPSI) – CONTINUING AS EMS Community 1149 **Health Outreach (ECHO)** 1150

VPSI was launched during the 2014-2019 levy period to improve interactions between EMS and historically 1151 underserved communities. Continued support for VPSI efforts throughout the 2026-2031 levy span will further 1152 1153 enable communities to remain actively engaged with EMS agencies and continue to address disparities in access to services. This includes expanding community partnerships, connecting local EMS agencies to 1154 1155 community-led organizations, and introducing new education and outreach topics to meet the evolving needs of the communities. To better represent this work and align with the commitment to equity and social justice, VPSI 1156 will be renamed EMS Community Health Outreach (ECHO) for the 2026-2031 levy span. 1157

## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

#### 2. <u>A</u>ccelerating <u>E</u>valuation and Innovation: an <u>O</u>pportunity for <u>U</u>nprecedented Quality Improvement (AEIOU) Strategic Initiative - CONTINUING AS <u>P</u>ioneering <u>R</u>esearch for <u>I</u>mproved <u>M</u>edical <u>E</u>xcellence (PRIME) Strategic Initiative

AEIOU built upon the technological work between regional partners from all parts of the EMS system to bolster the region's quality improvement abilities, capacity, and efforts. It included creating standardized systems for data analysis, updating data-sharing mechanisms, and contributing toward advancements of medical research. **PRIME** is the next iteration in upgrading current data processes and enhancing overall data management capabilities, contributing to medical quality improvement efforts. It includes improvements to the patient care records software (ESO Solutions), data sharing, standardization, and data automation; improving integration pertaining to data systems with Public Health, ESO, and agencies; and conducting pilot projects to foster innovation.

#### 3. Emergency Medical Dispatch Strategic Initiative - NEW

1174This initiative invests in emergency medical dispatch (EMD) improvements, including identification of an1175external vendor to host the electronic criteria based dispatch (eCBD) guidelines used to determine the1176appropriate level of care and response type. Using an outside vendor brings greater security, more rapid1177eCBD updates, and increased interoperability between systems that exchange information. It also provides1178funding to explore EMD-focused pilots for continuous quality assurance/quality improvement activities during1179and after 9-1-1 calls.

## 4. King County Fire Chiefs Association Mental Wellness & Equity, Racism & Social Justice/Diversity, Equity & Inclusion proposals

1182The King County Fire Chiefs Association (KCFCA) has partnered with the EMS Division to develop strategies to1183address mental wellness for all first responders and advance equity in EMS organizations and the diverse1184communities they serve. Like the BLS Subcommittee, the Regional Services Subcommittee endorsed1185continuing these efforts that further advance such causes for the 2026-2031 levy span:

#### 1186 <u>Mental Wellness</u>:

1187KCFCA proposes to create and implement a comprehensive mental wellness approach across King County to1188support the health of our region's first responders, medics, and dispatchers. This effort will focus on a1189regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the1190mental wellness field. It will include consulting authorities in first responder mental wellness, continuing peer1191support training, and organizing other learning opportunities for EMS personnel.

#### 1192 Diversity, Equity and Inclusion/Equity, Racial and Social Justice:

1193This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel1194DEI and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring1195workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on1196integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and1197supporting outward facing work that connects communities to EMS skills and knowledge. This includes the1198community-based Vulnerable Populations Strategic Initiative along with the Strategic Training and1199Recruitment (STAR) program and the Future Women in EMS/Fire recruitment programs.

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## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

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**Programmatic Comparison Between Levies** 2020-2025 Levy 2026-2031 Levy **Regional Services (RS)** Fund regional services that focus on superior medical Fund regional services that focus on superior medical training, oversight, and improvement; innovative training, oversight, and improvement; innovative programs programs and strategies; regional leadership, and strategies; regional leadership, effectiveness and effectiveness and efficiencies. efficiencies; and strengthening community interactions and partnerships. Move BLS Core Services program out of Regional Services Enhance programs to meet regional needs. budget and into BLS allocation. Inflate costs at CPI-W + 1% Inflate costs at CPI-W + 1% Strategic Initiatives (SI) and other programs Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a Mobile Integrated Healthcare (MIH) model to address community needs. Convert BLS Efficiencies into ongoing programs Transition CMT and E&E into MIH exploration Convert RMS into ongoing programs Integrate the BLS Training and QI SI into the BLS Allocation Support existing and new strategic initiatives that leverage Support existing and new strategic initiatives that leverage previous investments made to improve patient care and previous investments made to improve patient care and outcomes. outcomes. o Continue implementing next stages of Vulnerable • Continue implementing next stages of Vulnerable Populations Populations -> ECHO and AEIOU -> PRIME Develop two new Initiatives: 1) AEIOU and 2) STRIVE Develop one new Initiative focused on Emergency Medical Dispatch o Transition Community Medical Technician into MIH exploration Support KCFCA proposals promoting mental wellness and ERSJ/DEI Provide regular updates to past audit recommendations Inflate costs at CPI-W + 1% Inflate costs at CPI-W + 1%

## 1206 ECONOMIC FORECAST

1207The Medic One/EMS Levy financial plan is based on a post-pandemic economic recovery, which stabilized the1208economy after a period of high inflation and increased mortgage rates. Based on projections from the King County1209Office of Economic and Financial Analysis (OEFA), the financial plan assumes lower inflation with rates stabilizing1210at less than three percent in the second and third years of the levy period and the gradual lowering of mortgage1211rates. King County inflation is projected to remain higher than the national average.

In addition, residential assessed value (AV), particularly for single-family homes, is increasing at rates higher than
 commercial and industrial properties both in Seattle and King County. Commercial AV outside of the City of Seattle
 has remained more stable. As a result, OEFA has forecast a reduction in the City of Seattle's percentage of
 property tax relative to levels prior to 2022.

Given the experience of the 2020-2025 levy period with high inflation and dynamics affecting both AV projections and the distribution of AV between the City of Seattle and the KC EMS Fund (remainder of King County), it was deemed prudent by the Finance Subcommittee to continue to include economic/supplemental reserves to cover the potential of reduced property taxes or increased expenses related to inflation.

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#### 1221**FINANCE SUBCOMMITTEE**

- 1222 Chair: The Honorable Lynne Robinson, Mayor of Bellevue
- 1223The Finance Subcommittee assessed the programmatic recommendations developed by the other subcommittees1224and provided financial perspective and advice to the Task Force. As the ALS, BLS, and Regional Services1225Subcommittees each developed its own set of recommendations specific to its program areas, the Finance1226Subcommittee reviewed the proposals as a whole package, rather than as individual and independent pieces, to1227ensure the financial plan was well balanced and financially prudent.
- 1228The Subcommittee also looked at the recommendations within the perspective of the levy planning economic1229environment, economic forecasts, and the potential for changes in the economic forecast. Significant efforts went1230toward analyzing financial implications of changes in economic conditions to develop appropriate contingency and1231reserve levels.
- <sup>1232</sup> The <u>Finance Subcommittee recommendations</u> are as follows:

#### <sup>1233</sup> **FINANCE RECOMMENDATION 1:**

#### <sup>1234</sup> CONDUCT A RISK ANALYSIS to determine appropriate reserve funding to help

#### <sup>1235</sup> safeguard the Medic One/EMS system from unforeseen financial risk.

1236To better understand the level of risk for the next levy span, the Subcommittee requested that King County staff1237prepare different "what-if" scenarios (sensitivity analyses) to evaluate how changes to the proposed revenue and1238expenditures could impact the financial plan. The scenarios assumed:

- Potential of reduced property taxes, and
  - Potential of higher inflation that could increase costs of planned services.

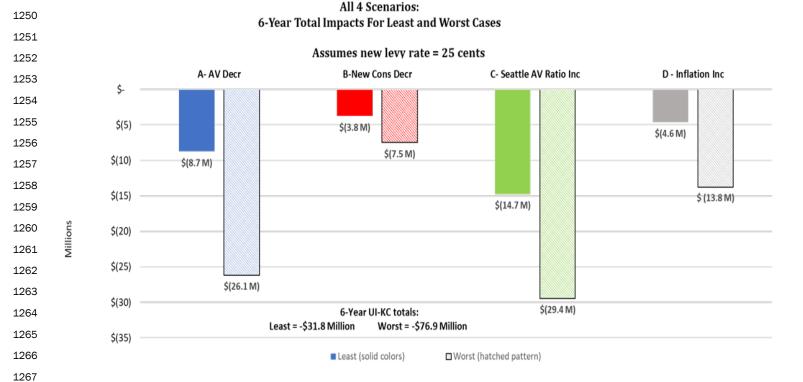
## FINANCE

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The revenue scenarios considered three different ways property taxes could be less than planned: reduced AV,
 reduced new construction, and a change in the proportion of funds between the City of Seattle and the King County
 EMS Fund. The expenditure scenarios looked at potential increased inflation and evaluated inflation increases from
 0.5 percent to 1.5 percent higher than planned. Each scenario contained a least and worst case situation for the
 Subcommittee to consider.



Subcommittee members used this information to determine whether the planned reserves could accommodate a
 potential change in economic conditions. Since the City of Seattle funds reserves separately from EMS levy funds,
 the Subcommittee focused on appropriate reserves for the King County EMS Fund. The potential impacts on the King
 County EMS Fund ranged from a decrease of \$31.8 million to a decrease of \$76.9 million. The financial plan
 includes approximately \$47.0 million for Economic/Supplemental Reserves. These reserves allow the EMS levy to
 remain whole even if many of these scenarios occur. Based on the potential for economic volatility, the
 Subcommittee recommended fully funding reserves and placing any additional funds into supplemental reserves.

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#### <sup>1277</sup> **FINANCE RECOMMENDATION 2:**

## INCORPORATE sufficient reserves and contingencies, with appropriate access policies, to mitigate financial risk and provide flexibility; adapt policies as needed for alignment with King County financial policies.

Reserves were first explicitly included in the 2008-2013 Medic One/EMS financial plan when regional partners wanted to ensure that funds were available to address emerging needs, particularly larger one-time expenses and unexpected/unplanned expenses. Now an integral and expected part of the levy's financial plan, EMS reserves are routinely reviewed and adjusted to better meet the needs of the regional system and consistency with updated King County Financial Policies.

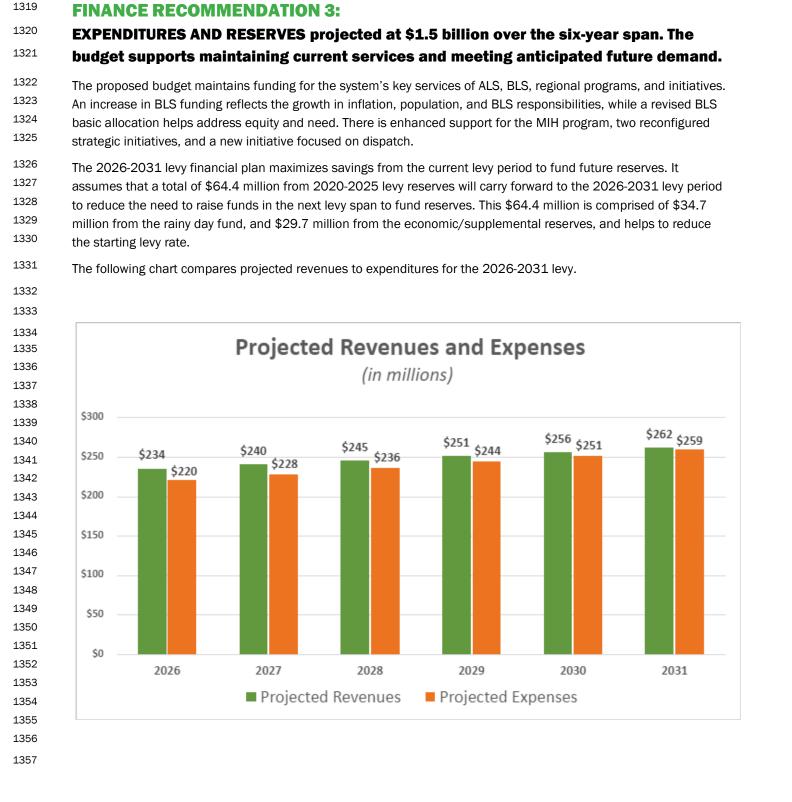
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## FINANCE

- 1288 2026-2031 Proposed Contingencies and Reserves Subcommittee members agreed that the financial plan should include adequate and reasonable reserves and 1289 contingencies to fund unanticipated or one-time costs. The group supported fully funding programmatic and King 1290 County-required rainy day reserves (90-day funding). In addition, Subcommittee members prioritized placing 1291 remaining funds in the Economic/Supplemental Reserves to protect the system should the economy change. 1292 Revenues received that are not needed to cover program and reserve needs will be placed in the 1293 Economic/Supplemental Reserves to supplement existing reserves, and/or be used to buy down a future levy rate. 1294 1295 Reserves and contingencies would continue to have appropriate access and usage policies and would be consistent with King County financial policies. 1296 1297 1298 Based on the system's programmatic needs as determined in the other three subcommittees and the desire to be
- Based on the system's programmatic needs as determined in the other three subcommittees and the desire to be prepared in the event of an economic downturn, the Finance Subcommittee recommended the following for Contingencies and Reserves.
- Fund Contingencies at \$1.3 million a year to cover significant increases in operating costs that cannot be accommodated by the ALS allocation or program balances. An example is paid-time-off above amounts included in the allocation (due to the need to backfill paid-time-off). On a limited basis, allow contingency funding to be available to cover unplanned expenses related to regional services and initiatives.
- **Fund Programmatic Reserves** that include:
- 1306\$1.3 million for ALS equipment covers unplanned costs related to equipment including potential addition1307of new equipment, decreased lifespans of equipment or need for early replacement, and increased costs not1308accommodated within the Equipment Allocation, and
- 1309\$17.4 million for ALS Capacity includes \$1.6 million to accommodate moving a medic unit to a new1310location or cover significant investments needed at current locations, and temporary capacity increases; and1311\$15.8 million as a placeholder for new units. This is consistent with ALS Subcommittee1312Recommendations #4 and #5.
- Funding the Rainy Day Reserve consistent with King County policy (currently 90-days). This is estimated at
   \$41.2 million.
- Placing any other available funds in the Economic/Supplemental Reserve to accommodate potential
   economic downturn. The current estimate is \$47 million.

Total Contingencies & Reserves Budget for the 2026 - 2031 Levy Period		
	2026-2031 Total	
Contingencies & Programmatic Reserves	\$26.5 million	
Rainy Day Reserve	\$41.2 million	
Total Programmatic Reserves	\$67.7 million	
Economic/Supplemental/Rate Stabilization	\$47.0 million	

## FINANCE



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#### 1361 FINANCIAL PLAN OVERVIEW & ASSUMPTIONS

1362The 2026-2031 financial plan endorsed by the EMS Advisory Task Force meets the programmatic needs identified1363in the subcommittees, maintains financial policies used during previous levy spans, and provides adequate1364reserves to ensure continuation of essential EMS services in the case of an economic downturn.

- 1365 It was developed based on widely understood and accepted regional principles of the tiered system:
- The Medic One/EMS levy will continue to support the delivery of quality pre-hospital emergency medical
   services and supply adequate funding to provide these services;
- Advanced Life Support (ALS) services will remain the priority of the Medic One/EMS levy;
- Basic Life Support (BLS) services will be funded through a combination of local taxes and Medic One/EMS levy
   funds;
- The EMS Division is responsible for:
  - coordinating and convening regional partners to facilitate collaborative activities necessary to assure the success of the regional strategic and financial plans;
- 1374 o managing and ensuring the transparency of system finances; and
- 1375 o continuing to innovate and evaluate the efficacy and funding of programs from a system-wide perspective.

#### <sup>1377</sup> Financial Oversight and Management

1378 The EMS Division is responsible for managing the levy fund in accordance with the Medic One/EMS Strategic Plan, 1379 the EMS financial plan, EMS Financial Policies PHL 9-2 (see below), and adopted King County Ordinances. Public 1380 Health - Seattle & King County's Chief Financial Officer provides general oversight of the EMS Division financial 1381 plan. Financial policies will continue to be updated to document and meet system needs including adapting to 1382 updated King County Financial Policies (within funding limits of the levy) and reflect financial decisions and 1383 recommendations from the adopted Medic One/EMS 2026-2031 Strategic Plan. EMS Division responsibilities 1384 include the review and evaluation of allocations, and the management of regional services and strategic 1385 initiatives, Contingencies and Reserves as reflected in the Plan, the EMS financial plan and associated King 1386 County ordinances.

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#### **EMS Financial Policies - PHL 9-2**

Oversight and management of EMS levy funds;

Methodology for appropriately **reimbursing ALS agencies** for eligible costs, including responsibilities by both the EMS Division and ALS agencies related to Operating and Equipment Allocations;

**Required reporting** by ALS agencies with review and analysis by EMS Division;

Methodologies for BLS, regional services, and strategic initiatives funding;

Regional services and strategic initiatives management, and

Review and management of reserves and designations including program balances.

## **FINANCE**

#### 1393 Considerations & Drivers

1394 This financial plan is based on key regional priorities outlined in this document to aggressively manage resources 1395 and the growth of services, create efficiencies, address uncertainty, and build on previous investments. Although 1396 experiencing a strong economy, the region was concerned about potential economic changes during the span of the 1397 next levy. Steps taken to help address uncertainties include continuing the ALS allocation structure with subtle 1398 updates, using the more conservative 65 percent confidence level in forecasting revenues (per King County policy) 1399 and ensuring sufficient contingencies and reserves. Reserve recommendations include fully funding programmatic 1400 and rainy day reserves plus directing any additional funds available in a 25.0 cent levy into an 1401 Economic/Supplemental reserve that could be used in the case of an economic downturn. In determining

Economic/Supplemental reserve levels, King County prepared four different scenarios to evaluate how changes to
 the proposed AV, new construction, inflation, and City of Seattle AV could impact the EMS levy financials.

Primary cost drivers relate to increases in the costs of providing services, demand for services, and changes in the
 types of services to meet community needs. Primary revenue drivers include 2026 starting AV and assumptions
 related to new construction.

Expenditures are based on Subcommittees' recommendations and are inflated yearly based on forecasts from the
 King County Office of Economic and Financial Analysis. Reserves and contingencies are based on programmatic
 needs and updated for compliance with King County Financial Policies, including a 90-day rainy ray reserve
 requirement for all levy supported funds. Economic/Supplemental reserves are consistent with the rate stabilization
 reserve category in the financial policies.

Revenues are planned to cover expenditures across the 2026-2031 levy period. Revenue needs were reduced by
 carrying forward approximately \$64.4 million from the 2020-2025 levy. The recommended 25.0 cent per \$1,000 AV
 levy rate allows supplemental reserves of \$47 million that could be available in an economic downturn.

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Medic One/Emergency Medical Services 2026-2031 Levy (in millions)					
	Seattle	KC EMS	Total		
Revenues					
Property Taxes	\$518.9	\$951.9	\$1,470.8		
Other Revenue		\$17.5	\$17.5		
Carryforward Reserves from 2020-2025		\$64.4	\$64.4		
Total Available Revenues	\$518.9	\$1,033.8	\$1,552.7		
TOTAL Expenditures	\$518.9	\$919.1	\$1,438.0		
Programmatic & Rainy Day Reserves		\$67.7	\$67.7		
TOTAL Expenditures and Reserves	\$518.9	\$986.8	\$1,505.7		
Funds available for Supplemental Reserves		\$47.0	\$47.0		
Levy Rate 25.0 cen					

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## FINANCIAL PLAN ASSUMPTIONS

1418The 2026-2031 financial plan, like other financial plans, is based on numerous assumptions and acknowledges1419that actual conditions may differ from the original projections. The objective is to have a financial plan flexible1420enough to handle changes as they occur. Key financial assumptions provided by the King County Economist1421include new construction growth, assessed value, inflation, and cost indices. Actuals are through 2023. Most of1422the assumptions for the 2026-2031 financial plan include inflation and growth assumptions for 2025 as well as14232026-2031.

- 1424This section documents key assumptions and shows projected costs related to inflation increases and distribution1425of property taxes. It also outlines estimated revenues, expenditures, and reserves that constitute the 2026-20311426financial plan. Note that when numbers are rounded to millions for presentation purposes, some rounding errors1427will occur.
- 1428Total expenditures are projected to be \$1.4 billion over the 2026-2031 levy period, with \$919 million projected for1429the King County EMS Fund. The financial plan includes carrying forward \$64.4 million in rainy day and1430economic/supplemental reserves from the 2020-205 levy which reduces the funding and levy rate needed for the14312026-2031 levy. A 25.0 cent per \$1,000/AV rate is proposed to fund the 2026-2031 levy period.

## 1433 **KEY ASSUMPTIONS**

### 1434 **Revenues**

1435The 2026-2031 financial plan is based on an EMS property tax levy as the primary source of funding. The revenue1436forecast is built on assumptions including the AV at the start of the levy period, AV growth, and new construction1437AV, as forecast by the King County Office of Economic and Financial Analysis (OEFA). Other considerations include1438the division of property tax revenues between the City of Seattle and the King County EMS Fund, interest income1439on fund balance, and other revenues received by property tax funds at King County. While previous levy periods1440assumed a one percent delinquency rate, King County now forecasts without it.

1441The plan is based on increases in King County AV from 2020 to 2025 followed by a forecast of more moderate1442increases between 2026 and 2031. The forecast assumes growth of new construction AV from \$10.4 billion in14432026 (the first year of the levy) and end the levy period at \$11.8 billion in 2031. The EMS levy does not receive1444new construction funds in the first year of the levy.

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### 1446

<b>Key Assumptions</b>	2026 - 2031	Forecast
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Rate of Growth	2026	2027	2028	2029	2030	2031
New Construction		3.57%	2.00%	2.48%	2.19%	2.48%
Growth in Existing AV	5.87%	4.64%	4.43%	4.45%	4.77%	4.52%

**FINANCE** 

## **FINANCE**

### 1450 Assessment (Property Taxes):

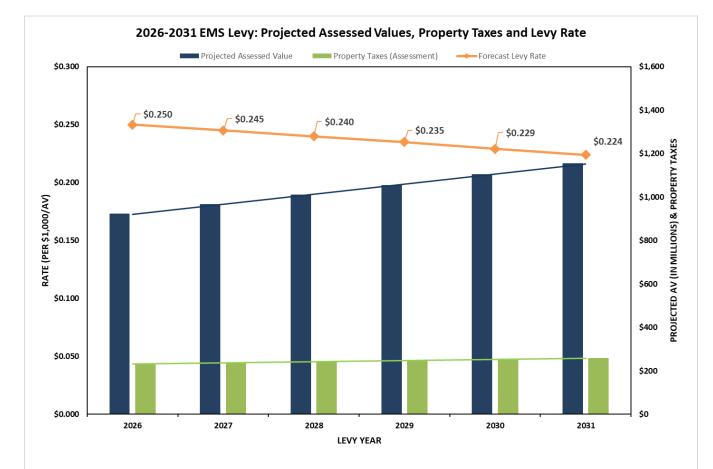
Per RCW 84.55.010, increases in assessments (property taxes) are limited to one percent plus assessments on new construction. Forecast property tax increases exceeding one percent are due to new construction. The following chart and table show the relationship between assessed value, levy assessment (property taxes), and levy rate as currently forecasted. While the growth in AV from 2026 to 2031 averages just under five percent per year, projected property taxes (property taxes/assessment) are projected to average just over two percent per year. Assessment includes a one percent increase on existing properties and the addition of new construction. Based on these increases, the levy rate is projected to decline from 25.0 cents to 22.4 cents per \$1,000 AV in the last year of the levy (2031).



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Levy Year	Projected AV	Property Taxes (Assessment)	Forecast Levy Rate	Growth in AV	Growth in Assessment
2026	\$924,584,361,939	\$231,146,090	\$0.250		
2027	\$967,445,977,367	\$237,045,806	\$0.245	4.64%	2.55%
2028	\$1,010,332,965,793	\$242,414,877	\$0.240	4.43%	2.26%
2029	\$1,055,291,690,277	\$247,862,021	\$0.235	4.45%	2.25%
2030	\$1,105,597,146,946	\$253,383,158	\$0.229	4.77%	2.23%
2031	\$1,155,558,905,321	\$259,007,621	\$0.224	4.52%	2.22%

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1465 <u>Division of Revenues</u>:

Revenues raised within the City of Seattle are sent directly to the City by King County; revenues for the remainder of King County are deposited in the King County EMS Fund. The percentage of overall AV in the City of Seattle has decreased during the current levy period from 40.1 percent in 2020 to 35.5 percent in 2025 but is forecast to increase slightly over the 2026-2031 levy period.

1470 The following table shows AV trends for the 2026-2031 levy:

#### 1471

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### Estimated Value of Assessments for the 2026 - 2031 Levy Period (in millions)

Average % of Assessed Value		Estimated Tax Revenue	Estimated Other Revenue	Estimated Total	
City of Seattle	35.27%	\$518.9		\$518.9	
KC EMS Fund	64.73%	\$951.9	\$17.5	\$969.4	

The following table shows forecast property tax assessments based on the forecast division of property taxes by King County OEFA. Forecast levy revenue above one percent is due to new construction.

### Forecast Property Tax Assessment 2026 - 2031 (in millions)

	2026	2027	2028	2029	2030	2031	2026-2031 Total
City of Seattle	\$80.7	\$83.0	\$85.3	\$87.7	\$89.9	\$92.3	\$518.9
Growth in City of Seattle		2.85%	2.77%	2.81%	2.51%	2.67%	
KC EMS Fund	\$150.5	\$154.0	\$157.1	\$160.1	\$163.5	\$166.7	\$951.9
Growth in KC EMS Fund		2.36%	1.97%	1.95%	2.10%	1.96%	

1479

#### 1480 <u>Other Revenues:</u>

1481In addition to property taxes from the Medic One/EMS levy, the KC EMS Fund receives interest income on its fund1482balance, and other miscellaneous King County revenues distributed proportionately to property tax funds (such as1483lease and timber taxes).

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1	485
1	700
	400

Other Revenue Assumptions KC EMS Fund					
Revenues	Estimate	% of Total Revenue			
Interest Income	\$15,127,000	86.3%			
Other Revenue Sources	\$2,400,000	13.7%			
Total Other Revenue	\$17,527,000	100.0%			

## FINANCE

### 1489 Expenditures

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Total expenditures, including both City of Seattle and KC EMS Fund are estimated at \$1.4 billion with \$519 million estimated for the City of Seattle and \$919 million estimated for the King County EMS Fund. The remainder of this section covers KC EMS Fund expenditures.

- 1493 The KC EMS Fund finances four main program areas related to direct service delivery or support programs:
- Advanced Life Support (ALS)
- Basic Life Support (BLS), including Mobile Integrated Healthcare (MIH)
- Regional Services (RS)
- Strategic Initiatives (SI)
- 1498 In addition, funding for contingencies and reserves is allocated within the financial plan.

Program budgets are increased yearly with inflators appropriate to the program. All programs, except for the ALS equipment allocation, are proposed to be increased by the local CPI-W + 1%. The one percent accommodates benefits and other costs, such as pharmaceuticals, that often increase at rates higher than CPI-W. The CPI assumptions used in this financial plan were provided by King County OEFA. Expenditures are inflated by the previous year's actuals (through June).

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#### **CPI Assumptions – CPI-W**

Levy Year	2025	2026	2027	2028	2029	2030	2031
CPI-W	3.63%	3.46%	2.96%	2.62%	2.84%	2.60%	2.49%

1505

1506The current CPI-W for the Seattle area is CPI-W Seattle-Tacoma-Bellevue. The ALS equipment allocation is inflated by1507the Producer Price Index for transportation equipment: other trucks and vehicles, complete, produced on purchased1508chassis, except upfitting trucks. If the definition of these indices is updated or discontinued, EMS will use the1509updated indices (such as the change in the PPI for transportation equipment in the past levy period) or choose a1510closely aligned index as reviewed by the King OEFA. If needed, an alternative index could be proposed and reviewed1511by the EMS Advisory Committee and King County OEFA.

Programmatic expenditure levels for the 2026-2031 levy period are based on increases using the identified inflator
 for the program, the timing of new services, and cash flow projections for individual strategic initiatives. The actual
 allocation will differ slightly based on actual (rather than forecast) economic indices.

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#### 1520 **Expenditures by Program Areas**

1521 The following table includes the expenditures by program area for the KC EMS Fund.

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The following table includes the expenditures by program area for the KC EWS Fun

Program Area Expenses	King County
Advanced Life Support (ALS)	\$511,807,522
Basic Life Support (BLS & MIH)	\$273,916,796
Regional Support Services	\$124,933,604
Strategic Initiatives	\$8,493,623
Sub-Total	\$919,151,545
Reserves	\$67,686,382
Total Programmatic Proposal	\$986,837,927
Economic/Supplemental Reserves	\$46,974,700

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#### 1525 Advanced Life Support (ALS) Services

Since the first Medic One/EMS levy in 1979, regional paramedic services have been largely supported by, and are
the funding priority of, the Medic One/EMS levy. Costs have been forecasted as accurately as feasible; but should
the forecasts prove insufficient, ALS remains the first priority for any available funds. Contingency and reserve
funds are available if needed. Funding levels for Bellevue Medic One, Northeast King County Medic One
(Redmond), Shoreline Medic One, and King County Medic One are allocated on a per unit cost basis, as shown in
the chart below.

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Advanced Life Support (ALS) Standard Unit Cost: 2026 Allocations					
Category	Average Costs	%			
Medic Unit Allocation	\$2,821,501	69.51%			
Supervisory/Program Allocation	\$711,281	17.52%			
System Allocation	\$375,176	9.24%			
Subtotal Operating Allocations	\$3,907,958	96.27%			
Equipment Allocation	\$151,271	3.73%			
ALS Per Unit Total	\$4,059,229	100.00%			

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1536The equipment allocation is based on average cost of equipment purchases, the expected lifespan of the1537equipment, and the number needed per unit. Each medic unit is budgeted to have two vehicles – primary and1538back-up for when the primary is out-of-service, there is an overlap between shifts, and times when an extra1539response unit may be needed (such as in the event of a storm or flood).

# **FINANCE**

ALS operating allocations are proposed to increase yearly by CPI-W + 1%. The equipment allocation will remain 1540

inflated using a PPI related to transportation equipment, as recommended by the King County Auditor's Office. The 1541 King County Economist recommends using a 40-year average of that PPI for forecast purposes.

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Inflation Assumption	Calculation Basis	Source	2026	2027	2028	2029	2030	2031	
Operating Allocation	Local CPI-W +1% (CWURS49DSAO)	KC OEFA	4.46%	3.96%	3.62%	3.84%	3.60%	3.49%	
Equipment Allocation	WPU14130294	KC OEFA	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	

ALS Allocation - Inflation Assumptions

### 1544

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The following table shows estimated ALS costs for the KC EMS Fund.

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### **Total Projected ALS Service Expenses During the 2026-2031 Levy Period**

	2026	2027	2028	2029	2030	2031	2026-2031 Total
KC EMS Fund	\$77,669,176	\$80,720,142	\$83,626,832	\$86,815,477	\$89,925,097	\$93,050,798	\$511,807,522

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1550 The 2026-2031 financial plan recommends an annual review of ALS costs to minimize cost-shifting to agencies. As has been the practice, a group that includes representatives from the different ALS agencies will meet annually or as 1551 appropriate to review costs and provide recommendations on the adequacy of the allocations. 1552

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#### **Basic Life Support (BLS) Services**

1558 Total BLS funding, including Mobile Integrated Healthcare (MIH), for 2026-2031 is estimated at \$273 million.

1559Basic Life Support Funding: While there are 23 fire agencies that provide BLS services throughout the region, the1560levy provides partial funding to 21 BLS agencies (excluding the City of Seattle and the Port of Seattle Fire1561Departments) to help ensure uniform and standardized patient care and enhance BLS services. BLS funding is1562inflated at CPI-W + 1% per year. In addition, \$3 million will be added to the baseline 2026 allocation and will be1563allotted in the first year using the newly revised BLS allocation distribution methodology. The one percent added to1564CPI acknowledges expenses, such as step increases, benefits, and other expenses such as pharmaceuticals that1565typically increase at rates higher than the inflationary assumptions included in the regional CPI-W.

Total Projected BLS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$33,962,126	\$35,307,026	\$36,585,141	\$37,990,010	\$39,357,652	\$40,731,235	\$223,933,190

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MIH Funding: The 2026-2031 levy includes funding the MIH program to address community needs. MIH
 allocations inflate at CPI-W +1%. In addition, \$2 million will be added to the baseline 2026 allocation and will be
 distributed the first year using the same methodology as the BLS allocation. For additional information on MIH,
 please refer to page 29.

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#### Total Projected Annual MIH Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$7,580,607	\$7,880,799	\$8,166,084	\$8,479,662	\$8,784,930	\$9,091,524	\$49,983,606

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#### 1575 **Regional Services**

The EMS Division is responsible for managing regional Medic One/EMS programs and services that support critical functions that are essential to providing the highest quality out-of-hospital emergency care available. Funds to support overall infrastructure and expenses related to managing the regional system are budgeted in Regional Services. Regional services are inflated at CPI-W + 1% per year. For additional information on regional services, please refer to page 33.

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#### Total Projected Regional Services Expenses for 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$18,947,663	\$19,697,991	\$20,411,058	\$21,194,843	\$21,957,859	\$22,724,190	\$124,933,604

## **FINANCE**

#### Strategic Initiatives 1584

1585 Strategic initiatives are pilot projects geared to improve the quality of EMS services, contain costs, and/or manage the rate of system growth. Strategic initiatives are funded with lifetime budgets that include inflationary assumptions 1586 1587 similar to those used by regional services. Increased funding for the programs and new projects is reviewed and recommended by the EMS Advisory Committee and the King County Council through the normal County budget 1588 process. For additional information on strategic initiatives, please refer to page 33. 1589

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	<b>Total Projec</b>	ted Strategic	Initiatives Ex	penses for t	he 2026-2031	Levy Period	
	2026	2027	2028	2029	2030	2031	2026-2031 Total
ECHO	\$482,988	\$559,292	\$638,787	\$663,316	\$687,195	\$711,179	\$3,742,757
PRIME	\$247,500	\$257,301	\$266,616	\$276,854	\$286,820	\$296,828	\$1,631,919
EMD SI	\$275,000	\$224,356	\$229,491	\$235,136	\$240,631	\$246,149	\$1,450,763
Mental Wellness	\$176,000	\$182,970	\$189,593	\$196,873	\$203,961	\$211,079	\$1,160,476
ERSJ/DEI	\$77,000	\$80,049	\$82,947	\$86,132	\$89,233	\$92,347	\$507,708
TOTAL King County	\$1,258,488	\$1,303,968	\$1,407,434	\$1,458,311	\$1,507,840	\$1,557,582	\$8,493,623

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#### **Reserves and Contingencies** 1592

Reserves were added during the 2008-2013 levy planning process and continue to be refined for this levy period. 1593 1594 The reserve levels proposed are consistent with updated King County Financial Policies requiring 90-day reserves for levy funds and reflect the Task Force's concerns about being sufficiently resilient and able to provide services during 1595 a potential economic downturn. 1596

1597 Categories include programmatic, rainy day, and economic/supplemental reserves. Contingency funding, while technically not a reserve, is rolled into the programmatic category. Programmatic reserves are designed to cover 1598 potential ALS costs related to equipment and expanding capacity (including \$15.8 million "placeholder" that could 1599 cover costs related to adding up to two 12-hour ALS units). The plan includes a 90-day rainy day reserve, in 1600 1601 adherence with King County financial policies. To ensure resiliency, funds above the amount needed to cover programmatic needs (expenditures, contingencies, and reserves) will be placed in an economic/supplemental 1602 reserve. These funds will be available to address funding if there is an economic downturn and can replenish other 1603 reserves during the levy period. If not used during the levy period, these reserves and contingency are intended to 1604 buy down a future levy rate. Use of programmatic reserves and contingency will be reviewed by the EMSAC Financial 1605 Subcommittee and the EMS Advisory Committee. The funds would also require appropriation by King County. 1606

If needed to address emerging conditions, changed economic circumstances and/or King County policies, changes to 1607 reserves can be implemented during the 2026-2031 levy period. Such changes would require review and approval by 1608 the EMS Advisory Committee, the Executive, and the King County Council. 1609

#### Reserves included in the 2026-2031 levy plan are shown in the following table.

	2026	2027	2028	2029	2030	2031
Programmatic Reserves	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000
Rainy Day Reserve	\$34,377,056	\$35,731,215	\$37,034,766	\$38,450,541	\$39,830,148	\$41,216,382
Total Programmatic Reserves	\$60,847,056	\$62,201,215	\$63,504,766	\$64,920,541	\$66,300,148	\$67,686,382
Economic/ Supplemental Reserves	\$17,935,149	\$28,730,755	\$37,075,300	\$42,643,462	\$46,020,165	\$46,974,700

#### Projected Annual Reserves Levels: 2026-2031 Levy

1611 1612 Note: Reserves roll over year-to-year; total budget dedicated to programmatic reserves is \$67.7 million

To encourage cost efficiencies and allow for variances in expenditure patterns, program balances were added during the 2002-2007 levy and have remained in practice. Program balances allow agencies to save funds from yearly allocations to use for variances in expenditures in future years. They are primarily used by ALS agencies to

1616 accommodate cashflow peaks related to completing labor negotiations – particularly related to back wages. Within 1617 the Regional Services budget, use of program balances may be related to the timing of special projects (particularly

1618 projects supporting ALS or BLS agencies). Program balances are proposed to continue in the 2026-2031 levy

1619 period. Program balances are not shown in the proposed levy financial plan but are reviewed on a regular basis.

## **Appendix A: Proposed 2026-2031 Regional Services**

1622 Regional services planned in the 2026-2031 levy, including converted strategic initiatives are as follows:

#### TRAINING AND EDUCATION

#### **EMT TRAINING**

- Basic Training: Entry-level training to achieve WA State certification
- **EMS Online Continuing Education (CE) Training:** Web-based training to maintain/learn new skills and meet state requirements
- CBT Instructor Workshops: Training for Senior EMT instructors
- Regionalized Initial Training: Condensed training conducted zonally
- EMT Certification Recordkeeping: Monitor and maintain EMS certification records
- Strategic Training and Research (STAR) program: Training opportunities for traditionally underrepresented students
- **STRIVE:** The modernized EMS Online teaching platform supporting a Learning Management System (LMS) and Learning Records Store (LRS) for enhanced reporting capabilities

#### **PARAMEDIC TRAINING**

- **EMS Online Continuing Education modules:** Web-based training to maintain skills, developed in coordination with UW Harborview Paramedic Training program
- · Paramedic Training: Certified paramedics support students at the UW Harborview Paramedic Training program
- Harborview Series: Posting of "Tuesday Series" on EMS Online

#### **EMERGENCY MEDICAL DISPATCH (EMD) TRAINING**

- Basic Training: 40 hours entry level Criteria Based Dispatch training
- **Continuing Education:** Eight-hour hybrid (in-class and EMS online web-based) instruction to reinforce training/learn new skills
- Advanced EMS Training: Enhanced medical dispatching concepts
- EMS Instructor Training: Instructor training for Basic Dispatch

**CPR/AED TRAINING**: Secondary School Students: Conduct CPR instructor training, purchase training supplies and equipment, train students

#### **COMMUNITY BASED PROGRAMS**

#### **INJURY PREVENTION**

- Fall Prevention for Older Adults: Home fall hazard mitigation and patient assessment
- Shape-up 50+ for a Healthy & Independent Lifestyle: A community awareness campaign regarding exercise opportunities for seniors to prevent falls and injuries
- **Child Passenger Safety Program**: Proper car seat fitting and installation for populations not served by other programs
- Targeted Age Driving: Safety interventions, include preventing driving and texting

**TRP/NURSELINE**: Divert low-acuity BLS calls to Nurseline for assistance in lieu of sending a unit response

TAXI TRANSPORT VOUCHER: Transport patients at lower costs using taxis as an alternative to private ambulances

**COMMUNITIES OF CARE**: Evaluate 9-1-1 calls for services and educate licensed care facilities on appropriate use of EMS resources

**MOBILE INTEGRATED HEALTHCARE**: Providing alternative yet still most appropriate care for lower-acuity and complex patients

#### 1625

#### **REGIONAL MEDICAL QUALITY IMPROVEMENT (QI)**

**REGIONAL MEDICAL DIRECTION:** Oversight of all medical care; approval of protocols, continued education, and quality improvement projects

PATIENT SPECIFIC MEDICAL QI: Review medical conditions to improve patient care

CARDIAC CASE REVIEW: Assessment and feedback re: cardiac arrest events throughout King County

**EMERGENCY MEDICAL DISPATCH QI:** Evaluation and improvement of medical 9-1-1 call handling and dispatch decisions

CRITERIA-BASED DISPATCH (CBD) GUIDELINES: CBD Revisions: Analysis to safely limit frequency that ALS is dispatched

DISPATCHER-ASSISTED CPR QI: Review of the handling of cardiac arrest calls; evaluate and provide feedback

#### **PUBLIC ACCESS DEFIBRILLATION (PAD)**

- PAD Registry: Maintain registry/ provide PAD location to dispatchers
- Project RAMPART: Funding to buy/place AEDs in public areas; provide CPR training to public sector employees
- PAD Community Awareness: Increase public placement and registration of AEDs (SI converted to RS for 2014-2019 levy

ALS/BLS PATIENT CARE PROTOCOLS: Development of EMT and Medic protocols/standards for providing prehospital care

**REGULATORY COMPLIANCE:** Ensure system-wide contractual/quality assurance compliance

#### **EMS DATA MANAGEMENT**

**EMS DATA COLLECTION:** Oversee collection/integration/use of EMS system data, including Medical Incident Reports

EMS DATA ANALYSIS: Analyze system performance and needs

**REGIONAL RECORDS MANAGEMENT SYSTEM (RMS) / SEND:** Improved network of data collection throughout the region with numerous EMS partners, including dispatch and hospitals

**EMS SUPPORT FOR SMALL AGENCIES**: Supports IT assistance and equipment purchases necessary for agencies to participate in the regional EMS system.

#### **REGIONAL LEADERSHIP AND MANAGEMENT**

**REGIONAL LEADERSHIP, MANAGEMENT, AND SUPPORT:** Provide financial and administrative leadership and support to internal and external customers; implement EMS Strategic Plans, best practices, business improvement process

MANAGE EMS LEVY FUND FINANCES: Oversee all financial aspects of EMS levy funding

CONDUCT LEVY PLANNING AND IMPLEMENTATION: Develop EMS Strategic Plan; implement programs

MANAGE HR, CONTRACTS, AND PROCUREMENT: Oversee contract compliance and continuity of business with EMS partners

#### **INDIRECT AND INFRASTRUCTURE**

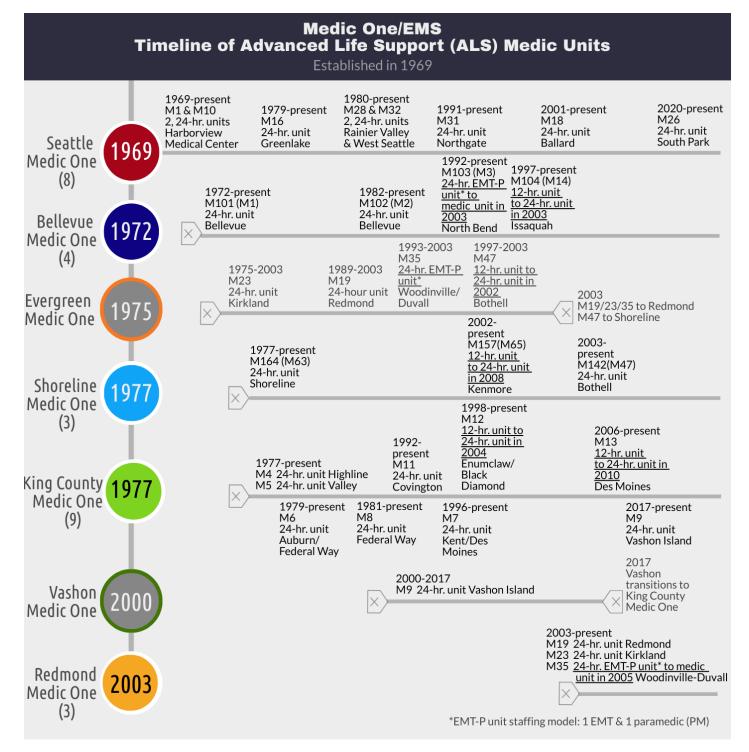
**INFRASTRUCTURE SUPPORT:** Infrastructure costs to support EMS Division including leases, vehicles, copier, etc.

INDIRECT AND OVERHEAD (INCLUDES INFORMATION TECHNOLOGY & BUSINESS SYSTEMS): Costs

associated with EMS Division including payroll, human resources, contract support, other services, and overhead

## **Appendix B: Advanced Life Support (ALS) Units**

The Medic One/EMS system serving Seattle and King County is recognized as the first EMS system established in the United States in 1969. The timeline below identifies the year that each Medic One ALS Program was established and key dates when medic units were added into service or removed from service. Full-time medic units staffed with two paramedics provide 24-hour service. Half-time units staffed with two paramedics provide 12-hour service. EMT-P units were used primarily to provide service to outlying areas and were staffed with an emergency medical technician and paramedics.



## **Appendix C: Comparisons Between Levies**

Program Area	2020-2025 Levy	2026-2031 Levy
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service
(ALS)	0 planned additional units	0 planned additional units
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
	2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses - Operational Contingencies - Expenditure Reserves	2 Reserve/Contingency categories to cover ALS-specific unanticipated/one- time expenses - Operational Contingencies - Programmatic Reserves
	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
	Support two ALS-based programs that benefit the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program	Support two ALS-based programs that benefit the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
	Allocate funds to BLS agencies using methodology that is based on 50% Call Volumes and 50% Assessed Valuation; reset the first year using updated data that better reflects agencies' current Assessed Valuation and service levels; increase funding to ensure consistency in the first year	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 50% Assessed Valuation
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

MOBILE INTEGRATED	Provide \$26 million over 6 years for MIH	Provide \$50 million over 6 years for MIH
HEALTHCARE (MIH)	Distribute first year of funding across all agencies using BLS allocation methodology of 50% AV and 50% call volumes	Distribute new funding in the first year across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation
	Inflate each agency's funding in subsequent years of the levy by CPI-W + 1%	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology
Regional Services (RS)	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships
	Move BLS Core Services program out of Regional Services budget and into BLS allocation	Enhance programs to meet regional needs
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%
Strategic Initiatives (SI)	<ul> <li>Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a <u>Mobile Integrated</u> <u>Healthcare, or MIH</u>, model to address community needs</li> <li>Convert <u>BLS Efficiencies</u> into ongoing programs</li> <li>Transition <u>CMT</u> and <u>E&amp;E</u> into MIH exploration</li> <li>Convert <u>RMS</u> into ongoing programs.</li> <li>Integrate the <u>BLS Training and QI SI</u> into the BLS allocation</li> </ul>	
	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes</li> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop 2 new Initiatives: 1) <u>AEIOU</u> and 2) <u>STRIVE</u></li> </ul>	Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes • Continue implementing next stages of <u>Vulnerable Populations -&gt; ECHO</u> and <u>AEIOU -&gt;</u> <u>PRIME</u> • Develop 1 new Initiative focused on Emergency Medical Dispatch Support King County Fire Chiefs Association proposals promoting Mental Wellness and ERSJ/DEI
	Transition <u>Community Medical Technician</u> into MIH exploration	
	Provide regular updates to past audit recommendations	
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

Citation	Chapters
Chapter 18.71 RCW	Defining EMS personnel requirements: Physicians
18.71.021	License required.
18.71.030	Exemptions.
18.71.200	Emergency medical service personnel Definitions.
18.71.205	Emergency medical service personnel Certification.
18.71.210	Emergency medical service personnel Liability.
18.71.212	Medical program directors – Certification.
18.71.213	Medical program directors – Termination Temporary delegation of authority.
18.71.215	Medical program directors – Liability for acts or omissions of others.
18.71.220	Rendering emergency care – Immunity of physician or hospital from civil liability.
Chapter 18.73 RCW	Defining EMS practice: Emergency medical care and transportation services
<u>Chapter 35.21.930 RCW</u>	Community Assistance Referral and Education Services program (CARES)
<u> Chapter 36.01.095 RCW</u>	Authorizing counties to establish an EMS System: Emergency medical services — Authorized — Fees
<u>Chapter 36.01.100 RCW</u>	Ambulance service authorized — Restriction
Chapter 70.05.070 RCW	<b>Mandating public health services</b> by requiring the local health officer to take such action as is necessary to maintain the health of the public
	Local health officer – powers and duties
<u> Chapter 70.46.085 RCW</u>	County to bear expense of providing public health services
Chapter 70.54 RCW	Miscellaneous health and safety provisions
70.54.060 RCW	Ambulances and drivers.
70.54.065 RCW	Ambulances and drivers—Penalty.
70.54.310 RCW	Semiautomatic external defibrillator-duty of acquirer-immunity from civil liability.
70.54.430 RCW	First responders—Emergency response service—Contact information
Chapter 70.168 RCW	Revising the EMS & trauma care system: Statewide trauma care system
70.168.170 RCW	Patient transportation—Mental health or chemical dependency services
<u>Chapter 74.09.330 RCW</u>	Reimbursement methodology for ambulance services—Transport of a medical assistance enrollee to a mental health facility or chemical dependency program
<u>Chapter 84.52.069 RCW</u>	Allowing a taxing district to impose an EMS levy: Emergency medical care and service levies

<u>Title 246-976 WAC</u>	Establishing the trauma care system: Emergency medical services and trauma care systems
	TRAINING
246-976-022	EMS training program requirements, approval, reapproval, discipline.
246-976-023	Initial EMS training course requirements and course approval.
246-976-024	EMS specialized training.
246-976-031	Senior EMS instructor (SEI) approval.
246-976-032	Senior EMS instructor (SEI) reapproval of recognition.
246-976-033	Denial, suspension, modification, or revocation of SEI recognition.
246-976-041	To apply for EMS training.
	CERTIFICATION <sup>1</sup>
246-976-141	To obtain initial EMS agency certification following the successful completion of Washington state approved EMS course.
246-976-142	To obtain reciprocal (out-of-state) EMS certification, based on a current out- of-state or national EMS certification approved by the department.
246-976-143	To obtain EMS certification by challenging the educational requirements, based on possession of a current health care providers credential.
246-976-144	EMS certification.
246-976-161	General education requirements for EMS agency recertification.
246-976-162	The CME method of recertification.
246-976-163	The OTEP method of recertification.
246-976-171	Recertification, reversion, reissuance, and reinstatement of certification.
246-976-182	Authorized care Scope of practice.
246-976-191	Disciplinary actions.
	LICENSURE AND VERIFICATION
246-976-260	Licenses required.
246-976-270	Denial, suspension, revocation.
246-976-290	Ground ambulance vehicle standards.
246-976-300	Ground ambulance and aid service Equipment.
246-976-310	Ground ambulance and aid service Communications equipment.
246-976-320	Air ambulance services.
246-976-330	Ambulance and aid services – Record requirements.
246-976-340	Ambulance and aid services – Inspections and investigations.
246-976-390	Trauma verification of pre-hospital EMS services.
246-976-395	To apply for initial verification or to change verification status as a pre- hospital EMS service.
246-976-400	Verification – Noncompliance with standards.

	TRAUMA REGISTRY
246-976-420	Trauma registry Department responsibilities.
246-976-430	Trauma registry responsibilities.
	DESIGNATION OF TRAUMA CARE FACILITIES
246-976-580	Trauma designation process.
246-976-700	Trauma service standards.
246-976-800	Trauma rehabilitation service standards.
	SYSTEM ADMINISTRATION
246-976-890	Inter-hospital transfer guidelines and agreements.
246-976-910	Regional quality assurance and improvement program.
246-976-920	Medical program director.
246-976-930	General responsibilities of the department.
246-976-935	Emergency medical services and trauma care system trust account.
246-976-940	Steering committee.
246-976-960	Regional emergency medical services and trauma care councils.
246-976-970	Local emergency medical services and trauma care councils.
246-976-990	Fees and fines.
Title 296-305-02501 WAC	Emergency medical protection
<u>Title 458-19-060 WAC</u>	Emergency medical service levy
King County Code Section 2.35A.030	Establishing the Emergency Medical Services Division within the Department of Public Health and describing the duties of the division.
	The duties of the EMS division shall include the following:
	A. Tracking and analyzing service and program needs of the EMS system in the county, and planning and implementing emergency medical programs, services and delivery systems based on uniform data and standard emergency medical incident reporting;
	B. Providing medical direction and setting standards for emergency medical and medical dispatch training and implementing EMS personnel training programs, including, but not limited to, public education, communication and response capabilities and transportation of the sick and injured;
	C. Administering contracts for disbursement of Medic One EMS tax levy funds for basic and advanced life support services and providing King County Medic One advanced life support services;
	D. Coordinating all aspects of emergency medical services in the county with local, state, and federal governments and other counties, municipalities, and special districts for the purpose of improving the quality of emergency medical services and disaster response in King County; and
	E. Analyzing and coordinating the emergency medical services components of disaster response capabilities of the department. (Ord. 17733 § 5, 2014).

							DRAFT FINAL
REVENUES	Even Indonen	EVEL I I OPOSCA	FOFOTTOPOSO	FOFO LIOPOSCO	Food Linboard	End Lindon	EVEN-EVEN
Countywide Assessed Value (EMS Only) <sup>1</sup>	924,584,361,939 231 146 090	967,445,977,367 937 045 806	1,010,332,965,793	1,055,291,690,277	1,105,597,146,946	1,155,558,905,321	1 470 859 574
Levy Rate	0.25000	0.24502	0.23994	0.23488	0.22918	0.22414	
Proportion	34.90%	35.02%	35.21%	35.40%	35.47%	35.64%	
Projected Net Seattle Property Taxes	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
Seattle Revenue	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
Proportion	65.10%	64.98%	64.79%	64.60%	64.53%	64.36%	100.00%
Projected Net King County Property Taxes	150,480,812	154,033,691	157,061,645	160,131,241	163,498,688	166,705,097	951,911,175
Projected King County Other Revenue	3,345,000	3,026,000	2,783,000	2,791,000	2,791,000	2,791,000	17,527,000
King County Revenue	153,825,812	157,059,691	159,844,645	162,922,241	166,289,688	169,496,097	969,438,175
EXPENDITURES			~				
Total City of Seattle	(80,665,278)	(83,012,115)	(85,353,232)	(87,730,781)	(89,884,469)	(92,302,524)	(518,948,399)
Advanced Life Support Services King County	(77,669,176)	(80,720,142)	(83,626,832)	(86,815,477)	(89,925,097)	(93,050,797)	(511,807,522)
Basic Life Support Services King County	(41,542,733)	(43,187,825)	(44,751,225)	(46,469,672)	(48,142,582)	(49,822,759)	(273,916,796)
Regional Services	(18,947,663)	(19,697,991)	(20,411,058)	(21, 194, 843)	(21,957,859)	(22,724,190)	(124,933,604)
Strategic Initiatives	(1,258,488)	(1,303,968)	(1,407,434)	(1,458,311)	(1,507,840)	(1,557,582)	(8,493,623)
Total King County EMS Fund	(139,418,060)	(144,909,926)	(150,196,549)	(155,938,303)	(161,533,378)	(167,155,328)	(919,151,545)
TOTAL EXPENDITURES	(220,083,338)	(227,922,042)	(235,549,781)	(243,669,084)	(251,417,848)	(259,457,852)	(1,438,099,945)
DIFFERENCE Revenues/Expenditures	14,407,752	12,149,765	9,648,096	6,983,937	4,756,310	2,340,769	50,286,629
RESERVES (not cumulative)							
KC Expenditure Reserves	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)
KC Economic/Supplemental Reserves <sup>2</sup>	(17,935,149)	(28,730,755)	(37,075,300)	(42,643,462)	(46,020,165)	(46,974,700)	(46,974,700)
KC Rainy Day Reserves (90 day requirement) <sup>3</sup>	(34,377,056)	(35,731,215)	(37,034,766)	(38,450,541)	(39,830,148)	(41,216,382)	(41,216,382)
TOTAL RESERVES	(78,782,205)	(90,931,970)	(100,580,066)	(107,564,003)	(112,320,313)	(114,661,082)	(114,661,082)

## ATTACHMENT A





1

MEDIC ONE/ EMERGENCY MEDICAL SERVICES



**RPC** Meeting Materials

## Acknowledgements

planning process was no exception. The EMS Division, Public Health – Seattle & King County, would like to thank the EMS Advisory Task Force and the numerous participants who so willingly gave us their time, insight, and expertise to ensure our nationally-recognized system will continue to thrive far into the future. <sup>1</sup> We appreciate your commitment to this undertaking.			
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King County Counci			Formatted: Font: 5 pt
Reagan Dunn	Councilmember		
Tom Goff	Director of Local and Regional Affairs		
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Jim Ferrell	Mayor, City of Federal Way		
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Lynne Robinson	Mayor, City of Bellevue; Finance Subcommittee Chair		
Kevin Schilling	Mayor, City of Burien		
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Don Gentry	Fire Commissioner, Mountain View Fire & Rescue		
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Anita Sandall	Fire Commissioner, Eastside Fire & Rescue		
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	taking of the titles hold during the law planning		
cipant titles are represer	tative of the titles held during the levy planning process	- 1	

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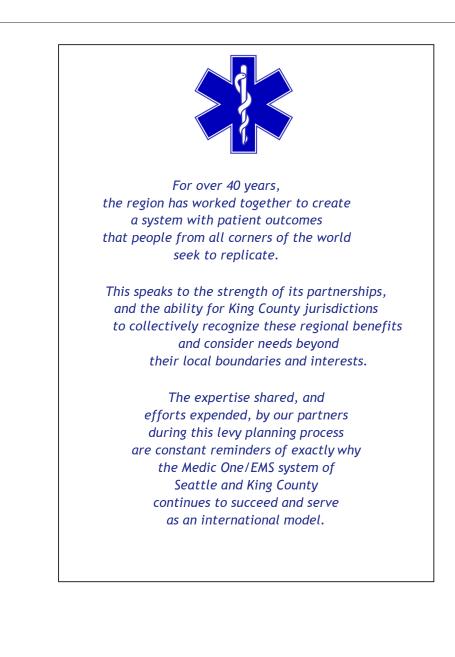
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## **EXECUTIVE SUMMARY**

128 _	EXECUTIVE SUMMARY	
129	The Medic One/Emergency Medical Services (EMS) system serving Seattle and King County is known worldwide for	
130 131	its excellent medical results. By simply dialing 9-1-1, all residents have immediate access to the best possible medical care, regardless of location, circumstances, or time of day. For 45 years, the system's commitment to	
131	medicine, science, innovation, and partnerships has resulted in thousands of lives saved and an EMS program that	
133	is second to none.	
134	The system is primarily funded by a countywide, voter-approved EMS levy (per RCW 84.52.069). Mandated by state	
135 136	law to be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding our successful and highly acclaimed system.	
137	The current six-year levy expires December 31, 2025. To ensure continued emergency medical services in 2026	
138 139	and beyond, King County undertook an extensive planning process in 2024 to develop a Strategic Plan and finance plan (levy) for King County voters to consider renewing in 2025. This process brought together regional leaders.	
140	decision-makers, and partners to assess the needs of the system and collectively develop recommendations to	
141	direct the system into the future. As in past years, the EMS Advisory Task Force, comprised of regional elected	
142 143	officials, oversaw the development of the recommendations and was responsible for endorsing broad policy decisions including the levy rate, length, and ballot timing.	
144	As the EMS system's primary policy and financial document, the Strategic Plan defines the roles, responsibilities,	
145	and programs for the system and establishes a levy rate to fund these approved functions. On September 26,	
146 147	2024, the Task Force endorsed the programmatic and financial recommendations that form the basis of this Medic One/EMS 2026-2031 Strategic Plan.	
148	The 2026-2031 Medic One/EMS Strategic Plan includes the following key elements:	
149	A six-year Medic One/EMS levy at \$.25 per \$1,000 Assessed Value (AV);	
150	• Fully funding eligible Advanced Life Support (referred to as ALS, or paramedic services) costs;	
151 152	<ul> <li>Including an ALS unit "placeholder" should service demands increase beyond what is anticipated and new units are required;</li> </ul>	
153	Increasing funding for Basic Life Support (referred to as BLS, or first responders);	
154	Continued commitment to Mobile Integrated Healthcare (MIH) to support community needs;	
155 156	<ul> <li>Sustained funding and enhancements for regional programs that provide essential support to the Medic One/EMS system and are critical for providing the highest emergency medical care possible;</li> </ul>	
157 158	<ul> <li>Initiatives that encourage efficiencies, innovation, and leadership and build upon previous efforts to improve patient care and outcomes;</li> </ul>	
159	Reserve funding that provides additional protection and flexibility against unforeseen financial risks;	
160	<ul> <li>Carrying forward \$64 million of 2020-2025 reserves to help reduce the initial levy rate; and</li> </ul>	
161	Placement of an EMS levy on the November 2025 general election ballot in King County.	
162 163 164	The proposed levy rate of 25.0 cents /\$1,000 AV means that an owner of a \$844,000 home in King County will pay \$211 in 2026 for some of the nation's most highly-trained medical personnel to arrive within minutes of an emergency – at any time of day or night, no matter where in King County.	
165 166 167 168	This Medic One/EMS Strategic Plan is designed to meet the needs of the EMS system, its users, and the community. The proposals incorporated within this Plan support the Medic One/EMS system's strong tradition of service excellence, effective leadership, and regional collaboration. The well-balanced approach outlined in this plan will allow the system to meet the needs and expectations of residents now and in the future.	

## 169 KEY COMPONENTS

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Survival from cardiac arrest is an EMS system benchmark condition used throughout the nation. This is due to the
 discrete nature of a cardiac arrest: a patient has stopped breathing, and their heart is not pumping. Because a
 patient who is discharged alive from the hospital following a cardiac arrest is identifiable and measurable, it is an
 easily comparable metric across systems and communities. The survival rate of cardiac arrest patients is a gold
 standard for measuring the overall functionality and quality of an EMS system.<sup>2</sup>

standard for measuring the overall functionality and quality of an EWS system.<sup>2</sup>

In 2023, the survival rate for witnessed ventricular fibrillation (VF) cardiac arrest throughout King County was 51
 percent. Because of the system's strong collaborative and standardized programs, cardiac arrest patients in the
 region are two to three times more likely to survive, compared to other communities.<sup>3</sup> This resuscitation success is a
 tribute to the immense dedication and efforts by all the partners of the regional EMS system.

<sup>180</sup> As a result of these findings, the Medic One/EMS system serving Seattle and King County has earned an

international reputation for innovation and excellence, and regularly hosts visitors from all over the world seeking to
 learn more about how the system works. The system's success can be traced to its design which is based on the
 following:

#### <sup>184</sup> Regional System Based on Partnerships

The Medic One/EMS system in King County is built on partnerships that are rooted in regional, collaborative, and
 cross-jurisdictional coordination. While each provider operates individually, the care provided to the patient operates
 within a "seamless" system. It is this continuum of consistent, standardized medical care and collaboration between
 23 fire agencies, five paramedic agencies, four EMS dispatch centers, more than 20 hospitals, the University of

<sup>189</sup> Washington, and the residents throughout King County that allows the system to excel in pre-hospital emergency

<sup>190</sup> care. Medical training is provided on a regional basis to ensure that, no matter the location within King County,

<sup>191</sup> whether at work, play, home, or traveling, medical triage and delivery of medical care is consistent and equitable.

#### <sup>192</sup> Tiered Medical Model

Medicine is the foundation of the Medic One/EMS system. The services provided by EMS personnel are derived from
 the highest standards of medical training, clinical practices and care, scientific evidence, and close supervision by

<sup>195</sup> physicians experienced in EMS care. The system uses a tiered response model which is centered on having BLS

agencies respond to every incident to stabilize the patient. This allows reserving the more limited resource of ALS (upper level) to respond to parise of the patient of the threatening injuries and illegence. Becauting the

(known locally as paramedic service) to respond to serious or life-threatening injuries and illnesses. Reserving the number of calls to which paramedics respond helps ensure that paramedic services will be readily available when

<sup>199</sup> needed for those serious calls, keeping paramedics well practiced in the life-saving patient skills required for critical

200 incidents.

<sup>201</sup> Compared to systems that send paramedics on all calls, the Medic One/EMS system in King County provides

<sup>202</sup> excellent response and patient care with fewer paramedics. It is this tiered medical model response system, working

hand-in-hand with the regional medical program direction, intensive dispatch, and evidence-based EMT and
 paramedic training and protocols, that has led to great success in providing high-quality patient care throughout the

<sup>205</sup> demographically diverse King County region.

<sup>3</sup> McBride O, et al. "Temporal Patterns in Out-of-Hospital Cardiac Arrest Incidence and Outcome: A 20 Year King County Experience". In Press. JAMA Cardiology

<sup>&</sup>lt;sup>2</sup> Mickey S. Eisenberg, *Resuscitate: How Your Community Can Improve Survival from Sudden Cardiac Arrest* (Seattle: University of Washington Press, 2009)

#### Equity Led

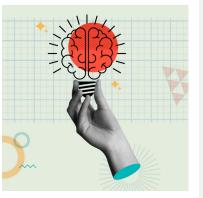
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The Medic One/EMS system In King County is equity-driven and committed to care that uplifts and safeguards the well-being of all King County communities. Recognizing that measurable outcomes in public health are negatively imbalanced due to racial and other demographic factors, the EMS system is committed to ensuring equity, racial, and social justice (ERSJ) principles influence decision making processes in the delivery of pre-hospital care throughout the region. Partners support organizational equity and inclusion efforts so that the communities served feel valued and included in the vision for a healthy and safe King County.

214 **Programs & Innovative Strategies** 

215 Programmatic leadership and state-of-the-art science-based strategies 216 have allowed the Medic One/EMS system serving Seattle and King 217 County to obtain superior medical outcomes. Rather than focusing solely 218 on ensuring a fast response by EMTs or paramedics, the system is 219 comprised of multiple elements - including a strong, evidence-based 220 medical approach. Continual quality improvement activities to 221 systematically identify how patient care can be improved across the 222 region help support the best possible outcomes of care. Testing 223 advanced medical treatments, like the administering of whole blood for 224 hemorrhagic shock and the offering of buprenorphine for opioid use 225 disorder, has allowed the EMS system to adapt to meet the needs and 226 expectations of its varied communities and users.



#### <sup>227</sup> Focus on Effectiveness and Efficiencies

228 The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational 229 and financial efficiencies. The tiered response improves the efficiency and effectiveness of the Medic One/EMS 230 system by ensuring the most appropriate level of services is sent to the incident. Transferring non-emergent 9-1-1 231 calls to a 24-hour consulting nurse line for medical advice effectively helps keep resources available for higher 232 acuity medical emergencies. Programs focus on better understanding and serving complex, diverse, and lower-233 acuity patients in the field, improving the quality of care, and contributing to the overall efficiency of service 234 delivery. Streamlining contract administration within the EMS Division of Public Health - Seattle & King County 235 eliminates inefficiencies and reduces costs for executing separate program agreements. Strategies that address 236 operational and financial efficiencies are continually pursued and practiced.

#### <sup>237</sup> Maintaining an EMS Levy as Funding Source

The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. Authorized by RCW 84.52.069 which mandates that levied funds be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding this world-renowned system. The EMS levy falls outside the statutory limits with senior and junior taxing districts and therefore does not "compete" for capacity, alleviating a significant concern for the region.

P44The proposed starting rate for the 2026-2031 span is 25.0 cents per \$1,000 of assessed value (AV), which is less245than the starting rate of the expiring levy. This rate means that the owner of a \$844,000 priced home would pay246\$211 a year to know that at any time of day or night, no matter where in the county, some of the most highly247trained medical personnel will be there within minutes to treat any sort of medical emergency.

## 248 MEDIC ONE/EMS SYSTEM OVERVIEW

Any time you call 9-1-1 in King County for a medical emergency, you are using the Medic One/EMS system. The Medic One/EMS system serving Seattle and King County is distinct from other EMS systems in that it is a regional, medically based, and tiered out-of-hospital response system. Its successful outcomes depend upon community involvement and extensively trained dispatchers, firefighter/emergency medical technicians (EMTs)<sub>2</sub> and highly specialized paramedics. Strong and collaborative partnerships provide a continuum of consistent, standardized medical care that allows the system to excel and achieve the best possible patient outcomes.

The response system is tiered to ensure 9-1-1 callers receive medical care by the most appropriate care provider.
 There are five major components in the tiered regional Medic One/EMS system.

**EMS TIERED RESPONSE SYSTEM** 

ACCESS TO EMS SYSTEM Bystander calls 9-1-1



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270 271 272 TRIAGE BY DISPATCHER Use of Emergency Medical Response Assessment Criteria



FIRST TIER OF RESPONSE Basic Life Support (BLS) by firefighter/EMTs



SECOND TIER OF RESPONSE Advanced Life Support (ALS)

by paramedics



ADDITIONAL MEDICAL CARE Transport to hospital

ACCESS TO EMS SYSTEM: A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for 274 275 medical assistance. Bystanders' reactions and rapid responses to the scene can greatly impact the chances of patient survival - studies have shown that survival rate increases from 10 percent to 43 percent if 276 277 cardiopulmonary resuscitation (CPR) is given within four minutes, and defibrillation in less than eight minutes. The 278 EMS Division offers programs to King County residents so that they can administer life-saving treatments on the 279 patient until providers arrive at the scene. Comprehensive CPR classes train thousands of secondary school students in CPR and automated external defibrillator (AED) use each year. The regional coordinated AED program 280 281 registers and places devices in the community within public facilities, businesses, and even private homes of high-282 risk patients, and provides training in AED use. Because of this program, the number of registered AEDs is nearing 283 7,000 in King County.

284**TRIAGE BY DISPATCHER:** 9-1-1 calls are received and triaged by telecommunicators at one of four dispatch285centers. Dispatchers are the first point of contact with the public, asking medically based questions to determine286the appropriate level of care to be sent. Amid a wide range of needs, they provide pre-hospital instructions and287even guide callers through providing life-saving steps such as CPR and using a defibrillator until the Medic288One/EMS providers arrive. The medical dispatch triage guidelines that King County dispatchers follow were289developed by the EMS Division and have been internationally recognized as an innovative approach to emergency290medical dispatching.

291 FIRST TIER OF RESPONSE - BASIC LIFE SUPPORT (BLS) SERVICES: BLS personnel are the first responders to 292 an incident, providing immediate basic life support medical care (e.g. first aid, CPR, defibrillation) and stabilizing 293 the patient. Staffed by firefighters trained as emergency medical technicians (EMTs) aboard fire trucks and aid 294 cars, BLS arrives at the scene in less than five minutes (on average). Some non-emergent calls qualify to be 295 referred to a nurse line for medical advice and care instructions in lieu of dispatching EMS resources. The 4,300 296 EMTs in Seattle and King County receive 190 hours of quality BLS training and continuing education. The EMS levy 297 provides some funding to BLS providers to help ensure uniform and standardized patient care and enhance BLS 298 services to reduce the impact on ALS resources. However, the great majority of BLS funding is provided by local fire 299 departments.

300 SECOND TIER OF RESPONSE - ADVANCED LIFE SUPPORT (ALS) SERVICES: Paramedics provide out-of-hospital 301 emergency medical care for critical or life-threatening injuries and illnesses. As the second on scene, they provide 302 airway control, heart pacing, the dispensing of medicine, and other life-saving procedures. ALS is provided by highly 303 trained paramedics who have completed an extensive program at Harborview Medical Center in conjunction with 304 the University of Washington School of Medicine and are certified by the state. These paramedics remain well 305 practiced and use their skills routinely to provide effective care when it is needed most. Paramedics operate in 306 teams of two on medic units. There are 27 medic units strategically placed across King County that are deployed 307 regionally to critical or life-threatening emergencies. A contract with Sky Valley Fire (Snohomish County Fire District 308 26) provides ALS services to the Skykomish and King County Fire District 50 area, from Baring to Stevens Pass. ALS 309 is the primary recipient of regional funding and is the first commitment for funding within the EMS system. The EMS 310 levy provides virtually 100 percent of support for paramedic services in the regional system.

ADDITIONAL MEDICAL CARE: Once a patient is stabilized, EMS personnel determine whether transport to a
 hospital or clinic for further medical attention is needed. Transport is provided by an ALS or BLS agency, private
 ambulance, or taxi/ride-share options for lower-acuity situations.

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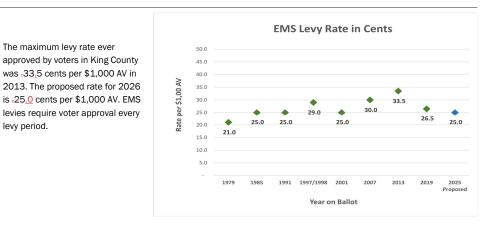
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#### **SYSTEM OVERSIGHT** 315

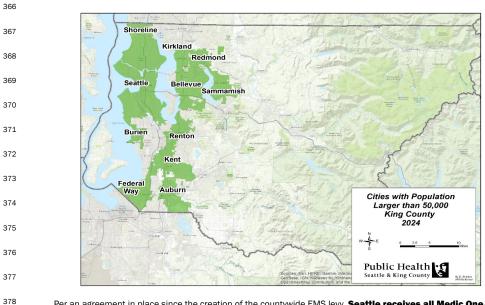
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316 317	Statutes and policies at the state, County, and local levels standardize and influence the Medic One/EMS system of Seattle and King County.	
318	The Medic One/EMS Strategic Plan is the primary policy and financial document directing the Medic One/EMS	
319	system in its work. Defining the responsibilities, functions, and programs of the successful EMS system, the Plan	
320	presents a comprehensive strategy to ensure the system can continue to meet its commitments. It documents the	
321	system's current structure and priorities and summarizes the services, programs, and initiatives supported by the	
322	countywide, voter-approved EMS levy. While the Plan outlines the necessary steps to direct the system into the	
323	future, it still allows for flexibility in addressing emerging community health needs.	
	ruture, it still allows for hexibility in addressing emerging community health needs.	
324	The EMS Division of Public Health - Seattle & King County works with its regional partners to implement the	
325	Strategic Plan. The EMS Division manages core support functions that tie together the regional model, providing	
326	consistency, standardization, and oversight of the direct services provided by the system's numerous partners. It is	
327	more cost efficient for the EMS Division to produce, administer, and share initial training, continuing education, and	1
328	instructor education for 4.300 EMTs; to manage the certification process for EMTs countywide; and to provide	1
329	medical oversight, quality improvement, and performance standards for the system as a whole than to have each	1
330	local response agency develop, implement, and administer its own such programs. Regional support services	
331	managed by the EMS Division can be found in <b>Appendix A: Proposed 2026-2031 Regional Services</b> on page	1
332	54.	
333		
334	Since 1997, the <b>EMS Advisory Committee (EMSAC)</b> has provided guidance to the EMS Division about regional	
335	Medic One/EMS policies and practices in King County. The group, comprised of regional EMS partners, convenes on	
	a quarterly basis to review implementation of the Strategic Plan as well as other proposals including strategic	
336	initiatives and medic unit recommendations. The EMS Division submits an Annual Report to the King County Council	
337	highlighting the status and progress of items identified in the Medic One/EMS Strategic Plan.	
338	Regional System Policies ratified by Public Health – Seattle & King County document the general framework for	
339	medical oversight and management of EMS in King County, and financial guidance of the EMS levy.	
340	The Revised Code of Washington (RCW), the Washington Administrative Code (WAC), and King County	
341	<b>Code</b> regulate different aspects of EMS, from defining "emergency medical services" to financing service delivery.	
342	Appendix D: EMS Citations on page 60 compiles the different codes that govern EMS.	
343	RCW 84.52.069 allows jurisdictions to levy a property tax "for the purpose of providing emergency medical	
344	services." The levy is subject to the growth limitations contained in RCW 84.55.010 of one percent per year plus the	
345	assessment on new construction, even if assessed values increase at a higher rate.	
346	Specifically, <u>RCW 84.52.069:</u>	
347	Allows a jurisdiction to impose an additional regular property tax up to \$0.50 per \$1,000 Assessed Value (AV);	
348	<ul> <li>Allows for a six-year, 10-year, or permanent levy period;</li> </ul>	
349		
350	<ul> <li>Mandates for a countywide levy that the legislative bodies of King County and 75 percent of cities with populations in excess of 50,000 authorize the levy proposal prior to placement on the ballot;-4 and</li> </ul>	
351	<ul> <li>Requires a simple majority vote for the "subsequent renewal" of a previously imposed EMS levy.</li> </ul>	I
	<sup>4</sup> Amended approval and validation requirements effective June 7, 2018, per SHB 2627.	
	Amended approval and validation requirements effective june 1, 2010, per 5mb 2021.	

## **EMS LEVY STATUTE**



As stated previously, RCW 84.52.069 requires 75 percent of cities with 50,000 or more in population to approve placing a countywide EMS levy on the ballot. Since King County currently has 11 such cities - Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline - it would need to gain the approval from at least nine out of the 11 cities, as well as the King County Council.



Per an agreement in place since the creation of the countywide EMS levy, Seattle receives all Medic One/EMS levy funds raised within the city limits. County funds are placed in the King County (KC) EMS Fund and managed regionally by the EMS Division based on EMS system and financial policies ratified by Public Health -Seattle & King County, Strategic Plan guidelines, and EMSAC recommendations.

## 382 THE STRATEGIC PLAN & LEVY PLANNING PROCESS

With the 2020-2025 EMS levy expiring December 31, 2025, a new strategic plan to outline the roles,
 responsibilities, and programs for the system and a levy rate to fund these approved functions, needed to be
 developed. This would entail not just a detailed review of the concepts and operations of the Medic One/EMS
 system, but also an all-inclusive planning process to secure consensus for the plan among Medic One/EMS providers
 in the region.

#### <sup>389</sup> The EMS Advisory Task Force

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The region assembled the EMS Advisory Task Force to oversee the development and vetting of this Strategic Plan and levy. Consisting of elected officials from the County, cities, and fire districts, the group was charged with reviewing and approving Medic One/EMS program recommendations and a supporting levy rate to be put before King County voters. While not every member of the Task Force was an EMS expert, each had a stake in ensuring the continuity in the provision of EMS services in King County. Its membership collectively represented a balanced geographic distribution of those jurisdictions that are required to endorse the levy proposal prior to its placement on the ballot, per RCW 84.52.069.

<sup>397</sup> Responsibilities of the Task Force included evaluating and endorsing recommendations regarding:

- Current and projected EMS system needs;
- A financial plan based on those needs, and
- Levy type, levy length, and when to run the levy ballot measure.

#### 402 Current and Projected EMS System Needs

The Strategic Plan is designed to reflect the regional system's commitment to providing cohesive, medically based
 patient care, using a tiered response system designed to ensure the highest level of patient care through the
 coordination and collaboration of all Medic One/EMS partners.

#### <sup>407</sup> Financial Plan to Meet Those Needs

The financial plan proposes adequate funding to support the programmatic needs of the system. However, the Plan
 also recognizes individual jurisdictions' needs for local autonomy to meet their communities' expectations and Medic
 One/EMS services.

#### <sup>412</sup> Levy Type, Length, and Ballot Timing

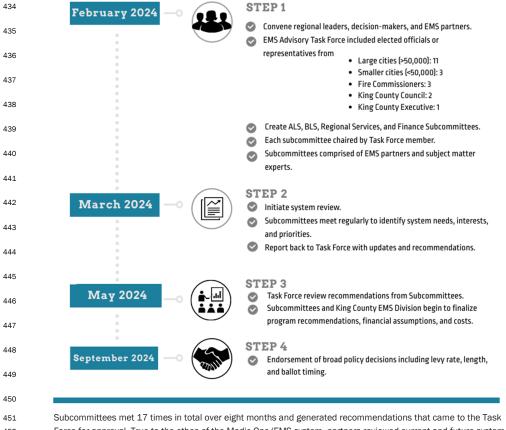
Levy Type: While the Medic One/EMS system has historically been funded through a Medic One/EMS levy, other
 potential options exist to support the system, such as King County General Fund property tax levy lid lifts. These
 alternatives do not require that cities with over 50,000 in population approve placing the levy on the ballot, nor are
 they subject to the one percent growth limitation ratified by Initiative 747, but they could negatively impact junior
 taxing districts.

Levy Length: State law offers three levy length options for a Medic One/EMS levy: six years, 10 years, or permanent.
 The Medic One/EMS levy in King County has historically been approved by voters for six-year levy periods. This allows
 EMS partners to periodically gather to strategically plan for emerging regional needs. Six-year periods help reduce
 the range of financial risk because the longer the projection period, the greater the variability.

Levy Timing: EMS levy validation requirements at the state level were amended in 2018, opening up the option of
 running the levy measure at a primary election. Task Force members were willing to consider this contingent upon
 what other issues may be on the same ballot.

#### 426 Levy Planning Process

The EMS Advisory Task Force convened on February 15, 2024, officially launching the start of the 2026-2031 Medic One/EMS levy planning process. Regional leaders, decision-makers, and EMS/Medic One partners came together to assess the needs of the system and develop recommendations to direct the system into the future. The Task Force formed four subcommittees organized around the primary service areas to conduct the bulk of the program and cost analysis. Each subcommittee was chaired by an EMS Advisory Task Force member, included subject matter experts from all aspects of the Medic One/EMS system, and met regularly to review system needs and priorities.



Subcommittees met 17 times in total over eight months and generated recommendations that came to the Task Force for approval. True to the ethos of the Medic One/EMS system, partners reviewed current and future system needs through a lens of science, innovation, equity, and effectiveness. Ideas were evaluated by balancing their merits of furthering the goals of the system against the challenges of constrained revenues. In late September 2024, the Task Force adopted the subcommittees' finalized programmatic and financial recommendations which then became the basis of this Medic One/EMS 2026-2031 Strategic Plan.

## 457 2026-2031 STRATEGIC PLAN OVERVIEW

The Medic One/EMS 2026-2031 Strategic Plan builds upon the system's successful medical model and regional approach. It commits to innovative strategies, leadership, and equity while remaining focused on effectiveness and efficiencies. In outlining the roles and responsibility of EMS providers, it further strengthens the foundation for ongoing coordination and regionalization.

#### 463 FUNDING

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464 As mentioned, the City of Seattle receives all Medic One/EMS levy funds raised within the city limits and manages its 465 own funding. This Strategic Plan recommends spending the **KC EMS Fund** in these four main areas:

#### 466 ADVANCED LIFE SUPPORT (ALS) SERVICES

Funding ALS services has been, and continues to be, the priority of the Medic One/EMS levy, which fully funds ALS
services primarily through the ALS unit allocation model. ALS services are provided by five agencies: Bellevue,
Redmond, Seattle, Shoreline, and King County Medic One. Exceptions to the unit allocation model are sometimes
required, as in the case of Sky Valley Fire (Snohomish County Fire District #26) for service in the Skykomish/Stevens
Pass area and are made based on the specifics of the service issue. ALS is proposed to account for 56 percent of KC
EMS expenditures in the 2026-2031 levy.

#### 473 BASIC LIFE SUPPORT (BLS) SERVICES

BLS providers receive an annual distribution of levy revenue to help offset the costs of providing EMS services. The level of funding is based on a combination of the volume of responses to calls for EMS services and assessed property values within fire agencies' jurisdictions. The allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system and not intended to fully fund BLS. Local jurisdictions cover the majority of BLS costs\_\_\_a strategy, which has helped King County seek a lower levy rate. BLS services are provided by 23 fire agencies, including Seattle. BLS, including Mobile Integrated Healthcare (MIH), is proposed to account for 30 percent of KC EMS expenditures in the 2026-2031 levy.

#### 481 REGIONAL SUPPORT (RS) SERVICES

The EMS Division of Public Health – Seattle & King County manages core regional Medic One/EMS programs critical
 to providing the highest quality out-of-hospital emergency care available. The programs and services emphasize
 uniformity of medical care across jurisdictions, consistency in excellent training, medical quality assurance,
 centralized data collection, and contract and financial management. Centrally delivering these services on a regional
 basis is more effective and efficient because it avoids unnecessary duplication of effort. Regional services are
 proposed to account for 13 percent of KC EMS expenditures in the 2026-2031 levy.

#### 488 STRATEGIC INITIATIVES (SI)

489 Strategic initiatives are pilot programs designed to improve the quality of Medic One/EMS services and help manage
 490 the growth and costs of the system. Initiatives that achieve their intended outcomes or demonstrate efficiency may
 491 be incorporated into regional services as ongoing programs. Strategic initiatives are proposed to account for one
 492 percent of KC EMS expenditures in the 2026-2031 levy.

493 Contingencies and reserves fund unanticipated/one-time costs. EMS reserves follow use and access policies
 494 included in the Medic One/EMS Strategic Plan. For additional information about contingencies and reserves, please
 495 see page 41.

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)	A	LIGNMENT WITH GOALS AND OBJECTIVES
		e 2026-2031 Strategic Plan aligns with the objectives, policies <sub>▲</sub> and goals of the regional EMS system and King unty government as outlined below.
5	AI	ignment with Regional EMS System Global Objectives
		e Plan is built upon the system's current configuration and strengths, advancing the following global objectives ensure the EMS system remains tiered, regional, cohesive, and medically based:
	1.	Maintaining the Medic One/EMS system as an integrated regional network of basic and advanced life support services provided by King County, local cities, fire authorities, and fire districts.
		• Emergency Medical Dispatchers receive 9-1-1 calls from residents and rapidly triage the call to send the most appropriate level of medical aid to the patient while providing pre-arrival instructions to the caller.
		• Firefighters, trained as Emergency Medical Technicians (EMTs), provide rapid, first-on-scene response to emergency medical service calls and deliver immediate basic life support services.
		<ul> <li>Paramedics, trained through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of Washington School of Medicine, provide out-of-hospital emergency medical care for serious or life-threatening injuries and illnesses. As has been adopted in prior Medic One/EMS strategic and master plans and confirmed by an independently conducted ALS Study, advanced life support services will be most cost effective through the delivery of paramedic services on a sub- regional basis with a limited number of agencies.</li> </ul>
		Regional programs emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.
	2.	Making regional delivery and funding decisions cooperatively and balancing the needs of Advanced Life Support (ALS), Basic Life Support (BLS), and regional programs from a system-wide perspective.
	3.	Developing and implementing strategic initiatives to provide greater system efficiencies and effectiveness to:
		Maintain or improve current standards of patient care;
		- Improve the operational efficiencies of the system to help contain $\text{costs}_{ir}$ and
		Manage the rate of growth in the demand for Medic One/EMS services.
	EN	1S System Policies
		is Medic One/EMS 2026-2031 Strategic Plan reinforces EMS System and Financial Policies which provide a neral framework for medical oversight and financial management of emergency medical services in King

<sup>532</sup> County. The <u>EMS System Policies</u> underscore the regional commitment to the medical model and tiered system,
 <sup>533</sup> while the <u>EMS Financial Policies</u> provide guidance and oversight for all components related to financial

management of the EMS levy fund. In addition, policies regarding <u>ALS services outside King County</u> establish the
 formation of a service threshold for the purpose of cost recovery.

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### 2026-2031 STRATEGIC PLAN OVERVIEW

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#### Summary of EMS System Policies (PHL 9-1 and PHL 9-3)

The EMS Division will **work in partnership** with regional EMS agencies to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs.

The EMS Division will ensure the EMS system in King County remains an **integrated regional system** that provides cohesive, medically based patient care within a tiered response system to ensure the highest level of patient care.

The EMS Division will ensure the EMS system in King County provides **paramedic training through the UW/HMCbased educational program** that meets or exceeds the standards.

The EMS Division will **maintain a rigorous and evidence-based system** with medical oversight of the EMS system to ensure the provision of quality patient care.

The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel.

The EMS Division recognizes the existence of **automatic aid** between agencies within King County and between counties; however, should established service thresholds be reached, affected EMS agencies will review options and establish terms for reasonable cost recovery.

#### Alignment with King County Government Values

The Medic One/EMS 2026-2031 Strategic Plan is consistent with King County's commitment to provide fiscally responsible, quality driven local and regional services, and embodies the County's values of operating efficiently and effectively and being accountable to the public. Working with cities and EMS partners to provide services more efficiently; pursuing technologies that improve patient outcomes while reducing delivery cost; and managing assets in a way that maximizes their productivity and value exemplify the EMS system's commitment to delivering highquality services with sound financial management.

EMS programs are also guided by shared values of being inclusive and collaborative, diverse and people-focused,
 responsive and adaptive, transparent and accountable, racially just, and focused where needs are greatest so every
 person can thrive. The ongoing centering of equity and underrepresented communities through local area
 partnerships was embedded in the most recent EMS levy planning process and reflects the alignment between EMS
 and County's values.

549 The EMS system's mission also aligns with the core values and priorities of Public Health - Seattle & King County. 550 Public Health's focus is to protect and improve the health and well-being of all people in King County. The provision 551 of EMS services is an integral part of achieving optimum health, helping Public Health meet its goal of increasing the 552 number of healthy years lived. EMS priorities align with those of the Public Health - Seattle & King County 2024-553 2029 Strategic Plan which is rooted in anti-racism and equity. Specific programs that support communities with less 554 than equitable access to healthcare have resulted in strengthening these partners' voices, which is a key priority of 555 the Strategic Plan. With additional focus on information, impact, and innovation, as well as workforce and 556 infrastructure, EMS continues to value the input of its employment community in creating policy.

	Medic One/EMS 2026-2031 Levy
	······································
TI	ne EMS Advisory Task Force endorsed the following at its September 26, 2024, meeting:
	eauthorize a six-year EMS levy to fund the EMS system for the years 2026-2031 p 1.52.069.
E	inact a levy rate of 25 <u>.0</u> cents/\$1,000 Assessed Valuation to fund p
h	xpenditures and reserves of \$1.5 billion over 2026-2031. This levy rate means that an owner of an some will pay \$211 a year in 2026 for highly trained medical personnel to arrive within minutes of an mergency, any time of day or night, no matter where in King County.
R	Renew the EMS levy in 2025 preferably at the General election, unless there are comp
m	leasures; in that case, renew the levy at the Primary election.
C	Continue using financial policies guiding the most recent levy. Such policies have
Ve	ery strong foundation for the upcoming levy and should meet the needs of the 2026-2031 levy span
C	Continue services from 2020-2025 levy through the 2026-2031 levy. The next l
	Illy fund and continue operations with the current ALS units in service; partially fund first responder or local fire and emergency response departments; help support MIH programs to assist lower acuity
C	omplex patients; maintain programs that provide essential support to the system; and pursue initiat neourage efficiencies, innovation, and leadership.
N	leet future demands over the span of the 2026-2031 levy. Services include enhancing
	meet increased EMT hiring, low-acuity patients and community needs, and existing data and e-lear
	echnology; strengthening community interactions and partnerships; and including a "placeholder" for quivalent of a new medic unit, should service demands be higher than originally anticipated.

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### Operational and Financial Fundamentals of the Medic One/EMS 2026-2031 Levy

### Endorsed by the EMS Advisory Task Force on 9/26/2024

CONTINUE with EMS levy:

- Six-year EMS levy, per RCW 84.52.069
- Levy rate of 25.0 cents/\$1,000 Assessed Valuation
- Forecasted revenues and reserves of \$1.5 billion over six-year span (including Seattle)
- Run at the 2025 General election, unless there are competing ballot measures; if so, run at Primary

### ADVANCED LIFE SUPPORT (ALS) RECOMMENDATIONS\*

- CONTINUE using the unit allocation to fund ALS; slightly revise to better ensure full funding and prevent cost shifting to providers
- MAINTAIN the current level of ALS service; INCLUDE a "place holder" in the financial plan to protect the system, should service demands require additional units over the span of the 2026-2031 levy
- MAINTAIN contingencies and reserves to cover unanticipated and one-time expenses
- CONTINUE support for ALS-based programs (ALS Support for BLS Activities; having paramedics train
   paramedic students) that benefit the region

### **BASIC LIFE SUPPORT (BLS) RECOMMENDATIONS\***

- INCREASE total BLS funding to help offset costs of providing EMS services
- INCORPORATE the BLS Training & QI funding into the BLS Allocation; REMOVE requirement that this funding be spent on training and QI activities
- INCREASE funding support for Mobile Integrated Healthcare (MIH) that addresses community needs
- DISTRIBUTE new BLS and MIH funding and annual increases using a more equitable methodology that is
   more weighted toward service level and need over assessed value
- SUPPORT mental wellness and DEI/ERSJ efforts proposed by the King County Fire Chiefs Association

### REGIONAL SERVICES & STRATEGIC INITIATIVES (RS/SI) RECOMMENDATIONS\*

- CONTINUE delivering programs that provide essential support to the system
- ENHANCE programs to meet regional needs
- CONTINUE AND DEVELOP strategic initiatives that leverage previous investments made by the region to improve patient care and outcomes

### FINANCE RECOMMENDATIONS\*\*

BASE financial plan on financial policies that provide stability to the system by:

- Incorporating sufficient reserves to mitigate unforeseen financial risk
- Ensuring additional protection and flexibility to meet emerging needs

\* Program recommendations apply to King County outside the City of Seattle \*\* Finance recommendations include the City of Seattle

### **Advanced Life Support (ALS)**

### LEVY PROGRAM AREAS

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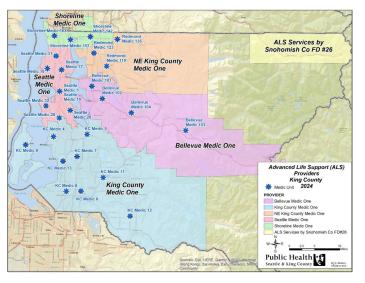
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As discussed throughout this document, paramedics provide out-of-hospital emergency care for serious or lifethreatening injuries and illnesses. As typically the second on scene for critically ill patients, paramedics deliver Advanced Life Support (ALS) to patients including airway management, heart pacing, the dispensing of medicine, and other lifesaving out-of-hospital procedures under the medical supervision of the Medical Program Director. Paramedic interns receive more than 2,100 hours of highly specific and intensive emergency medical training through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of Washington School of Medicine, which is nearly double the required number of hours for Washington State paramedic certification.

In King County, a paramedic unit is typically staffed by two paramedics and provides service 24-hours per day, 365
 days per year. The two-paramedic provider model was developed in Seattle in the early 1970s and has proven to
 be the most effective model for enhanced patient care outcomes when incorporated into a regionally coordinated
 tiered response system that includes dispatch and Basic Life Support (BLS).

604 Medic units are positioned 605 throughout the region to 606 best respond to service 607 demands. As of 2024, there 608 are 27 units in Seattle and 609 King County managed by 610 five agencies: Bellevue 611 Medic One, King County 612 Medic One, Northeast King 613 County Medic One 614 (Redmond), Seattle Medic 615 One, and Shoreline Medic 616 One. Of these five agencies, 617 four are fire-based with 618 firefighters trained as 619 paramedics, and King 620 County Medic One operates 621 as a paramedic-only agency. 622 Paramedic service is 623 provided to the Skykomish 624 area through a contract with 625 Sky Valley Fire (formerly 626 627



known as Snohomish Fire District #26). Units may respond to areas where the municipal boundaries or the fire
 agency's response district crosses into neighboring counties. If service into these areas exceeds established
 levels, the receiving jurisdictions reimburses for such services as outlined in EMS policies.

629 Adding a medic unit to maintain critical service levels and address service challenges is a complex undertaking. 630 Prior to adding a unit, the region conducts a thorough analysis, considering a variety of elements including 631 workload (call volumes), response time, availability in primary service area, frequency and impact of multiple 632 alarms, and medic exposure to critical skills. Analysis also includes possible dispatch criteria revisions and an 633 assessment of whether medic units could be moved to other locations to improve workload distributions and 634 response times. The decision to add or relocate units relies on obtaining regional consensus. Appendix B: 635 Advanced Life Support (ALS) Units on page 56 provides a complete history of medic units in King County, 636 highlighting when and where units were added.

### ALS

In 2023, paramedics responded to more than 51,000 calls for emergency medical care throughout the region. The
 median response time of medic units is 7.7 minutes, with units responding to 94 percent of the calls in less than 14
 minutes. These response times have remained stable over the past three levy periods despite increases in King
 County's overall population. EMS data shows that paramedics respond to cardiac conditions (16 percent of ALS calls)
 and attend to older patients (33 percent of ALS calls are for people 65+ years of age).<sup>5</sup>

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### <sup>644</sup> ALS SUBCOMMITTEE

645 Chair: The Honorable Keith Scully, Shoreline City Councilmember

The ALS Subcommittee recognized its tasks as determining the number of medic units needed in the upcoming levy
 period and establishing the cost of each unit. Workload, service trends, and demographics were all factors
 considered by the group as it assessed future service demands and system needs. The Subcommittee reviewed in
 depth the standard medic unit allocation, analyzing actual expenditures for providing ALS services and comparing
 costs and trends across agencies. Revisiting the unit allocation resulted in slight revisions to the methodology that
 will help ensure sufficient funding for program oversight and support. Subcommittee participants weighed in on the
 benefits and costs of ALS-specific programs that support the entire regional system.

<sup>653</sup> The <u>ALS Subcommittee recommendations</u> are as follows:

### <sup>654</sup> **ALS RECOMMENDATION 1:**

### <sup>655</sup> CONTINUE using the unit allocation methodology to determine costs. Update

### <sup>656</sup> methodology to help ensure sufficient funding for program oversight and support.

The standard unit allocation is the basis for funding each full-time, 24-hour medic unit in King County. This
 allocation methodology is based on fully covering eligible ALS-related expenses to prevent cost-shifting to agencies.
 This cost model calculates the average annual costs across all ALS agencies to run a two-paramedic, 24-hour medic
 unit. Each individual paramedic agency's annual ALS funding is determined by multiplying the number of operating
 medic units by the unit allocation.

662The unit allocation is an average of agency expenditures and was developed to ensure a fair and equitable663distribution of funds across agencies. It provides a set amount of funding to each agency with the flexibility to664manage funds based on its specific cost structure and needs. Annual comparison of costs on a unit basis allows the665region to understand differences between agencies, share efficiencies, and identify potential new costs being666experienced early by one or two agencies. These annual reviews help document and justify ALS allocation costs and667evaluate if the allocation is covering 100 percent of eligible ALS costs.

<sup>668</sup> During the 2020-2025 levy planning process, the unit allocation methodology was revised to simplify and better
 <sup>669</sup> accommodate different types of costs. The Subcommittee agreed to maintain this current methodology for the 2026 <sup>670</sup> 2031 levy which breaks the overall unit allocation into four parts:

The Medic Unit Allocation includes direct paramedic services costs, such as paramedic salaries and benefits,
 medical supplies, pharmaceuticals, vehicle and facility operating and maintenance costs, communications, and
 other costs associated with direct paramedic services.

The Program/Supervisory Allocation (previously referred to as the Program Administration Allocation) includes
 costs related to the management and supervision of direct paramedic services such as the management,
 administration, supervision, finances, and analysis (including quality improvement) of direct paramedic services.

<sup>5</sup> Emergency Medical Services Division 2024 Annual Report

### ALS

<sup>679</sup> The **ALS System Allocation** addresses costs that vary significantly between providers or are anticipated to vary during the levy period. This allocation is intended to reimburse agencies for highly mutable costs associated with paramedic students as well as costs associated with the paramedic recruitment cycle and any changes in program medical direction. Costs that vary between agencies include dispatch, whole blood, and medical direction. While the funds budgeted are shown on a per unit basis, agencies are reimbursed for actual costs incurred, with the EMS Division tracking costs against overall funding. Use of funds are monitored and reported.

The Equipment Allocation covers expenses related to equipment. Included are medic units, Medical Services
 Officer (MSO) and staff vehicles, defibrillators, stretchers, radios and communications equipment, stretcher
 systems, and other equipment with a lifespan of more than one year. This allocation includes items such as radios
 and mobile data computers that could be classified as operating by individual agencies.

The Subcommittee endorsed making slight adjustments to the Equipment and System Allocations to help cover vehicle and defibrillator costs that were increasing higher than inflation, and to accommodate the increased number of paramedic students. The distribution methodology for the Program/Supervisory Allocation was amended to distribute fixed costs by agency and more variable costs by unit, with no change to the total funding level.

### ALS RECOMMENDATION 2:

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# <sup>697</sup> CONTINUE INFLATING annual ALS operating allocation costs using CPI-W + 1% inflator; <sup>698</sup> inflate equipment costs using equipment inflator.

699During the 2020-2025 levy span, ALS allocations were inflated by the Consumer Price Index for Urban Wage700Earners and Clerical Workers (CPI-W) +1 percent. For 2026-2031, the Subcommittee supported continuing with701the identified inflators and assessing them throughout the levy period. For additional information on financial702assumptions used in the 2026-2031 levy financials, please see the Finance Key Assumptions Section on page 45.

### ALS RECOMMENDATION 3:

# MAINTAIN the current level of ALS service. The regional system has sufficient capacity to address current demand but should continue to monitor medic unit

<sup>708</sup> performance on an annual basis to ensure continued high performance.

#### ALS Capacity Analysis

ALS capacity analysis assesses the ability of current medic units to accommodate anticipated future demand for
 services, specifically through to the end of the levy period. This assessment includes consideration of unit
 performance trends and critical factors driving demand in addition to mitigation techniques such as the review of
 Criteria Based Dispatch (CBD) guidelines to reduce unnecessary ALS responses or relocation of units to better
 distribute calls among the units. Discussing the relocation of medic units to new locations is an important function
 of a regional system.

716The ALS Subcommittee reviewed five-year (2018-2022) unit performance trends and exposures to critical skills717and noted an innate challenge to interpreting the data and projecting demand for future services due to the 2020718pandemic's impact on call volumes and response times. The group concluded that while there was sufficient719current capacity within the region, they strongly advocated for a CBD guideline review process to mitigate any720potential growth in calls (CBD guideline review is anticipated in 2025) and to include a medic unit placeholder in721the financial plan to ensure access to funds if needed.

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### 724 Medic Unit Analysis

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The ALS Subcommittee concluded there was currently sufficient medic unit capacity (outside the City of Seattle) and
 supported continuing the annual review of medic units to ensure continued high performance. The regional medic
 unit analysis considers the following key performance indicators: unit workload (call volumes), median unit response
 times, availability in the primary service area and responses from units outside of the primary service area; and

<sup>729</sup> paramedic exposure to critical skills (e.g. intubations, response to cardiac arrest events).

While performance indicators do not serve as automatic prompts for adding new paramedic services, they do help with assessment of overall performance and direct attention to a geographical area of the Medic One/EMS system that may need further examination. This approach to medic unit analysis is useful since some units operate in small, highly dense areas with high call volumes and short response times, while others operate in larger, more rural areas with lower call volumes and longer response times. Monitoring unit performance in rolling five-year increments allows the region to identify both individual unit and overall trends to better understand the magnitude of service gaps and ascertain the need for additional service.

As noted, prior to implementation of new paramedic service, the region outside the City of Seattle conducts a
 thorough analysis of medic unit performance to assess whether mitigation strategies could address increasing stress
 on the system, including revisions to the CBD guidelines or medic unit relocations. If the regional review concludes
 that additional medic unit service is the only option remaining, a process of review and approval by the EMS Advisory
 Committee and the King County Council ensues through the budget process.

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### ALS RECOMMENDATION 4:

# CONTINUE having a medic unit placeholder (reserve) in the financial plan to ensure access to resources should demand analysis support the addition of a medic unit during the 2026-2031 levy span.

First Stablishing a placeholder in a reserve fund provides access to funds to support additional medic unit service should mitigation attempts fail to improve ALS response capacity. The financial plan shows reserve funding of \$15.8 million to potentially fund a 12-hour unit in the third (2028) and fifth (2030) years of the levy period. This is a resource to be used only if demand for ALS services exceeds existing available capacity despite mitigation attempts. It is not included as a definitive plan for adding medic units.

Prior to any request for access to this reserve fund, a comprehensive medic unit analysis and discussion with
 regional partners would occur to consider alternative options. Per EMS Financial Policies, the use of reserves
 requires review by the EMS Advisory Committee Financial Subcommittee, and the EMS Advisory Committee. If
 additional appropriation authority is needed, the County's budgeting process would be followed.

### 759 ALS RECOMMENDATION 5:

### <sup>760</sup> CONTINUE to use contingencies and reserves to cover unanticipated/one-time

<sup>761</sup> expenses. Contingencies and reserves are appropriate mechanisms to cover

### <sup>762</sup> unanticipated and one-time expenses.

Contingencies can be used to cover increases in operating costs that cannot be covered by the ALS allocation or
 program balances. This includes paid time off (PTO) above amounts included in the allocation, and other potential
 cost increases above amount included in allocations. Contingency funding may also cover unplanned expenses

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768	related to regional services and initiatives. In the 2020-2025 levy span, contingency funding was used to expand
769	initial EMT training to accommodate the significant increase in new EMT hires and to create the ALS support for
770	BLS activities program.
771	Analysis conducted within the ALS Subcommittee resulted in a funding recommendation of \$1.3 million a year for
772	the 2026-2031 levy span.
773	Programmatic reserves can be used for other ALS expenses that may not be covered by allocations, program
774	balances, or contingencies. Like in the previous levy span, the ALS Subcommittee recommended the 2026-2031
775	levy include programmatic reserves related to ALS equipment and ALS capacity (including a "placeholder for a
776	potential new unit(s)" as outlined in ALS Subcommittee Recommendation #4). The group proposed that the
777	levy fund's Rainy Day Reserve be accessed for risk issues including responses to major events and other issues as
778	appropriate.
779	EQUIPMENT RESERVES
780	The ALS Subcommittee recommended funding ALS Equipment Reserves at \$1.3 million. This could cover ALS
781	equipment costs such as new technology not currently included or accommodated within the equipment allocation
782	or contingencies.
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784	CAPACITY RESERVES
785	The ALS Subcommittee recommended funding the ALS Capacity Reserve at a total of \$17.4 million. This includes
786	\$1.6 million for facility renovations to accommodate moving a medic unit into a station, investments needed at the
787	current location, and temporary capacity increases. The remainder, approximately \$15.8 million, is set aside as a
788	placeholder for a potential new unit, per ALS Subcommittee Recommendation #4. For more information on
789	Contingencies and Reserves, please see Finance Subcommittee Recommendation #2 on page 40.
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791	ALS RECOMMENDATION 6:
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794	CONTINUE to address service challenges presented in outlying areas through a regional approach.
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796	The provision of paramedic services in the <b>Skykomish region</b> in the northeast corner of King County offers an example of the shallong exercise authing areas. This isolated area of King County is accessible aphysic
797	example of the challenge serving outlying areas. This isolated area of King County is accessible only via Snohomish County and US-2 highway. The King County border starts just before the town of Baring and continues
798	through Stevens Pass to the border with Chelan County. This area is primarily forest service land and includes the
799	town of Skykomish and Stevens Pass Ski Resort.
800	There are a number of unique aspects in the Skykomish region relative to other provider areas, including required
801	passage through Snohomish County in order to access to the region, call volumes less than 100 per year,
802	seasonal demand for services peaks during the wintertime, a high percentage of trauma patients, and response
803	and transport times that exceed the average urban and suburban times.
804	Since 2006, Sky Valley Fire (Snohomish County Fire District 26) has provided paramedic services to the adjacent
805	areas in Snohomish County with a fire station located approximately 15 minutes from the King County border. Sky
806	Valley Fire has worked closely with King County Fire District 50 to create an approach that provides excellent
807	patient care to those living in or visiting the Skykomish Valley. After a detailed review, EMS partners determined
808	that Sky Valley Fire remained in the best position to be able to provide consistent service to the isolated area and

### ALS

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recommended that it continue providing contract services for that area. EMS partners also agreed to review and
 update the terms and conditions of the EMS policy regarding ALS service to outlying areas in advance of the 2026 2031 levy period.

### **ALS RECOMMENDATION 7:**

### 817 **CONTINUE to support two ALS-based programs that benefit the regional system.**

Paramedics play a number of roles outside of first response duties that contribute to the quality of the regional
 system. These roles include instruction, training, and quality assurance/quality improvement (QA/QI). These activities
 support all tiers of the EMS system and foster improvements in patient outcomes. Conducting these activities on a
 regional basis ensures greater integration and participation and supports cohesive and consistent countywide
 training.

The <u>ALS Support of BLS Activities program</u> assists ALS agencies in conducting BLS Run review, enhanced
 training, and activities focused on improving interaction between the ALS and BLS tiers in the EMS system. Fire
 agencies' BLS Training & QI funding supplemented this program during the 2020-2025 levy span. The
 recommendations for 2026-2031 support sufficiently funding this program without these moneysies, thereby
 "returning" this funding to BLS agencies to use as needed.

 There is value in incorporating certified field paramedics in the development of up-and-coming student interns at the <u>Paramedic Training program at Harborview</u>. This support helps students rise to the challenge befitting their duty as medical providers in the community, but also reinforces their field skills and commitment to the regional system. The recommendations for 2026-2031 support continuing this collaborative arrangement with the Paramedic Training program.

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ALS Programmatic Comparison Between Levies			
2020-2025 Levy	2026-2031 Levy		
Maintain current level of ALS service	Maintain current level of ALS service		
0 planned additional units	0 planned additional units		
\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy		
Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology		
Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million		
2 Reserve/Contingency categories to cover ALS- specific unanticipated/one-time expenses - Operational Contingencies - Expenditure Reserves	2 Reserve/Contingency categories to cover ALS- specific unanticipated/one-time expenses     Operational Contingencies     Programmatic Reserves		
Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	to inflate annual costs		
Piloted two ALS-based programs that benefit the regional system in 2024-2025	Support two ALS-based programs that benefit the regional system		
- ALS Support of BLS Activities	- ALS Support of BLS Activities		
<ul> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>	<ul> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>		

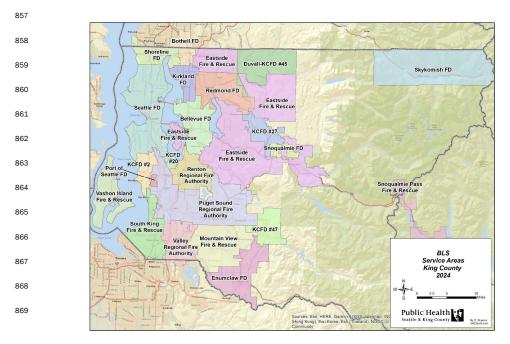
# BASIC LIFE SUPPORT (BLS)

Basic Life Support (BLS) personnel are the first responders to an incident, providing immediate basic life support
 medical care that includes advanced first aid, High Pperformance CPR, and AED use to stabilize the patient. Provided
 by approximately 4,300 EMTs throughout the region, BLS is the foundation of all medical responses within the EMS
 system serving Seattle and King County.

EMTs in this regional system are among the most trained in the nation, receiving approximately 190 hours of
 emergency medical response training and hospital experience with additional training in CPR, cardiac defibrillation
 (electrical shocks given to restore a heart rhythm), and airway management. EMTs are certified by the State of
 Washington and must complete ongoing continuing education and quarterly trainings to maintain their certification.
 Like their ALS counterparts, EMTs are highly practiced and use their BLS skills daily.

As the first-on-scene provider, BLS contributes significantly to the success of the Medic One/EMS system. BLS
 agencies must arrive quickly, assess each situation, and provide effective and precise medical care. Although BLS
 receives limited funding through the EMS levy, it is an integral piece of the interdependency on which the entire EMS
 response system in King County is built.

Regional data shows that in 2023, EMTs responded to over 205,000 calls for emergency medical care throughout
 the region. The median response time of BLS units in Seattle and King County is 5.2 minutes. EMTs are more likely
 to respond to incidents involving trauma (57 percent), and younger patients (57 percent of BLS calls are for people
 25-64 years of age). <sup>6</sup>



<sup>6</sup> Emergency Medical Services 2024 Annual Report

### BLS

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- 873 BLS SUBCOMMITTEE
- <sup>874</sup> Chair: The Honorable Armondo Pavone, Mayor of Renton

Total BLS funding, its distribution methodology, and addressing community needs were core topics of discussion
 for the BLS Subcommittee. Members endorsed modifying the BLS funding formula to help address equity and
 need, as well as increasing total BLS funding to reflect the growth in inflation, population, and BLS responsibilities.
 Mobile Integrated Healthcare (MIH) remained a regional priority, and the Subcommittee directed new funding into
 the program over the next levy span.

<sup>880</sup> The <u>BLS Subcommittee recommendations</u> are described on the following pages.

### 881 BLS RECOMMENDATION 1:

# INCREASE total BLS funding by at least \$3 million in the first year of the new levy, and up to \$5 million if that can be done within a 26.5-cent levy rate.

884The BLS Subcommittee discussed five scenarios of possible funding levels. These options ranged from a 30885percent increase over 2020-2025 to a 50 percent increase over 2020-2025 levels. They acknowledged the need886to balance the desire for increased funding with concerns about voter tax fatigue. Partners settled on \$3 million in887new funding but requested that it be increased to \$5 million if it could fit within a 26.5\_cent levy rate.

The August 2024 financial forecast showed that \$5 million in new funds could be accommodated within the proposed 25-cent levy rate.

### **BLS RECOMMENDATION 2:**

#### 894 **A. ATTRIBUTE 60 percent of this new funding to the BLS Basic Allocation.**

Since its inception, the regional Medic One/EMS levy has provided BLS agencies with an allocation to help offset
 costs of providing EMS services. The allocation was developed as a way to recognize and support BLS for its
 significant contribution to the success of the EMS system but was never intended to fully fund BLS. The
 Subcommittee directed \$3 million of this new \$5 million into the basic allocation for agencies to use on a variety
 of EMS-specific items including personnel, equipment, and supplies.

#### 901 B. ATTRIBUTE 40 percent of this new funding to Mobile Integrated Healthcare (MIH).

902The Subcommittee was adamant about the need to maintain support for the MIH program over the next levy span.903Members endorsed a proposal that includes increasing connections with service providers, expanding MIH's role904to help mitigate the opioid epidemic's impact on communities, supporting MIH ground-level personnel mental905wellness, and leveraging proven tools (such as Julota software) to further refine how MIH programs collect data.906They directed \$2 million of this new \$5 million into MIH for 2026 and beyond.

### BLS

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#### 909 BLS RECOMMENDATION 3:

INFLATE annual costs using CPI-W + 1%. This inflator will be based on the forecast from
 the King County Office of Economic and Financial Analysis.

912BLS agencies use the Medic One/EMS levy allocation to pay for different EMS-specific items. Since these items have913differing inflationary trends, no one specific inflator would accurately reflect their increasing costs. However, since914most BLS costs are related to wages and benefits, the BLS Subcommittee determined that using a standard CPI915inflator tied to wages (CPI-W) as forecast by the King County Office of Economic and Financial Analysis was916preferable.

### 919 BLS RECOMMENDATION 4:

# INCORPORATE the BLS Training & QI program funding into the BLS Basic Allocation. Remove requirements that this funding be spent on training and QI activities.

The <u>BLS Training & QI program</u> provides BLS agencies with funding to pay paramedics and certified competencybased training (CBT) instructors for conducting run review and related EMT training. In 2023, the region initiated the <u>ALS Support of BLS Activities</u> program which provides funding directly to ALS agencies to conduct those training and QI activities that were previously funded by BLS training and QI <u>moniesmoneys</u>. The BLS Subcommittee supported folding the BLS Training and QI funding into the Basic Allocation so that it is no longer earmarked specifically for QI and agencies can use the funds at their discretion.

### 930 BLS RECOMMENDATION 5:

### 931 DISTRIBUTE NEW BLS funding and annual increases using a more equitable distribution

932 methodology of 60 percent call volume/40 percent Assessed Value (AV). Do not reset

### 933 the first year of levy funding.

The current distribution methodology, in use since the 2008-2013 levy span, allocates funding to agencies based 50 percent on call volume, and 50 percent on AV. This methodology acknowledges and balances jurisdictions' services needs with financial investment. When examining different funding alternatives and distribution options, the conversation focused on finding a more equitable way to distribute the funds. Identifying that call volumes are associated with need, and need is often a reflection of inequitable access to care in the community, the Subcommittee revised the distribution methodology to be more weighted toward call volumes. This new ratio better balances the financial contribution with calls for service.

For the 2020-2025 levy span, the first year's total funding levels were reset which distributed the full allocation
 based on the most updated call volume and AV data. The Subcommittee opted against initiating a reset for the
 2026-2031 levy span as resetting models showed large deviations to agency allocations.

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#### 948 **BLS RECOMMENDATION 6:** SUPPORT King County Fire Chiefs Association Mental Wellness and Equity, Racism & 949 Social Justice/Diversity, Equity & Inclusion proposals. 950 The King County Fire Chiefs Association (KCFCA) has partnered with the King County EMS Division to develop 951 952 strategies that address mental wellness for all first responders and advance equity in EMS organizations and the diverse communities they serve. The Subcommittee endorsed continuing these efforts that further advance such 953 954 causes for the 2026-2031 levy span: 955 956 Mental Wellness: KCFCA proposes to create and implement a comprehensive approach across King County to support the health of 957 958 our region's first responders, medics, and dispatchers. This will focus on a regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the mental wellness field. It includes consulting 959 960 authorities in first responder mental wellness, continuing peer support training, and organizing other learning opportunities for EMS personnel. 961 Diversity, Equity and Inclusion/Equity, Racial and Social Justice: 962 963 This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel DEI 964 and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring workshops and 965 partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within 966 the Division with Public Health - Seattle & King County business and supporting outward facing work that connects 967 communities to EMS skills and knowledge. This includes the community-based Vulnerable Populations Strategic 968 Initiative along with the Strategic Training and Recruitment (STAR) program and the Future Women in EMS/Fire 969 recruitment programs. 970 971 972 **BLS RECOMMENDATION 7:** 973 DEVELOP exceptions for the use of MIH restricted funds for those agencies unable to fully expend their MIH funding. 974 975 There are some BLS agencies, particularly in rural areas, that cannot implement a traditional MIH program. They may lack a sufficient volume of MIH-type calls; the levy funding available to them may not sustain an MIH program; 976 977 or their location may exclude partnering with an existing MIH program. The EMS Division proposed authorizing these agencies to use their MIH funding in other ways to provide flexibility in meeting the needs of their 978

communities. This would be discussed and determined on a case-by-case basis with regional review and

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consensus.

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**BLS** 

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<b>BLS Programmatic Comparison Between Levies</b>			
2020-2025 Levy	2026-2031 Levy		
Consolidate the funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements.	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities.		
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation.		
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%		

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### Mobile Integrated Healthcare (MIH) Programmatic Comparison Between Levies

2020-2025 Levy	2026-2031 Levy
Provide \$26 million over 6 years for MIH.	Provide \$50 million over 6 years for MIH.
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes.	For the first year, distribute new funding across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation.
Inflate each agency's funding in subsequent years of levy by CPI-W + 1%.	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology.

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993Regional Servicesare programs that support the direct service activities and key elements of the Medic994One/EMS system. They are critical to providing the highest quality out-of-hospital emergency care available.995Helping to tie together the regional medical model components, these programs support the system by providing996uniform regional medical direction, standardized EMT and emergency dispatch training, EMT and paramedic997continuing education, centralized data collection and expert analysis, collective paramedic service planning and998evaluation, and administrative support and financial management of the regional EMS levy fund.

999 Strategic Initiatives are innovative pilot programs and operations aimed to improve the quality of Medic 1000 One/EMS services and manage the growth and cost of the system. Testing new approaches, Strategic strategic 1001 initiatives are continually assessed and may be reconfigured, if needed, to broaden the reach, advance their 1002 objectives, or meet emergent needs. Once completed and having achieved their intended outcomes or 1003 demonstrated efficacy to partners in the community, they may be transitioned into regional services as ongoing 1004 programs. Strategic initiatives have not only allowed the Medic One/EMS program throughout King County to 1005 maintain its role as a national leader in the field of emergency medical services but have also been instrumental in 1006 the system's ability to manage its costs.

1007 Regional services and strategic initiatives contribute to the regional system's medical effectiveness. These 1008 programs extend across the segments of the Medic One/EMS system and are not centered solely on fast EMT or 1009 paramedic responses. For example, the system provides injury prevention programs to help ensure the safe use of 1010 car seats for infants and prevent falls among the elderly. These are important programs in managing the 1011 occurrence of medical emergencies that impact the system. CPR and automated external defibrillator (AED) 1012 programs help ensure bystander witnesses to cardiac arrests have the necessary training to assist by notifying 9-1013 1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive to provide patient care and 1014 transport. Revising the region's criteria based guidelines which determine the appropriate level of EMS response 1015 has resulted in delays of adding new medic units and helped the system defray additional expenses. By forwarding 1016 lower-acuity calls to a Nurseline instead of sending a BLS response allows for BLS resources to be available for 1017 more acute patients. Having these programs coordinated at the regional level ensures prehospital patient care is 1018 delivered at the same standards across the system; policies and practices that reflect the diversity of needs are 1019 maintained; and local area service delivery is balanced with regional interests.

The EMS Division oversees these regional services and strategic initiatives and plays a significant role in
 developing, administering, and evaluating critical EMS system activities.

### <sup>1023</sup> **REGIONAL SERVICES SUBCOMMITTEE**

1024 Chair: The Honorable Angela Birney, Redmond Mayor

1025The Regional Services Subcommittee systematically reviewed core programs and strategic initiatives to assess1026how well the activities were reaching their audiences and accomplishing intended goals. Partners discussed the1027benefits of the programs and attested to how the activities undertaken are making a difference in the community.1028This detailed review identified EMS system emergent needs and generated ideas to bring greater benefits to the1029system.

1030The concerns brought forth to this Subcommittee such as hiring issues; increased training for first responders;1031continued ALS/BLS interactions and quality improvement; and mental wellness support, were similar to issues1032identified by the other subcommittees, reiterating the need for a regional solution to these shared issues. The EMS1033Division worked with various partners to develop ideas and proposals for review by the Regional Services1034Subcommittee.

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1036 The <u>Regional Services Subcommittee</u> recommendations are as follows:

### 1037 **RS/SI RECOMMENDATION 1:**

#### 1038 CONTINUE delivering programs that provide essential support to the system.

1039The Regional Services Subcommittee recommended continuing core regional services that support the key elements1040of the Medic One/EMS system. Such programs and services are the foundation of the direct services provided by1041EMS personnel, ensuring consistency and standardization throughout the system. These programs focus on superior1042medical training, quality improvement, and innovation, as well as strengthen community interactions and1043partnerships. Following are descriptions of these services. Please see Appendix A: Proposed 2026-20311044Regional Services on page 54 for a full list.

#### 1045 Regional Medical Control

Best medical practices drive every aspect of the Medic One/EMS system and are a main component of the system's success. Vital to this is a strong Medical Program Director to oversee all aspects of medical care and hold people within the system accountable. Responsibilities for this role include: writing and approving the patient care protocols for paramedics and EMTs; approving initial and continuing EMT medical education; approving criteria based dispatch (CBD) guidelines; developing new and updating existing medical quality improvement activities; and initiating disciplinary actions.

#### 1052 Regional Medical Quality Improvement

At the heart of quality patient care is the practice of quality improvement, or QI. EMS medical QI is the on-going programmatic and scientific review of the EMS system's performance to assure excellence in patient care. Impacting all components of the regional system, QI projects and programs require collaboration across both the academic and operational Medic One/EMS community. For example, evaluating the use of administering whole blood for hemorrhagic shock, the efficiencies of an updated nurse line for lower acuity calls, and the role of different CPR strategies for patients in cardiac arrest will help to advance the science of EMS care throughout the region.

#### 1059 Training

1060 EMT Training: The EMS Division provides initial training, continuing education, and instructor/evaluator education for EMTs in King County. Through research, coordination, 1061 and communication among Medic One/EMS stakeholders and the regional Medical 1062 1063 Program Directors, the Division develops curricula so that the training and educational 1064 programs meet individual agency, Washington State Department of Health, and national requirements. The Division is the liaison between the Washington State Department of 1065 Health and the 23 EMS/fire agencies in King County. It oversees the recertification and 1066 1067 regulatory and policy changes to Medic One/EMS agencies.

 Dispatch Training: Sending the appropriate resource in the appropriate manner is a critical

 ink in the EMS system. The EMS Division provides comprehensive initial and continuing

 education training to dispatchers in King County outside the City of Seattle. King County

 dispatchers follow medically approved emergency triage CBD guidelines. These guidelines

1072 were developed by the EMS Division. CBD uses specific medical criteria based on signs and symptoms to send the 1073 appropriate level of care with the proper urgency.



1076CPR/AED Training: The EMS Division of Public Health – Seattle and King County offers educational programs to1077King County residents, teaching them to administer life- saving techniques until EMS agencies arrive at the scene.1078This includes CPR classes with an emphasis on training teachers and students. Thousands of secondary school1079students receive instruction on CPR and AED use each year. In addition, regionally coordinated AED programs1080register and place automated defibrillators in the community within public facilities, businesses, and even private1081homes for high-risk patients, along with providing training in their use.

#### 1082 Community Centered Programs

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1083The complex health needs of King County's residents can be as diverse as its communities. The EMS Division and1084its partners offer a wide variety of community centered services and programs to ensure emergency medical1085services provided are equitable, appropriate, and of the highest quality. This includes targeted community

1086 interventions to help manage the 1087 rate of call growth in the EMS system and address the demand 1088 1089 for services. Programs like the 1090 Communities of Care and the 1091 Vulnerable Populations Strategic 1092 Initiative provide communityspecific education and training 1093 1094 about the appropriate use of 1095 EMS services and how to receive 1096 the proper level of care. The Taxi 1097 Voucher Program, Nurseline, and 1098 Mobile Integrated Healthcare programs offer alternative. high-1099 1100 quality care to 9-1-1 patients with lower acuity medical needs. 1101 1102 The region reviews and revises dispatch guidelines so that 1103 specific types of calls are 1104



receiving the most appropriate level of response. In addition, the EMS Division works with its partners on efforts preventing the need to call 9-1-1 in the first place, with programs designed to appropriately install child seats and mitigate potential falls among older adults.

#### 1108 Regional Leadership and Management

The EMS Division provides financial and administrative leadership and support to both Public Health - Seattle & 1109 King County government as well as external EMS partners, bringing expertise, knowledge, and stability to the 1110 1111 system, thereby preserving the integrity and transparency of the entire system. The EMS Division actively engages with regional partners to implement the Medic One/EMS Strategic Plan; manage EMS levy funds; monitor contract 1112 1113 and medical compliance and performance; identify and participate in countywide business improvement processes; facilitate the recertification process for the 4,300 EMTs in King County; and maintain the continuity of 1114 1115 business in collaboration with Medic One/EMS partners. This also includes regional planning for the Medic 1116 One/EMS system which monitors medic unit performance, the periodic assessment of medic unit placement, and other system parameters. Regional planning analyzes medic unit demand projections and measures the impacts 1117

1118 of regional programs, supported by ongoing data quality improvement activities.

#### 1121 Center for the Evaluation of Emergency Medical Services (CEEMS)

CEEMS conducts research aimed at improving the delivery of pre-hospital emergency care and advancing the
 science of cardiac arrest resuscitation. It is funded by grants from private foundations, state agencies, and federal
 institutions. CEEMS is a collaborative effort between the EMS Division and academic faculty from the University of
 Washington who are recognized nationally for their contributions in the care and treatment of cardiac emergencies.
 Achievements made by this collective effort continue to improve outcomes from sudden cardiac arrest and advance
 evidenced-based care and treatment.

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### **RS/SI RECOMMENDATION 2:**

#### 1131 ENHANCE programs to meet regional needs.

- The region continues to see a record number of EMT hires throughout the EMS system. Increasing the number of initial EMT training classes is required to get these new hires certified and meet the growing demands of EMS in the county.
- When the Telephone Referral Program, or Nurseline, contract was discontinued in 2023, the region supported
   finding a way to preserve this critical service. An even more comprehensive Nurse Navigation program was
   initiated in late 2024 which will help decrease non-emergent dispatches and improve the overall efficiency of the
   EMS system. Maintaining this renovated program is a priority for the 2026-2031 levy span.
- The STRIVE Initiative, implemented during the 2020-2025 levy period, modernized the EMS Division's online
   continuing medical education platform, EMS Online. Converting STRIVE's ongoing operations and maintenance
   into regional support services and providing funding for 2026-2031 will help ensure the EMS Division can meet
   the region's changing educational, data, and technological needs of the eLearning environment.

### 1145 **RS/SI RECOMMENDATION 3:**

### 1146 MAINTAIN AND DEVELOP Strategic Initiatives that leverage previous investments made 1147 by the region to improve patient care and outcomes.

1148Areas identified by the Regional Services Subcommittee include continued focus on vulnerable populations,1149enhancing quality improvement capabilities, and supporting mental wellness and equity and social justice efforts.

1. Vulnerable Populations Strategic Initiative (VPSI) – CONTINUING AS EMS Community
 Health Outreach (ECHO)

1152VPSI was launched during the 2014-2019 levy period to improve interactions between EMS and historically1153underserved communities. Continued support for VPSI efforts throughout the 2026-2031 levy span will further1154enable communities to remain actively engaged with EMS agencies and continue to address disparities in1155access to services. This includes expanding community partnerships, connecting local EMS agencies to1156community-led organizations, and introducing new education and outreach topics to meet the evolving needs of1157the communities. To better represent this work and align with the commitment to equity and social justice, VPSI1158will be renamed EMS Community Health Outreach (ECHO) for the 2026-2031 levy span.

	<b>REGIONAL SERVICES/STRATEGIC INITIATIVES</b>	
2	. <u>A</u> ccelerating <u>Evaluation and Innovation: an Opportunity for Unprecedented</u>	
	Quality Improvement (AEIOU) Strategic Initiative - CONTINUING AS <u>P</u> ioneering	
	<u>R</u> esearch for <u>I</u> mproved <u>M</u> edical <u>E</u> xcellence (PRIME) Strategic Initiative	
	AEIOU built upon the technological work between regional partners from all parts of the EMS system to	
	bolster the region's quality improvement abilities, capacity, and efforts. It included creating standardized	
	systems for data analysis, updating data-sharing mechanisms, and contributing toward advancements of	
	medical research. <b>PRIME</b> is the next iteration in upgrading current data processes and enhancing overall	
	data management capabilities, contributing to medical quality improvement efforts. It includes improvements to the patient care records software (ESO Solutions), data sharing, standardization, and data automation;	
	improving integration pertaining to data systems with Public Health, ESO, and agencies; and conducting pilot	
	projects to foster innovation.	I
		I
3	Emergency Medical Dispatch Strategic Initiative - NEW	
	This linitiative invests in emergency medical dispatch (EMD) improvements, including identification of an	1
	external vendor to host the electronic criteria based dispatch (eCBD) guidelines used to determine the	1
	appropriate level of care and response type. Using an outside vendor brings greater security, more rapid	
	eCBD updates, and increased interoperability between systems that exchange information. It also provides	
	funding to explore EMD-focused pilots for continuous quality assurance/quality improvement activities during	
	and after 9-1-1 calls.	
4	. King County Fire Chiefs Association Mental Wellness & Equity, Racism & Social	
	Justice/Diversity, Equity & Inclusion proposals	
	The King County Fire Chiefs Association (KCFCA) has partnered with the EMS Division to develop strategies to	
	address mental wellness for all first responders and advance equity in EMS organizations and the diverse	
	communities they serve. Like the BLS Subcommittee, the Regional Services Subcommittee endorsed	
	continuing these efforts that further advance such causes for the 2026-2031 levy span:	
	Mental Wellness:	
	KCFCA proposes to create and implement a comprehensive mental wellness approach across King County to	
	support the health of our region's first responders, medics, and dispatchers. This effort will focus on a	
	regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the	
	mental wellness field. It will include consulting authorities in first responder mental wellness, continuing peer support training, and organizing other learning opportunities for EMS personnel.	
	support training, and organizing other rearning opportunities for Livis personner.	
	Diversity, Equity and Inclusion/Equity, Racial and Social Justice:	
	This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel	
	DEI and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring	
	Der and ends phonties. For eluis agencies, this entails investing in continued recruitment and mining	
	workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on	
	workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and	
	workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and supporting outward facing work that connects communities to EMS skills and knowledge. This includes the	
	workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and	

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2020-2025 Levy	2026-2031 Levy		
Regional Services (RS)			
Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies.	Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships.		
Move BLS Core Services program out of Regional Services budget and into BLS allocation.	Enhance programs to meet regional needs.		
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%		
Strategic Initiatives (SI) and other programs			
Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a Mobile Integrated Healthcare (MIH) model to address community needs. • Convert BLS Efficiencies into ongoing programs • Transition CMT and E&E into MIH exploration • Convert RMS into ongoing programs • Integrate the BLS Training and QI SI into the BLS Allocation			
<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes.         <ul> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop two new Initiatives: 1) AEIOU and 2) STRIVE</li> <li>Transition Community Medical Technician into MIH exploration</li> </ul> </li> <li>Provide regular updates to past audit recommendations</li> </ul>	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes.</li> <li>Continue implementing next stages of Vulnerable Populations -&gt; ECHO and AEIOU -&gt; PRIME</li> <li>Develop one new Initiative focused on Emergency Medical Dispatch</li> <li>Support KCFCA proposals promoting mental wellness and ERSJ/DEI</li> </ul>		
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%		

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1207	ECONOMIC FORECAST
1208	The Medic One/EMS Levy financial plan is based on a post-pandemic economic recovery, which stabilized the
1209 1210	economy after a period of high inflation and increased mortgage rates. Based on projections from the King County Office of Economic and Financial Analysis (OEFA), the financial plan assumes lower inflation with rates stabilizing
1210	at less than three percent in the second and third years of the levy period and the gradual lowering of mortgage
1212	rates. King County inflation is projected to remain higher than the national average.
1213	In addition, residential assessed value (AV), particularly for single-family homes, is increasing at rates higher than
1215	commercial and industrial properties both in Seattle and King County. Commercial AV outside of the City of Seattle
1215	has remained more stable. As a result, OEFA has forecast a reduction in the City of Seattle's percentage of
1216	property tax relative to levels prior to 2022.
1217	Given the experience of the 2020-2025 levy period with high inflation and dynamics affecting both AV projections
1218	and the distribution of AV between the City of Seattle and the KC EMS Fund (remainder of King County), it was
1219	deemed prudent by the Finance Subcommittee to continue to include economic/supplemental reserves to cover
1220	the potential of reduced property taxes or increased expenses related to inflation.
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1222	FINANCE SUBCOMMITTEE
1223	Chair: The Honorable Lynne Robinson, Mayor of Bellevue
1224	The Finance Subcommittee assessed the programmatic recommendations developed by the other subcommittees
1225	and provided financial perspective and advice to the Task Force. As the ALS, BLS, and Regional Services
1226	Subcommittees each developed its own set of recommendations specific to its program areas, the Finance
1227 1228	Subcommittee reviewed the proposals as a whole package, rather than as individual and independent pieces, to
	ensure the financial plan was well balanced and financially prudent.
1229 1230	The Subcommittee also looked at the recommendations within the perspective of the levy planning economic
1230	environment, economic forecasts, and the potential for changes in the economic forecast. Significant efforts went
1232	toward analyzing financial implications of changes in economic conditions to develop appropriate contingency and reserve levels.
1233	The Finance Subcommittee recommendations are as follows:
1234	FINANCE RECOMMENDATION 1:
1235	CONDUCT A RISK ANALYSIS to determine appropriate reserve funding to help
1236	safeguard the Medic One/EMS system from unforeseen financial risk.
1237	To better understand the level of risk for the next levy span, the Subcommittee requested that King County staff
1238	prepare different "what-if" scenarios (sensitivity analyses) to evaluate how changes to the proposed revenue and
1239	expenditures could impact the financial plan. The scenarios assumed:
1240	Potential of reduced property taxes, and
1241	Potential of higher inflation that could increase costs of planned services.
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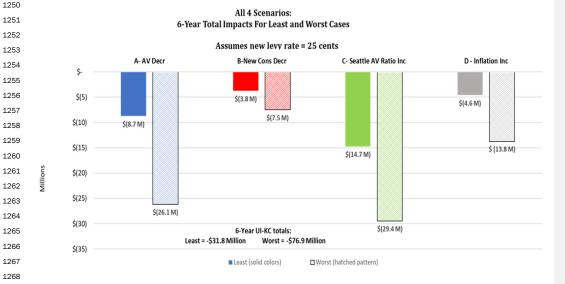
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1276 1277 1278 The revenue scenarios considered three different ways property taxes could be less than planned: reduced AV<sub>1</sub>; reduced new construction, and a change in the proportion of funds between the City of Seattle and the King County EMS Fund. The expenditure scenarios looked at potential increased inflation and evaluated inflation increases from 0.5 percent to 1.5 percent higher than planned. Each scenario contained a least and worst case situation for the Subcommittee to consider.



Subcommittee members used this information to determine whether the planned reserves could accommodate a
 potential change in economic conditions. Since the City of Seattle funds reserves separately from EMS levy funds,
 the Subcommittee focused on appropriate reserves for the King County EMS Fund. The potential impacts on the King
 County EMS Fund ranged from a decrease of \$31.8 million to a decrease of \$76.9 million. The financial plan
 includes approximately \$47.0 million for Economic/Supplemental Reserves. These reserves allow the EMS levy to
 remain whole even if many of these scenarios occur. Based on the potential for economic volatility, the
 Subcommittee recommended fully funding reserves and placing any additional funds into supplemental reserves.

### **FINANCE RECOMMENDATION 2:**

INCORPORATE sufficient reserves and contingencies, with appropriate access policies, to
 mitigate financial risk and provide flexibility; adapt policies as needed for alignment with King
 County financial policies.

Reserves were first explicitly included in the 2008-2013 Medic One/EMS financial plan when regional partners
 wanted to ensure that funds were available to address emerging needs, particularly larger one-time expenses and
 unexpected/unplanned expenses. Now an integral and expected part of the levy's financial plan, EMS reserves are
 routinely reviewed and adjusted to better meet the needs of the regional system and consistency with updated King
 County Financial Policies.

### **FINANCE** lan should include adequate and reasonable reserves and ts. The group supported fully funding programmatic and King . In addition, Subcommittee members prioritized placing

1290	Subcommittee members agreed that the financial plan should include adequate and reasonable reserves and
1291	contingencies to fund unanticipated or one-time costs. The group supported fully funding programmatic and King
1292	County-required rainy day reserves (90-day funding). In addition, Subcommittee members prioritized placing
1293	remaining funds in the Economic/Supplemental Reserves to protect the system should the economy change.
1294	Revenues received that are not needed to cover program and reserve needs will be placed in the
1295	Economic/Supplemental Reserves to supplement existing reserves, and/or be used to buy down a future levy rate.
1296	Reserves and contingencies would continue to have appropriate access and usage policies and would be
1297	consistent with King County financial policies.
1298 1299	Based on the system's programmatic needs as determined in the other three subcommittees and the desire to be
1300	prepared in the event of an economic downturn, the Finance Subcommittee recommended the following for
1301	Contingencies and Reserves.

- Fund Contingencies at \$1.3 million a year to cover significant increases in operating costs that cannot be accommodated by the ALS allocation or program balances. An example is paid-time-off above amounts included in the allocation (due to the need to backfill paid-time-off). On a limited basis, allow contingency funding to be available to cover unplanned expenses related to regional services and initiatives.
- Fund Programmatic Reserves that include:

2026-2031 Proposed Contingencies and Reserves

- 1307\$1.3 million for ALS equipment covers unplanned costs related to equipment including potential addition1308of new equipment, decreased lifespans of equipment or need for early replacement, and increased costs not1309accommodated within the Equipment Allocation, and
- \$17.4 million for ALS Capacity includes \$1.6 million to accommodate moving a medic unit to a new
   location or cover significant investments needed at current locations, and temporary capacity increases; and
   \$15.8 million as a placeholder for new units. This is consistent with ALS Subcommittee
   Recommendations #4 and #5.
- Funding the Rainy Day Reserve consistent with King County policy (currently 90-days). This is estimated at
   \$41.2 million.
- Placing any other available funds in the Economic/Supplemental Reserve to accommodate potential
   economic downturn. The current estimate is \$47 million.

Total Contingencies & Reserves Budget for the 2026 - 2031 Levy Period		
	2026-2031 Total	
Contingencies & Programmatic Reserves	\$26.5 million	
Rainy Day Reserve	\$41.2 million	
Total Programmatic Reserves	\$67.7 million	
Economic/Supplemental/Rate Stabilization	\$47.0 million	

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### <sup>1320</sup> FINANCE RECOMMENDATION 3:

EXPENDITURES AND RESERVES projected at \$1.5 billion over the six-year span. The
 budget supports maintaining current services and meeting anticipated future demand.

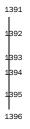
The proposed budget maintains funding for the system's key services of ALS, BLS, regional programs, and initiatives.
 An increase in BLS funding reflects the growth in inflation, population, and BLS responsibilities, while a revised BLS
 basic allocation helps address equity and need. There is enhanced support for the MIH program, two reconfigured
 strategic initiatives, and a new initiative focused on dispatch.

1327The 2026-2031 levy financial plan maximizes savings from the current levy period to fund future reserves. It1328assumes that a total of \$64.4 million from 2020-2025 levy reserves will carry forward to the 2026-2031 levy period1329to reduce the need to raise funds in the next levy span to fund reserves. This \$64.4 million is comprised of \$34.71330million from the rainy day fund, and \$29.7 million from the economic/supplemental reserves, and helps to reduce1331the starting levy rate.

1334 1335 **Projected Revenues and Expenses** 1336 1337 (in millions) 1338 1339 \$300 1340 \$262 \$259 \$245 \$236 \$251 \$244 \$256 \$251 1341 \$240 \$234 \$250 1342 \$228 \$220 1343 1344 \$200 1345 1346 \$150 1347 1348 \$100 1349 1350 \$50 1351 1352 \$0 1353 2026 2027 2029 2030 2031 2028 1354 Projected Revenues Projected Expenses 1355 1356 1357 1358

<sup>1332</sup> The following chart compares projected revenues to expenditures for the 2026-2031 levy.

FINANCE		
FINANCIAL PLAN OVERVIEW & ASSUMPTIONS		
The 2026-2031 financial plan endorsed by the EMS Advisory Task Force meets the programmatic needs identified		
in the subcommittees, maintains financial policies used during previous levy spans, and provides adequate reserves to ensure continuation of essential EMS services in the case of an economic downturn.		
It was developed based on widely understood and accepted regional principles of the tiered system:		
The Medic One/EMS levy will continue to support the delivery of quality pre-hospital emergency medical		
services and supply adequate funding to provide these services;		
Advanced Life Support (ALS) services will remain the priority of the Medic One/EMS levy;		
Basic Life Support (BLS) services will be funded through a combination of local taxes and Medic One/EMS levy		
funds;		
The EMS Division is responsible for:		
<ul> <li>coordinating and convening regional partners to facilitate collaborative activities necessary to assure the success of the regional strategic and financial plans;</li> </ul>		
o managing and ensuring the transparency of system finances, and		
o continuing to innovate and evaluate the efficacy and funding of programs from a system-wide perspective.		
Financial Oversight and Management		
The EMS Division is responsible for managing the levy fund in accordance with the Medic One/EMS Strategic Plan,		
the EMS financial plan, EMS Financial Policies PHL 9-2 (see below), and adopted King County Ordinances. Public		
Health - Seattle & King County's Chief Financial Officer provides general oversight of the EMS Division financial		
plan. Financial policies will continue to be updated to document and meet system needs including adapting to		
updated King County Financial Policies (within funding limits of the levy) and reflect financial decisions and recommendations from the adopted Medic One/EMS 2026-2031 Strategic Plan. EMS Division responsibilities		
include the review and evaluation of allocations, and the management of regional services and strategic		
initiatives, Contingencies and Reserves as reflected in the Plan, the EMS financial plan and associated King		
County ordinances.	1	
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EMS Financial Policies - PHL 9-2	<b>*</b> -	spacing: Multiple 1.23 li
Oversight and management of EMS levy funds;		
Methodology for appropriately <b>reimbursing ALS agencies</b> for eligible costs, including responsibilities by both the EMS Division and ALS agencies related to Operating and Equipment Allocations;		
Required reporting by ALS agencies with review and analysis by EMS Division;		
Methodologies for BLS, regional services, and strategic initiatives funding;		Formatted: Font: Franklin Gothic Heavy
Regional services and strategic initiatives management, and		
Review and management of reserves and designations including program balances.		



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#### 1399 Considerations & Drivers

1400 This financial plan is based on key regional priorities outlined in this document to aggressively manage resources 1401 and the growth of services, create efficiencies, address uncertainty, and build on previous investments. Although 1402 experiencing a strong economy, the region was concerned about potential economic changes during the span of the 1403 next levy. Steps taken to help address uncertainties include continuing the ALS allocation structure with subtle 1404 updates, using the more conservative 65 percent confidence level in forecasting revenues (per King County policy) 1405 and ensuring sufficient contingencies and reserves. Reserve recommendations include fully funding programmatic 1406 and rainy day reserves plus directing any additional funds available in a 25.0 cent levy into an 1407 Economic/Supplemental reserve that could be used in the case of an economic downturn. In determining

Economic/Supplemental reserve levels, King County prepared four different scenarios to evaluate how changes to
 the proposed AV, new construction, inflation, and City of Seattle AV could impact the EMS levy financials.

Primary cost drivers relate to increases in the costs of providing services, demand for services, and changes in the
 types of services to meet community needs. Primary revenue drivers include 2026 starting AV and assumptions
 related to new construction.

1413**Expenditures** are based on Subcommittees' recommendations and are inflated yearly based on forecasts from the1414King County Office of Economic and Financial Analysis. Reserves and contingencies are based on programmatic1415needs and updated for compliance with King County Financial Policies, including a 90-day rainy ray reserve1416requirement for all levy supported funds. Economic/Supplemental reserves are consistent with the rate stabilization1417reserve category in the financial policies.

1418**Revenues** are planned to cover expenditures across the 2026-2031 levy period. Revenue needs were reduced by1419carrying forward approximately \$64.4 million from the 2020-2025 levy. The recommended 25.0 cent per \$1,000 AV1420levy rate allows supplemental reserves of \$47 million that could be available in an economic downturn.

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Medic One/Emergency Medical Services 2026-2031 Levy (in millions)						
	Seattle	KC EMS	Total			
Revenues						
Property Taxes	\$518.9	\$951.9	\$1,470.8			
Other Revenue		\$17.5	\$17.5			
Carryforward Reserves from 2020-2025		\$64.4	\$64.4			
Total Available Revenues	\$518.9	\$1,033.8	\$1,552.7			
TOTAL Expenditures	\$518.9	\$919.1	\$1,438.0			
Programmatic & Rainy Day Reserves		\$67.7	\$67.7			
TOTAL Expenditures and Reserves	\$518.9	\$986.8	\$1,505.7			
Funds available for Supplemental Reserves		\$47.0	\$47.0			
Levy Rate			25.0 cents			

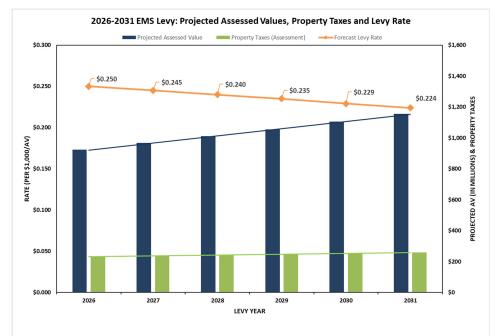
#### **FINANCIAL PLAN ASSUMPTIONS** 1423 1424 The 2026-2031 financial plan, like other financial plans, is based on numerous assumptions and acknowledges 1425 that actual conditions may differ from the original projections. The objective is to have a financial plan flexible 1426 enough to handle changes as they occur. Key financial assumptions provided by the King County Economist include new construction growth, assessed value, inflation, and cost indices. Actuals are through 2023. Most of 1427 1428 the assumptions for the 2026-2031 financial plan include inflation and growth assumptions for 2025 as well as 2026-2031. 1429 1430 This section documents key assumptions and shows projected costs related to inflation increases and distribution 1431 of property taxes. It also outlines estimated revenues, expenditures, and reserves that constitute the 2026-2031 1432 financial plan. Note that when numbers are rounded to millions for presentation purposes, some rounding errors will occur. 1433 1434 Total expenditures are projected to be \$1.4 billion over the 2026-2031 levy period, with \$919 million projected for 1435 the King County EMS Fund. The financial plan includes carrying forward \$64.4 million in rainy day and economic/supplemental reserves from the 2020-205 levy which reduces the funding and levy rate needed for the 1436 2026-2031 levy. A 25.0 cent per \$1,000/AV rate is proposed to fund the 2026-2031 levy period. 1437 1438 **KEY ASSUMPTIONS** 1439 Revenues 1440 The 2026-2031 financial plan is based on an EMS property tax levy as the primary source of funding. The revenue 1441 1442 forecast is built on assumptions including the AV at the start of the levy period, AV growth, and new construction 1443 AV, as forecast by the King County Office of Economic and Financial Analysis (OEFA). Other considerations include 1444 the division of property tax revenues between the City of Seattle and the King County EMS Fund, interest income on fund balance, and other revenues received by property tax funds at King County. While previous levy periods 1445 assumed a one percent delinquency rate, King County now forecasts without it. 1446 The plan is based on increases in King County AV from 2020 to 2025 followed by a forecast of more moderate 1447 increases between 2026 and 2031. The forecast assumes growth of new construction AV from \$10.4 billion in 1448 1449 2026 (the first year of the levy) and end the levy period at \$11.8 billion in 2031. The EMS levy does not receive 1450 new construction funds in the first year of the levy. 1451 1452

Key Assumptions: 2026 - 2031 Forecast							
Rate of Growth	2026	2027	2028	2029	2030	2031	
New Construction		3.57%	2.00%	2.48%	2.19%	2.48%	
Growth in Existing AV	5.87%	4.64%	4.43%	4.45%	4.77%	4.52%	

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### Assessment (Property Taxes):

Per RCW 84.55.010, increases in assessments (property taxes) are limited to one percent plus assessments on new construction. Forecast property tax increases exceeding one percent are due to new construction. The following chart and table show the relationship between assessed value, levy assessment (property taxes), and levy rate as currently forecasted. While the growth in AV from 2026 to 2031 averages just under five percent per year, projected property taxes (property taxes/assessment) are projected to average just over two percent per year. Assessment includes a one percent increase on existing properties and the addition of new construction. Based on these increases, the levy rate is projected to decline from 25.0 cents to 22.4 cents per \$1,000 AV in the last year of the levy (2031).



Levy Year	Projected AV	Property Taxes (Assessment)	Forecast Levy Rate	Growth in AV	Growth in Assessment
2026	\$924,584,361,939	\$231,146,090	\$0.250		
2027	\$967,445,977,367	\$237,045,806	\$0.245	4.64%	2.55%
2028	\$1,010,332,965,793	\$242,414,877	\$0.240	4.43%	2.26%
2029	\$1,055,291,690,277	\$247,862,021	\$0.235	4.45%	2.25%
2030	\$1,105,597,146,946	\$253,383,158	\$0.229	4.77%	2.23%
2031	\$1,155,558,905,321	\$259,007,621	\$0.224	4.52%	2.22%

1471 <u>Division of Revenues</u>:

1472Revenues raised within the City of Seattle are sent directly to the City by King County; revenues for the remainder1473of King County are deposited in the King County EMS Fund. The percentage of overall AV in the City of Seattle has1474decreased during the current levy period from 40.1 percent in 2020 to 35.5 percent in 2025 but is forecast to1475increase slightly over the 2026-2031 levy period.

1476 The following table shows AV trends for the 2026-2031 levy:

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Estimated Value of Assessments						
for the 2026 - 2031 Levy Period (in millions)						

	Average % of Assessed Value	Estimated Tax Revenue	Estimated Other Revenue	Estimated Total
City of Seattle	35.27%	\$518.9		\$518.9
KC EMS Fund	64.73%	\$951.9	\$17.5	\$969.4

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The following table shows forecast property tax assessments based on the forecast division of property taxes by King County OEFA. Forecast levy revenue above one percent is due to new construction.

Forecast Property Tax Assessment 2026 - 2031 (in millions)								
	2026	2027	2028	2029	2030	2031	2026-2031 Total	
City of Seattle	\$80.7	\$83.0	\$85.3	\$87.7	\$89.9	\$92.3	\$518.9	
Growth in City of Seattle		2.85%	2.77%	2.81%	2.51%	2.67%		
KC EMS Fund	\$150.5	\$154.0	\$157.1	\$160.1	\$163.5	\$166.7	\$951.9	
Growth in KC EMS Fund		2.36%	1.97%	1.95%	2.10%	1.96%		

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1486 <u>Other Revenues:</u>

In addition to property taxes from the Medic One/EMS levy, the KC EMS Fund receives interest income on its fund balance, and other miscellaneous King County revenues distributed proportionately to property tax funds (such as lease and timber taxes).

Other Revenue Assumptions KC EMS Fund					
Revenues	Estimate	% of Total Revenue			
Interest Income	\$15,127,000	86.3%			
Other Revenue Sources	\$2,400,000	13.7%			

### 1495 **Expenditures**

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1496Total expenditures, including both City of Seattle and KC EMS Fund are estimated at \$1.4 billion with \$519 million1497estimated for the City of Seattle and \$919 million estimated for the King County EMS Fund. The remainder of this1498section covers KC EMS Fund expenditures.

1499 The KC EMS Fund finances four main program areas related to direct service delivery or support programs:

- 1500 Advanced Life Support (ALS)
- Basic Life Support (BLS), including Mobile Integrated Healthcare (MIH)
  - Regional Services (RS)
  - Strategic Initiatives (SI)

1504 In addition, funding for contingencies and reserves is allocated within the financial plan.

Program budgets are increased yearly with inflators appropriate to the program. All programs, except for the ALS equipment allocation, are proposed to be increased by the local CPI-W + 1%. The one percent accommodates benefits and other costs, such as pharmaceuticals, that often increase at rates higher than CPI-W. The CPI assumptions used in this financial plan were provided by King County OEFA. Expenditures are inflated by the previous year's actuals (through June).

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CPI Assumptions – CPI-W								
Levy Year	2025	2026	2027	2028	2029	2030	2031	
CPI-W	3.63%	3.46%	2.96%	2.62%	2.84%	2.60%	2.49%	

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1512The current CPI-W for the Seattle area is CPI-W Seattle-Tacoma-Bellevue. The ALS equipment allocation is inflated by1513the Producer Price Index for transportation equipment: other trucks and vehicles, complete, produced on purchased1514chassis, except upfitting trucks. If the definition of these indices is updated or discontinued, EMS will use the1515updated indices (such as the change in the PPI for transportation equipment in the past levy period) or choose a1516closely aligned index as reviewed by the King OEFA. If needed, an alternative index could be proposed and reviewed1517by the EMS Advisory Committee and King County OEFA.

1518Programmatic expenditure levels for the 2026-2031 levy period are based on increases using the identified inflator1519for the program, the timing of new services, and cash flow projections for individual strategic initiatives. The actual1520allocation will differ slightly based on actual (rather than forecast) economic indices.

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### 1526 Expenditures by Program Areas

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#### The following table includes the expenditures by program area for the KC EMS Fund.

Program Area Expenses	King County
Advanced Life Support (ALS)	\$511,807,522
Basic Life Support (BLS & MIH)	\$273,916,796
Regional Support Services	\$124,933,604
Strategic Initiatives	\$8,493,623
Sub-Total	\$919,151,545
Reserves	\$67,686,382
Total Programmatic Proposal	\$986,837,927
Economic/Supplemental Reserves	\$46,974,700

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### 1531 Advanced Life Support (ALS) Services

1532Since the first Medic One/EMS levy in 1979, regional paramedic services have been largely supported by, and are1533the funding priority of, the Medic One/EMS levy. Costs have been forecasted as accurately as feasible; but should1534the forecasts prove insufficient, ALS remains the first priority for any available funds. Contingency and reserve1535funds are available if needed. Funding levels for Bellevue Medic One, Northeast King County Medic One1536(Redmond), Shoreline Medic One, and King County Medic One are allocated on a per unit cost basis, as shown in1537the chart below.

Advanced Life Support (ALS) Standard Unit Cost: 2026 Allocations				
Category	Average Costs	%		
Medic Unit Allocation	\$2,821,501	69.51%		
Supervisory/Program Allocation	\$711,281	17.52%		
System Allocation	\$375,176	9.24%		
Subtotal Operating Allocations	\$3,907,958	96.27%		
Equipment Allocation	\$151,271	3.73%		
ALS Per Unit Total	\$4,059,229	100.00%		

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1542The equipment allocation is based on average cost of equipment purchases, the expected lifespan of the1543equipment, and the number needed per unit. Each medic unit is budgeted to have two vehicles – primary and1544back-up for when the primary is out-of-service, there is an overlap between shifts, and times when an extra1545response unit may be needed (such as in the event of a storm or flood).

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ALS operating allocations are proposed to increase yearly by CPI-W + 1%. The equipment allocation will remain inflated using a PPI related to transportation equipment, as recommended by the King County Auditor's Office. The King County Economist recommends using a 40-year average of that PPI for forecast purposes.

ALS Allocation - Inflation Assumptions								
Inflation Assumption	Calculation Basis	Source	2026	2027	2028	2029	2030	2031
Operating Allocation	Local CPI-W +1% (CWURS49DSAO)	KC OEFA	4.46%	3.96%	3.62%	3.84%	3.60%	3.49%
Equipment Allocation	WPU14130294	KC OEFA	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

### Total Projected ALS Service Expenses During the 2026-2031 Levy Period

The 2026-2031 financial plan recommends an annual review of ALS costs to minimize cost-shifting to agencies. As

appropriate to review costs and provide recommendations on the adequacy of the allocations.

has been the practice, a group that includes representatives from the different ALS agencies will meet annually or as

The following table shows estimated ALS costs for the KC EMS Fund.

	2026	2027	2028	2029	2030	2031	2026-2031 Total
KC EMS Fund	\$77,669,176	\$80,720,142	\$83,626,832	\$86,815,477	\$89,925,097	\$93,050,798	\$511,807,522

### **FINANCE**

#### 1563 Basic Life Support (BLS) Services

1564 Total BLS funding, including Mobile Integrated Healthcare (MIH), for 2026-2031 is estimated at \$273 million.

1565Basic Life Support Funding: While there are 23 fire agencies that provide BLS services throughout the region, the1566levy provides partial funding to 21 BLS agencies (excluding the City of Seattle and the Port of Seattle Fire1567Departments) to help ensure uniform and standardized patient care and enhance BLS services. BLS funding is1568inflated at CPI-W + 1% per year. In addition, \$3 million will be added to the baseline 2026 allocation and will be1569allotted in the first year using the newly revised BLS allocation distribution methodology. The one percent added to1570CPI acknowledges expenses, such as step increases, benefits, and other expenses such as pharmaceuticals that1571typically increase at rates higher than the inflationary assumptions included in the regional CPI-W.

Total Projected BLS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$33,962,126	\$35,307,026	\$36,585,141	\$37,990,010	\$39,357,652	\$40,731,235	\$223,933,190

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1575 MIH Funding: The 2026-2031 levy includes funding the MIH program to address community needs. MIH
 1576 allocations inflate at CPI-W +1%. In addition, \$2 million will be added to the baseline 2026 allocation and will be
 1577 distributed the first year using the same methodology as the BLS allocation. For additional information on MIH,
 1578 please refer to page 29.

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#### Total Projected Annual MIH Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$7,580,607	\$7,880,799	\$8,166,084	\$8,479,662	\$8,784,930	\$9,091,524	\$49,983,606

#### 1581 **Regional Services**

The EMS Division is responsible for managing regional Medic One/EMS programs and services that support critical functions that are essential to providing the highest quality out-of-hospital emergency care available. Funds to support overall infrastructure and expenses related to managing the regional system are budgeted in Regional Services. Regional services are inflated at CPI-W + 1% per year. For additional information on regional services, please refer to page 33.

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#### Total Projected Regional Services Expenses for 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$18,947,663	\$19,697,991	\$20,411,058	\$21,194,843	\$21,957,859	\$22,724,190	\$124,933,604

### FINANCE

#### 1590 Strategic Initiatives

Strategic initiatives are pilot projects geared to improve the quality of EMS services, contain costs, and/or manage
 the rate of system growth. Strategic initiatives are funded with lifetime budgets that include inflationary assumptions
 similar to those used by regional services. Increased funding for the programs and new projects is reviewed and
 recommended by the EMS Advisory Committee and the King County Council through the normal County budget
 process. For additional information on strategic initiatives, please refer to page 33.

	Total Projec	ted Strategic	Initiatives Ex	penses for t	he 2026-2031	Levy Period	
	2026	2027	2028	2029	2030	2031	2026-2031 Total
ECHO	\$482,988	\$559,292	\$638,787	\$663,316	\$687,195	\$711,179	\$3,742,757
PRIME	\$247,500	\$257,301	\$266,616	\$276,854	\$286,820	\$296,828	\$1,631,919
EMD SI	\$275,000	\$224,356	\$229,491	\$235,136	\$240,631	\$246,149	\$1,450,763
Mental Wellness	\$176,000	\$182,970	\$189,593	\$196,873	\$203,961	\$211,079	\$1,160,476
ERSJ/DEI	\$77,000	\$80,049	\$82,947	\$86,132	\$89,233	\$92,347	\$507,708
TOTAL King County	\$1,258,488	\$1,303,968	\$1,407,434	\$1,458,311	\$1,507,840	\$1,557,582	\$8,493,623

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#### 1598 **Reserves and Contingencies**

Reserves were added during the 2008-2013 levy planning process and continue to be refined for this levy period.
 The reserve levels proposed are consistent with updated King County Financial Policies requiring 90-day reserves for
 levy funds and reflect the Task Force's concerns about being sufficiently resilient and able to provide services during
 a potential economic downturn.

Categories include programmatic, rainy day, and economic/supplemental reserves. Contingency funding, while 1603 technically not a reserve, is rolled into the programmatic category. Programmatic reserves are designed to cover 1604 1605 potential ALS costs related to equipment and expanding capacity (including \$15.8 million "placeholder" that could 1606 cover costs related to adding up to two 12-hour ALS units). The plan includes a 90-day rainy day reserve, in adherence with King County financial policies. To ensure resiliency, funds above the amount needed to cover 1607 programmatic needs (expenditures, contingencies, and reserves) will be placed in an economic/supplemental 1608 1609 reserve. These funds will be available to address funding if there is an economic downturn and can replenish other 1610 reserves during the levy period. If not used during the levy period, these reserves and contingency are intended to buy down a future levy rate. Use of programmatic reserves and contingency will be reviewed by the EMSAC Financial 1611 1612 Subcommittee and the EMS Advisory Committee. The funds would also require appropriation by King County.

1613If needed to address emerging conditions, changed economic circumstances and/or King County policies, changes to1614reserves can be implemented during the 2026-2031 levy period. Such changes would require review and approval by1615the EMS Advisory Committee, the Executive, and the King County Council.

### FINANCE

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Reserves included in the 2026-2031 levy plan are shown in the following table.

	Projected Annual Reserves Levels: 2026-2031 Levy						
	2026	2027	2028	2029	2030	2031	
Programmatic Reserves	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	
Rainy Day Reserve	\$34,377,056	\$35,731,215	\$37,034,766	\$38,450,541	\$39,830,148	\$41,216,382	
Total Programmatic Reserves	\$60,847,056	\$62,201,215	\$63,504,766	\$64,920,541	\$66,300,148	\$67,686,382	
Economic/ Supplemental Reserves	\$17,935,149	\$28,730,755	\$37,075,300	\$42,643,462	\$46,020,165	\$46,974,700	

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1617 1618 Note: Reserves roll over year-to-year; total budget dedicated to programmatic reserves is \$67.7 million

1619 To encourage cost efficiencies and allow for variances in expenditure patterns, program balances were added during the 2002-2007 levy and have remained in practice. Program balances allow agencies to save funds from 1620 1621 yearly allocations to use for variances in expenditures in future years. They are primarily used by ALS agencies to 1622 accommodate cashflow peaks related to completing labor negotiations - particularly related to back wages. Within the Regional Services budget, use of program balances may be related to the timing of special projects (particularly 1623 1624 projects supporting ALS or BLS agencies). Program balances are proposed to continue in the 2026-2031 levy period. Program balances are not shown in the proposed levy financial plan but are reviewed on a regular basis. 1625

### Appendix A: Proposed 2026-2031 Regional Services

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Regional services planned in the 2026-2031 levy, including converted strategic initiatives are as follows:

#### TRAINING AND EDUCATION

#### **EMT TRAINING**

- Basic Training: Entry-level training to achieve WA State certification
- EMS Online Continuing Education (CE) Training: Web-based training to maintain/learn new skills and meet state requirements
- CBT Instructor Workshops: Training for Senior EMT instructors
- Regionalized Initial Training: Condensed training conducted zonally
- · EMT Certification Recordkeeping: Monitor and maintain EMS certification records
- Strategic Training and Research (STAR) program: Training opportunities for traditionally underrepresented students
- STRIVE: The modernized EMS Online teaching platform supporting a Learning Management System (LMS) and
   Learning Records Store (LRS) for enhanced reporting capabilities

#### **PARAMEDIC TRAINING**

- EMS Online Continuing Education modules: Web-based training to maintain skills, developed in coordination with UW Harborview Paramedic Training program
- Paramedic Training: Certified paramedics support students at the UW Harborview Paramedic Training program
- Harborview Series: Posting of "Tuesday Series" on EMS Online

#### **EMERGENCY MEDICAL DISPATCH (EMD) TRAINING**

- Basic Training: 40 hours entry level Criteria Based Dispatch training
- Continuing Education: Eight-hour hybrid (in-class and EMS online web-based) instruction to reinforce training/learn new skills
- Advanced EMS Training: Enhanced medical dispatching concepts
- EMS Instructor Training: Instructor training for Basic Dispatch

CPR/AED TRAINING: Secondary School Students: Conduct CPR instructor training, purchase training supplies and equipment, train students

#### COMMUNITY BASED PROGRAMS

#### **INJURY PREVENTION**

- Fall Prevention for Older Adults: Home fall hazard mitigation and patient assessment
- Shape-up 50+ for a Healthy & Independent Lifestyle: A community awareness campaign regarding exercise opportunities for seniors to prevent falls and injuries
- Child Passenger Safety Program: Proper car seat fitting and installation for populations not served by other
  programs
- Targeted Age Driving: Safety interventions, include preventing driving and texting

TRP/NURSELINE: Divert low-acuity BLS calls to Nurseline for assistance in lieu of sending a unit response

TAXI TRANSPORT VOUCHER: Transport patients at lower costs using taxis as an alternative to private ambulances

COMMUNITIES OF CARE: Evaluate 9-1-1 calls for services and educate licensed care facilities on appropriate use of EMS resources

**MOBILE INTEGRATED HEALTHCARE**: Providing alternative yet still most appropriate care for lower-acuity and complex patients

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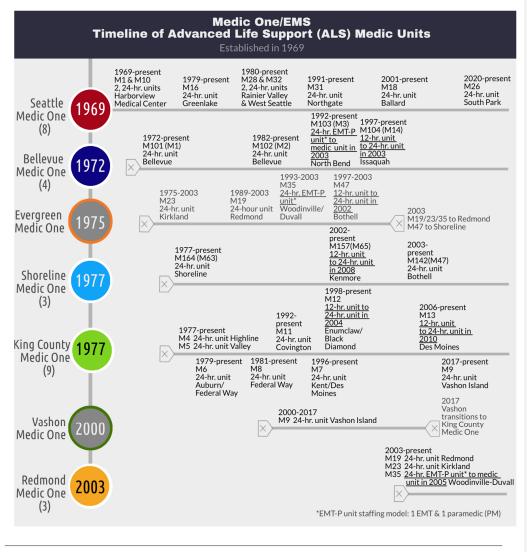
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REGIONAL MEDICAL QUALITY IMPROVEMENT (QI)	
<b>REGIONAL MEDICAL DIRECTION:</b> Oversight of all medical care; approval of protocols, continued education, a quality improvement projects	ind
PATIENT SPECIFIC MEDICAL QI: Review medical conditions to improve patient care	
CARDIAC CASE REVIEW: Assessment and feedback re: cardiac arrest events throughout King County	
EMERGENCY MEDICAL DISPATCH QI: Evaluation and improvement of medical 9-1-1 call handling and dispat decisions	:ch
CRITERIA-BASED DISPATCH (CBD) GUIDELINES: CBD Revisions: Analysis to safely limit frequency that ALS dispatched	is
DISPATCHER-ASSISTED CPR QI: Review of the handling of cardiac arrest calls; evaluate and provide feedbac	:k
PUBLIC ACCESS DEFIBRILLATION (PAD)	
PAD Registry: Maintain registry/ provide PAD location to dispatchers	
Project RAMPART: Funding to buy/place AEDs in public areas; provide CPR training to public sector employees	
PAD Community Awareness: Increase public placement and registration of AEDs (SI converted to RS for 2014-2019 levy	r
ALS/BLS PATIENT CARE PROTOCOLS: Development of EMT and Medic protocols/standards for providing pre hospital care	€-
REGULATORY COMPLIANCE: Ensure system-wide contractual/quality assurance compliance	
EMS DATA MANAGEMENT	
EMS DATA COLLECTION: Oversee collection/integration/use of EMS system data, including Medical Incident Reports	t
EMS DATA ANALYSIS: Analyze system performance and needs	
REGIONAL RECORDS MANAGEMENT SYSTEM (RMS) /SEND: Improved network of data collection through region with numerous EMS partners, including dispatch and hospitals	out the
<b>EMS SUPPORT FOR SMALL AGENCIES</b> : Supports IT assistance and equipment purchases necessary for age to participate in the regional EMS system.	encies
REGIONAL LEADERSHIP AND MANAGEMENT	
<b>REGIONAL LEADERSHIP, MANAGEMENT, AND SUPPORT:</b> Provide financial and administrative leadership support to internal and external customers; implement EMS Strategic Plans, best practices, business improve process	
MANAGE EMS LEVY FUND FINANCES: Oversee all financial aspects of EMS levy funding	
CONDUCT LEVY PLANNING AND IMPLEMENTATION: Develop EMS Strategic Plan; implement programs	
MANAGE HR, CONTRACTS, AND PROCUREMENT: Oversee contract compliance and continuity of business EMS partners	with
INDIRECT AND INFRASTRUCTURE	
INFRASTRUCTURE SUPPORT: Infrastructure costs to support EMS Division including leases, vehicles, copier	r, etc.

INDIRECT AND OVERHEAD (INCLUDES INFORMATION TECHNOLOGY & BUSINESS SYSTEMS): Costs associated with EMS Division including payroll, human resources, contract support, other services, and overhead

### **Appendix B: Advanced Life Support (ALS) Units**

The Medic One/EMS system serving Seattle and King County is recognized as the first EMS system established in the United States in 1969. The timeline below identifies the year that each Medic One ALS Program was established and key dates when medic units were added into service or removed from service. Full-time medic units staffed with two paramedics provide 24-hour service. Half-time units staffed with two paramedics provide 24-hour service to outlying areas and were staffed with an emergency medical technician and paramedics.



## **Appendix C: Comparisons Between Levies**

Program Area	2020-2025 Levy	2026-2031 Levy
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service
(ALS)	0 planned additional units	0 planned additional units
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
	2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses - Operational Contingencies - Expenditure Reserves	2 Reserve/Contingency categories to cover ALS-specific unanticipated/one- time expenses - Operational Contingencies - Programmatic Reserves
	INFLATORS	INFLATORS
	Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	Operating Allocation Inflator: CPI (using CPI-V + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
	Support two ALS-based programs that benefit the regional system	Support two ALS-based programs that benefithe regional system
	<ul> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's</li> <li>Paramedic Training Program</li> </ul>	<ul> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's</li> <li>Paramedic Training Program</li> </ul>
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
	Allocate funds to BLS agencies using methodology that is based on 50% Call Volumes and 50% Assessed Valuation; reset the first year using updated data that better reflects agencies' current Assessed Valuation and service levels; increase funding to	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 50% Assessed Valuation
	ensure consistency in the first year	

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Program Area	<del>2020-2025 Levy</del>	<del>2026-2031 Levy</del>
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service
<del>(ALS)</del>	O planned additional units	Oplanned additional units
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
	2 Reserve/Contingency categories to cover ALS specific unanticipated/one time expenses — Operational Contingencies — Expenditure Reserves	2 Reserve/Contingency categories to cover ALS specific unanticipated/one- time expenses     Operational Contingencies     Programmatic Reserves
	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	INFLATORS Operating Allocation Inflator: CPI (using CPI W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
	Support two ALS-based programs that benefit the regional system ALS Support of BLS Activities Having paramedics guide and train students at Harborview's Paramedic Training Program	Support two ALS based programs that benefit the regional system ALS Support of BLS Activities Having paramedics guide and train students at Harborview's Paramedic Training Program
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
	For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation
	Inflate costs at CPLW + 1%	Inflate costs at CPI W + 1%

NOBILE NTEGRATED	Provide \$26 million over 6 years for MIH	Provide \$50 million over 6 years for MIH
HEALTHCARE (MIH)	Distribute first year of funding across all agencies using BLS allocation methodology of 50% AV and 50% call volumes	Distribute new funding in the first year across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation
	Inflate each agency's funding in subsequent years of the levy by CPI-W + 1%	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology
Regional Services (RS)	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships
	Move BLS Core Services program out of Regional Services budget and into BLS allocation	Enhance programs to meet regional needs
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%
Strategic Initiatives (SI)	Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a <u>Mobile Integrated</u> <u>Healthcare. or MIH.</u> model to address community needs - Convert <u>BLS Efficiencies</u> into ongoing programs - Transition <u>CMT</u> and <u>E&amp;E</u> into MIH exploration - Convert <u>RMS</u> into ongoing programs. - Integrate the <u>BLS Training and QI SI</u> into the BLS allocation	
	Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes	Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes
	<ul> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop 2 new Initiatives: 1) <u>AEIOU</u> and 2) <u>STRIVE</u></li> </ul>	<ul> <li>Continue implementing next stages of <u>Vulnerable Populations -&gt; ECHO</u> and <u>AEIOU -&gt;</u> <u>PRIME</u></li> </ul>
		<ul> <li>Develop 1 new Initiative focused on Emergency Medical Dispatch</li> </ul>
		Support King County Fire Chiefs Association proposals promoting Mental Wellness and ERSJ/DEI
	Transition <u>Community Medical Technician</u> into MIH exploration	
	Provide regular updates to past audit recommendations	
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

## **Appendix D: EMS Citations**

Citation	Chapters			
Chapter 18.71 RCW	Defining EMS personnel requirements: Physicians			
18.71.021	License required.			
18.71.030	Exemptions.			
18.71.200	Emergency medical service personnel Definitions.			
18.71.205	Emergency medical service personnel – Certification.			
18.71.210	Emergency medical service personnel Liability.			
18.71.212	Medical program directors - Certification.			
18.71.213	Medical program directors Termination Temporary delegation of authority.			
18.71.215	Medical program directors Liability for acts or omissions of others.			
18.71.220	Rendering emergency care – Immunity of physician or hospital from civil liability.			
Chapter 18.73 RCW Defining EMS practice: Emergency medical care and transport services				
<u>Chapter 35.21.930 RCW</u> Community Assistance Referral and Education Services prog (CARES)				
Chapter 36.01.095 RCW	Authorizing counties to establish an EMS System: Emergency medical services — Authorized — Fees			
Chapter 36.01.100 RCW	Ambulance service authorized — Restriction			
Chapter 70.05.070 RCW	Mandating public health services by requiring the local health officer to take such action as is necessary to maintain the health of the public			
	Local health officer – powers and duties			
Chapter 70.46.085 RCW	County to bear expense of providing public health services			
Chapter 70.54 RCW	Miscellaneous health and safety provisions			
70.54.060 RCW	Ambulances and drivers.			
70.54.065 RCW	Ambulances and drivers—Penalty.			
70.54.310 RCW	Semiautomatic external defibrillator-duty of acquirer-immunity from civil liability.			
70.54.430 RCW	First responders—Emergency response service—Contact information			
Chapter 70.168 RCW	Revising the EMS & trauma care system: Statewide trauma care system			
70.168.170 RCW	Patient transportation—Mental health or chemical dependency services#			
Chapter 74.09.330 RCW	Reimbursement methodology for ambulance services—Transport of a medical assistance enrollee to a mental health facility or chemica dependency program			
Chapter 84.52.069 RCW	Allowing a taxing district to impose an EMS levy: Emergency medical care and service levies			

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<u>Title 246-976 WAC</u>	Establishing the trauma care system: Emergency medical services and trauma care systems
	TRAINING
246-976-022	EMS training program requirements, approval, reapproval, discipline.
246-976-023	Initial EMS training course requirements and course approval.
246-976-024	EMS specialized training.
246-976-031	Senior EMS instructor (SEI) approval.
246-976-032	Senior EMS instructor (SEI) reapproval of recognition.
246-976-033	Denial, suspension, modification, or revocation of SEI recognition.
246-976-041	To apply for EMS training.
	CERTIFICATION 165
246-976-141	To obtain initial EMS agency certification following the successful completion of Washington state approved EMS course.
246-976-142	To obtain reciprocal (out-of-state) EMS certification, based on a current out- of-state or national EMS certification approved by the department.
246-976-143	To obtain EMS certification by challenging the educational requirements, based on possession of a current health care providers credential.
246-976-144	EMS certification.
246-976-161	General education requirements for EMS agency recertification.
246-976-162	The CME method of recertification.
246-976-163	The OTEP method of recertification.
246-976-171	Recertification, reversion, reissuance, and reinstatement of certification.
246-976-182	Authorized care – Scope of practice.
246-976-191	Disciplinary actions.
	LICENSURE AND VERIFICATION
246-976-260	Licenses required.
246-976-270	Denial, suspension, revocation.
246-976-290	Ground ambulance vehicle standards.
246-976-300	Ground ambulance and aid service – Equipment.
246-976-310	Ground ambulance and aid service – Communications equipment.
246-976-320	Air ambulance services.
246-976-330	Ambulance and aid services Record requirements.
246-976-340	Ambulance and aid services – Inspections and investigations.
246-976-390	Trauma verification of pre-hospital EMS services.
246-976-395	To apply for initial verification or to change verification status as a pre- hospital EMS service.
246-976-400	Verification Noncompliance with standards.

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	TRAUMA REGISTRY
246-976-420	Trauma registry Department responsibilities.
246-976-430	Trauma registry responsibilities.
	DESIGNATION OF TRAUMA CARE FACILITIES
246-976-580	Trauma designation process.
246-976-700	Trauma service standards.
246-976-800	Trauma rehabilitation service standards.
	SYSTEM ADMINISTRATION
246-976-890	Inter-hospital transfer guidelines and agreements.
246-976-910	Regional quality assurance and improvement program.
246-976-920	Medical program director.
246-976-930	General responsibilities of the department.
246-976-935	Emergency medical services and trauma care system trust account.
246-976-940	Steering committee.
246-976-960	Regional emergency medical services and trauma care councils.
246-976-970	Local emergency medical services and trauma care councils.
246-976-990	Fees and fines.
itle 296-305-02501 WAC	Emergency medical protection
itle 458-19-060 WAC	Emergency medical service levy
King County Code Section 2.35A.030	Establishing the Emergency Medical Services Division within the Department of Public Health and describing the duties of the division.
	The duties of the EMS division shall include the following:
	A. Tracking and analyzing service and program needs of the EMS system in the county, and planning and implementing emergency medical programs, services and delivery systems based on uniform data and standard emergency medical incident reporting;
	B. Providing medical direction and setting standards for emergency medical and medical dispatch training and implementing EMS personnel training programs, including, but not limited to, public education, communication and response capabilities and transportation of the sick and injured;
	C. Administering contracts for disbursement of Medic One EMS tax levy funds for basic and advanced life support services and providing King County Medic One advanced life support services;
	D. Coordinating all aspects of emergency medical services in the county with local, state, and federal governments and other counties, municipalities, and special districts for the purpose of improving the quality of emergency medical services and disaster response in King County; and
	E. Analyzing and coordinating the emergency medical services components of disaster response capabilities of the department. (Ord. 17733 $\S$ 5, 2014).

## **Appendix E: Financial Plan**

### 6/11/25 Annual Report Requirement

Sponsor:

Backus

[O. Brey]

Proposed No.: 2025-0118.2

### 1 AMENDMENT TO PROPOSED ORDINANCE 2025-0118, VERSION 2

- 2 On page 4, line 78, after "dated" strike "May 28" and insert "June 11"
- 3
- 4 Strike Attachment A, Medic One-Emergency Medical Services 2026-2031 Strategic Plan,
- 5 dated May 28, 2025, and insert Attachment A, Medic One/Emergency Medical Services
- 6 2026-2031 Strategic Plan, dated June 11, 2025
- 7 EFFECT prepared by O. Brey: Amendment would replace the 2026-2031 Strategic
- 8 Plan with an amended version that provides additional specifications for the annual
- 9 report and directs transmission to King County Council and the Regional Policy
- 10 *Committee*.

ATTACHMENT A

June 11, 2025

Seattle & King County



1

# MEDIC ONE/ EMERGENCY MEDICAL SERVICES



3 4	The EMS system in King County has a long history of collaboration, and this Medic One/EMS 2026-2031 levy planning process was no exception. The EMS Division, Public Health – Seattle & King County, would like to thank		
5	the EMS Advisory Task Force and the numerous participants who so willingly gave us their time, insight, and		
6		r nationally-recognized system will continue to thrive far into the future. <sup>1</sup> We appreciate your	
7	commitment to this ur	ndertaking.	
8	King County Executi	ve	
9 10	Karan Gill	Chief of Staff to Executive Dow Constantine; Task Force Chair	
11	King County Council		
12	Reagan Dunn	Councilmember	
13	Tom Goff	Director of Local and Regional Affairs	
14 15	Cities over 50,000 ir	Population	
16	Angela Birney	Mayor, City of Redmond; Regional Services Subcommittee Chair	
17	Brian Carson	Fire Chief, Puget Sound Regional Fire Authority, representing the City of Kent	
18	Jim Ferrell	Mayor, City of Federal Way	
19	Karen Howe	Deputy Mayor, City of Sammamish	
20	Armondo Pavone	Mayor, City of Renton; BLS Subcommittee Chair	
21	Lynne Robinson	Mayor, City of Bellevue; Finance Subcommittee Chair	
22	Kevin Schilling	Mayor, City of Burien	
23	Harold Scoggins	Fire Chief, City of Seattle	
24	Keith Scully	Councilmember, City of Shoreline; ALS Subcommittee Chair	
25	Penny Sweet	Councilmember, City of Kirkland	
26 27	Brad Thompson	Fire Chief, Valley Regional Fire Authority, representing the City of Auburn	
28	Cities under 50,000	in Population	
29	Catherine Cotton	Councilmember, City of Snoqualmie	
30	Vic Kave	Mayor, City of Pacific	
31	Sean Kelly	Mayor, City of Maple Valley	
32 33	King County Fire Co	nmissioners	
34	Don Gentry	Fire Commissioner, Mountain View Fire & Rescue	
35	Jenny Jones	Fire Commissioner, Enumclaw Fire Department	
36	Anita Sandall	Fire Commissioner, Eastside Fire & Rescue	
37			
38 39	If you have questions a contact:	about the Medic One/EMS 2026-2031 levy reauthorization process or Strategic Plan, please	
40	Helen Chatalas, Deputy Director		
41	Emergency Medical Se	ervices Division	
42		Health - Seattle & King County	
43		200, Seattle, WA 98104	
44	Email: Helen.Chatalas	<u>@kingcounty.gov</u> Website: <u>www.kingcounty.gov/health/ems</u>	

<sup>&</sup>lt;sup>1</sup> Participant titles are representative of the titles held during the levy planning process

## **Levy Planning Process Partners**

45

Will Aho, Eastside Fire & Rescue 46 Dan Alexander, Renton Regional Fire Authority 47 Eric Andrews, Sky Valley Fire 48 Marc Bellis, Bellevue Fire MPD 49 Rachel Bianchi, City of Sammamish 50 51 Nate Blakeslee, Renton Regional Fire Authority Schon Branum, Seattle Fire 52 Matt Burrow, Bellevue Fire 53 54 Brant Butte, AMR Jasmine Chau, Chinese Information & Service Center 55 Charles Chen, Burien Fire 56 57 Andrea Coulson, King County Medic One 58 Matt Cowan, Shoreline Fire Kevin Crossen, South King Fire 59 60 Brian Culp, KCFD #27 - Fall City Ben Davidson, Vashon Island Fire & Rescue 61 Tim Day, Valley Regional Fire Authority 62 Andrea DeCaro, Northeast KC Medic One 63 64 Lisa Defenbaugh, South King Fire Marianne Deppen, NORCOM 65 Chuck DeSmith, Renton Regional Fire Authority 66 Alexa Dilhoff, Bellevue Fire 67 Larry Doll. Seattle Fire 68 69 Cody Eccles, King County Council Maggie Eid, City of Kirkland 70 Scott Faires, Eastside Fire & Rescue 71 72 Jamie Formisano, Eastside Fire & Rescue Greg Garat, Eastside Fire & Rescue 73 74 Rachel Garlini, Shoreline Fire Matt Gau, Tri-Med Ambulance 75 76 Jason Gay, Burien Fire Natasha Grossman, Bellevue Fire 77 Jay Hagen, Bellevue Fire 78 Maymuna Haji, Somali Health Board 79 Katie Halse, City of Bellevue 80 Steve Heitman, Renton Regional Fire Authority 81 Veronica Hill, City of Kirkland 82 Mark Horaski, Valley Regional Fire Authority 83 Cory James, NORCOM 84 Dawn Judkins, Mountain View Fire & Rescue 85 Raman Kaur, City of Seattle 86 87 Tony Kuzma, AMR Ben Lane, Eastside Fire & Rescue 88 Eric Lee, Bellevue Fire 89 Herlinda Martin, St. Vincent de Paul 90 91 Lizbeth Martin-Mahar, King County Rebeccah Maskin, King County 92 Vonnie Mayer, Valley Com 93 Doug McDonald, Eastside Fire & Rescue 94 Graham McGinnis, King County Medic One 95 96 Hendrika Meischke, University of Washington

Wayne Metz, Burien Fire Stephanie Miller, Lake WA School District Tania Mondaca, King County Council Joan Montegary, Eastside Fire & Rescue Amy Moorhead, Northeast KC Medic One Mirya Munoz-Roach, St. Vincent de Paul Bill Newbold, Kirkland Fire Rick Olson, Valley Regional Fire Authority Andres Orams, Shoreline Fire Brian Parry, Sound Cities Association Eric Perry, City of Renton Steve Perry, King County Medic One Mark Peterson, Shoreline Fire Kaleigh Phillips, Redmond Fire Drew Pounds, King County Josh Pratt, Kirkland Fire Michael Rogers, Seattle Fire Chris Santos. Seattle Fire Mark Sawdon, King County Medic One Cal Schlegel, King County Medic One Susan Schoeld, King County Adrian Sheppard, Redmond Fire Mohamed Shidane, Somali Health Board Pete Simmons, Sky Valley Fire Scott Symons, Bellevue Fire Dave Tait, Bellevue Fire Eric Timm, Paramedic Training Program Kenney Tran, Seattle OEM Liz Tusing, Redmond Fire Aaron Tyerman, Puget Sound Regional Fire Authority Evan Van Otten, King County Medic One Dave Van Valkenburg, South King Fire Melissa Vieth, NORCOM Simon Vila, King County Matt Vinci, Vashon Island Fire & Rescue Brian Wallace, Seattle Fire Jimmy Webb, South King County Fire Training Consortium Jim Whitney, Redmond Fire Todd Wollum, Shoreline Fire Kwan Wong, City of Bothell Ryan Woodey, Kirkland Fire Mei Po Yip, Chinese Information & Service Center

#### EMS Division, Public Health - Seattle & King County

Mary Alice Allenbach Jason Hammond Jen Blackwood Kristine Mejilla Cynthia Bradshaw Laura Miccile Kellv O'Brien Juan Diaz Michele Plorde Markisha Dixon Leah Doctorello Dr. Tom Rea Chris Drucker Amy Warrior Becky Ellis Rose Young

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## **EXECUTIVE SUMMARY**

- The Medic One/Emergency Medical Services (EMS) system serving Seattle and King County is known worldwide for its excellent medical results. By simply dialing 9-1-1, all residents have immediate access to the best possible medical care, regardless of location, circumstances, or time of day. For 45 years, the system's commitment to medicine, science, innovation, and partnerships has resulted in thousands of lives saved and an EMS program that is second to none.
- 133The system is primarily funded by a countywide, voter-approved EMS levy (per RCW 84.52.069). Mandated by state134law to be exclusively used to support emergency medical services, the levy is a reliable and secure source for135funding our successful and highly acclaimed system.
- The current six-year levy expires December 31, 2025. To ensure continued emergency medical services in 2026 and beyond, King County undertook an extensive planning process in 2024 to develop a Strategic Plan and finance plan (levy) for King County voters to consider renewing in 2025. This process brought together regional leaders, decision-makers, and partners to assess the needs of the system and collectively develop recommendations to direct the system into the future. As in past years, the EMS Advisory Task Force, comprised of regional elected officials, oversaw the development of the recommendations and was responsible for endorsing broad policy decisions including the levy rate, length, and ballot timing.
- As the EMS system's primary policy and financial document, the Strategic Plan defines the roles, responsibilities,
   and programs for the system and establishes a levy rate to fund these approved functions. On September 26,
   2024, the Task Force endorsed the programmatic and financial recommendations that form the basis of this Medic
   One/EMS 2026-2031 Strategic Plan.
- 147 The 2026-2031 Medic One/EMS Strategic Plan includes the following key elements:
- A six-year Medic One/EMS levy at \$.25 per \$1,000 Assessed Value (AV);
- Fully funding eligible Advanced Life Support (referred to as ALS, or paramedic services) costs;
- Including an ALS unit "placeholder" should service demands increase beyond what is anticipated and new units are required;
- Increasing funding for Basic Life Support (referred to as BLS, or first responders);
- Continued commitment to Mobile Integrated Healthcare (MIH) to support community needs;
  - Sustained funding and enhancements for regional programs that provide essential support to the Medic One/EMS system and are critical for providing the highest emergency medical care possible;
  - Initiatives that encourage efficiencies, innovation, and leadership and build upon previous efforts to improve patient care and outcomes;
- Reserve funding that provides additional protection and flexibility against unforeseen financial risks;
- Carrying forward \$64 million of 2020-2025 reserves to help reduce the initial levy rate; and
- Placement of an EMS levy on the November 2025 general election ballot in King County.

161The proposed levy rate of 25.0 cents /\$1,000 AV means that an owner of a \$844,000 home in King County will pay162\$211 in 2026 for some of the nation's most highly-trained medical personnel to arrive within minutes of an163emergency – at any time of day or night, no matter where in King County.

164 This Medic One/EMS Strategic Plan is designed to meet the needs of the EMS system, its users, and the 165 community. The proposals incorporated within this Plan support the Medic One/EMS system's strong tradition of 166 service excellence, effective leadership, and regional collaboration. The well-balanced approach outlined in this 167 plan will allow the system to meet the needs and expectations of residents now and in the future.

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# 168 **KEY COMPONENTS**

Survival from cardiac arrest is an EMS system benchmark condition used throughout the nation. This is due to the discrete nature of a cardiac arrest: a patient has stopped breathing, and their heart is not pumping. Because a patient who is discharged alive from the hospital following a cardiac arrest is identifiable and measurable, it is an easily comparable metric across systems and communities. The survival rate of cardiac arrest patients is a gold standard for measuring the overall functionality and quality of an EMS system.<sup>2</sup>

In 2023, the survival rate for witnessed ventricular fibrillation (VF) cardiac arrest throughout King County was 51
 percent. Because of the system's strong collaborative and standardized programs, cardiac arrest patients in the
 region are two to three times more likely to survive, compared to other communities.<sup>3</sup> This resuscitation success is a
 tribute to the immense dedication and efforts by all the partners of the regional EMS system.

As a result of these findings, the Medic One/EMS system serving Seattle and King County has earned an
 international reputation for innovation and excellence, and regularly hosts visitors from all over the world seeking to
 learn more about how the system works. The system's success can be traced to its design which is based on the
 following:

### <sup>183</sup> Regional System Based on Partnerships

The Medic One/EMS system in King County is built on partnerships that are rooted in regional, collaborative, and
 cross-jurisdictional coordination. While each provider operates individually, the care provided to the patient operates
 within a "seamless" system. It is this continuum of consistent, standardized medical care and collaboration between
 23 fire agencies, five paramedic agencies, four EMS dispatch centers, more than 20 hospitals, the University of
 Washington, and the residents throughout King County that allows the system to excel in pre-hospital emergency
 care. Medical training is provided on a regional basis to ensure that, no matter the location within King County,
 whether at work, play, home, or traveling, medical triage and delivery of medical care is consistent and equitable.

### <sup>191</sup> Tiered Medical Model

192 Medicine is the foundation of the Medic One/EMS system. The services provided by EMS personnel are derived from 193 the highest standards of medical training, clinical practices and care, scientific evidence, and close supervision by 194 physicians experienced in EMS care. The system uses a tiered response model which is centered on having BLS 195 agencies respond to every incident to stabilize the patient. This allows reserving the more limited resource of ALS 196 (known locally as paramedic service) to respond to serious or life-threatening injuries and illnesses. Reserving the 197 number of calls to which paramedics respond helps ensure that paramedic services will be readily available when 198 needed for those serious calls, keeping paramedics well practiced in the life-saving patient skills required for critical 199 incidents.

Compared to systems that send paramedics on all calls, the Medic One/EMS system in King County provides
 excellent response and patient care with fewer paramedics. It is this tiered medical model response system, working
 hand-in-hand with the regional medical program direction, intensive dispatch, and evidence-based EMT and
 paramedic training and protocols, that has led to great success in providing high-quality patient care throughout the
 demographically diverse King County region.

<sup>&</sup>lt;sup>2</sup> Mickey S. Eisenberg, *Resuscitate: How Your Community Can Improve Survival from Sudden Cardiac Arrest* (Seattle: University of Washington Press, 2009)

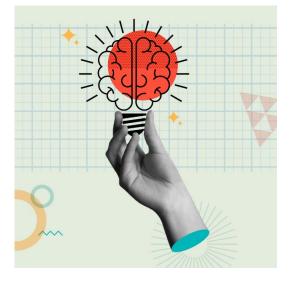
<sup>&</sup>lt;sup>3</sup> McBride O, et al. "Temporal Patterns in Out-of-Hospital Cardiac Arrest Incidence and Outcome: A 20 Year King County Experience". In Press. JAMA Cardiology

### 206 Equity Led

The Medic One/EMS system In King County is equity-driven and committed to care that uplifts and safeguards the well-being of all King County communities. Recognizing that measurable outcomes in public health are negatively imbalanced due to racial and other demographic factors, the EMS system is committed to ensuring equity, racial, and social justice (ERSJ) principles influence decision making processes in the delivery of pre-hospital care throughout the region. Partners support organizational equity and inclusion efforts so that the communities served feel valued and included in the vision for a healthy and safe King County.

### <sup>213</sup> **Programs & Innovative Strategies**

214 Programmatic leadership and state-of-the-art science-based strategies 215 have allowed the Medic One/EMS system serving Seattle and King 216 County to obtain superior medical outcomes. Rather than focusing solely 217 on ensuring a fast response by EMTs or paramedics, the system is 218 comprised of multiple elements - including a strong, evidence-based 219 medical approach. Continual quality improvement activities to 220 systematically identify how patient care can be improved across the 221 region help support the best possible outcomes of care. Testing 222 advanced medical treatments, like the administering of whole blood for 223 hemorrhagic shock and the offering of buprenorphine for opioid use 224 disorder, has allowed the EMS system to adapt to meet the needs and 225 expectations of its varied communities and users.



### <sup>226</sup> Focus on Effectiveness and Efficiencies

227 The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational 228 and financial efficiencies. The tiered response improves the efficiency and effectiveness of the Medic One/EMS 229 system by ensuring the most appropriate level of services is sent to the incident. Transferring non-emergent 9-1-1 230 calls to a 24-hour consulting nurse line for medical advice effectively helps keep resources available for higher 231 acuity medical emergencies. Programs focus on better understanding and serving complex, diverse, and lower-232 acuity patients in the field, improving the quality of care, and contributing to the overall efficiency of service 233 delivery. Streamlining contract administration within the EMS Division of Public Health - Seattle & King County 234 eliminates inefficiencies and reduces costs for executing separate program agreements. Strategies that address 235 operational and financial efficiencies are continually pursued and practiced.

### <sup>236</sup> Maintaining an EMS Levy as Funding Source

The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. Authorized by RCW 84.52.069 which mandates that levied funds be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding this world-renowned system. The EMS levy falls outside the statutory limits with senior and junior taxing districts and therefore does not "compete" for capacity, alleviating a significant concern for the region.

The proposed starting rate for the 2026-2031 span is 25.0 cents per \$1,000 of assessed value (AV), which is less than the starting rate of the expiring levy. This rate means that the owner of a \$844,000 priced home would pay \$211 a year to know that at any time of day or night, no matter where in the county, some of the most highly trained medical personnel will be there within minutes to treat any sort of medical emergency.

## 247 MEDIC ONE/EMS SYSTEM OVERVIEW

Any time you call 9-1-1 in King County for a medical emergency, you are using the Medic One/EMS system. The Medic One/EMS system serving Seattle and King County is distinct from other EMS systems in that it is a regional, medically based, and tiered out-of-hospital response system. Its successful outcomes depend upon community involvement and extensively trained dispatchers, firefighter/emergency medical technicians (EMTs), and highly specialized paramedics. Strong and collaborative partnerships provide a continuum of consistent, standardized medical care that allows the system to excel and achieve the best possible patient outcomes.

The response system is tiered to ensure 9-1-1 callers receive medical care by the most appropriate care provider. There are five major components in the tiered regional Medic One/EMS system.

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## EMS TIERED RESPONSE SYSTEM

ACCESS TO EMS SYSTEM Bystander calls 9-1-1

> **TRIAGE BY DISPATCHER** Use of Emergency Medical

## FIRST TIER OF RESPONSE

**Response Assessment Criteria** 

Basic Life Support (**BLS**) by firefighter/EMTs



## SECOND TIER OF RESPONSE

Advanced Life Support (**ALS**) by paramedics



### ADDITIONAL MEDICAL CARE

Transport to hospital

ACCESS TO EMS SYSTEM: A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for 273 274 medical assistance. Bystanders' reactions and rapid responses to the scene can greatly impact the chances of patient survival - studies have shown that survival rate increases from 10 percent to 43 percent if 275 cardiopulmonary resuscitation (CPR) is given within four minutes, and defibrillation in less than eight minutes. The 276 EMS Division offers programs to King County residents so that they can administer life-saving treatments on the 277 patient until providers arrive at the scene. Comprehensive CPR classes train thousands of secondary school 278 279 students in CPR and automated external defibrillator (AED) use each year. The regional coordinated AED program registers and places devices in the community within public facilities, businesses, and even private homes of high-280 risk patients, and provides training in AED use. Because of this program, the number of registered AEDs is nearing 281 7,000 in King County. 282

- TRIAGE BY DISPATCHER: 9-1-1 calls are received and triaged by telecommunicators at one of four dispatch
   centers. Dispatchers are the first point of contact with the public, asking medically based questions to determine
   the appropriate level of care to be sent. Amid a wide range of needs, they provide pre-hospital instructions and
   even guide callers through providing life-saving steps such as CPR and using a defibrillator until the Medic
   One/EMS providers arrive. The medical dispatch triage guidelines that King County dispatchers follow were
   developed by the EMS Division and have been internationally recognized as an innovative approach to emergency
   medical dispatching.
- 290 FIRST TIER OF RESPONSE - BASIC LIFE SUPPORT (BLS) SERVICES: BLS personnel are the first responders to 291 an incident, providing immediate basic life support medical care (e.g. first aid, CPR, defibrillation) and stabilizing 292 the patient. Staffed by firefighters trained as emergency medical technicians (EMTs) aboard fire trucks and aid 293 cars, BLS arrives at the scene in less than five minutes (on average). Some non-emergent calls qualify to be 294 referred to a nurse line for medical advice and care instructions in lieu of dispatching EMS resources. The 4,300 295 EMTs in Seattle and King County receive 190 hours of quality BLS training and continuing education. The EMS levy 296 provides some funding to BLS providers to help ensure uniform and standardized patient care and enhance BLS 297 services to reduce the impact on ALS resources. However, the great majority of BLS funding is provided by local fire 298 departments.
- 299 SECOND TIER OF RESPONSE - ADVANCED LIFE SUPPORT (ALS) SERVICES: Paramedics provide out-of-hospital 300 emergency medical care for critical or life-threatening injuries and illnesses. As the second on scene, they provide 301 airway control, heart pacing, the dispensing of medicine, and other life-saving procedures. ALS is provided by highly 302 trained paramedics who have completed an extensive program at Harborview Medical Center in conjunction with 303 the University of Washington School of Medicine and are certified by the state. These paramedics remain well 304 practiced and use their skills routinely to provide effective care when it is needed most. Paramedics operate in 305 teams of two on medic units. There are 27 medic units strategically placed across King County that are deployed 306 regionally to critical or life-threatening emergencies. A contract with Sky Valley Fire (Snohomish County Fire District 307 26) provides ALS services to the Skykomish and King County Fire District 50 area, from Baring to Stevens Pass. ALS 308 is the primary recipient of regional funding and is the first commitment for funding within the EMS system. The EMS 309 levy provides virtually 100 percent of support for paramedic services in the regional system.
- ADDITIONAL MEDICAL CARE: Once a patient is stabilized, EMS personnel determine whether transport to a
   hospital or clinic for further medical attention is needed. Transport is provided by an ALS or BLS agency, private
   ambulance, or taxi/ride-share options for lower-acuity situations.
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## 314 SYSTEM OVERSIGHT

Statutes and policies at the state, County, and local levels standardize and influence the Medic One/EMS system of
 Seattle and King County.

The **Medic One/EMS Strategic Plan** is the primary policy and financial document directing the Medic One/EMS system in its work. Defining the responsibilities, functions, and programs of the successful EMS system, the Plan presents a comprehensive strategy to ensure the system can continue to meet its commitments. It documents the system's current structure and priorities and summarizes the services, programs, and initiatives supported by the countywide, voter-approved EMS levy. While the Plan outlines the necessary steps to direct the system into the future, it still allows for flexibility in addressing emerging community health needs.

323 The EMS Division of Public Health - Seattle & King County works with its regional partners to implement the 324 Strategic Plan. The EMS Division manages core support functions that tie together the regional model, providing 325 consistency, standardization, and oversight of the direct services provided by the system's numerous partners. It is 326 more cost-efficient for the EMS Division to produce, administer, and share initial training, continuing education, and 327 instructor education for 4,300 EMTs; to manage the certification process for EMTs countywide; and to provide 328 medical oversight, quality improvement, and performance standards for the system as a whole than to have each 329 local response agency develop, implement, and administer its own such programs. Regional support services 330 managed by the EMS Division can be found in Appendix A: Proposed 2026-2031 Regional Services on page 331 54.

Since 1997, the EMS Advisory Committee (EMSAC) has provided guidance to the EMS Division about regional
 Medic One/EMS policies and practices in King County. The group, comprised of regional EMS partners, convenes on
 a quarterly basis to review implementation of the Strategic Plan as well as other proposals including strategic
 initiatives and medic unit recommendations.

- Consistent with Ordinance 12849, the EMS Division submits an Annual Report to the King County Council
   highlighting the status and progress of items identified in the Medic One/EMS Strategic Plan. In the 2026-2031 levy
   period, the EMS Division will include an update on the next levy development in the Annual Report, as appropriate,
   and, upon written request by members of the Regional Policy Committee by June 1, will provide data on the levy such
   as expenditures, services provided, needs, and revenues by city. The Annual Report will be transmitted to the King
   County Council and the Regional Policy Committee.
- Regional System Policies ratified by Public Health Seattle & King County document the general framework for
   medical oversight and management of EMS in King County, and financial guidance of the EMS levy.

The Revised Code of Washington (RCW), the Washington Administrative Code (WAC), and King County

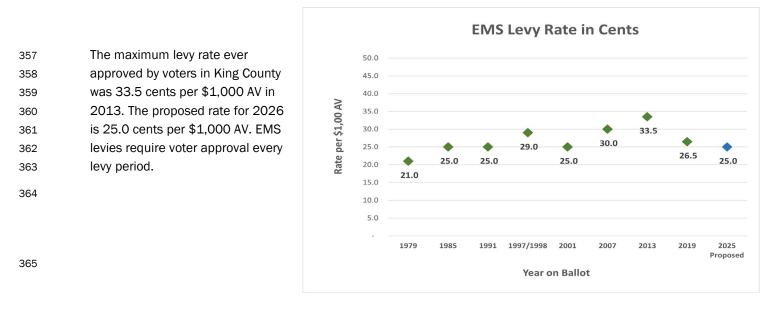
Code regulate different aspects of EMS, from defining "emergency medical services" to financing service delivery.
 Appendix D: EMS Citations on page 60 compiles the different codes that govern EMS.

RCW 84.52.069 allows jurisdictions to levy a property tax "for the purpose of providing emergency medical
 services." The levy is subject to the growth limitations contained in RCW 84.55.010 of one percent per year plus the
 assessment on new construction, even if assessed values increase at a higher rate.

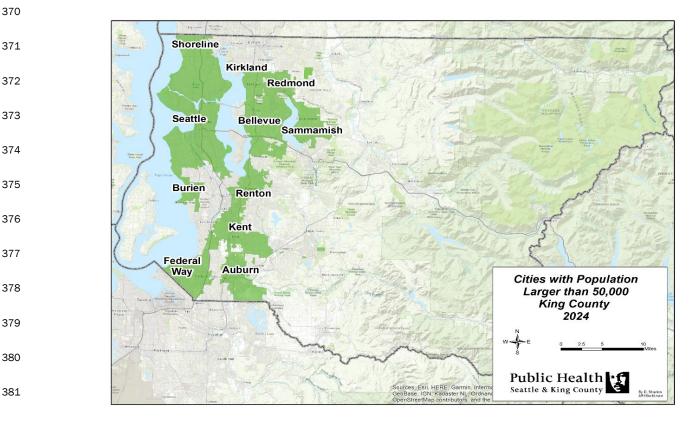
- <sup>350</sup> Specifically, <u>RCW 84.52.069:</u>
- Allows a jurisdiction to impose an additional regular property tax up to \$0.50 per \$1,000 Assessed Value (AV);
- Allows for a six-year, 10-year, or permanent levy period;
- Mandates for a countywide levy that the legislative bodies of King County and 75 percent of cities with populations in excess of 50,000 authorize the levy proposal prior to placement on the ballot;<sup>4</sup> and
- Requires a simple majority vote for the "subsequent renewal" of a previously imposed EMS levy.

<sup>4</sup> Amended approval and validation requirements effective June 7, 2018, per SHB 2627.

## **EMS LEVY STATUTE**



As stated previously, RCW 84.52.069 requires 75 percent of cities with 50,000 or more in population to approve placing a countywide EMS levy on the ballot. Since King County currently has 11 such cities - Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline - it would need to gain the approval from at least nine out of the 11 cities, as well as the King County Council.



Per an agreement in place since the creation of the countywide EMS levy, Seattle receives all Medic One/EMS
 levy funds raised within the city limits. County funds are placed in the King County (KC) EMS Fund and
 managed regionally by the EMS Division based on EMS system and financial policies ratified by Public Health –
 Seattle & King County, Strategic Plan guidelines, and EMSAC recommendations.

## **THE STRATEGIC PLAN & LEVY PLANNING PROCESS**

With the 2020-2025 EMS levy expiring December 31, 2025, a new strategic plan to outline the roles,
 responsibilities, and programs for the system and a levy rate to fund these approved functions, needed to be
 developed. This would entail not just a detailed review of the concepts and operations of the Medic One/EMS
 system, but also an all-inclusive planning process to secure consensus for the plan among Medic One/EMS providers
 in the region.

### <sup>393</sup> The EMS Advisory Task Force

The region assembled the EMS Advisory Task Force to oversee the development and vetting of this Strategic Plan and levy. Consisting of elected officials from the County, cities, and fire districts, the group was charged with reviewing and approving Medic One/EMS program recommendations and a supporting levy rate to be put before King County voters. While not every member of the Task Force was an EMS expert, each had a stake in ensuring the continuity in the provision of EMS services in King County. Its membership collectively represented a balanced geographic distribution of those jurisdictions that are required to endorse the levy proposal prior to its placement on the ballot, per RCW 84.52.069.

- <sup>401</sup> Responsibilities of the Task Force included evaluating and endorsing recommendations regarding:
- Current and projected EMS system needs;
  - A financial plan based on those needs; and
    - Levy type, levy length, and when to run the levy ballot measure.

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### <sup>6</sup> Current and Projected EMS System Needs

The Strategic Plan is designed to reflect the regional system's commitment to providing cohesive, medically based
 patient care, using a tiered response system designed to ensure the highest level of patient care through the
 coordination and collaboration of all Medic One/EMS partners.

### <sup>411</sup> Financial Plan to Meet Those Needs

The financial plan proposes adequate funding to support the programmatic needs of the system. However, the Plan
 also recognizes individual jurisdictions' needs for local autonomy to meet their communities' expectations and Medic
 One/EMS services.

### 415

### <sup>416</sup> Levy Type, Length, and Ballot Timing

Levy Type: While the Medic One/EMS system has historically been funded through a Medic One/EMS levy, other
 potential options exist to support the system, such as King County General Fund property tax levy lid lifts. These
 alternatives do not require that cities with over 50,000 in population approve placing the levy on the ballot, nor are
 they subject to the one percent growth limitation ratified by Initiative 747, but they could negatively impact junior
 taxing districts.

Levy Length: State law offers three levy length options for a Medic One/EMS levy: six years, 10 years, or permanent.
 The Medic One/EMS levy in King County has historically been approved by voters for six-year levy periods. This allows
 EMS partners to periodically gather to strategically plan for emerging regional needs. Six-year periods help reduce
 the range of financial risk because the longer the projection period, the greater the variability.

Levy Timing: EMS levy validation requirements at the state level were amended in 2018, opening up the option of
 running the levy measure at a primary election. Task Force members were willing to consider this contingent upon
 what other issues may be on the same ballot.

<ul> <li>440</li> <li>441</li> <li>442</li> <li>443</li> <li>444</li> <li>444</li> <li>445</li> <li>STEP 2</li> </ul>	ecision-makers, and EMS/Medic One partners came commendations to direct the system into the future. and the primary service areas to conduct the bulk of the
<ul> <li>Medic One/EMS levy planning process. Regional leaders, of together to assess the needs of the system and develop reprogram and cost analysis. Each subcommittee was chainer subject matter experts from all aspects of the Medic One/E and priorities.</li> <li>February 2024 Converting Convert</li></ul>	ecision-makers, and EMS/Medic One partners came commendations to direct the system into the future. and the primary service areas to conduct the bulk of the
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441 442 443 444 444 445 <b>STEP 2</b>	visory Task Force included elected officials or
442 443 444 445 <b>STEP 2</b>	<ul> <li>htatives from</li> <li>Large cities (&gt;50,000): 11</li> </ul>
442 443 444 445 <b>STEP 2</b>	<ul> <li>Smaller cities (&lt;50,000): 3</li> </ul>
443 444 445 <b>STEP 2</b>	<ul> <li>Fire Commissioners: 3</li> </ul>
443 444 445 <b>STEP 2</b>	King County Council: 2
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444 STEP 2	ALS, BLS, Regional Services, and Finance Subcommittees.
444 Subcol 445 STEP 2	Jbcommittee chaired by Task Force member.
445 expert	nmittees comprised of EMS partners and subject matter
445 STEP 2	
STEP 2	-
446 March 2024 — ([😭 ) 📀 Initiat	e system review.
	nmittees meet regularly to identify system needs, interests,
44(	orities.
Benori	back to Task Force with updates and recommendations.
448	back to rask force with updates and recommendations.
449 STEP 3	
450 May 2024 (	orce review recommendations from Subcommittees.
	mmittees and King County EMS Division begin to finalize
451 progra	m recommendations, financial assumptions, and costs.
451	
452 STEP 4	
	sement of broad policy decisions including levy rate, length,
453 and b	allot timing.
454	
455 Subcommittees met 17 times in total over eight months ar	

Subcommittees met 17 times in total over eight months and generated recommendations that came to the Task
 Force for approval. True to the ethos of the Medic One/EMS system, partners reviewed current and future system
 needs through a lens of science, innovation, equity, and effectiveness. Ideas were evaluated by balancing their
 merits of furthering the goals of the system against the challenges of constrained revenues. In late September
 2024, the Task Force adopted the subcommittees' finalized programmatic and financial recommendations which
 then became the basis of this Medic One/EMS 2026-2031 Strategic Plan.

## 461 2026-2031 STRATEGIC PLAN OVERVIEW

The Medic One/EMS 2026-2031 Strategic Plan builds upon the system's successful medical model and regional approach. It commits to innovative strategies, leadership, and equity while remaining focused on effectiveness and efficiencies. In outlining the roles and responsibility of EMS providers, it further strengthens the foundation for ongoing coordination and regionalization.

### 467 **FUNDING**

466

As mentioned, the City of Seattle receives all Medic One/EMS levy funds raised within the city limits and manages its own funding. This Strategic Plan recommends spending the **KC EMS Fund** in these four main areas:

### 470 ADVANCED LIFE SUPPORT (ALS) SERVICES

Funding ALS services has been, and continues to be, the priority of the Medic One/EMS levy, which fully funds ALS
 services primarily through the ALS unit allocation model. ALS services are provided by five agencies: Bellevue,
 Redmond, Seattle, Shoreline, and King County Medic One. Exceptions to the unit allocation model are sometimes
 required, as in the case of Sky Valley Fire (Spohomish County Fire District #26) for service in the Skykomish/Stevens

- required, as in the case of Sky Valley Fire (Snohomish County Fire District #26) for service in the Skykomish/Stevens
   Personance and are made based on the appointing of the service issue. ALS is proposed to account for ES personal for the service issue.
- Pass area and are made based on the specifics of the service issue. ALS is proposed to account for 56 percent of KC
- EMS expenditures in the 2026-2031 levy.

### 477 BASIC LIFE SUPPORT (BLS) SERVICES

BLS providers receive an annual distribution of levy revenue to help offset the costs of providing EMS services. The level of funding is based on a combination of the volume of responses to calls for EMS services and assessed property values within fire agencies' jurisdictions. The allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system and not intended to fully fund BLS. Local jurisdictions cover the majority of BLS costs – a strategy which has helped King County seek a lower levy rate. BLS services are provided by 23 fire agencies, including Seattle. BLS, including Mobile Integrated Healthcare (MIH), is proposed to account for 30 percent of KC EMS expenditures in the 2026-2031 levy.

### 485 **REGIONAL SUPPORT (RS) SERVICES**

The EMS Division of Public Health – Seattle & King County manages core regional Medic One/EMS programs critical
 to providing the highest quality out-of-hospital emergency care available. The programs and services emphasize
 uniformity of medical care across jurisdictions, consistency in excellent training, medical quality assurance,
 centralized data collection, and contract and financial management. Centrally delivering these services on a regional
 basis is more effective and efficient because it avoids unnecessary duplication of effort. Regional services are
 proposed to account for 13 percent of KC EMS expenditures in the 2026-2031 levy.

### 492 STRATEGIC INITIATIVES (SI)

Strategic initiatives are pilot programs designed to improve the quality of Medic One/EMS services and help manage
 the growth and costs of the system. Initiatives that achieve their intended outcomes or demonstrate efficiency may
 be incorporated into regional services as ongoing programs. Strategic initiatives are proposed to account for one
 percent of KC EMS expenditures in the 2026-2031 levy.

497 Contingencies and reserves fund unanticipated/one-time costs. EMS reserves follow use and access policies
 498 included in the Medic One/EMS Strategic Plan. For additional information about contingencies and reserves, please
 499 see page 41.

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ALIGNMENT WITH GOALS AND OBJECTIVES
The 2026-2031 Strategic Plan aligns with the objectives, policies, and goals of the regional EMS system and King County government as outlined below.
Alignment with Regional EMS System Global Objectives
The Plan is built upon the system's current configuration and strengths, advancing the following global objectives
to ensure the EMS system remains tiered, regional, cohesive, and medically based:
<ol> <li>Maintaining the Medic One/EMS system as an integrated regional network of basic and advanced life support services provided by King County, local cities, fire authorities, and fire districts.</li> </ol>
• Emergency Medical Dispatchers receive 9-1-1 calls from residents and rapidly triage the call to send the most appropriate level of medical aid to the patient while providing pre-arrival instructions to the caller.
• Firefighters, trained as Emergency Medical Technicians (EMTs), provide rapid, first-on-scene response to emergency medical service calls and deliver immediate basic life support services.
Paramedics, trained through the Paramedic Training Program at Harborview Medical Center in
conjunction with the University of Washington School of Medicine, provide out-of-hospital emergency
medical care for serious or life-threatening injuries and illnesses. As has been adopted in prior Medic One/EMS strategic and master plans and confirmed by an independently conducted ALS Study, advanced
life support services will be most cost effective through the delivery of paramedic services on a sub-
regional basis with a limited number of agencies.
• Regional programs emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.
2. Making regional delivery and funding decisions cooperatively and balancing the needs of Advanced Life
Support (ALS), Basic Life Support (BLS), and regional programs from a system-wide perspective.
3. Developing and implementing strategic initiatives to provide greater system efficiencies and effectiveness to:
Maintain or improve current standards of patient care;
Improve the operational efficiencies of the system to help contain costs; and
Manage the rate of growth in the demand for Medic One/EMS services.
EMS System Policies
This Medic One/EMS 2026-2031 Strategic Plan reinforces EMS System and Financial Policies which provide a
general framework for medical oversight and financial management of emergency medical services in King
County. The EMS System Policies underscore the regional commitment to the medical model and tiered system,
while the <u>EMS Financial Policies</u> provide guidance and oversight for all components related to financial

management of the EMS levy fund. In addition, policies regarding ALS services outside King County establish the 538 539 formation of a service threshold for the purpose of cost recovery.

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## 2026-2031 STRATEGIC PLAN OVERVIEW

### Summary of EMS System Policies (PHL 9-1 and PHL 9-3)

The EMS Division will **work in partnership** with regional EMS agencies to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs.

The EMS Division will ensure the EMS system in King County remains an **integrated regional system** that provides cohesive, medically based patient care within a tiered response system to ensure the highest level of patient care.

The EMS Division will ensure the EMS system in King County provides **paramedic training through the UW/HMC-based educational program** that meets or exceeds the standards.

The EMS Division will **maintain a rigorous and evidence-based system** with medical oversight of the EMS system to ensure the provision of quality patient care.

The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel.

The EMS Division recognizes the existence of **automatic aid** between agencies within King County and between counties; however, should established service thresholds be reached, affected EMS agencies will review options and establish terms for reasonable cost recovery.

### <sup>541</sup> Alignment with King County Government Values

The Medic One/EMS 2026-2031 Strategic Plan is consistent with King County's commitment to provide fiscally responsible, quality driven local and regional services, and embodies the County's values of operating efficiently and effectively and being accountable to the public. Working with cities and EMS partners to provide services more efficiently; pursuing technologies that improve patient outcomes while reducing delivery cost; and managing assets in a way that maximizes their productivity and value exemplify the EMS system's commitment to delivering highquality services with sound financial management.

EMS programs are also guided by shared values of being inclusive and collaborative, diverse and people-focused,
 responsive and adaptive, transparent and accountable, racially just, and focused where needs are greatest so every
 person can thrive. The ongoing centering of equity and underrepresented communities through local area
 partnerships was embedded in the most recent EMS levy planning process and reflects the alignment between EMS
 and County's values.

553 The EMS system's mission also aligns with the core values and priorities of Public Health – Seattle & King County. 554 Public Health's focus is to protect and improve the health and well-being of all people in King County. The provision 555 of EMS services is an integral part of achieving optimum health, helping Public Health meet its goal of increasing the 556 number of healthy years lived. EMS priorities align with those of the Public Health - Seattle & King County 2024-557 2029 Strategic Plan which is rooted in anti-racism and equity. Specific programs that support communities with less 558 than equitable access to healthcare have resulted in strengthening these partners' voices, which is a key priority of 559 the Strategic Plan. With additional focus on information, impact, and innovation, as well as workforce and 560 infrastructure, EMS continues to value the input of its employment community in creating policy.

 2026-2031 STRATEGIC PLAN HIGHLIGHTS
<b>Operational and Financial Proposals for the</b>
Medic One/EMS 2026-2031 Levy
The EMS Advisory Task Force endorsed the following at its September 26, 2024, meeting:
<b>Reauthorize a six-year EMS levy</b> to fund the EMS system for the years 2026-2031 per RCW 84.52.069.
Enact a levy rate of 25.0 cents/\$1,000 Assessed Valuation to fund projected
expenditures and reserves of \$1.5 billion over 2026-2031. This levy rate means that an owner of an \$844,000 home will pay \$211 a year in 2026 for highly trained medical personnel to arrive within minutes of an emergency, any time of day or night, no matter where in King County.
Renew the EMS levy in 2025 preferably at the General election, unless there are competing levy
measures; in that case, renew the levy at the Primary election.
Continue using financial policies guiding the most recent levy. Such policies have provided a
very strong foundation for the upcoming levy and should meet the needs of the 2026-2031 levy span.
Continue services from 2020-2025 levy through the 2026-2031 levy. The next levy should
fully fund and continue operations with the current ALS units in service; partially fund first responder services
for local fire and emergency response departments; help support MIH programs to assist lower acuity and complex patients; maintain programs that provide essential support to the system; and pursue initiatives that encourage efficiencies, innovation, and leadership.
Meet future demands over the span of the 2026-2031 levy. Services include enhancing programs
to meet increased EMT hiring, low-acuity patients and community needs, and existing data and e-learning
technology; strengthening community interactions and partnerships; and including a "placeholder" for the
equivalent of a new medic unit, should service demands be higher than originally anticipated.

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### Operational and Financial Fundamentals of the Medic One/EMS 2026-2031 Levy

Endorsed by the EMS Advisory Task Force on 9/26/2024

CONTINUE with EMS levy:

- Six-year EMS levy, per RCW 84.52.069
- Levy rate of 25.0 cents/\$1,000 Assessed Valuation
- Forecasted revenues and reserves of \$1.5 billion over six-year span (including Seattle)
- Run at the 2025 General election, unless there are competing ballot measures; if so, run at Primary

### **ADVANCED LIFE SUPPORT (ALS) RECOMMENDATIONS\***

- CONTINUE using the unit allocation to fund ALS; slightly revise to better ensure full funding and prevent cost shifting to providers
- MAINTAIN the current level of ALS service; INCLUDE a "place holder" in the financial plan to protect the system, should service demands require additional units over the span of the 2026-2031 levy
- MAINTAIN contingencies and reserves to cover unanticipated and one-time expenses
- CONTINUE support for ALS-based programs (ALS Support for BLS Activities; having paramedics train paramedic students) that benefit the region

### **BASIC LIFE SUPPORT (BLS) RECOMMENDATIONS\***

- INCREASE total BLS funding to help offset costs of providing EMS services
- INCORPORATE the BLS Training & QI funding into the BLS Allocation; REMOVE requirement that this funding be spent on training and QI activities
- INCREASE funding support for Mobile Integrated Healthcare (MIH) that addresses community needs
- DISTRIBUTE new BLS and MIH funding and annual increases using a more equitable methodology that is more weighted toward service level and need over assessed value
- SUPPORT mental wellness and DEI/ERSJ efforts proposed by the King County Fire Chiefs Association

### **REGIONAL SERVICES & STRATEGIC INITIATIVES (RS/SI) RECOMMENDATIONS\***

- CONTINUE delivering programs that provide essential support to the system
- ENHANCE programs to meet regional needs
- CONTINUE AND DEVELOP strategic initiatives that leverage previous investments made by the region to improve patient care and outcomes

### **FINANCE RECOMMENDATIONS\*\***

BASE financial plan on financial policies that provide stability to the system by:

- Incorporating sufficient reserves to mitigate unforeseen financial risk
- Ensuring additional protection and flexibility to meet emerging needs

\* Program recommendations apply to King County outside the City of Seattle

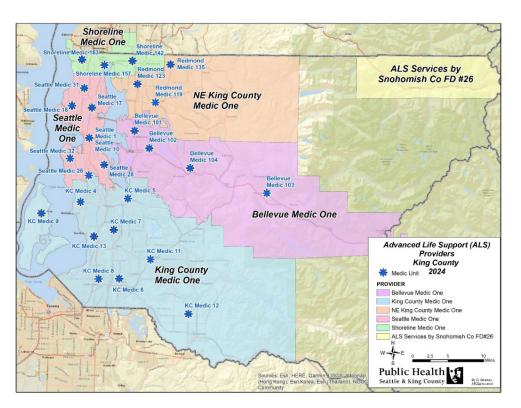
\*\* Finance recommendations include the City of Seattle

## LEVY PROGRAM AREAS

596 As discussed throughout this document, paramedics provide out-of-hospital emergency care for serious or life-597 threatening injuries and illnesses. As typically the second on scene for critically ill patients, paramedics deliver 598 Advanced Life Support (ALS) to patients including airway management, heart pacing, the dispensing of medicine, 599 and other lifesaving out-of-hospital procedures under the medical supervision of the Medical Program Director. 600 Paramedic interns receive more than 2,100 hours of highly specific and intensive emergency medical training 601 through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of 602 Washington School of Medicine, which is nearly double the required number of hours for Washington State 603 paramedic certification.

In King County, a paramedic unit is typically staffed by two paramedics and provides service 24-hours per day, 365
 days per year. The two-paramedic provider model was developed in Seattle in the early 1970s and has proven to
 be the most effective model for enhanced patient care outcomes when incorporated into a regionally coordinated
 tiered response system that includes dispatch and Basic Life Support (BLS).

608 Medic units are positioned 609 throughout the region to 610 best respond to service 611 demands. As of 2024, there 612 are 27 units in Seattle and 613 King County managed by 614 five agencies: Bellevue 615 Medic One, King County 616 Medic One, Northeast King 617 County Medic One 618 (Redmond), Seattle Medic 619 One, and Shoreline Medic 620 One. Of these five agencies, 621 four are fire-based with 622 firefighters trained as 623 paramedics, and King 624 County Medic One operates 625 as a paramedic-only agency. 626 Paramedic service is 627 provided to the Skykomish 628 area through a contract with 629 Sky Valley Fire (formerly



known as Snohomish Fire District #26). Units may respond to areas where the municipal boundaries or the fire
 agency's response district crosses into neighboring counties. If service into these areas exceeds established
 levels, the receiving jurisdictions reimburses for such services as outlined in EMS policies.

633 Adding a medic unit to maintain critical service levels and address service challenges is a complex undertaking. 634 Prior to adding a unit, the region conducts a thorough analysis, considering a variety of elements including 635 workload (call volumes), response time, availability in primary service area, frequency and impact of multiple 636 alarms, and medic exposure to critical skills. Analysis also includes possible dispatch criteria revisions and an 637 assessment of whether medic units could be moved to other locations to improve workload distributions and 638 response times. The decision to add or relocate units relies on obtaining regional consensus. Appendix B: 639 Advanced Life Support (ALS) Units on page 56 provides a complete history of medic units in King County, 640 highlighting when and where units were added.

# ALS

- In 2023, paramedics responded to more than 51,000 calls for emergency medical care throughout the region. The
   median response time of medic units is 7.7 minutes, with units responding to 94 percent of the calls in less than 14
   minutes. These response times have remained stable over the past three levy periods despite increases in King
   County's overall population. EMS data shows that paramedics respond to cardiac conditions (16 percent of ALS calls)
   and attend to older patients (33 percent of ALS calls are for people 65+ years of age).<sup>5</sup>
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### <sup>648</sup> ALS SUBCOMMITTEE

- <sup>649</sup> Chair: The Honorable Keith Scully, Shoreline City Councilmember
- The ALS Subcommittee recognized its tasks as determining the number of medic units needed in the upcoming levy
   period and establishing the cost of each unit. Workload, service trends, and demographics were all factors
   considered by the group as it assessed future service demands and system needs. The Subcommittee reviewed in
   depth the standard medic unit allocation, analyzing actual expenditures for providing ALS services and comparing
   costs and trends across agencies. Revisiting the unit allocation resulted in slight revisions to the methodology that
   will help ensure sufficient funding for program oversight and support. Subcommittee participants weighed in on the
   benefits and costs of ALS-specific programs that support the entire regional system.
- <sup>657</sup> The <u>ALS Subcommittee recommendations</u> are as follows:

#### <sup>658</sup> **ALS RECOMMENDATION 1:**

## <sup>659</sup> **CONTINUE using the unit allocation methodology to determine costs. Update**

#### <sup>660</sup> methodology to help ensure sufficient funding for program oversight and support.

- The standard unit allocation is the basis for funding each full-time, 24-hour medic unit in King County. This
   allocation methodology is based on fully covering eligible ALS-related expenses to prevent cost-shifting to agencies.
   This cost model calculates the average annual costs across all ALS agencies to run a two-paramedic, 24-hour medic
   unit. Each individual paramedic agency's annual ALS funding is determined by multiplying the number of operating
   medic units by the unit allocation.
- The unit allocation is an average of agency expenditures and was developed to ensure a fair and equitable
   distribution of funds across agencies. It provides a set amount of funding to each agency with the flexibility to
   manage funds based on its specific cost structure and needs. Annual comparison of costs on a unit basis allows the
   region to understand differences between agencies, share efficiencies, and identify potential new costs being
   experienced early by one or two agencies. These annual reviews help document and justify ALS allocation costs and
   evaluate if the allocation is covering 100 percent of eligible ALS costs.
- <sup>672</sup> During the 2020-2025 levy planning process, the unit allocation methodology was revised to simplify and better
   <sup>673</sup> accommodate different types of costs. The Subcommittee agreed to maintain this current methodology for the 2026 <sup>674</sup> 2031 levy which breaks the overall unit allocation into four parts:
- The Medic Unit Allocation includes direct paramedic services costs, such as paramedic salaries and benefits,
   medical supplies, pharmaceuticals, vehicle and facility operating and maintenance costs, communications, and
   other costs associated with direct paramedic services.
- The **Program/Supervisory Allocation** (previously referred to as the Program Administration Allocation) includes
   costs related to the management and supervision of direct paramedic services such as the management,
   administration, supervision, finances, and analysis (including quality improvement) of direct paramedic services.

<sup>&</sup>lt;sup>5</sup> Emergency Medical Services Division 2024 Annual Report

The ALS System Allocation addresses costs that vary significantly between providers or are anticipated to vary
 during the levy period. This allocation is intended to reimburse agencies for highly mutable costs associated with
 paramedic students as well as costs associated with the paramedic recruitment cycle and any changes in program
 medical direction. Costs that vary between agencies include dispatch, whole blood, and medical direction. While
 the funds budgeted are shown on a per unit basis, agencies are reimbursed for actual costs incurred, with the
 EMS Division tracking costs against overall funding. Use of funds are monitored and reported.

The Equipment Allocation covers expenses related to equipment. Included are medic units, Medical Services
 Officer (MSO) and staff vehicles, defibrillators, stretchers, radios and communications equipment, stretcher
 systems, and other equipment with a lifespan of more than one year. This allocation includes items such as radios
 and mobile data computers that could be classified as operating by individual agencies.

The Subcommittee endorsed making slight adjustments to the Equipment and System Allocations to help cover vehicle and defibrillator costs that were increasing higher than inflation, and to accommodate the increased number of paramedic students. The distribution methodology for the Program/Supervisory Allocation was amended to distribute fixed costs by agency and more variable costs by unit, with no change to the total funding level.

#### **ALS RECOMMENDATION 2:**

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# CONTINUE INFLATING annual ALS operating allocation costs using CPI-W + 1% inflator; inflate equipment costs using equipment inflator.

During the 2020-2025 levy span, ALS allocations were inflated by the Consumer Price Index for Urban Wage
 Earners and Clerical Workers (CPI-W) +1 percent. For 2026-2031, the Subcommittee supported continuing with
 the identified inflators and assessing them throughout the levy period. For additional information on financial
 assumptions used in the 2026-2031 levy financials, please see the Finance Key Assumptions Section on page 45.

#### <sup>709</sup> **ALS RECOMMENDATION 3**:

# MAINTAIN the current level of ALS service. The regional system has sufficient capacity to address current demand but should continue to monitor medic unit performance on an annual basis to ensure continued high performance.

#### 713 ALS Capacity Analysis

ALS capacity analysis assesses the ability of current medic units to accommodate anticipated future demand for
 services, specifically through to the end of the levy period. This assessment includes consideration of unit
 performance trends and critical factors driving demand in addition to mitigation techniques such as the review of
 Criteria Based Dispatch (CBD) guidelines to reduce unnecessary ALS responses or relocation of units to better
 distribute calls among the units. Discussing the relocation of medic units to new locations is an important function
 of a regional system.

The ALS Subcommittee reviewed five-year (2018-2022) unit performance trends and exposures to critical skills
 and noted an innate challenge to interpreting the data and projecting demand for future services due to the 2020
 pandemic's impact on call volumes and response times. The group concluded that while there was sufficient
 current capacity within the region, they strongly advocated for a CBD guideline review process to mitigate any
 potential growth in calls (CBD guideline review is anticipated in 2025) and to include a medic unit placeholder in
 the financial plan to ensure access to funds if needed.

# ALS

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#### 728 Medic Unit Analysis

The ALS Subcommittee concluded there was currently sufficient medic unit capacity (outside the City of Seattle) and
 supported continuing the annual review of medic units to ensure continued high performance. The regional medic
 unit analysis considers the following key performance indicators: unit workload (call volumes), median unit response
 times, availability in the primary service area and responses from units outside of the primary service area; and
 paramedic exposure to critical skills (e.g. intubations, response to cardiac arrest events).

While performance indicators do not serve as automatic prompts for adding new paramedic services, they do help with assessment of overall performance and direct attention to a geographical area of the Medic One/EMS system that may need further examination. This approach to medic unit analysis is useful since some units operate in small, highly dense areas with high call volumes and short response times, while others operate in larger, more rural areas with lower call volumes and longer response times. Monitoring unit performance in rolling five-year increments allows the region to identify both individual unit and overall trends to better understand the magnitude of service gaps and ascertain the need for additional service.

As noted, prior to implementation of new paramedic service, the region outside the City of Seattle conducts a
 thorough analysis of medic unit performance to assess whether mitigation strategies could address increasing stress
 on the system, including revisions to the CBD guidelines or medic unit relocations. If the regional review concludes
 that additional medic unit service is the only option remaining, a process of review and approval by the EMS Advisory
 Committee and the King County Council ensues through the budget process.

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#### <sup>748</sup> **ALS RECOMMENDATION 4**:

#### <sup>749</sup> **CONTINUE** having a medic unit placeholder (reserve) in the financial plan to ensure

## <sup>750</sup> access to resources should demand analysis support the addition of a medic unit <sup>751</sup>

#### <sup>751</sup> during the 2026-2031 levy span.

Establishing a placeholder in a reserve fund provides access to funds to support additional medic unit service should
 mitigation attempts fail to improve ALS response capacity. The financial plan shows reserve funding of \$15.8 million
 to potentially fund a 12-hour unit in the third (2028) and fifth (2030) years of the levy period. This is a resource to be
 used only if demand for ALS services exceeds existing available capacity despite mitigation attempts. It is not
 included as a definitive plan for adding medic units.

Prior to any request for access to this reserve fund, a comprehensive medic unit analysis and discussion with
 regional partners would occur to consider alternative options. Per EMS Financial Policies, the use of reserves
 requires review by the EMS Advisory Committee Financial Subcommittee, and the EMS Advisory Committee. If
 additional appropriation authority is needed, the County's budgeting process would be followed.

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#### <sup>763</sup> **ALS RECOMMENDATION 5:**

# <sup>764</sup> CONTINUE to use contingencies and reserves to cover unanticipated/one-time <sup>765</sup> expenses. Contingencies and reserves are appropriate mechanisms to cover

#### <sup>766</sup> unanticipated and one-time expenses.

Contingencies can be used to cover increases in operating costs that cannot be covered by the ALS allocation or
 program balances. This includes paid time off (PTO) above amounts included in the allocation, and other potential
 cost increases above amount included in allocations. Contingency funding may also cover unplanned expenses

- related to regional services and initiatives. In the 2020-2025 levy span, contingency funding was used to expand
   initial EMT training to accommodate the significant increase in new EMT hires and to create the ALS support for
   BLS activities program.
- Analysis conducted within the ALS Subcommittee resulted in a funding recommendation of \$1.3 million a year for
   the 2026-2031 levy span.
- Programmatic reserves can be used for other ALS expenses that may not be covered by allocations, program
   balances, or contingencies. Like in the previous levy span, the ALS Subcommittee recommended the 2026-2031
   levy include programmatic reserves related to ALS equipment and ALS capacity (including a "placeholder for a
   potential new unit(s)" as outlined in ALS Subcommittee Recommendation #4). The group proposed that the
   levy fund's Rainy Day Reserve be accessed for risk issues including responses to major events and other issues as
   appropriate.

#### 783 EQUIPMENT RESERVES

The ALS Subcommittee recommended funding ALS Equipment Reserves at \$1.3 million. This could cover ALS
 equipment costs such as new technology not currently included or accommodated within the equipment allocation
 or contingencies.

#### CAPACITY RESERVES

The ALS Subcommittee recommended funding the ALS Capacity Reserve at a total of \$17.4 million. This includes
 \$1.6 million for facility renovations to accommodate moving a medic unit into a station, investments needed at the
 current location, and temporary capacity increases. The remainder, approximately \$15.8 million, is set aside as a
 placeholder for a potential new unit, per ALS Subcommittee Recommendation #4. For more information on
 Contingencies and Reserves, please see Finance Subcommittee Recommendation #2 on page 40.

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#### ALS RECOMMENDATION 6:

# <sup>797</sup> CONTINUE to address service challenges presented in outlying areas through a <sup>798</sup> regional approach.

The provision of paramedic services in the Skykomish region in the northeast corner of King County offers an
 example of the challenge serving outlying areas. This isolated area of King County is accessible only via
 Snohomish County and US-2 highway. The King County border starts just before the town of Baring and continues
 through Stevens Pass to the border with Chelan County. This area is primarily forest service land and includes the
 town of Skykomish and Stevens Pass Ski Resort.

- There are a number of unique aspects in the Skykomish region relative to other provider areas, including required passage through Snohomish County in order to access to the region, call volumes less than 100 per year, seasonal demand for services peaks during the wintertime, a high percentage of trauma patients, and response and transport times that exceed the average urban and suburban times.
- Since 2006, Sky Valley Fire (Snohomish County Fire District 26) has provided paramedic services to the adjacent
   areas in Snohomish County with a fire station located approximately 15 minutes from the King County border. Sky
   Valley Fire has worked closely with King County Fire District 50 to create an approach that provides excellent
   patient care to those living in or visiting the Skykomish Valley. After a detailed review, EMS partners determined
   that Sky Valley Fire remained in the best position to be able to provide consistent service to the isolated area and

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recommended that it continue providing contract services for that area. EMS partners also agreed to review and
 update the terms and conditions of the EMS policy regarding ALS service to outlying areas in advance of the 2026 2031 levy period.

### ALS RECOMMENDATION 7:

#### 821 **CONTINUE to support two ALS-based programs that benefit the regional system.**

Paramedics play a number of roles outside of first response duties that contribute to the quality of the regional system. These roles include instruction, training, and quality assurance/quality improvement (QA/QI). These activities support all tiers of the EMS system and foster improvements in patient outcomes. Conducting these activities on a regional basis ensures greater integration and participation and supports cohesive and consistent countywide training.

- The <u>ALS Support of BLS Activities program</u> assists ALS agencies in conducting BLS Run review, enhanced
   training, and activities focused on improving interaction between the ALS and BLS tiers in the EMS system. Fire
   agencies' BLS Training & QI funding supplemented this program during the 2020-2025 levy span. The
   recommendations for 2026-2031 support sufficiently funding this program without these moneys, thereby
   "returning" this funding to BLS agencies to use as needed.
- There is value in incorporating certified field paramedics in the development of up-and-coming student interns at the <u>Paramedic Training program at Harborview</u>. This support helps students rise to the challenge befitting their duty as medical providers in the community, but also reinforces their field skills and commitment to the regional system. The recommendations for 2026-2031 support continuing this collaborative arrangement with the Paramedic Training program.

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## **ALS Programmatic Comparison Between Levies**

2020-2025 Levy	2026-2031 Levy				
Maintain current level of ALS service	Maintain current level of ALS service				
0 planned additional units	0 planned additional units				
\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy				
Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology				
Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million				
<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS- specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>				
Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI				
<ul> <li>Piloted two ALS-based programs that benefit the regional system in 2024-2025</li> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>	<ul> <li>Support two ALS-based programs that benefit the regional system</li> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>				

# **BASIC LIFE SUPPORT (BLS)**

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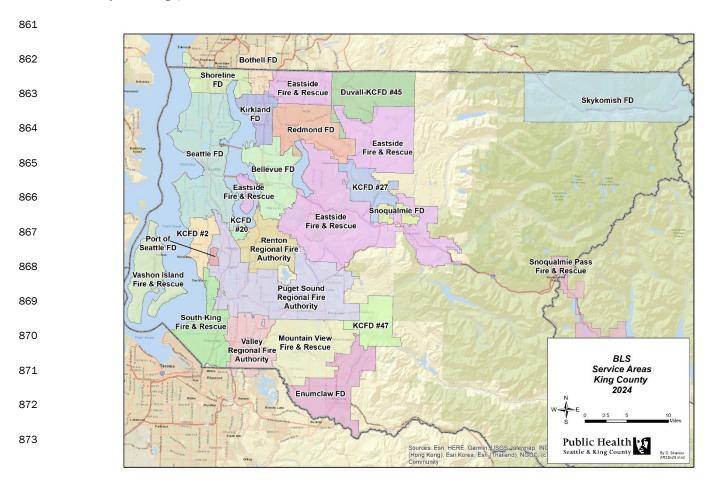
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Basic Life Support (BLS) personnel are the first responders to an incident, providing immediate basic life support
 medical care that includes advanced first aid, High Performance CPR, and AED use to stabilize the patient. Provided
 by approximately 4,300 EMTs throughout the region, BLS is the foundation of all medical responses within the EMS
 system serving Seattle and King County.

EMTs in this regional system are among the most trained in the nation, receiving approximately 190 hours of
 emergency medical response training and hospital experience with additional training in CPR, cardiac defibrillation
 (electrical shocks given to restore a heart rhythm), and airway management. EMTs are certified by the State of
 Washington and must complete ongoing continuing education and quarterly trainings to maintain their certification.
 Like their ALS counterparts, EMTs are highly practiced and use their BLS skills daily.

As the first-on-scene provider, BLS contributes significantly to the success of the Medic One/EMS system. BLS
 agencies must arrive quickly, assess each situation, and provide effective and precise medical care. Although BLS
 receives limited funding through the EMS levy, it is an integral piece of the interdependency on which the entire EMS
 response system in King County is built.

Regional data shows that in 2023, EMTs responded to over 205,000 calls for emergency medical care throughout
 the region. The median response time of BLS units in Seattle and King County is 5.2 minutes. EMTs are more likely
 to respond to incidents involving trauma (57 percent), and younger patients (57 percent of BLS calls are for people
 25-64 years of age). <sup>6</sup>



<sup>&</sup>lt;sup>6</sup> Emergency Medical Services 2024 Annual Report

### 877 BLS SUBCOMMITTEE

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<sup>878</sup> Chair: The Honorable Armondo Pavone, Mayor of Renton

Total BLS funding, its distribution methodology, and addressing community needs were core topics of discussion
 for the BLS Subcommittee. Members endorsed modifying the BLS funding formula to help address equity and
 need, as well as increasing total BLS funding to reflect the growth in inflation, population, and BLS responsibilities.
 Mobile Integrated Healthcare (MIH) remained a regional priority, and the Subcommittee directed new funding into
 the program over the next levy span.

The <u>BLS Subcommittee recommendations</u> are described on the following pages.

#### 885 **BLS RECOMMENDATION 1:**

# INCREASE total BLS funding by at least \$3 million in the first year of the new levy, and up to \$5 million if that can be done within a 26.5-cent levy rate.

The BLS Subcommittee discussed five scenarios of possible funding levels. These options ranged from a 30 percent increase over 2020-2025 to a 50 percent increase over 2020-2025 levels. They acknowledged the need to balance the desire for increased funding with concerns about voter tax fatigue. Partners settled on \$3 million in new funding but requested that it be increased to \$5 million if it could fit within a 26.5 cent levy rate.

The August 2024 financial forecast showed that \$5 million in new funds could be accommodated within the proposed 25 cent levy rate.

#### **BLS RECOMMENDATION 2:**

#### A. ATTRIBUTE 60 percent of this new funding to the BLS Basic Allocation.

Since its inception, the regional Medic One/EMS levy has provided BLS agencies with an allocation to help offset
 costs of providing EMS services. The allocation was developed as a way to recognize and support BLS for its
 significant contribution to the success of the EMS system but was never intended to fully fund BLS. The
 Subcommittee directed \$3 million of this new \$5 million into the basic allocation for agencies to use on a variety
 of EMS-specific items including personnel, equipment, and supplies.

### 905 B. ATTRIBUTE 40 percent of this new funding to Mobile Integrated Healthcare (MIH).

The Subcommittee was adamant about the need to maintain support for the MIH program over the next levy span. Members endorsed a proposal that includes increasing connections with service providers, expanding MIH's role to help mitigate the opioid epidemic's impact on communities, supporting MIH ground-level personnel mental wellness, and leveraging proven tools (such as Julota software) to further refine how MIH programs collect data. They directed \$2 million of this new \$5 million into MIH for 2026 and beyond.

#### 913 **BLS RECOMMENDATION 3:**

# INFLATE annual costs using CPI-W + 1%. This inflator will be based on the forecast from the King County Office of Economic and Financial Analysis.

BLS agencies use the Medic One/EMS levy allocation to pay for different EMS-specific items. Since these items have differing inflationary trends, no one specific inflator would accurately reflect their increasing costs. However, since most BLS costs are related to wages and benefits, the BLS Subcommittee determined that using a standard CPI inflator tied to wages (CPI-W) as forecast by the King County Office of Economic and Financial Analysis was preferable.

#### 923 **BLS RECOMMENDATION 4:**

# INCORPORATE the BLS Training & QI program funding into the BLS Basic Allocation. Remove requirements that this funding be spent on training and QI activities.

The <u>BLS Training & QI program</u> provides BLS agencies with funding to pay paramedics and certified competencybased training (CBT) instructors for conducting run review and related EMT training. In 2023, the region initiated the <u>ALS Support of BLS Activities</u> program which provides funding directly to ALS agencies to conduct those training and QI activities that were previously funded by BLS training and QI moneys. The BLS Subcommittee supported folding the BLS Training and QI funding into the Basic Allocation so that it is no longer earmarked specifically for QI and agencies can use the funds at their discretion.

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#### 934 BLS RECOMMENDATION 5:

# DISTRIBUTE NEW BLS funding and annual increases using a more equitable distribution methodology of 60 percent call volume/40 percent Assessed Value (AV). Do not reset the first year of levy funding.

The current distribution methodology, in use since the 2008-2013 levy span, allocates funding to agencies based 50 percent on call volume, and 50 percent on AV. This methodology acknowledges and balances jurisdictions' services needs with financial investment. When examining different funding alternatives and distribution options, the conversation focused on finding a more equitable way to distribute the funds. Identifying that call volumes are associated with need, and need is often a reflection of inequitable access to care in the community, the Subcommittee revised the distribution methodology to be more weighted toward call volumes. This new ratio better balances the financial contribution with calls for service.

For the 2020-2025 levy span, the first year's total funding levels were reset which distributed the full allocation based on the most updated call volume and AV data. The Subcommittee opted against initiating a reset for the 2026-2031 levy span as resetting models showed large deviations to agency allocations.

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#### 952 **BLS RECOMMENDATION 6:**

#### SUPPORT King County Fire Chiefs Association Mental Wellness and Equity, Racism & 953 Social Justice/Diversity, Equity & Inclusion proposals. 954

The King County Fire Chiefs Association (KCFCA) has partnered with the King County EMS Division to develop 955 strategies that address mental wellness for all first responders and advance equity in EMS organizations and the 956 diverse communities they serve. The Subcommittee endorsed continuing these efforts that further advance such 957 causes for the 2026-2031 levy span: 958

#### Mental Wellness: 960

KCFCA proposes to create and implement a comprehensive approach across King County to support the health of 961 our region's first responders, medics, and dispatchers. This will focus on a regional system of support, reflect the 962 needs of frontline workers, and garner the expertise of leaders in the mental wellness field. It includes consulting 963 authorities in first responder mental wellness, continuing peer support training, and organizing other learning 964 965 opportunities for EMS personnel.

Diversity, Equity and Inclusion/Equity, Racial and Social Justice: 966

This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel DEI 967 and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring workshops and 968 partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within 969 the Division with Public Health - Seattle & King County business and supporting outward facing work that connects 970 communities to EMS skills and knowledge. This includes the community-based Vulnerable Populations Strategic 971 Initiative along with the Strategic Training and Recruitment (STAR) program and the Future Women in EMS/Fire 972 recruitment programs. 973

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#### **BLS RECOMMENDATION 7:**

#### DEVELOP exceptions for the use of MIH restricted funds for those agencies unable to 977 fully expend their MIH funding. 978

There are some BLS agencies, particularly in rural areas, that cannot implement a traditional MIH program. They 979 may lack a sufficient volume of MIH-type calls; the levy funding available to them may not sustain an MIH program; 980 or their location may exclude partnering with an existing MIH program. The EMS Division proposed authorizing 981 these agencies to use their MIH funding in other ways to provide flexibility in meeting the needs of their 982 communities. This would be discussed and determined on a case-by-case basis with regional review and 983 consensus. 984

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<b>BLS Programmatic Comparison Between Levies</b>						
2020-2025 Levy	2026-2031 Levy					
Consolidate the funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements.	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities.					
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation.					
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%					

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### <u>Mobile Integrated Healthcare (MIH)</u> <u>Programmatic Comparison Between Levies</u>

2020-2025 Levy	2026-2031 Levy		
Provide \$26 million over 6 years for MIH.	Provide \$50 million over 6 years for MIH.		
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes.	For the first year, distribute new funding across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation.		
Inflate each agency's funding in subsequent years of levy by CPI-W + 1%.	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology.		

995	<b>REGIONAL SERVICES/STRATEGIC INITIATIVES</b>
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997 998	<b>Regional Services</b> are programs that support the direct service activities and key elements of the Medic
999	One/EMS system. They are critical to providing the highest quality out-of-hospital emergency care available.
1000	Helping to tie together the regional medical model components, these programs support the system by providing
1001	uniform regional medical direction, standardized EMT and emergency dispatch training, EMT and paramedic
1002	continuing education, centralized data collection and expert analysis, collective paramedic service planning and evaluation, and administrative support and financial management of the regional EMS levy fund.
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1003	Strategic Initiatives are innovative pilot programs and operations aimed to improve the quality of Medic
1004	One/EMS services and manage the growth and cost of the system. Testing new approaches, strategic initiatives
1005	are continually assessed and may be reconfigured, if needed, to broaden the reach, advance their objectives, or
1000	meet emergent needs. Once completed and having achieved their intended outcomes or demonstrated efficacy to
1008	partners in the community, they may be transitioned into regional services as ongoing programs. Strategic
1009	initiatives have not only allowed the Medic One/EMS program throughout King County to maintain its role as a national leader in the field of emergency medical services but have also been instrumental in the system's ability
1010	to manage its costs.
1011	
1011	Regional services and strategic initiatives contribute to the regional system's medical effectiveness. These
1012	programs extend across the segments of the Medic One/EMS system and are not centered solely on fast EMT or
1013	paramedic responses. For example, the system provides injury prevention programs to help ensure the safe use of
1015	car seats for infants and prevent falls among the elderly. These are important programs in managing the
1016	occurrence of medical emergencies that impact the system. CPR and automated external defibrillator (AED)
1017	programs help ensure bystander witnesses to cardiac arrests have the necessary training to assist by notifying 9- 1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive to provide patient care and
1018	transport. Revising the region's criteria based guidelines which determine the appropriate level of EMS response
1019	has resulted in delays of adding new medic units and helped the system defray additional expenses. By forwarding
1020	lower-acuity calls to a Nurseline instead of sending a BLS response allows for BLS resources to be available for
1021	more acute patients. Having these programs coordinated at the regional level ensures prehospital patient care is
1022	delivered at the same standards across the system; policies and practices that reflect the diversity of needs are
1023	maintained; and local area service delivery is balanced with regional interests.
1024	The EMS Division oversees these regional services and strategic initiatives and plays a significant role in

1024The EMS Division oversees these regional services and strategic initiatives and plays a significant role in1025developing, administering, and evaluating critical EMS system activities.

## 1027 **REGIONAL SERVICES SUBCOMMITTEE**

1028 Chair: The Honorable Angela Birney, Redmond Mayor

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1029The Regional Services Subcommittee systematically reviewed core programs and strategic initiatives to assess1030how well the activities were reaching their audiences and accomplishing intended goals. Partners discussed the1031benefits of the programs and attested to how the activities undertaken are making a difference in the community.1032This detailed review identified EMS system emergent needs and generated ideas to bring greater benefits to the1033system.

1034The concerns brought forth to this Subcommittee such as hiring issues; increased training for first responders;1035continued ALS/BLS interactions and quality improvement; and mental wellness support, were similar to issues1036identified by the other subcommittees, reiterating the need for a regional solution to these shared issues. The EMS1037Division worked with various partners to develop ideas and proposals for review by the Regional Services1038Subcommittee.

## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

1040 The <u>Regional Services Subcommittee</u> recommendations are as follows:

#### 1041 **RS/SI RECOMMENDATION 1:**

#### 1042 **CONTINUE delivering programs that provide essential support to the system.**

The Regional Services Subcommittee recommended continuing core regional services that support the key elements
 of the Medic One/EMS system. Such programs and services are the foundation of the direct services provided by
 EMS personnel, ensuring consistency and standardization throughout the system. These programs focus on superior
 medical training, quality improvement, and innovation, as well as strengthen community interactions and
 partnerships. Following are descriptions of these services. Please see Appendix A: Proposed 2026-2031
 Regional Services on page 54 for a full list.

#### 1049 Regional Medical Control

Best medical practices drive every aspect of the Medic One/EMS system and are a main component of the system's success. Vital to this is a strong Medical Program Director to oversee all aspects of medical care and hold people within the system accountable. Responsibilities for this role include: writing and approving the patient care protocols for paramedics and EMTs; approving initial and continuing EMT medical education; approving criteria based dispatch (CBD) guidelines; developing new and updating existing medical quality improvement activities; and initiating disciplinary actions.

#### 1056 Regional Medical Quality Improvement

At the heart of quality patient care is the practice of quality improvement, or QI. EMS medical QI is the on-going programmatic and scientific review of the EMS system's performance to assure excellence in patient care. Impacting all components of the regional system, QI projects and programs require collaboration across both the academic and operational Medic One/EMS community. For example, evaluating the use of administering whole blood for hemorrhagic shock, the efficiencies of an updated nurse line for lower acuity calls, and the role of different CPR strategies for patients in cardiac arrest will help to advance the science of EMS care throughout the region.

#### 1063 Training

1064 EMT Training: The EMS Division provides initial training, continuing education, and instructor/evaluator education for EMTs in King County. Through research, coordination, 1065 and communication among Medic One/EMS stakeholders and the regional Medical 1066 1067 Program Directors, the Division develops curricula so that the training and educational programs meet individual agency, Washington State Department of Health, and national 1068 requirements. The Division is the liaison between the Washington State Department of 1069 Health and the 23 EMS/fire agencies in King County. It oversees the recertification and 1070 regulatory and policy changes to Medic One/EMS agencies. 1071

<u>Dispatch Training</u>: Sending the appropriate resource in the appropriate manner is a critical
 link in the EMS system. The EMS Division provides comprehensive initial and continuing
 education training to dispatchers in King County outside the City of Seattle. King County
 dispatchers follow medically approved emergency triage CBD guidelines. These guidelines



were developed by the EMS Division. CBD uses specific medical criteria based on signs and symptoms to send theappropriate level of care with the proper urgency.

# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

1080<u>CPR/AED Training:</u> The EMS Division of Public Health – Seattle and King County offers educational programs to1081King County residents, teaching them to administer life- saving techniques until EMS agencies arrive at the scene.1082This includes CPR classes with an emphasis on training teachers and students. Thousands of secondary school1083students receive instruction on CPR and AED use each year. In addition, regionally coordinated AED programs1084register and place automated defibrillators in the community within public facilities, businesses, and even private1085homes for high-risk patients, along with providing training in their use.

#### 1086 Community Centered Programs

1087The complex health needs of King County's residents can be as diverse as its communities. The EMS Division and1088its partners offer a wide variety of community centered services and programs to ensure emergency medical1089services provided are equitable, appropriate, and of the highest quality. This includes targeted community

interventions to help manage the 1090 rate of call growth in the EMS 1091 1092 system and address the demand for services. Programs like the 1093 Communities of Care and the 1094 Vulnerable Populations Strategic 1095 Initiative provide community-1096 1097 specific education and training 1098 about the appropriate use of EMS services and how to receive 1099 the proper level of care. The Taxi 1100 1101 Voucher Program, Nurseline, and Mobile Integrated Healthcare 1102 programs offer alternative, high-1103 quality care to 9-1-1 patients 1104 with lower acuity medical needs. 1105 The region reviews and revises 1106 dispatch guidelines so that 1107 1108 specific types of calls are



receiving the most appropriate level of response. In addition, the EMS Division works with its partners on efforts preventing the need to call 9-1-1 in the first place, with programs designed to appropriately install child seats and mitigate potential falls among older adults.

#### 1112 Regional Leadership and Management

The EMS Division provides financial and administrative leadership and support to both Public Health - Seattle & 1113 King County government as well as external EMS partners, bringing expertise, knowledge, and stability to the 1114 system, thereby preserving the integrity and transparency of the entire system. The EMS Division actively engages 1115 1116 with regional partners to implement the Medic One/EMS Strategic Plan; manage EMS levy funds; monitor contract and medical compliance and performance; identify and participate in countywide business improvement 1117 processes; facilitate the recertification process for the 4,300 EMTs in King County; and maintain the continuity of 1118 business in collaboration with Medic One/EMS partners. This also includes regional planning for the Medic 1119 1120 One/EMS system which monitors medic unit performance, the periodic assessment of medic unit placement, and other system parameters. Regional planning analyzes medic unit demand projections and measures the impacts 1121 of regional programs, supported by ongoing data quality improvement activities. 1122

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## **REGIONAL SERVICES/STRATEGIC INITIATIVES**

#### 1125 Center for the Evaluation of Emergency Medical Services (CEEMS)

1126 CEEMS conducts research aimed at improving the delivery of pre-hospital emergency care and advancing the 1127 science of cardiac arrest resuscitation. It is funded by grants from private foundations, state agencies, and federal 1128 institutions. CEEMS is a collaborative effort between the EMS Division and academic faculty from the University of 1129 Washington who are recognized nationally for their contributions in the care and treatment of cardiac emergencies. 1130 Achievements made by this collective effort continue to improve outcomes from sudden cardiac arrest and advance 1131 evidenced-based care and treatment.

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### 1134 **RS/SI RECOMMENDATION 2:**

#### 1135 ENHANCE programs to meet regional needs.

- The region continues to see a record number of EMT hires throughout the EMS system. Increasing the number of initial EMT training classes is required to get these new hires certified and meet the growing demands of EMS in the county.
- When the Telephone Referral Program, or Nurseline, contract was discontinued in 2023, the region supported
   finding a way to preserve this critical service. An even more comprehensive Nurse Navigation program was
   initiated in late 2024 which will help decrease non-emergent dispatches and improve the overall efficiency of the
   EMS system. Maintaining this renovated program is a priority for the 2026-2031 levy span.
- The STRIVE Initiative, implemented during the 2020-2025 levy period, modernized the EMS Division's online
   continuing medical education platform, EMS Online. Converting STRIVE's ongoing operations and maintenance
   into regional support services and providing funding for 2026-2031 will help ensure the EMS Division can meet
   the region's changing educational, data, and technological needs of the eLearning environment.
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### 1149 **RS/SI RECOMMENDATION 3:**

#### 1150 MAINTAIN AND DEVELOP Strategic Initiatives that leverage previous investments made 1151 by the region to improve patient care and outcomes.

Areas identified by the Regional Services Subcommittee include continued focus on vulnerable populations, enhancing quality improvement capabilities, and supporting mental wellness and equity and social justice efforts.

# 1154**1.** Vulnerable Populations Strategic Initiative (VPSI) – CONTINUING AS EMS Community1155Health Outreach (ECHO)

VPSI was launched during the 2014-2019 levy period to improve interactions between EMS and historically
 underserved communities. Continued support for VPSI efforts throughout the 2026-2031 levy span will further
 enable communities to remain actively engaged with EMS agencies and continue to address disparities in
 access to services. This includes expanding community partnerships, connecting local EMS agencies to
 community-led organizations, and introducing new education and outreach topics to meet the evolving needs of
 the communities. To better represent this work and align with the commitment to equity and social justice, VPSI
 will be renamed EMS Community Health Outreach (ECHO) for the 2026-2031 levy span.

# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

#### 2. <u>A</u>ccelerating <u>E</u>valuation and Innovation: an <u>O</u>pportunity for <u>U</u>nprecedented Quality Improvement (AEIOU) Strategic Initiative - CONTINUING AS <u>P</u>ioneering <u>R</u>esearch for <u>I</u>mproved <u>M</u>edical <u>E</u>xcellence (PRIME) Strategic Initiative

AEIOU built upon the technological work between regional partners from all parts of the EMS system to bolster the region's quality improvement abilities, capacity, and efforts. It included creating standardized systems for data analysis, updating data-sharing mechanisms, and contributing toward advancements of medical research. **PRIME** is the next iteration in upgrading current data processes and enhancing overall data management capabilities, contributing to medical quality improvement efforts. It includes improvements to the patient care records software (ESO Solutions), data sharing, standardization, and data automation; improving integration pertaining to data systems with Public Health, ESO, and agencies; and conducting pilot projects to foster innovation.

#### 3. Emergency Medical Dispatch Strategic Initiative - NEW

1179This initiative invests in emergency medical dispatch (EMD) improvements, including identification of an1180external vendor to host the electronic criteria based dispatch (eCBD) guidelines used to determine the1181appropriate level of care and response type. Using an outside vendor brings greater security, more rapid1182eCBD updates, and increased interoperability between systems that exchange information. It also provides1183funding to explore EMD-focused pilots for continuous quality assurance/quality improvement activities during1184and after 9-1-1 calls.

# 11854. King County Fire Chiefs Association Mental Wellness & Equity, Racism & Social1186Justice/Diversity, Equity & Inclusion proposals

1187The King County Fire Chiefs Association (KCFCA) has partnered with the EMS Division to develop strategies to1188address mental wellness for all first responders and advance equity in EMS organizations and the diverse1189communities they serve. Like the BLS Subcommittee, the Regional Services Subcommittee endorsed1190continuing these efforts that further advance such causes for the 2026-2031 levy span:

#### 1191 <u>Mental Wellness</u>:

1192KCFCA proposes to create and implement a comprehensive mental wellness approach across King County to1193support the health of our region's first responders, medics, and dispatchers. This effort will focus on a1194regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the1195mental wellness field. It will include consulting authorities in first responder mental wellness, continuing peer1196support training, and organizing other learning opportunities for EMS personnel.

#### 1197 Diversity, Equity and Inclusion/Equity, Racial and Social Justice:

1198This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel1199DEI and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring1200workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on1201integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and1202supporting outward facing work that connects communities to EMS skills and knowledge. This includes the1203community-based Vulnerable Populations Strategic Initiative along with the Strategic Training and1204Recruitment (STAR) program and the Future Women in EMS/Fire recruitment programs.

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# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

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**Programmatic Comparison Between Levies** 2020-2025 Levy 2026-2031 Levy **Regional Services (RS)** Fund regional services that focus on superior medical Fund regional services that focus on superior medical training, oversight, and improvement; innovative training, oversight, and improvement; innovative programs programs and strategies; regional leadership, and strategies; regional leadership, effectiveness and effectiveness and efficiencies. efficiencies; and strengthening community interactions and partnerships. Move BLS Core Services program out of Regional Services Enhance programs to meet regional needs. budget and into BLS allocation. Inflate costs at CPI-W + 1% Inflate costs at CPI-W + 1% Strategic Initiatives (SI) and other programs Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a Mobile Integrated Healthcare (MIH) model to address community needs. Convert BLS Efficiencies into ongoing programs Transition CMT and E&E into MIH exploration Convert RMS into ongoing programs Integrate the BLS Training and QI SI into the BLS Allocation Support existing and new strategic initiatives that leverage Support existing and new strategic initiatives that leverage previous investments made to improve patient care and previous investments made to improve patient care and outcomes. outcomes. o Continue implementing next stages of Vulnerable • Continue implementing next stages of Vulnerable Populations Populations -> ECHO and AEIOU -> PRIME Develop two new Initiatives: 1) AEIOU and 2) STRIVE Develop one new Initiative focused on Emergency Medical Dispatch o Transition Community Medical Technician into MIH exploration Support KCFCA proposals promoting mental wellness and ERSJ/DEI Provide regular updates to past audit recommendations Inflate costs at CPI-W + 1% Inflate costs at CPI-W + 1%

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## 1211 ECONOMIC FORECAST

1212The Medic One/EMS Levy financial plan is based on a post-pandemic economic recovery, which stabilized the1213economy after a period of high inflation and increased mortgage rates. Based on projections from the King County1214Office of Economic and Financial Analysis (OEFA), the financial plan assumes lower inflation with rates stabilizing1215at less than three percent in the second and third years of the levy period and the gradual lowering of mortgage1216rates. King County inflation is projected to remain higher than the national average.

In addition, residential assessed value (AV), particularly for single-family homes, is increasing at rates higher than
 commercial and industrial properties both in Seattle and King County. Commercial AV outside of the City of Seattle
 has remained more stable. As a result, OEFA has forecast a reduction in the City of Seattle's percentage of
 property tax relative to levels prior to 2022.

Given the experience of the 2020-2025 levy period with high inflation and dynamics affecting both AV projections and the distribution of AV between the City of Seattle and the KC EMS Fund (remainder of King County), it was deemed prudent by the Finance Subcommittee to continue to include economic/supplemental reserves to cover the potential of reduced property taxes or increased expenses related to inflation.

## 1226 FINANCE SUBCOMMITTEE

- <sup>1227</sup> Chair: The Honorable Lynne Robinson, Mayor of Bellevue
- 1228The Finance Subcommittee assessed the programmatic recommendations developed by the other subcommittees1229and provided financial perspective and advice to the Task Force. As the ALS, BLS, and Regional Services1230Subcommittees each developed its own set of recommendations specific to its program areas, the Finance1231Subcommittee reviewed the proposals as a whole package, rather than as individual and independent pieces, to1232ensure the financial plan was well balanced and financially prudent.
- 1233The Subcommittee also looked at the recommendations within the perspective of the levy planning economic1234environment, economic forecasts, and the potential for changes in the economic forecast. Significant efforts went1235toward analyzing financial implications of changes in economic conditions to develop appropriate contingency and1236reserve levels.
- <sup>1237</sup> The <u>Finance Subcommittee recommendations</u> are as follows:

#### <sup>1238</sup> **FINANCE RECOMMENDATION 1:**

### <sup>1239</sup> CONDUCT A RISK ANALYSIS to determine appropriate reserve funding to help

#### <sup>1240</sup> safeguard the Medic One/EMS system from unforeseen financial risk.

1241To better understand the level of risk for the next levy span, the Subcommittee requested that King County staff1242prepare different "what-if" scenarios (sensitivity analyses) to evaluate how changes to the proposed revenue and1243expenditures could impact the financial plan. The scenarios assumed:

- Potential of reduced property taxes, and
  - Potential of higher inflation that could increase costs of planned services.

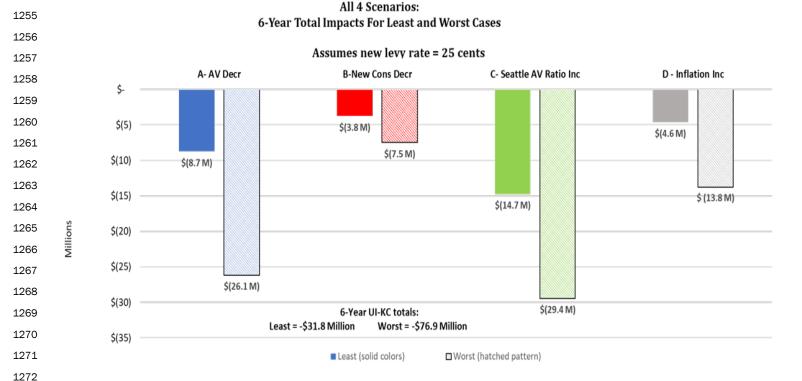
# FINANCE

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The revenue scenarios considered three different ways property taxes could be less than planned: reduced AV,
 reduced new construction, and a change in the proportion of funds between the City of Seattle and the King County
 EMS Fund. The expenditure scenarios looked at potential increased inflation and evaluated inflation increases from
 0.5 percent to 1.5 percent higher than planned. Each scenario contained a least and worst case situation for the
 Subcommittee to consider.



Subcommittee members used this information to determine whether the planned reserves could accommodate a
 potential change in economic conditions. Since the City of Seattle funds reserves separately from EMS levy funds,
 the Subcommittee focused on appropriate reserves for the King County EMS Fund. The potential impacts on the King
 County EMS Fund ranged from a decrease of \$31.8 million to a decrease of \$76.9 million. The financial plan
 includes approximately \$47.0 million for Economic/Supplemental Reserves. These reserves allow the EMS levy to
 remain whole even if many of these scenarios occur. Based on the potential for economic volatility, the
 Subcommittee recommended fully funding reserves and placing any additional funds into supplemental reserves.

#### <sup>1281</sup> <sup>1282</sup> FINANCE RECOMMENDATION 2:

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# INCORPORATE sufficient reserves and contingencies, with appropriate access policies, to mitigate financial risk and provide flexibility; adapt policies as needed for alignment with King County financial policies.

Reserves were first explicitly included in the 2008-2013 Medic One/EMS financial plan when regional partners wanted to ensure that funds were available to address emerging needs, particularly larger one-time expenses and unexpected/unplanned expenses. Now an integral and expected part of the levy's financial plan, EMS reserves are routinely reviewed and adjusted to better meet the needs of the regional system and consistency with updated King County Financial Policies.

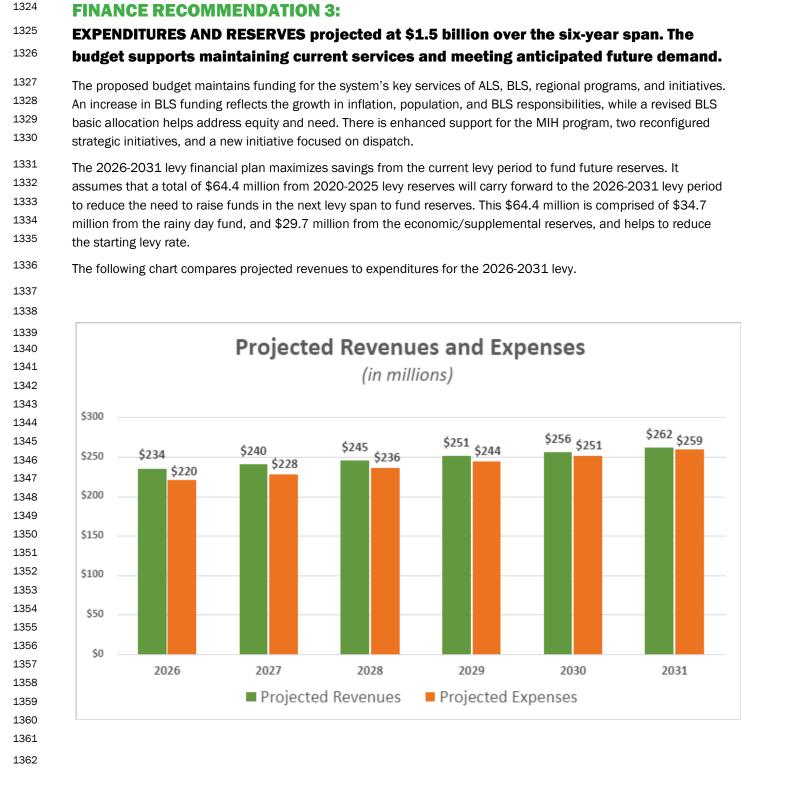
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# FINANCE

1293 2026-2031 Proposed Contingencies and Reserves Subcommittee members agreed that the financial plan should include adequate and reasonable reserves and 1294 contingencies to fund unanticipated or one-time costs. The group supported fully funding programmatic and King 1295 County-required rainy day reserves (90-day funding). In addition, Subcommittee members prioritized placing 1296 remaining funds in the Economic/Supplemental Reserves to protect the system should the economy change. 1297 Revenues received that are not needed to cover program and reserve needs will be placed in the 1298 Economic/Supplemental Reserves to supplement existing reserves, and/or be used to buy down a future levy rate. 1299 1300 Reserves and contingencies would continue to have appropriate access and usage policies and would be consistent with King County financial policies. 1301 1302 1303 Based on the system's programmatic needs as determined in the other three subcommittees and the desire to be 1304 prepared in the event of an economic downturn, the Finance Subcommittee recommended the following for 1305 Contingencies and Reserves. 1306 Fund Contingencies at \$1.3 million a year to cover significant increases in operating costs that cannot be 1307 accommodated by the ALS allocation or program balances. An example is paid-time-off above amounts 1308 included in the allocation (due to the need to backfill paid-time-off). On a limited basis, allow contingency 1309 funding to be available to cover unplanned expenses related to regional services and initiatives. 1310 Fund Programmatic Reserves that include: 1311 \$1.3 million for ALS equipment – covers unplanned costs related to equipment including potential addition 1312 of new equipment, decreased lifespans of equipment or need for early replacement, and increased costs not 1313 accommodated within the Equipment Allocation, and 1314 \$17.4 million for ALS Capacity - includes \$1.6 million to accommodate moving a medic unit to a new 1315 location or cover significant investments needed at current locations, and temporary capacity increases; and 1316 \$15.8 million as a placeholder for new units. This is consistent with ALS Subcommittee 1317 **Recommendations #4 and #5.** 1318 Funding the Rainy Day Reserve consistent with King County policy (currently 90-days). This is estimated at 1319 \$41.2 million. 1320 Placing any other available funds in the Economic/Supplemental Reserve to accommodate potential 1321 economic downturn. The current estimate is \$47 million. 1322 Г

	al Contingencies & Reserves Budget for the 2026 - 2031 Levy Period				
	2026-2031 Total				
Contingencies & Programmatic Reserves	\$26.5 million				
Rainy Day Reserve	\$41.2 million				
Total Programmatic Reserves	\$67.7 million				
Economic/Supplemental/Rate Stabilization	\$47.0 million				

# FINANCE



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### 1366 FINANCIAL PLAN OVERVIEW & ASSUMPTIONS

1367The 2026-2031 financial plan endorsed by the EMS Advisory Task Force meets the programmatic needs identified1368in the subcommittees, maintains financial policies used during previous levy spans, and provides adequate1369reserves to ensure continuation of essential EMS services in the case of an economic downturn.

- 1370 It was developed based on widely understood and accepted regional principles of the tiered system:
- The Medic One/EMS levy will continue to support the delivery of quality pre-hospital emergency medical services and supply adequate funding to provide these services;
- Advanced Life Support (ALS) services will remain the priority of the Medic One/EMS levy;
- Basic Life Support (BLS) services will be funded through a combination of local taxes and Medic One/EMS levy
   funds;
- The EMS Division is responsible for:
  - coordinating and convening regional partners to facilitate collaborative activities necessary to assure the success of the regional strategic and financial plans;
- 1379 o managing and ensuring the transparency of system finances; and
- 1380 o continuing to innovate and evaluate the efficacy and funding of programs from a system-wide perspective.
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#### <sup>1382</sup> Financial Oversight and Management

1383 The EMS Division is responsible for managing the levy fund in accordance with the Medic One/EMS Strategic Plan, 1384 the EMS financial plan, EMS Financial Policies PHL 9-2 (see below), and adopted King County Ordinances. Public 1385 Health - Seattle & King County's Chief Financial Officer provides general oversight of the EMS Division financial 1386 plan. Financial policies will continue to be updated to document and meet system needs including adapting to 1387 updated King County Financial Policies (within funding limits of the levy) and reflect financial decisions and 1388 recommendations from the adopted Medic One/EMS 2026-2031 Strategic Plan. EMS Division responsibilities 1389 include the review and evaluation of allocations, and the management of regional services and strategic 1390 initiatives, Contingencies and Reserves as reflected in the Plan, the EMS financial plan and associated King 1391 County ordinances.

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#### 1393

#### **EMS Financial Policies - PHL 9-2**

Oversight and management of EMS levy funds;

Methodology for appropriately **reimbursing ALS agencies** for eligible costs, including responsibilities by both the EMS Division and ALS agencies related to Operating and Equipment Allocations;

**Required reporting** by ALS agencies with review and analysis by EMS Division;

Methodologies for BLS, regional services, and strategic initiatives funding;

Regional services and strategic initiatives management, and

Review and management of reserves and designations including program balances.

# **FINANCE**

#### 1398 Considerations & Drivers

1399 This financial plan is based on key regional priorities outlined in this document to aggressively manage resources 1400 and the growth of services, create efficiencies, address uncertainty, and build on previous investments. Although 1401 experiencing a strong economy, the region was concerned about potential economic changes during the span of the 1402 next levy. Steps taken to help address uncertainties include continuing the ALS allocation structure with subtle 1403 updates, using the more conservative 65 percent confidence level in forecasting revenues (per King County policy) 1404 and ensuring sufficient contingencies and reserves. Reserve recommendations include fully funding programmatic 1405 and rainy day reserves plus directing any additional funds available in a 25.0 cent levy into an 1406 Economic/Supplemental reserve that could be used in the case of an economic downturn. In determining 1407 Economic/Supplemental reserve levels, King County prepared four different scenarios to evaluate how changes to

the proposed AV, new construction, inflation, and City of Seattle AV could impact the EMS levy financials.

Primary cost drivers relate to increases in the costs of providing services, demand for services, and changes in the
 types of services to meet community needs. Primary revenue drivers include 2026 starting AV and assumptions
 related to new construction.

Expenditures are based on Subcommittees' recommendations and are inflated yearly based on forecasts from the
 King County Office of Economic and Financial Analysis. Reserves and contingencies are based on programmatic
 needs and updated for compliance with King County Financial Policies, including a 90-day rainy ray reserve
 requirement for all levy supported funds. Economic/Supplemental reserves are consistent with the rate stabilization
 reserve category in the financial policies.

Revenues are planned to cover expenditures across the 2026-2031 levy period. Revenue needs were reduced by
 carrying forward approximately \$64.4 million from the 2020-2025 levy. The recommended 25.0 cent per \$1,000 AV
 levy rate allows supplemental reserves of \$47 million that could be available in an economic downturn.

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Medic One/Emergency Medical Services 2026-2031 Levy (in millions)					
	Seattle	KC EMS	Total		
Revenues					
Property Taxes	\$518.9	\$951.9	\$1,470.8		
Other Revenue		\$17.5	\$17.5		
Carryforward Reserves from 2020-2025		\$64.4	\$64.4		
Total Available Revenues	\$518.9	\$1,033.8	\$1,552.7		
TOTAL Expenditures	\$518.9	\$919.1	\$1,438.0		
Programmatic & Rainy Day Reserves		\$67.7	\$67.7		
TOTAL Expenditures and Reserves	\$518.9	\$986.8	\$1,505.7		
Funds available for Supplemental Reserves		\$47.0	\$47.0		
Levy Rate			25.0 cents		

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**FINANCE** 

## 1422 FINANCIAL PLAN ASSUMPTIONS

1423The 2026-2031 financial plan, like other financial plans, is based on numerous assumptions and acknowledges1424that actual conditions may differ from the original projections. The objective is to have a financial plan flexible1425enough to handle changes as they occur. Key financial assumptions provided by the King County Economist1426include new construction growth, assessed value, inflation, and cost indices. Actuals are through 2023. Most of1427the assumptions for the 2026-2031 financial plan include inflation and growth assumptions for 2025 as well as14282026-2031.

- 1429This section documents key assumptions and shows projected costs related to inflation increases and distribution1430of property taxes. It also outlines estimated revenues, expenditures, and reserves that constitute the 2026-20311431financial plan. Note that when numbers are rounded to millions for presentation purposes, some rounding errors1432will occur.
- 1433Total expenditures are projected to be \$1.4 billion over the 2026-2031 levy period, with \$919 million projected for1434the King County EMS Fund. The financial plan includes carrying forward \$64.4 million in rainy day and1435economic/supplemental reserves from the 2020-205 levy which reduces the funding and levy rate needed for the14362026-2031 levy. A 25.0 cent per \$1,000/AV rate is proposed to fund the 2026-2031 levy period.

### 1438 **KEY ASSUMPTIONS**

#### 1439 **Revenues**

1440The 2026-2031 financial plan is based on an EMS property tax levy as the primary source of funding. The revenue1441forecast is built on assumptions including the AV at the start of the levy period, AV growth, and new construction1442AV, as forecast by the King County Office of Economic and Financial Analysis (OEFA). Other considerations include1443the division of property tax revenues between the City of Seattle and the King County EMS Fund, interest income1444on fund balance, and other revenues received by property tax funds at King County. While previous levy periods1445assumed a one percent delinquency rate, King County now forecasts without it.

1446The plan is based on increases in King County AV from 2020 to 2025 followed by a forecast of more moderate1447increases between 2026 and 2031. The forecast assumes growth of new construction AV from \$10.4 billion in14482026 (the first year of the levy) and end the levy period at \$11.8 billion in 2031. The EMS levy does not receive1449new construction funds in the first year of the levy.

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Rate of Growth	2026	2027	2028	2029	2030	2031
New Construction		3.57%	2.00%	2.48%	2.19%	2.48%
Growth in Existing AV	5.87%	4.64%	4.43%	4.45%	4.77%	4.52%

# **FINANCE**

#### 1455 Assessment (Property Taxes):

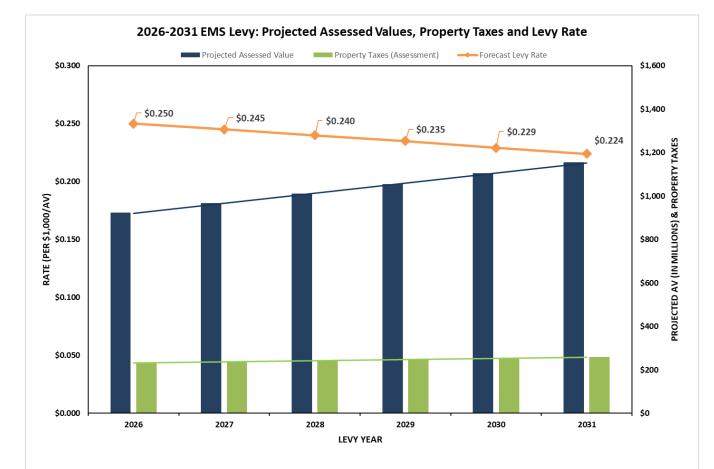
Per RCW 84.55.010, increases in assessments (property taxes) are limited to one percent plus assessments on new construction. Forecast property tax increases exceeding one percent are due to new construction. The following chart and table show the relationship between assessed value, levy assessment (property taxes), and levy rate as currently forecasted. While the growth in AV from 2026 to 2031 averages just under five percent per year, projected property taxes (property taxes/assessment) are projected to average just over two percent per year. Assessment includes a one percent increase on existing properties and the addition of new construction. Based on these increases, the levy rate is projected to decline from 25.0 cents to 22.4 cents per \$1,000 AV in the last year of the levy (2031).



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Levy Year Projected AV		Property Taxes (Assessment)	Forecast Levy Rate	Growth in AV	Growth in Assessment
2026	\$924,584,361,939	\$231,146,090	\$0.250		
2027	\$967,445,977,367	\$237,045,806	\$0.245	4.64%	2.55%
2028	\$1,010,332,965,793	\$242,414,877	\$0.240	4.43%	2.26%
2029	\$1,055,291,690,277	\$247,862,021	\$0.235	4.45%	2.25%
2030	\$1,105,597,146,946	\$253,383,158	\$0.229	4.77%	2.23%
2031	\$1,155,558,905,321	\$259,007,621	\$0.224	4.52%	2.22%

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1470 <u>Division of Revenues</u>:

1471 Revenues raised within the City of Seattle are sent directly to the City by King County; revenues for the remainder 1472 of King County are deposited in the King County EMS Fund. The percentage of overall AV in the City of Seattle has 1473 decreased during the current levy period from 40.1 percent in 2020 to 35.5 percent in 2025 but is forecast to 1474 increase slightly over the 2026-2031 levy period.

1475 The following table shows AV trends for the 2026-2031 levy:

#### Estimated Value of Assessments for the 2026 - 2031 Levy Period (in millions)

	Average % of Assessed ValueEstimated Tax Revenue		Estimated Other Revenue	Estimated Total	
City of Seattle	35.27%	\$518.9		\$518.9	
KC EMS Fund	64.73%	\$951.9	\$17.5	\$969.4	

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The following table shows forecast property tax assessments based on the forecast division of property taxes by King County OEFA. Forecast levy revenue above one percent is due to new construction.

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	2026	2027	2028	2029	2030	2031	2026-2031 Total
City of Seattle	\$80.7	\$83.0	\$85.3	\$87.7	\$89.9	\$92.3	\$518.9
Growth in City of Seattle		2.85%	2.77%	2.81%	2.51%	2.67%	
KC EMS Fund	\$150.5	\$154.0	\$157.1	\$160.1	\$163.5	\$166.7	\$951.9
Growth in KC EMS Fund		2.36%	1.97%	1.95%	2.10%	1.96%	

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#### 1485 <u>Other Revenues:</u>

In addition to property taxes from the Medic One/EMS levy, the KC EMS Fund receives interest income on its fund balance, and other miscellaneous King County revenues distributed proportionately to property tax funds (such as lease and timber taxes).

Other Revenue Assumptions KC EMS Fund								
Revenues	Estimate	% of Total Revenue						
Interest Income	\$15,127,000	86.3%						
Other Revenue Sources	\$2,400,000	13.7%						
Total Other Revenue	\$17,527,000	100.0%						

# FINANCE

#### 1494 **Expenditures**

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Total expenditures, including both City of Seattle and KC EMS Fund are estimated at \$1.4 billion with \$519 million estimated for the City of Seattle and \$919 million estimated for the King County EMS Fund. The remainder of this section covers KC EMS Fund expenditures.

- 1498 The KC EMS Fund finances four main program areas related to direct service delivery or support programs:
- Advanced Life Support (ALS)
- Basic Life Support (BLS), including Mobile Integrated Healthcare (MIH)
- Regional Services (RS)
- Strategic Initiatives (SI)
- 1503 In addition, funding for contingencies and reserves is allocated within the financial plan.

Program budgets are increased yearly with inflators appropriate to the program. All programs, except for the ALS equipment allocation, are proposed to be increased by the local CPI-W + 1%. The one percent accommodates benefits and other costs, such as pharmaceuticals, that often increase at rates higher than CPI-W. The CPI assumptions used in this financial plan were provided by King County OEFA. Expenditures are inflated by the previous year's actuals (through June).

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#### **CPI Assumptions – CPI-W**

Levy Year	2025	2026	2027	2028	2029	2030	2031
CPI-W	3.63%	3.46%	2.96%	2.62%	2.84%	2.60%	2.49%

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1511The current CPI-W for the Seattle area is CPI-W Seattle-Tacoma-Bellevue. The ALS equipment allocation is inflated by1512the Producer Price Index for transportation equipment: other trucks and vehicles, complete, produced on purchased1513chassis, except upfitting trucks. If the definition of these indices is updated or discontinued, EMS will use the1514updated indices (such as the change in the PPI for transportation equipment in the past levy period) or choose a1515closely aligned index as reviewed by the King OEFA. If needed, an alternative index could be proposed and reviewed1516by the EMS Advisory Committee and King County OEFA.

Programmatic expenditure levels for the 2026-2031 levy period are based on increases using the identified inflator for the program, the timing of new services, and cash flow projections for individual strategic initiatives. The actual allocation will differ slightly based on actual (rather than forecast) economic indices.

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#### **Expenditures by Program Areas** 1525

The following table includes the expenditures by program area for the KC EMS Fund. 1526

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Program Area Expenses	King County
Advanced Life Support (ALS)	\$511,807,522
Basic Life Support (BLS & MIH)	\$273,916,796
Regional Support Services	\$124,933,604
Strategic Initiatives	\$8,493,623
Sub-Total	\$919,151,545
Reserves	\$67,686,382
Total Programmatic Proposal	\$986,837,927
Economic/Supplemental Reserves	\$46,974,700

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#### Advanced Life Support (ALS) Services 1530

1531 Since the first Medic One/EMS levy in 1979, regional paramedic services have been largely supported by, and are the funding priority of, the Medic One/EMS levy. Costs have been forecasted as accurately as feasible; but should 1532 1533 the forecasts prove insufficient, ALS remains the first priority for any available funds. Contingency and reserve funds are available if needed. Funding levels for Bellevue Medic One, Northeast King County Medic One 1534 1535 (Redmond), Shoreline Medic One, and King County Medic One are allocated on a per unit cost basis, as shown in the chart below. 1536

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Advanced Life Support (ALS) Standard Unit Cost: 2026 Allocations							
Category	Average Costs	%					
Medic Unit Allocation	\$2,821,501	69.51%					
Supervisory/Program Allocation	\$711,281	17.52%					
System Allocation	\$375,176	9.24%					
Subtotal Operating Allocations	\$3,907,958	96.27%					
Equipment Allocation	\$151,271	3.73%					
ALS Per Unit Total	\$4,059,229	100.00%					

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The equipment allocation is based on average cost of equipment purchases, the expected lifespan of the 1541 1542 equipment, and the number needed per unit. Each medic unit is budgeted to have two vehicles - primary and back-up for when the primary is out-of-service, there is an overlap between shifts, and times when an extra 1543 response unit may be needed (such as in the event of a storm or flood). 1544

# FINANCE

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**ALS Allocation - Inflation Assumptions** 

ALS operating allocations are proposed to increase yearly by CPI-W + 1%. The equipment allocation will remain

King County Economist recommends using a 40-year average of that PPI for forecast purposes.

inflated using a PPI related to transportation equipment, as recommended by the King County Auditor's Office. The

Inflation Assumption	Calculation Basis	Source	2026	2027	2028	2029	2030	2031
Operating Allocation	Local CPI-W +1% (CWURS49DSAO)	KC OEFA	4.46%	3.96%	3.62%	3.84%	3.60%	3.49%
Equipment Allocation	WPU14130294	KC OEFA	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

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The following table shows estimated ALS costs for the KC EMS Fund.

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#### Total Projected ALS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
KC EMS Fund	\$77,669,176	\$80,720,142	\$83,626,832	\$86,815,477	\$89,925,097	\$93,050,798	\$511,807,522

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The 2026-2031 financial plan recommends an annual review of ALS costs to minimize cost-shifting to agencies. As has been the practice, a group that includes representatives from the different ALS agencies will meet annually or as appropriate to review costs and provide recommendations on the adequacy of the allocations.

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**Basic Life Support (BLS) Services** 

1563 Total BLS funding, including Mobile Integrated Healthcare (MIH), for 2026-2031 is estimated at \$273 million.

1564Basic Life Support Funding: While there are 23 fire agencies that provide BLS services throughout the region, the1565levy provides partial funding to 21 BLS agencies (excluding the City of Seattle and the Port of Seattle Fire1566Departments) to help ensure uniform and standardized patient care and enhance BLS services. BLS funding is1567inflated at CPI-W + 1% per year. In addition, \$3 million will be added to the baseline 2026 allocation and will be1568allotted in the first year using the newly revised BLS allocation distribution methodology. The one percent added to1569CPI acknowledges expenses, such as step increases, benefits, and other expenses such as pharmaceuticals that1570typically increase at rates higher than the inflationary assumptions included in the regional CPI-W.

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#### Total Projected BLS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$33,962,126	\$35,307,026	\$36,585,141	\$37,990,010	\$39,357,652	\$40,731,235	\$223,933,190

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MIH Funding: The 2026-2031 levy includes funding the MIH program to address community needs. MIH
 allocations inflate at CPI-W +1%. In addition, \$2 million will be added to the baseline 2026 allocation and will be
 distributed the first year using the same methodology as the BLS allocation. For additional information on MIH,
 please refer to page 29.

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#### Total Projected Annual MIH Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$7,580,607	\$7,880,799	\$8,166,084	\$8,479,662	\$8,784,930	\$9,091,524	\$49,983,606

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#### 1580 **Regional Services**

The EMS Division is responsible for managing regional Medic One/EMS programs and services that support critical functions that are essential to providing the highest quality out-of-hospital emergency care available. Funds to support overall infrastructure and expenses related to managing the regional system are budgeted in Regional Services. Regional services are inflated at CPI-W + 1% per year. For additional information on regional services, please refer to page 33.

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#### Total Projected Regional Services Expenses for 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$18,947,663	\$19,697,991	\$20,411,058	\$21,194,843	\$21,957,859	\$22,724,190	\$124,933,604

# **FINANCE**

#### Strategic Initiatives 1589

1590 Strategic initiatives are pilot projects geared to improve the quality of EMS services, contain costs, and/or manage the rate of system growth. Strategic initiatives are funded with lifetime budgets that include inflationary assumptions 1591 1592 similar to those used by regional services. Increased funding for the programs and new projects is reviewed and recommended by the EMS Advisory Committee and the King County Council through the normal County budget 1593 process. For additional information on strategic initiatives, please refer to page 33. 1594

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Total Projected Strategic Initiatives Expenses for the 2026-2031 Levy Period							
	2026	2027	2028	2029	2030	2031	2026-2031 Total
ECHO	\$482,988	\$559,292	\$638,787	\$663,316	\$687,195	\$711,179	\$3,742,757
PRIME	\$247,500	\$257,301	\$266,616	\$276,854	\$286,820	\$296,828	\$1,631,919
EMD SI	\$275,000	\$224,356	\$229,491	\$235,136	\$240,631	\$246,149	\$1,450,763
Mental Wellness	\$176,000	\$182,970	\$189,593	\$196,873	\$203,961	\$211,079	\$1,160,476
ERSJ/DEI	\$77,000	\$80,049	\$82,947	\$86,132	\$89,233	\$92,347	\$507,708
TOTAL King County	\$1,258,488	\$1,303,968	\$1,407,434	\$1,458,311	\$1,507,840	\$1,557,582	\$8,493,623

1596

#### **Reserves and Contingencies** 1597

Reserves were added during the 2008-2013 levy planning process and continue to be refined for this levy period. 1598 1599 The reserve levels proposed are consistent with updated King County Financial Policies requiring 90-day reserves for levy funds and reflect the Task Force's concerns about being sufficiently resilient and able to provide services during 1600 a potential economic downturn. 1601

1602 Categories include programmatic, rainy day, and economic/supplemental reserves. Contingency funding, while technically not a reserve, is rolled into the programmatic category. Programmatic reserves are designed to cover 1603 potential ALS costs related to equipment and expanding capacity (including \$15.8 million "placeholder" that could 1604 cover costs related to adding up to two 12-hour ALS units). The plan includes a 90-day rainy day reserve, in 1605 1606 adherence with King County financial policies. To ensure resiliency, funds above the amount needed to cover programmatic needs (expenditures, contingencies, and reserves) will be placed in an economic/supplemental 1607 reserve. These funds will be available to address funding if there is an economic downturn and can replenish other 1608 reserves during the levy period. If not used during the levy period, these reserves and contingency are intended to 1609 buy down a future levy rate. Use of programmatic reserves and contingency will be reviewed by the EMSAC Financial 1610 Subcommittee and the EMS Advisory Committee. The funds would also require appropriation by King County. 1611

If needed to address emerging conditions, changed economic circumstances and/or King County policies, changes to 1612 reserves can be implemented during the 2026-2031 levy period. Such changes would require review and approval by 1613 the EMS Advisory Committee, the Executive, and the King County Council. 1614

	2026	2027	2028	2029	2030	2031
Programmatic Reserves	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000
Rainy Day Reserve	\$34,377,056	\$35,731,215	\$37,034,766	\$38,450,541	\$39,830,148	\$41,216,382
Total Programmatic Reserves	\$60,847,056	\$62,201,215	\$63,504,766	\$64,920,541	\$66,300,148	\$67,686,382
Economic/ Supplemental Reserves	\$17,935,149	\$28,730,755	\$37,075,300	\$42,643,462	\$46,020,165	\$46,974,700

#### Projected Annual Reserves Levels: 2026-2031 Levy

1616 1617 Note: Reserves roll over year-to-year; total budget dedicated to programmatic reserves is \$67.7 million

1618 To encourage cost efficiencies and allow for variances in expenditure patterns, program balances were added

1619during the 2002-2007 levy and have remained in practice. Program balances allow agencies to save funds from1620yearly allocations to use for variances in expenditures in future years. They are primarily used by ALS agencies to1621accommodate cashflow peaks related to completing labor negotiations – particularly related to back wages. Within1622the Regional Services budget, use of program balances may be related to the timing of special projects (particularly1623projects supporting ALS or BLS agencies). Program balances are proposed to continue in the 2026-2031 levy1624period. Program balances are not shown in the proposed levy financial plan but are reviewed on a regular basis.

# **Appendix A: Proposed 2026-2031 Regional Services**

1627

1626

Regional services planned in the 2026-2031 levy, including converted strategic initiatives are as follows:

#### TRAINING AND EDUCATION

#### **EMT TRAINING**

- Basic Training: Entry-level training to achieve WA State certification
- **EMS Online Continuing Education (CE) Training:** Web-based training to maintain/learn new skills and meet state requirements
- CBT Instructor Workshops: Training for Senior EMT instructors
- Regionalized Initial Training: Condensed training conducted zonally
- EMT Certification Recordkeeping: Monitor and maintain EMS certification records
- Strategic Training and Research (STAR) program: Training opportunities for traditionally underrepresented students
- **STRIVE:** The modernized EMS Online teaching platform supporting a Learning Management System (LMS) and Learning Records Store (LRS) for enhanced reporting capabilities

#### **PARAMEDIC TRAINING**

- **EMS Online Continuing Education modules:** Web-based training to maintain skills, developed in coordination with UW Harborview Paramedic Training program
- Paramedic Training: Certified paramedics support students at the UW Harborview Paramedic Training program
- Harborview Series: Posting of "Tuesday Series" on EMS Online

#### **EMERGENCY MEDICAL DISPATCH (EMD) TRAINING**

- Basic Training: 40 hours entry level Criteria Based Dispatch training
- **Continuing Education:** Eight-hour hybrid (in-class and EMS online web-based) instruction to reinforce training/learn new skills
- Advanced EMS Training: Enhanced medical dispatching concepts
- EMS Instructor Training: Instructor training for Basic Dispatch

**CPR/AED TRAINING**: Secondary School Students: Conduct CPR instructor training, purchase training supplies and equipment, train students

#### **COMMUNITY BASED PROGRAMS**

#### **INJURY PREVENTION**

- Fall Prevention for Older Adults: Home fall hazard mitigation and patient assessment
- Shape-up 50+ for a Healthy & Independent Lifestyle: A community awareness campaign regarding exercise opportunities for seniors to prevent falls and injuries
- **Child Passenger Safety Program**: Proper car seat fitting and installation for populations not served by other programs
- Targeted Age Driving: Safety interventions, include preventing driving and texting

**TRP/NURSELINE**: Divert low-acuity BLS calls to Nurseline for assistance in lieu of sending a unit response

TAXI TRANSPORT VOUCHER: Transport patients at lower costs using taxis as an alternative to private ambulances

**COMMUNITIES OF CARE:** Evaluate 9-1-1 calls for services and educate licensed care facilities on appropriate use of EMS resources

**MOBILE INTEGRATED HEALTHCARE**: Providing alternative yet still most appropriate care for lower-acuity and complex patients

#### **REGIONAL MEDICAL QUALITY IMPROVEMENT (QI)**

**REGIONAL MEDICAL DIRECTION:** Oversight of all medical care; approval of protocols, continued education, and quality improvement projects

PATIENT SPECIFIC MEDICAL QI: Review medical conditions to improve patient care

CARDIAC CASE REVIEW: Assessment and feedback re: cardiac arrest events throughout King County

**EMERGENCY MEDICAL DISPATCH QI:** Evaluation and improvement of medical 9-1-1 call handling and dispatch decisions

CRITERIA-BASED DISPATCH (CBD) GUIDELINES: CBD Revisions: Analysis to safely limit frequency that ALS is dispatched

DISPATCHER-ASSISTED CPR QI: Review of the handling of cardiac arrest calls; evaluate and provide feedback

#### **PUBLIC ACCESS DEFIBRILLATION (PAD)**

- PAD Registry: Maintain registry/ provide PAD location to dispatchers
- Project RAMPART: Funding to buy/place AEDs in public areas; provide CPR training to public sector employees
- PAD Community Awareness: Increase public placement and registration of AEDs (SI converted to RS for 2014-2019 levy

ALS/BLS PATIENT CARE PROTOCOLS: Development of EMT and Medic protocols/standards for providing prehospital care

**REGULATORY COMPLIANCE:** Ensure system-wide contractual/quality assurance compliance

#### **EMS DATA MANAGEMENT**

**EMS DATA COLLECTION:** Oversee collection/integration/use of EMS system data, including Medical Incident Reports

EMS DATA ANALYSIS: Analyze system performance and needs

**REGIONAL RECORDS MANAGEMENT SYSTEM (RMS) / SEND:** Improved network of data collection throughout the region with numerous EMS partners, including dispatch and hospitals

**EMS SUPPORT FOR SMALL AGENCIES**: Supports IT assistance and equipment purchases necessary for agencies to participate in the regional EMS system.

#### **REGIONAL LEADERSHIP AND MANAGEMENT**

**REGIONAL LEADERSHIP, MANAGEMENT, AND SUPPORT:** Provide financial and administrative leadership and support to internal and external customers; implement EMS Strategic Plans, best practices, business improvement process

MANAGE EMS LEVY FUND FINANCES: Oversee all financial aspects of EMS levy funding

CONDUCT LEVY PLANNING AND IMPLEMENTATION: Develop EMS Strategic Plan; implement programs

**MANAGE HR, CONTRACTS, AND PROCUREMENT:** Oversee contract compliance and continuity of business with EMS partners

#### **INDIRECT AND INFRASTRUCTURE**

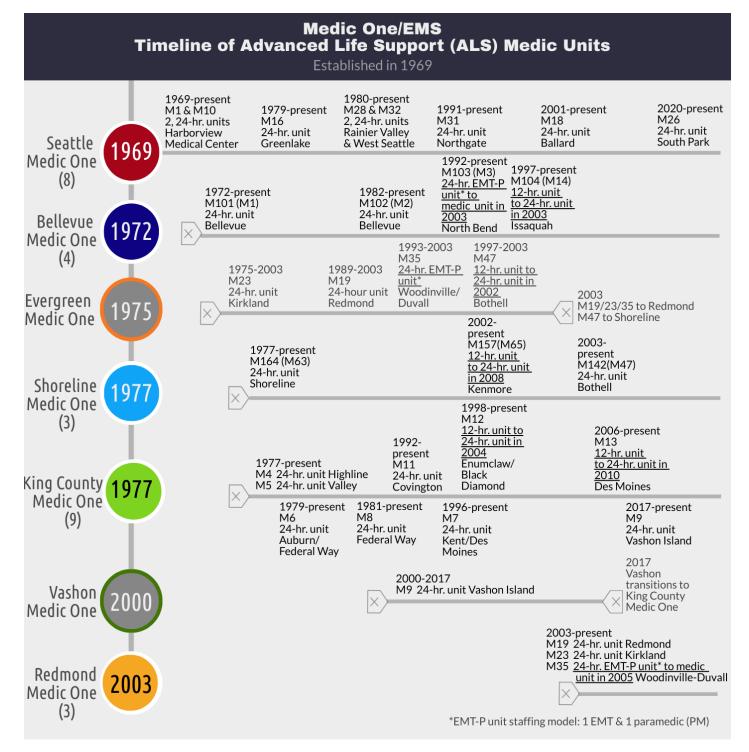
**INFRASTRUCTURE SUPPORT:** Infrastructure costs to support EMS Division including leases, vehicles, copier, etc.

INDIRECT AND OVERHEAD (INCLUDES INFORMATION TECHNOLOGY & BUSINESS SYSTEMS): Costs

associated with EMS Division including payroll, human resources, contract support, other services, and overhead

# **Appendix B: Advanced Life Support (ALS) Units**

The Medic One/EMS system serving Seattle and King County is recognized as the first EMS system established in the United States in 1969. The timeline below identifies the year that each Medic One ALS Program was established and key dates when medic units were added into service or removed from service. Full-time medic units staffed with two paramedics provide 24-hour service. Half-time units staffed with two paramedics provide 12-hour service. EMT-P units were used primarily to provide service to outlying areas and were staffed with an emergency medical technician and paramedics.



# **Appendix C: Comparisons Between Levies**

Program Area	2020-2025 Levy	2026-2031 Levy		
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service		
(ALS)	0 planned additional units	0 planned additional units		
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy		
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology		
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million		
	2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses - Operational Contingencies - Expenditure Reserves	2 Reserve/Contingency categories to cover ALS-specific unanticipated/one- time expenses - Operational Contingencies - Programmatic Reserves		
	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI		
	Support two ALS-based programs that benefit the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program	Support two ALS-based programs that benefit the regional system - ALS Support of BLS Activities - Having paramedics guide and train students at Harborview's Paramedic Training Program		
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities		
	Allocate funds to BLS agencies using methodology that is based on 50% Call Volumes and 50% Assessed Valuation; reset the first year using updated data that better reflects agencies' current Assessed Valuation and service levels; increase funding to ensure consistency in the first year	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 50% Assessed Valuation		
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%		

MOBILE INTEGRATED	Provide \$26 million over 6 years for MIH	Provide \$50 million over 6 years for MIH
HEALTHCARE (MIH)	Distribute first year of funding across all agencies using BLS allocation methodology of 50% AV and 50% call volumes	Distribute new funding in the first year across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation
	Inflate each agency's funding in subsequent years of the levy by CPI-W + 1%	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology
Regional Services (RS)	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships
	Move BLS Core Services program out of Regional Services budget and into BLS allocation	Enhance programs to meet regional needs
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%
Strategic Initiatives (SI)	<ul> <li>Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a <u>Mobile Integrated</u> <u>Healthcare, or MIH</u>, model to address community needs</li> <li>Convert <u>BLS Efficiencies</u> into ongoing programs</li> <li>Transition <u>CMT</u> and <u>E&amp;E</u> into MIH exploration</li> <li>Convert <u>RMS</u> into ongoing programs.</li> <li>Integrate the <u>BLS Training and QI SI</u> into the BLS allocation</li> </ul>	
	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes</li> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop 2 new Initiatives: 1) <u>AEIOU</u> and 2) <u>STRIVE</u></li> </ul>	Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes • Continue implementing next stages of <u>Vulnerable Populations -&gt; ECHO</u> and <u>AEIOU -&gt;</u> <u>PRIME</u> • Develop 1 new Initiative focused on Emergency Medical Dispatch Support King County Fire Chiefs Association proposals promoting Mental Wellness and ERSJ/DEI
	Transition <u>Community Medical Technician</u> into MIH exploration	
	Provide regular updates to past audit recommendations	
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

Citation	Chapters	
Chapter 18.71 RCW	Defining EMS personnel requirements: Physicians	
18.71.021	License required.	
18.71.030	Exemptions.	
18.71.200	Emergency medical service personnel Definitions.	
18.71.205	Emergency medical service personnel Certification.	
18.71.210	Emergency medical service personnel Liability.	
18.71.212	Medical program directors – Certification.	
18.71.213	Medical program directors – Termination Temporary delegation of authority.	
18.71.215	Medical program directors – Liability for acts or omissions of others.	
18.71.220	Rendering emergency care – Immunity of physician or hospital from civil liability.	
Chapter 18.73 RCW	Defining EMS practice: Emergency medical care and transportation services	
<u>Chapter 35.21.930 RCW</u>	Community Assistance Referral and Education Services program (CARES)	
<u>Chapter 36.01.095 RCW</u>	Authorizing counties to establish an EMS System: Emergency medical services — Authorized — Fees	
<u> Chapter 36.01.100 RCW</u>	Ambulance service authorized — Restriction	
Chapter 70.05.070 RCW	<b>Mandating public health services</b> by requiring the local health officer to take such action as is necessary to maintain the health of the public	
	Local health officer – powers and duties	
<u>Chapter 70.46.085 RCW</u> County to bear expense of providing public health services		
Chapter 70.54 RCW	Miscellaneous health and safety provisions	
70.54.060 RCW	Ambulances and drivers.	
70.54.065 RCW	Ambulances and drivers—Penalty.	
70.54.310 RCW	Semiautomatic external defibrillator-duty of acquirer-immunity from civil liability.	
70.54.430 RCW	First responders—Emergency response service—Contact information	
Chapter 70.168 RCW	Revising the EMS & trauma care system: Statewide trauma care system	
70.168.170 RCW	Patient transportation—Mental health or chemical dependency services	
<u> Chapter 74.09.330 RCW</u>	Reimbursement methodology for ambulance services—Transport of a medical assistance enrollee to a mental health facility or chemical dependency program	
<u>Chapter 84.52.069 RCW</u>	Allowing a taxing district to impose an EMS levy: Emergency medical care and service levies	

<u>Title 246-976 WAC</u>	Establishing the trauma care system: Emergency medical services and trauma care systems
	TRAINING
246-976-022	EMS training program requirements, approval, reapproval, discipline.
246-976-023	Initial EMS training course requirements and course approval.
246-976-024	EMS specialized training.
246-976-031	Senior EMS instructor (SEI) approval.
246-976-032	Senior EMS instructor (SEI) reapproval of recognition.
246-976-033	Denial, suspension, modification, or revocation of SEI recognition.
246-976-041	To apply for EMS training.
	CERTIFICATION 16
246-976-141	To obtain initial EMS agency certification following the successful completion of Washington state approved EMS course.
246-976-142	To obtain reciprocal (out-of-state) EMS certification, based on a current out- of-state or national EMS certification approved by the department.
246-976-143	To obtain EMS certification by challenging the educational requirements, based on possession of a current health care providers credential.
246-976-144	EMS certification.
246-976-161	General education requirements for EMS agency recertification.
246-976-162	The CME method of recertification.
246-976-163	The OTEP method of recertification.
246-976-171	Recertification, reversion, reissuance, and reinstatement of certification.
246-976-182	Authorized care Scope of practice.
246-976-191	Disciplinary actions.
	LICENSURE AND VERIFICATION
246-976-260	Licenses required.
246-976-270	Denial, suspension, revocation.
246-976-290	Ground ambulance vehicle standards.
246-976-300	Ground ambulance and aid service Equipment.
246-976-310	Ground ambulance and aid service Communications equipment.
246-976-320	Air ambulance services.
246-976-330	Ambulance and aid services Record requirements.
246-976-340	Ambulance and aid services – Inspections and investigations.
246-976-390	Trauma verification of pre-hospital EMS services.
246-976-395	To apply for initial verification or to change verification status as a pre- hospital EMS service.
246-976-400	Verification – Noncompliance with standards.

	TRAUMA REGISTRY
246-976-420	Trauma registry Department responsibilities.
246-976-430	Trauma registry responsibilities.
	DESIGNATION OF TRAUMA CARE FACILITIES
246-976-580	Trauma designation process.
246-976-700	Trauma service standards.
246-976-800	Trauma rehabilitation service standards.
	SYSTEM ADMINISTRATION
246-976-890	Inter-hospital transfer guidelines and agreements.
246-976-910	Regional quality assurance and improvement program.
246-976-920	Medical program director.
246-976-930	General responsibilities of the department.
246-976-935	Emergency medical services and trauma care system trust account.
246-976-940	Steering committee.
246-976-960	Regional emergency medical services and trauma care councils.
246-976-970	Local emergency medical services and trauma care councils.
246-976-990	Fees and fines.
Title 296-305-02501 WAC	Emergency medical protection
<u>Title 458-19-060 WAC</u>	Emergency medical service levy
King County Code Section 2.35A.030	Establishing the Emergency Medical Services Division within the Department of Public Health and describing the duties of the division. The duties of the EMS division shall include the following:
	A. Tracking and analyzing service and program needs of the EMS system in the county, and planning and implementing emergency medical programs, services and delivery systems based on uniform data and standard emergency medical incident reporting;
	B. Providing medical direction and setting standards for emergency medical and medical dispatch training and implementing EMS personnel training programs, including, but not limited to, public education, communication and response capabilities and transportation of the sick and injured;
	C. Administering contracts for disbursement of Medic One EMS tax levy funds for basic and advanced life support services and providing King County Medic One advanced life support services;
	D. Coordinating all aspects of emergency medical services in the county with local, state, and federal governments and other counties, municipalities, and special districts for the purpose of improving the quality of emergency medical services and disaster response in King County; and
	E Analyzing and coordinating the emergency medical services components of disaster response capabilities of the department. (Ord. 17733 § 5, 2014).

							DRAFT FINAL
	2026 Proposed	2027 Proposed	2028 Proposed	2029 Proposed	2030 Proposed	2031 Proposed	2026-2031
REVENUES	-	-		-	-		
Countywide Assessed Value (EMS Only) <sup>1</sup>	924,584,361,939	967,445,977,367	1,010,332,965,793	1,055,291,690,277	1,105,597,146,946	1,155,558,905,321	1 // 20 850 57/
Levy Rate	0.25000	0.24502	0.23994	0.23488	0.22918	0.22414	
Proportion	34.90%	35.02%	35.21%	35.40%	35.47%	35.64%	
Projected Net Seattle Property Taxes	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
	CF 100/	CA 000/	CA 700/	C.A. C.Nov.	CA 530/	CA 3Co/	400.000
Projected Net King County Property Taxes	150 480 812	154 033 691	157 061 645	160 131 241	163 498 688	166 705 097	951 911 175
Projected King County Other Revenue	3,345,000	3,026,000	2,783,000	2,791,000	2,791,000	2,791,000	17,527,000
King County Revenue	153,825,812	157,059,691	159,844,645	162,922,241	166,289,688	169,496,097	969,438,175
TOTAL REVENUE	234,491,090	240,071,806	245,197,877	250,653,021	256,174,158	261,798,621	1,488,386,574
EXPENDITURES							
Total City of Seattle	(80,665,278)	(83,012,115)	(85,353,232)	(87,730,781)	(89,884,469)	(92,302,524)	(518,948,399)
Advanced Life Support Services – King County	(77,669,176)	(80,720,142)	(83,626,832)	(86,815,477)	(89,925,097)	(93,050,797)	(511,807,522)
Basic Life Support Services King County	(41,542,733)	(43,187,825)	(44,751,225)	(46,469,672)	(48,142,582)	(49,822,759)	(273,916,796)
Regional Services	(18,947,663)	(19,697,991)	(20,411,058)	(21, 194, 843)	(21,957,859)	(22,724,190)	(124,933,604)
Strategic Initiatives	(1,258,488)	(1,303,968)	(1,407,434)	(1,458,311)	(1,507,840)	(1,557,582)	(8,493,623)
Total King County EMS Fund	(139,418,060)	(144,909,926)	(150,196,549)	(155,938,303)	(161,533,378)	(167,155,328)	(919,151,545)
TOTAL EXPENDITURES	(220,083,338)	(227,922,042)	(235,549,781)	(243,669,084)	(251,417,848)	(259,457,852)	(1,438,099,945)
DIFFERENCE Revenues/Expenditures	14,407,752	12,149,765	9,648,096	6,983,937	4,756,310	2,340,769	50,286,629
RESERVES (not cumulative)							
KC Expenditure Reserves	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)
KC Economic/Supplemental Reserves <sup>2</sup>	(17,935,149)	(28,730,755)	(37,075,300)	(42,643,462)	(46,020,165)	(46,974,700)	(46,974,700)
KC Rainy Day Reserves (90 day requirement) <sup>3</sup>	(34,377,056)	(35,731,215)	(37,034,766)	(38,450,541)	(39,830,148)	(41,216,382)	(41,216,382)
	(10,102,201)	(90,301,310)	(100,000,000)	(00,400,101)	(0.020,211)	(114,001,002)	(114,001,002)

ATTACHMENT 5

June 11 May 28,

Seattle & King County



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# MEDIC ONE/ EMERGENCY MEDICAL SERVICES





3	The EMS system in Kir	ng County has a long history of collaboration, and this Medic One/EMS 2026-2031 levy	
4	planning process was	no exception. The EMS Division, Public Health – Seattle & King County, would like to thank	
5	•	Force and the numerous participants who so willingly gave us their time, insight, and	
6		r nationally-recognized system will continue to thrive far into the future. <sup>1</sup> We appreciate your	
7	commitment to this ur	-	
8	King County Execution	ve	
9 10	Karan Gill	Chief of Staff to Executive Dow Constantine; Task Force Chair	
11	King County Council		
12	Reagan Dunn	Councilmember	
13 14	Tom Goff	Director of Local and Regional Affairs	
15	Cities over 50,000 ir	Population	
16	Angela Birney	Mayor, City of Redmond; Regional Services Subcommittee Chair	
17	Brian Carson	Fire Chief, Puget Sound Regional Fire Authority, representing the City of Kent	
18	Jim Ferrell	Mayor, City of Federal Way	
19	Karen Howe	Deputy Mayor, City of Sammamish	
20	Armondo Pavone	Mayor, City of Renton; BLS Subcommittee Chair	
21	Lynne Robinson	Mayor, City of Bellevue; Finance Subcommittee Chair	
22	Kevin Schilling	Mayor, City of Burien	
23	Harold Scoggins	Fire Chief, City of Seattle	
24	Keith Scully	Councilmember, City of Shoreline; ALS Subcommittee Chair	
25	Penny Sweet	Councilmember, City of Kirkland	
26 27	Brad Thompson	Fire Chief, Valley Regional Fire Authority, representing the City of Auburn	
28	Cities under 50,000 in Population		
29	Catherine Cotton	Councilmember, City of Snoqualmie	
30	Vic Kave	Mayor, City of Pacific	
31 32	Sean Kelly	Mayor, City of Maple Valley	
33	King County Fire Co	nmissioners	
34	Don Gentry	Fire Commissioner, Mountain View Fire & Rescue	
35	Jenny Jones	Fire Commissioner, Enumclaw Fire Department	
36	Anita Sandall	Fire Commissioner, Eastside Fire & Rescue	
37			
38 39	If you have questions a contact:	about the Medic One/EMS 2026-2031 levy reauthorization process or Strategic Plan, please	
40	Helen Chatalas, Depu	uty Director	
41	Emergency Medical Se	ervices Division	
42	-	Health - Seattle & King County	
43		100, Seattle, WA 98104	
44	Email: Helen.Chatalas@kingcounty.gov Website: www.kingcounty.gov/health/ems		

<sup>&</sup>lt;sup>1</sup> Participant titles are representative of the titles held during the levy planning process

### **Levy Planning Process Partners**

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Will Aho, Eastside Fire & Rescue 46 Dan Alexander, Renton Regional Fire Authority 47 Eric Andrews, Sky Valley Fire 48 Marc Bellis, Bellevue Fire MPD 49 Rachel Bianchi, City of Sammamish 50 51 Nate Blakeslee, Renton Regional Fire Authority Schon Branum, Seattle Fire 52 53 Matt Burrow, Bellevue Fire 54 Brant Butte, AMR Jasmine Chau, Chinese Information & Service Center 55 Charles Chen, Burien Fire 56 57 Andrea Coulson, King County Medic One Matt Cowan, Shoreline Fire 58 Kevin Crossen, South King Fire 59 60 Brian Culp, KCFD #27 - Fall City Ben Davidson, Vashon Island Fire & Rescue 61 Tim Day, Valley Regional Fire Authority 62 Andrea DeCaro, Northeast KC Medic One 63 64 Lisa Defenbaugh, South King Fire Marianne Deppen, NORCOM 65 66 Chuck DeSmith, Renton Regional Fire Authority Alexa Dilhoff, Bellevue Fire 67 Larry Doll. Seattle Fire 68 69 Cody Eccles, King County Council Maggie Eid, City of Kirkland 70 Scott Faires, Eastside Fire & Rescue 71 72 Jamie Formisano, Eastside Fire & Rescue 73 Greg Garat, Eastside Fire & Rescue Rachel Garlini, Shoreline Fire 74 Matt Gau, Tri-Med Ambulance 75 76 Jason Gay, Burien Fire Natasha Grossman, Bellevue Fire 77 Jay Hagen, Bellevue Fire 78 Maymuna Haji, Somali Health Board 79 80 Katie Halse, City of Bellevue Steve Heitman, Renton Regional Fire Authority 81 Veronica Hill, City of Kirkland 82 Mark Horaski, Valley Regional Fire Authority 83 84 Cory James, NORCOM Dawn Judkins, Mountain View Fire & Rescue 85 Raman Kaur, City of Seattle 86 87 Tony Kuzma, AMR Ben Lane, Eastside Fire & Rescue 88 Eric Lee, Bellevue Fire 89 Herlinda Martin, St. Vincent de Paul 90 91 Lizbeth Martin-Mahar, King County Rebeccah Maskin, King County 92 Vonnie Mayer, Valley Com 93 Doug McDonald, Eastside Fire & Rescue 94 Graham McGinnis, King County Medic One 95 96 Hendrika Meischke, University of Washington

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### **EXECUTIVE SUMMARY**

- The Medic One/Emergency Medical Services (EMS) system serving Seattle and King County is known worldwide for its excellent medical results. By simply dialing 9-1-1, all residents have immediate access to the best possible medical care, regardless of location, circumstances, or time of day. For 45 years, the system's commitment to medicine, science, innovation, and partnerships has resulted in thousands of lives saved and an EMS program that is second to none.
- 133The system is primarily funded by a countywide, voter-approved EMS levy (per RCW 84.52.069). Mandated by state134law to be exclusively used to support emergency medical services, the levy is a reliable and secure source for135funding our successful and highly acclaimed system.
- The current six-year levy expires December 31, 2025. To ensure continued emergency medical services in 2026 and beyond, King County undertook an extensive planning process in 2024 to develop a Strategic Plan and finance plan (levy) for King County voters to consider renewing in 2025. This process brought together regional leaders, decision-makers, and partners to assess the needs of the system and collectively develop recommendations to direct the system into the future. As in past years, the EMS Advisory Task Force, comprised of regional elected officials, oversaw the development of the recommendations and was responsible for endorsing broad policy decisions including the levy rate, length, and ballot timing.
- As the EMS system's primary policy and financial document, the Strategic Plan defines the roles, responsibilities,
   and programs for the system and establishes a levy rate to fund these approved functions. On September 26,
   2024, the Task Force endorsed the programmatic and financial recommendations that form the basis of this Medic
   One/EMS 2026-2031 Strategic Plan.
- 147 The 2026-2031 Medic One/EMS Strategic Plan includes the following key elements:
- A six-year Medic One/EMS levy at \$.25 per \$1,000 Assessed Value (AV);
- Fully funding eligible Advanced Life Support (referred to as ALS, or paramedic services) costs;
- Including an ALS unit "placeholder" should service demands increase beyond what is anticipated and new
   units are required;
- Increasing funding for Basic Life Support (referred to as BLS, or first responders);
- Continued commitment to Mobile Integrated Healthcare (MIH) to support community needs;
  - Sustained funding and enhancements for regional programs that provide essential support to the Medic One/EMS system and are critical for providing the highest emergency medical care possible;
  - Initiatives that encourage efficiencies, innovation, and leadership and build upon previous efforts to improve patient care and outcomes;
- Reserve funding that provides additional protection and flexibility against unforeseen financial risks;
- Carrying forward \$64 million of 2020-2025 reserves to help reduce the initial levy rate; and
- Placement of an EMS levy on the November 2025 general election ballot in King County.
- 161The proposed levy rate of 25.0 cents /\$1,000 AV means that an owner of a \$844,000 home in King County will pay162\$211 in 2026 for some of the nation's most highly-trained medical personnel to arrive within minutes of an163emergency at any time of day or night, no matter where in King County.
- 164 This Medic One/EMS Strategic Plan is designed to meet the needs of the EMS system, its users, and the 165 community. The proposals incorporated within this Plan support the Medic One/EMS system's strong tradition of 166 service excellence, effective leadership, and regional collaboration. The well-balanced approach outlined in this 167 plan will allow the system to meet the needs and expectations of residents now and in the future.

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# 168 **KEY COMPONENTS**

Survival from cardiac arrest is an EMS system benchmark condition used throughout the nation. This is due to the discrete nature of a cardiac arrest: a patient has stopped breathing, and their heart is not pumping. Because a patient who is discharged alive from the hospital following a cardiac arrest is identifiable and measurable, it is an easily comparable metric across systems and communities. The survival rate of cardiac arrest patients is a gold standard for measuring the overall functionality and quality of an EMS system.<sup>2</sup>

In 2023, the survival rate for witnessed ventricular fibrillation (VF) cardiac arrest throughout King County was 51
 percent. Because of the system's strong collaborative and standardized programs, cardiac arrest patients in the
 region are two to three times more likely to survive, compared to other communities.<sup>3</sup> This resuscitation success is a
 tribute to the immense dedication and efforts by all the partners of the regional EMS system.

As a result of these findings, the Medic One/EMS system serving Seattle and King County has earned an
 international reputation for innovation and excellence, and regularly hosts visitors from all over the world seeking to
 learn more about how the system works. The system's success can be traced to its design which is based on the
 following:

#### <sup>183</sup> Regional System Based on Partnerships

The Medic One/EMS system in King County is built on partnerships that are rooted in regional, collaborative, and cross-jurisdictional coordination. While each provider operates individually, the care provided to the patient operates within a "seamless" system. It is this continuum of consistent, standardized medical care and collaboration between 23 fire agencies, five paramedic agencies, four EMS dispatch centers, more than 20 hospitals, the University of Washington, and the residents throughout King County that allows the system to excel in pre-hospital emergency care. Medical training is provided on a regional basis to ensure that, no matter the location within King County, whether at work, play, home, or traveling, medical triage and delivery of medical care is consistent and equitable.

#### <sup>191</sup> Tiered Medical Model

192 Medicine is the foundation of the Medic One/EMS system. The services provided by EMS personnel are derived from 193 the highest standards of medical training, clinical practices and care, scientific evidence, and close supervision by 194 physicians experienced in EMS care. The system uses a tiered response model which is centered on having BLS 195 agencies respond to every incident to stabilize the patient. This allows reserving the more limited resource of ALS 196 (known locally as paramedic service) to respond to serious or life-threatening injuries and illnesses. Reserving the 197 number of calls to which paramedics respond helps ensure that paramedic services will be readily available when 198 needed for those serious calls, keeping paramedics well practiced in the life-saving patient skills required for critical 199 incidents.

Compared to systems that send paramedics on all calls, the Medic One/EMS system in King County provides
 excellent response and patient care with fewer paramedics. It is this tiered medical model response system, working
 hand-in-hand with the regional medical program direction, intensive dispatch, and evidence-based EMT and
 paramedic training and protocols, that has led to great success in providing high-quality patient care throughout the
 demographically diverse King County region.

<sup>&</sup>lt;sup>2</sup> Mickey S. Eisenberg, *Resuscitate: How Your Community Can Improve Survival from Sudden Cardiac Arrest* (Seattle: University of Washington Press, 2009)

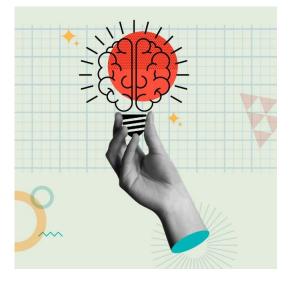
<sup>&</sup>lt;sup>3</sup> McBride O, et al. "Temporal Patterns in Out-of-Hospital Cardiac Arrest Incidence and Outcome: A 20 Year King County Experience". In Press. JAMA Cardiology

#### 206 Equity Led

The Medic One/EMS system In King County is equity-driven and committed to care that uplifts and safeguards the well-being of all King County communities. Recognizing that measurable outcomes in public health are negatively imbalanced due to racial and other demographic factors, the EMS system is committed to ensuring equity, racial, and social justice (ERSJ) principles influence decision making processes in the delivery of pre-hospital care throughout the region. Partners support organizational equity and inclusion efforts so that the communities served feel valued and included in the vision for a healthy and safe King County.

#### <sup>213</sup> **Programs & Innovative Strategies**

214 Programmatic leadership and state-of-the-art science-based strategies 215 have allowed the Medic One/EMS system serving Seattle and King 216 County to obtain superior medical outcomes. Rather than focusing solely 217 on ensuring a fast response by EMTs or paramedics, the system is 218 comprised of multiple elements - including a strong, evidence-based 219 medical approach. Continual quality improvement activities to 220 systematically identify how patient care can be improved across the 221 region help support the best possible outcomes of care. Testing 222 advanced medical treatments, like the administering of whole blood for 223 hemorrhagic shock and the offering of buprenorphine for opioid use 224 disorder, has allowed the EMS system to adapt to meet the needs and 225 expectations of its varied communities and users.



#### <sup>226</sup> Focus on Effectiveness and Efficiencies

227 The Medic One/EMS system has maintained financial viability and stability due to the region's focus on operational 228 and financial efficiencies. The tiered response improves the efficiency and effectiveness of the Medic One/EMS 229 system by ensuring the most appropriate level of services is sent to the incident. Transferring non-emergent 9-1-1 230 calls to a 24-hour consulting nurse line for medical advice effectively helps keep resources available for higher 231 acuity medical emergencies. Programs focus on better understanding and serving complex, diverse, and lower-232 acuity patients in the field, improving the quality of care, and contributing to the overall efficiency of service 233 delivery. Streamlining contract administration within the EMS Division of Public Health - Seattle & King County 234 eliminates inefficiencies and reduces costs for executing separate program agreements. Strategies that address 235 operational and financial efficiencies are continually pursued and practiced.

#### <sup>236</sup> Maintaining an EMS Levy as Funding Source

The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. Authorized by RCW 84.52.069 which mandates that levied funds be exclusively used to support emergency medical services, the levy is a reliable and secure source for funding this world-renowned system. The EMS levy falls outside the statutory limits with senior and junior taxing districts and therefore does not "compete" for capacity, alleviating a significant concern for the region.

The proposed starting rate for the 2026-2031 span is 25.0 cents per \$1,000 of assessed value (AV), which is less than the starting rate of the expiring levy. This rate means that the owner of a \$844,000 priced home would pay \$211 a year to know that at any time of day or night, no matter where in the county, some of the most highly trained medical personnel will be there within minutes to treat any sort of medical emergency.

### 247 MEDIC ONE/EMS SYSTEM OVERVIEW

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Any time you call 9-1-1 in King County for a medical emergency, you are using the Medic One/EMS system. The Medic One/EMS system serving Seattle and King County is distinct from other EMS systems in that it is a regional, medically based, and tiered out-of-hospital response system. Its successful outcomes depend upon community involvement and extensively trained dispatchers, firefighter/emergency medical technicians (EMTs), and highly specialized paramedics. Strong and collaborative partnerships provide a continuum of consistent, standardized medical care that allows the system to excel and achieve the best possible patient outcomes.

The response system is tiered to ensure 9-1-1 callers receive medical care by the most appropriate care provider. There are five major components in the tiered regional Medic One/EMS system.

**EMS TIERED RESPONSE SYSTEM** 

ACCESS TO EMS SYSTEM Bystander calls 9-1-1





### FIRST TIER OF RESPONSE

Basic Life Support (**BLS**) by firefighter/EMTs



#### SECOND TIER OF RESPONSE

Advanced Life Support (**ALS**) by paramedics



#### ADDITIONAL MEDICAL CARE

Transport to hospital

ACCESS TO EMS SYSTEM: A patient or bystander accesses the Medic One/EMS system by calling 9-1-1 for 273 274 medical assistance. Bystanders' reactions and rapid responses to the scene can greatly impact the chances of 275 patient survival - studies have shown that survival rate increases from 10 percent to 43 percent if cardiopulmonary resuscitation (CPR) is given within four minutes, and defibrillation in less than eight minutes. The 276 EMS Division offers programs to King County residents so that they can administer life-saving treatments on the 277 patient until providers arrive at the scene. Comprehensive CPR classes train thousands of secondary school 278 279 students in CPR and automated external defibrillator (AED) use each year. The regional coordinated AED program registers and places devices in the community within public facilities, businesses, and even private homes of high-280 risk patients, and provides training in AED use. Because of this program, the number of registered AEDs is nearing 281 7,000 in King County. 282

- TRIAGE BY DISPATCHER: 9-1-1 calls are received and triaged by telecommunicators at one of four dispatch
   centers. Dispatchers are the first point of contact with the public, asking medically based questions to determine
   the appropriate level of care to be sent. Amid a wide range of needs, they provide pre-hospital instructions and
   even guide callers through providing life-saving steps such as CPR and using a defibrillator until the Medic
   One/EMS providers arrive. The medical dispatch triage guidelines that King County dispatchers follow were
   developed by the EMS Division and have been internationally recognized as an innovative approach to emergency
   medical dispatching.
- 290 FIRST TIER OF RESPONSE - BASIC LIFE SUPPORT (BLS) SERVICES: BLS personnel are the first responders to 291 an incident, providing immediate basic life support medical care (e.g. first aid, CPR, defibrillation) and stabilizing 292 the patient. Staffed by firefighters trained as emergency medical technicians (EMTs) aboard fire trucks and aid 293 cars, BLS arrives at the scene in less than five minutes (on average). Some non-emergent calls qualify to be 294 referred to a nurse line for medical advice and care instructions in lieu of dispatching EMS resources. The 4,300 295 EMTs in Seattle and King County receive 190 hours of quality BLS training and continuing education. The EMS levy 296 provides some funding to BLS providers to help ensure uniform and standardized patient care and enhance BLS 297 services to reduce the impact on ALS resources. However, the great majority of BLS funding is provided by local fire 298 departments.
- 299 SECOND TIER OF RESPONSE - ADVANCED LIFE SUPPORT (ALS) SERVICES: Paramedics provide out-of-hospital 300 emergency medical care for critical or life-threatening injuries and illnesses. As the second on scene, they provide 301 airway control, heart pacing, the dispensing of medicine, and other life-saving procedures. ALS is provided by highly 302 trained paramedics who have completed an extensive program at Harborview Medical Center in conjunction with 303 the University of Washington School of Medicine and are certified by the state. These paramedics remain well 304 practiced and use their skills routinely to provide effective care when it is needed most. Paramedics operate in 305 teams of two on medic units. There are 27 medic units strategically placed across King County that are deployed 306 regionally to critical or life-threatening emergencies. A contract with Sky Valley Fire (Snohomish County Fire District 307 26) provides ALS services to the Skykomish and King County Fire District 50 area, from Baring to Stevens Pass. ALS 308 is the primary recipient of regional funding and is the first commitment for funding within the EMS system. The EMS 309 levy provides virtually 100 percent of support for paramedic services in the regional system.
- ADDITIONAL MEDICAL CARE: Once a patient is stabilized, EMS personnel determine whether transport to a
   hospital or clinic for further medical attention is needed. Transport is provided by an ALS or BLS agency, private
   ambulance, or taxi/ride-share options for lower-acuity situations.
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### 314 SYSTEM OVERSIGHT

Statutes and policies at the state, County, and local levels standardize and influence the Medic One/EMS system of
 Seattle and King County.

The **Medic One/EMS Strategic Plan** is the primary policy and financial document directing the Medic One/EMS system in its work. Defining the responsibilities, functions, and programs of the successful EMS system, the Plan presents a comprehensive strategy to ensure the system can continue to meet its commitments. It documents the system's current structure and priorities and summarizes the services, programs, and initiatives supported by the countywide, voter-approved EMS levy. While the Plan outlines the necessary steps to direct the system into the future, it still allows for flexibility in addressing emerging community health needs.

323 The EMS Division of Public Health - Seattle & King County works with its regional partners to implement the 324 Strategic Plan. The EMS Division manages core support functions that tie together the regional model, providing 325 consistency, standardization, and oversight of the direct services provided by the system's numerous partners. It is 326 more cost-efficient for the EMS Division to produce, administer, and share initial training, continuing education, and 327 instructor education for 4,300 EMTs; to manage the certification process for EMTs countywide; and to provide 328 medical oversight, quality improvement, and performance standards for the system as a whole than to have each 329 local response agency develop, implement, and administer its own such programs. Regional support services 330 managed by the EMS Division can be found in Appendix A: Proposed 2026-2031 Regional Services on page 331 54.

Since 1997, the EMS Advisory Committee (EMSAC) has provided guidance to the EMS Division about regional
 Medic One/EMS policies and practices in King County. The group, comprised of regional EMS partners, convenes on
 a quarterly basis to review implementation of the Strategic Plan as well as other proposals including strategic
 initiatives and medic unit recommendations.

Consistent with Ordinance 12849, <sup>4</sup>–Tthe EMS Division submits an Annual Report to the King County Council
 highlighting the status and progress of items identified in the Medic One/EMS Strategic Plan. In the 2026-2031 levy
 period, the EMS Division will include an update on the next levy development in the Annual Report, as appropriate,
 and, upon written request by members of the Regional Policy Committee by June 1, will provide data on the levy such
 as expenditures, services provided, needs, and revenues by city. The Annual Report will be transmitted to the King
 County Council and the Regional Policy Committee.

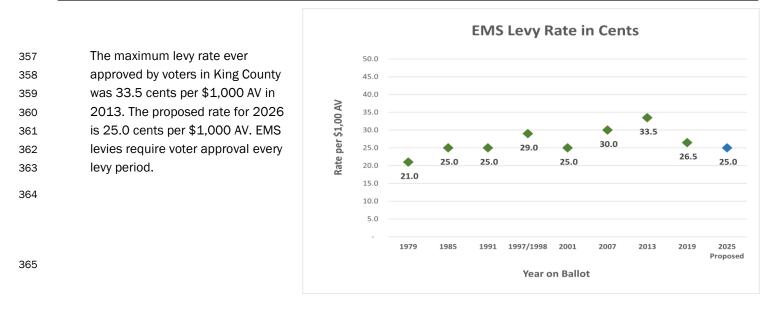
Regional System Policies ratified by Public Health – Seattle & King County document the general framework for
 medical oversight and management of EMS in King County, and financial guidance of the EMS levy.

The Revised Code of Washington (RCW), the Washington Administrative Code (WAC), and King County

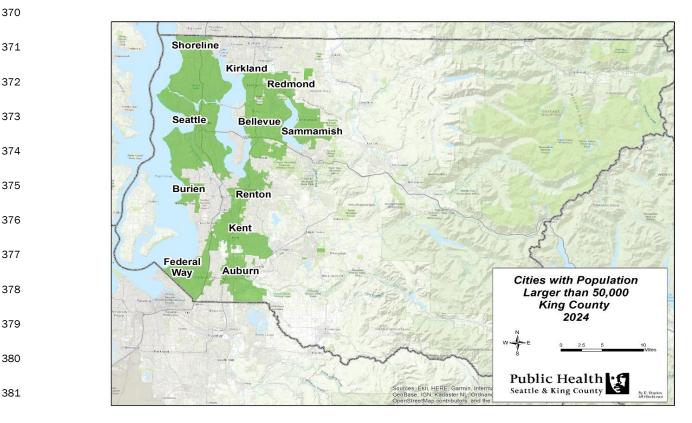
- Code regulate different aspects of EMS, from defining "emergency medical services" to financing service delivery.
   Appendix D: EMS Citations on page 60 compiles the different codes that govern EMS.
- RCW 84.52.069 allows jurisdictions to levy a property tax "for the purpose of providing emergency medical
   services." The levy is subject to the growth limitations contained in RCW 84.55.010 of one percent per year plus the
   assessment on new construction, even if assessed values increase at a higher rate.
- <sup>350</sup> Specifically, <u>RCW 84.52.069</u>:
- Allows a jurisdiction to impose an additional regular property tax up to \$0.50 per \$1,000 Assessed Value (AV);
- Allows for a six-year, 10-year, or permanent levy period;
- Mandates for a countywide levy that the legislative bodies of King County and 75 percent of cities with populations in excess of 50,000 authorize the levy proposal prior to placement on the ballot;<sup>5</sup> and

<sup>&</sup>lt;sup>5</sup> Amended approval and validation requirements effective June 7, 2018, per SHB 2627.

### **EMS LEVY STATUTE**



As stated previously, RCW 84.52.069 requires 75 percent of cities with 50,000 or more in population to approve placing a countywide EMS levy on the ballot. Since King County currently has 11 such cities - Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline - it would need to gain the approval from at least nine out of the 11 cities, as well as the King County Council.



Per an agreement in place since the creation of the countywide EMS levy, Seattle receives all Medic One/EMS
 levy funds raised within the city limits. County funds are placed in the King County (KC) EMS Fund and
 managed regionally by the EMS Division based on EMS system and financial policies ratified by Public Health –
 Seattle & King County, Strategic Plan guidelines, and EMSAC recommendations.

### **THE STRATEGIC PLAN & LEVY PLANNING PROCESS**

With the 2020-2025 EMS levy expiring December 31, 2025, a new strategic plan to outline the roles,
 responsibilities, and programs for the system and a levy rate to fund these approved functions, needed to be
 developed. This would entail not just a detailed review of the concepts and operations of the Medic One/EMS
 system, but also an all-inclusive planning process to secure consensus for the plan among Medic One/EMS providers
 in the region.

<sup>393</sup> The EMS Advisory Task Force

The region assembled the EMS Advisory Task Force to oversee the development and vetting of this Strategic Plan and levy. Consisting of elected officials from the County, cities, and fire districts, the group was charged with reviewing and approving Medic One/EMS program recommendations and a supporting levy rate to be put before King County voters. While not every member of the Task Force was an EMS expert, each had a stake in ensuring the continuity in the provision of EMS services in King County. Its membership collectively represented a balanced geographic distribution of those jurisdictions that are required to endorse the levy proposal prior to its placement on the ballot, per RCW 84.52.069.

- <sup>401</sup> Responsibilities of the Task Force included evaluating and endorsing recommendations regarding:
- Current and projected EMS system needs;
- A financial plan based on those needs; and
  - Levy type, levy length, and when to run the levy ballot measure.
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#### <sup>406</sup> **Current and Projected EMS System Needs**

The Strategic Plan is designed to reflect the regional system's commitment to providing cohesive, medically based
 patient care, using a tiered response system designed to ensure the highest level of patient care through the
 coordination and collaboration of all Medic One/EMS partners.

#### <sup>411</sup> Financial Plan to Meet Those Needs

The financial plan proposes adequate funding to support the programmatic needs of the system. However, the Plan
 also recognizes individual jurisdictions' needs for local autonomy to meet their communities' expectations and Medic
 One/EMS services.

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#### Levy Type, Length, and Ballot Timing

Levy Type: While the Medic One/EMS system has historically been funded through a Medic One/EMS levy, other
 potential options exist to support the system, such as King County General Fund property tax levy lid lifts. These
 alternatives do not require that cities with over 50,000 in population approve placing the levy on the ballot, nor are
 they subject to the one percent growth limitation ratified by Initiative 747, but they could negatively impact junior
 taxing districts.

Levy Length: State law offers three levy length options for a Medic One/EMS levy: six years, 10 years, or permanent.
 The Medic One/EMS levy in King County has historically been approved by voters for six-year levy periods. This allows
 EMS partners to periodically gather to strategically plan for emerging regional needs. Six-year periods help reduce
 the range of financial risk because the longer the projection period, the greater the variability.

Levy Timing: EMS levy validation requirements at the state level were amended in 2018, opening up the option of
 running the levy measure at a primary election. Task Force members were willing to consider this contingent upon
 what other issues may be on the same ballot.

Medic togeth The Ta progra subjec	One/EMS levy planning process. er to assess the needs of the system isk Force formed four subcommit m and cost analysis. Each subco	I on February 15, 2024, officially launching the start of the 2026-203 Regional leaders, decision-makers, and EMS/Medic One partners ca tem and develop recommendations to direct the system into the futu tees organized around the primary service areas to conduct the bulk mmittee was chaired by an EMS Advisory Task Force member, includ of the Medic One/EMS system, and met regularly to review system n
F	ebruary 2024 <u>-</u> 0	STEP 1
-		Convene regional leaders, decision-makers, and EMS partners.
		EMS Advisory Task Force included elected officials or representatives from
		<ul> <li>Large cities (&gt;50,000): 11</li> <li>Smaller cities (&lt;50,000): 3</li> <li>Fire Commissioners: 3</li> </ul>
		<ul><li>King County Council: 2</li><li>King County Executive: 1</li></ul>
		Create ALS, BLS, Regional Services, and Finance Subcommittees.
		<ul> <li>Each subcommittee chaired by Task Force member.</li> <li>Subcommittees comprised of EMS partners and subject matter experts.</li> </ul>
		STEP 2
	March 2024 — 🦳	🚔 🔵 🧇 Initiate system review.
		Subcommittees meet regularly to identify system needs, interest and priorities.
		Report back to Task Force with updates and recommendations.
_		STEP 3
	May 2024 (*	Task Force review recommendations from Subcommittees.         Subcommittees and King County EMS Division begin to finalize
		program recommendations, financial assumptions, and costs.
s	• eptember 2024 —0	STEP 4 Step 4
		and ballot timing.

Force for approval. True to the ethos of the Medic One/EMS system, partners reviewed current and future system
 needs through a lens of science, innovation, equity, and effectiveness. Ideas were evaluated by balancing their
 merits of furthering the goals of the system against the challenges of constrained revenues. In late September
 2024, the Task Force adopted the subcommittees' finalized programmatic and financial recommendations which
 then became the basis of this Medic One/EMS 2026-2031 Strategic Plan.

### 461 2026-2031 STRATEGIC PLAN OVERVIEW

The Medic One/EMS 2026-2031 Strategic Plan builds upon the system's successful medical model and regional approach. It commits to innovative strategies, leadership, and equity while remaining focused on effectiveness and efficiencies. In outlining the roles and responsibility of EMS providers, it further strengthens the foundation for ongoing coordination and regionalization.

#### 467 **FUNDING**

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As mentioned, the City of Seattle receives all Medic One/EMS levy funds raised within the city limits and manages its own funding. This Strategic Plan recommends spending the **KC EMS Fund** in these four main areas:

#### 470 ADVANCED LIFE SUPPORT (ALS) SERVICES

Funding ALS services has been, and continues to be, the priority of the Medic One/EMS levy, which fully funds ALS
 services primarily through the ALS unit allocation model. ALS services are provided by five agencies: Bellevue,
 Bedmand, Spattle, Sheroline, and King County Media One, Exceptions to the unit allocation model are compatinged.

Redmond, Seattle, Shoreline, and King County Medic One. Exceptions to the unit allocation model are sometimes
 required as in the case of Sky Valley Fire (Spectrum) Fire District #26) for service in the Sky/emish (Stevens)

- required, as in the case of Sky Valley Fire (Snohomish County Fire District #26) for service in the Skykomish/Stevens
   Pass area and are made based on the specifics of the service issue. ALS is proposed to account for 56 percent of KC
- EMS expenditures in the 2026-2031 levy.

#### 477 BASIC LIFE SUPPORT (BLS) SERVICES

BLS providers receive an annual distribution of levy revenue to help offset the costs of providing EMS services. The level of funding is based on a combination of the volume of responses to calls for EMS services and assessed property values within fire agencies' jurisdictions. The allocation was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system and not intended to fully fund BLS. Local jurisdictions cover the majority of BLS costs – a strategy which has helped King County seek a lower levy rate. BLS services are provided by 23 fire agencies, including Seattle. BLS, including Mobile Integrated Healthcare (MIH), is proposed to account for 30 percent of KC EMS expenditures in the 2026-2031 levy.

#### 485 **REGIONAL SUPPORT (RS) SERVICES**

The EMS Division of Public Health – Seattle & King County manages core regional Medic One/EMS programs critical
 to providing the highest quality out-of-hospital emergency care available. The programs and services emphasize
 uniformity of medical care across jurisdictions, consistency in excellent training, medical quality assurance,
 centralized data collection, and contract and financial management. Centrally delivering these services on a regional
 basis is more effective and efficient because it avoids unnecessary duplication of effort. Regional services are
 proposed to account for 13 percent of KC EMS expenditures in the 2026-2031 levy.

#### 492 STRATEGIC INITIATIVES (SI)

Strategic initiatives are pilot programs designed to improve the quality of Medic One/EMS services and help manage
 the growth and costs of the system. Initiatives that achieve their intended outcomes or demonstrate efficiency may
 be incorporated into regional services as ongoing programs. Strategic initiatives are proposed to account for one
 percent of KC EMS expenditures in the 2026-2031 levy.

497 Contingencies and reserves fund unanticipated/one-time costs. EMS reserves follow use and access policies
 498 included in the Medic One/EMS Strategic Plan. For additional information about contingencies and reserves, please
 499 see page 41.

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504	ALIGNMENT WITH GOALS AND OBJECTIVES
505 506 507	The 2026-2031 Strategic Plan aligns with the objectives, policies, and goals of the regional EMS system and King County government as outlined below.
508 509	Alignment with Regional EMS System Global Objectives
510	The Plan is built upon the system's current configuration and strengths, advancing the following global objectives
511	to ensure the EMS system remains tiered, regional, cohesive, and medically based:
512 513	<ol> <li>Maintaining the Medic One/EMS system as an integrated regional network of basic and advanced life support services provided by King County, local cities, fire authorities, and fire districts.</li> </ol>
514 515	• Emergency Medical Dispatchers receive 9-1-1 calls from residents and rapidly triage the call to send the most appropriate level of medical aid to the patient while providing pre-arrival instructions to the caller.
516 517	• Firefighters, trained as Emergency Medical Technicians (EMTs), provide rapid, first-on-scene response to emergency medical service calls and deliver immediate basic life support services.
518	Paramedics, trained through the Paramedic Training Program at Harborview Medical Center in
519	conjunction with the University of Washington School of Medicine, provide out-of-hospital emergency
520 521	medical care for serious or life-threatening injuries and illnesses. As has been adopted in prior Medic
522 523	One/EMS strategic and master plans and confirmed by an independently conducted ALS Study, advanced life support services will be most cost effective through the delivery of paramedic services on a sub- regional basis with a limited number of agencies.
524 525	• Regional programs emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.
526 527	2. Making regional delivery and funding decisions cooperatively and balancing the needs of Advanced Life Support (ALS), Basic Life Support (BLS), and regional programs from a system-wide perspective.
528	3. Developing and implementing strategic initiatives to provide greater system efficiencies and effectiveness to:
529	Maintain or improve current standards of patient care;
530	Improve the operational efficiencies of the system to help contain costs; and
531	Manage the rate of growth in the demand for Medic One/EMS services.
532	
533	EMS System Policies
534	This Medic One/EMS 2026-2031 Strategic Plan reinforces EMS System and Financial Policies which provide a
535	general framework for medical oversight and financial management of emergency medical services in King
536	County. The EMS System Policies underscore the regional commitment to the medical model and tiered system,
537 538	while the EMS Financial Policies provide guidance and oversight for all components related to financial
538 539	management of the EMS levy fund. In addition, policies regarding <u>ALS services outside King County</u> establish the
539	formation of a service threshold for the purpose of cost recovery.

### 2026-2031 STRATEGIC PLAN OVERVIEW

#### Summary of EMS System Policies (PHL 9-1 and PHL 9-3)

The EMS Division will **work in partnership** with regional EMS agencies to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs.

The EMS Division will ensure the EMS system in King County remains an **integrated regional system** that provides cohesive, medically based patient care within a tiered response system to ensure the highest level of patient care.

The EMS Division will ensure the EMS system in King County provides **paramedic training through the UW/HMC-based educational program** that meets or exceeds the standards.

The EMS Division will **maintain a rigorous and evidence-based system** with medical oversight of the EMS system to ensure the provision of quality patient care.

The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel.

The EMS Division recognizes the existence of **automatic aid** between agencies within King County and between counties; however, should established service thresholds be reached, affected EMS agencies will review options and establish terms for reasonable cost recovery.

#### <sup>541</sup> Alignment with King County Government Values

The Medic One/EMS 2026-2031 Strategic Plan is consistent with King County's commitment to provide fiscally responsible, quality driven local and regional services, and embodies the County's values of operating efficiently and effectively and being accountable to the public. Working with cities and EMS partners to provide services more efficiently; pursuing technologies that improve patient outcomes while reducing delivery cost; and managing assets in a way that maximizes their productivity and value exemplify the EMS system's commitment to delivering highquality services with sound financial management.

EMS programs are also guided by shared values of being inclusive and collaborative, diverse and people-focused,
 responsive and adaptive, transparent and accountable, racially just, and focused where needs are greatest so every
 person can thrive. The ongoing centering of equity and underrepresented communities through local area
 partnerships was embedded in the most recent EMS levy planning process and reflects the alignment between EMS
 and County's values.

553 The EMS system's mission also aligns with the core values and priorities of Public Health - Seattle & King County. 554 Public Health's focus is to protect and improve the health and well-being of all people in King County. The provision 555 of EMS services is an integral part of achieving optimum health, helping Public Health meet its goal of increasing the 556 number of healthy years lived. EMS priorities align with those of the Public Health - Seattle & King County 2024-557 2029 Strategic Plan which is rooted in anti-racism and equity. Specific programs that support communities with less 558 than equitable access to healthcare have resulted in strengthening these partners' voices, which is a key priority of 559 the Strategic Plan. With additional focus on information, impact, and innovation, as well as workforce and 560 infrastructure, EMS continues to value the input of its employment community in creating policy.

561	2026-2031 STRATEGIC PLAN HIGHLIGHTS
562	
563	Anarational and Einanaial Branacals for the
564	<b>Operational and Financial Proposals for the</b>
565	Medic One/EMS 2026-2031 Levy
566	The EMS Advisory Task Force endorsed the following at its September 26, 2024, meeting:
567	
568	Reauthorize a six-year EMS levy to fund the EMS system for the years 2026-2031 per RCW
569	84.52.069.
570	Enact a levy rate of 25.0 cents/\$1,000 Assessed Valuation to fund projected
571	expenditures and reserves of \$1.5 billion over 2026-2031. This levy rate means that an owner of an \$844,000
572	home will pay \$211 a year in 2026 for highly trained medical personnel to arrive within minutes of an
573	emergency, any time of day or night, no matter where in King County.
574	Renew the EMS levy in 2025 preferably at the General election, unless there are competing levy
575	measures; in that case, renew the levy at the Primary election.
576	Continue using financial policies guiding the most recent levy. Such policies have provided a
577	very strong foundation for the upcoming levy and should meet the needs of the 2026-2031 levy span.
578	Continue services from 2020-2025 levy through the 2026-2031 levy. The next levy should
579	fully fund and continue operations with the current ALS units in service; partially fund first responder services
580	for local fire and emergency response departments; help support MIH programs to assist lower acuity and
581	complex patients; maintain programs that provide essential support to the system; and pursue initiatives that
582	encourage efficiencies, innovation, and leadership.
583	Meet future demands over the span of the 2026-2031 levy. Services include enhancing programs
584	to meet increased EMT hiring, low-acuity patients and community needs, and existing data and e-learning
585	technology; strengthening community interactions and partnerships; and including a "placeholder" for the
586	equivalent of a new medic unit, should service demands be higher than originally anticipated.
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#### Operational and Financial Fundamentals of the Medic One/EMS 2026-2031 Levy

Endorsed by the EMS Advisory Task Force on 9/26/2024

CONTINUE with EMS levy:

- Six-year EMS levy, per RCW 84.52.069
- Levy rate of 25.0 cents/\$1,000 Assessed Valuation
- Forecasted revenues and reserves of \$1.5 billion over six-year span (including Seattle)
- Run at the 2025 General election, unless there are competing ballot measures; if so, run at Primary

#### **ADVANCED LIFE SUPPORT (ALS) RECOMMENDATIONS\***

- CONTINUE using the unit allocation to fund ALS; slightly revise to better ensure full funding and prevent cost shifting to providers
- MAINTAIN the current level of ALS service; INCLUDE a "place holder" in the financial plan to protect the system, should service demands require additional units over the span of the 2026-2031 levy
- MAINTAIN contingencies and reserves to cover unanticipated and one-time expenses
- CONTINUE support for ALS-based programs (ALS Support for BLS Activities; having paramedics train paramedic students) that benefit the region

#### **BASIC LIFE SUPPORT (BLS) RECOMMENDATIONS\***

- INCREASE total BLS funding to help offset costs of providing EMS services
- INCORPORATE the BLS Training & QI funding into the BLS Allocation; REMOVE requirement that this funding be spent on training and QI activities
- INCREASE funding support for Mobile Integrated Healthcare (MIH) that addresses community needs
- DISTRIBUTE new BLS and MIH funding and annual increases using a more equitable methodology that is more weighted toward service level and need over assessed value
- SUPPORT mental wellness and DEI/ERSJ efforts proposed by the King County Fire Chiefs Association

#### **REGIONAL SERVICES & STRATEGIC INITIATIVES (RS/SI) RECOMMENDATIONS\***

- CONTINUE delivering programs that provide essential support to the system
- ENHANCE programs to meet regional needs
- CONTINUE AND DEVELOP strategic initiatives that leverage previous investments made by the region to improve patient care and outcomes

#### **FINANCE RECOMMENDATIONS\*\***

BASE financial plan on financial policies that provide stability to the system by:

- Incorporating sufficient reserves to mitigate unforeseen financial risk
- Ensuring additional protection and flexibility to meet emerging needs

\* Program recommendations apply to King County outside the City of Seattle

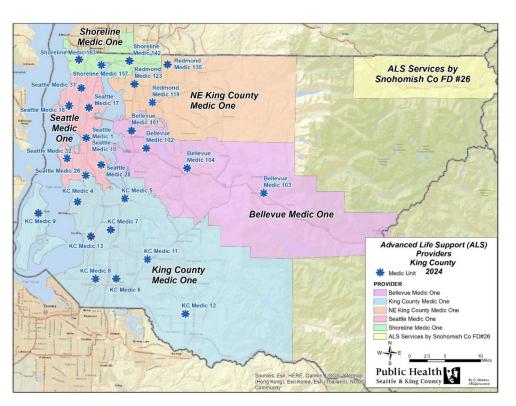
\*\* Finance recommendations include the City of Seattle

### LEVY PROGRAM AREAS

596 As discussed throughout this document, paramedics provide out-of-hospital emergency care for serious or life-597 threatening injuries and illnesses. As typically the second on scene for critically ill patients, paramedics deliver 598 Advanced Life Support (ALS) to patients including airway management, heart pacing, the dispensing of medicine, 599 and other lifesaving out-of-hospital procedures under the medical supervision of the Medical Program Director. 600 Paramedic interns receive more than 2,100 hours of highly specific and intensive emergency medical training 601 through the Paramedic Training Program at Harborview Medical Center in conjunction with the University of 602 Washington School of Medicine, which is nearly double the required number of hours for Washington State 603 paramedic certification.

In King County, a paramedic unit is typically staffed by two paramedics and provides service 24-hours per day, 365
 days per year. The two-paramedic provider model was developed in Seattle in the early 1970s and has proven to
 be the most effective model for enhanced patient care outcomes when incorporated into a regionally coordinated
 tiered response system that includes dispatch and Basic Life Support (BLS).

608 Medic units are positioned 609 throughout the region to 610 best respond to service 611 demands. As of 2024, there 612 are 27 units in Seattle and 613 King County managed by 614 five agencies: Bellevue 615 Medic One, King County 616 Medic One, Northeast King 617 County Medic One 618 (Redmond), Seattle Medic 619 One, and Shoreline Medic 620 One. Of these five agencies, 621 four are fire-based with 622 firefighters trained as 623 paramedics, and King 624 County Medic One operates 625 as a paramedic-only agency. 626 Paramedic service is 627 provided to the Skykomish 628 area through a contract with 629 Sky Valley Fire (formerly



known as Snohomish Fire District #26). Units may respond to areas where the municipal boundaries or the fire
 agency's response district crosses into neighboring counties. If service into these areas exceeds established
 levels, the receiving jurisdictions reimburses for such services as outlined in EMS policies.

633 Adding a medic unit to maintain critical service levels and address service challenges is a complex undertaking. 634 Prior to adding a unit, the region conducts a thorough analysis, considering a variety of elements including 635 workload (call volumes), response time, availability in primary service area, frequency and impact of multiple 636 alarms, and medic exposure to critical skills. Analysis also includes possible dispatch criteria revisions and an 637 assessment of whether medic units could be moved to other locations to improve workload distributions and 638 response times. The decision to add or relocate units relies on obtaining regional consensus. Appendix B: 639 Advanced Life Support (ALS) Units on page 56 provides a complete history of medic units in King County, 640 highlighting when and where units were added.

### ALS

- In 2023, paramedics responded to more than 51,000 calls for emergency medical care throughout the region. The
   median response time of medic units is 7.7 minutes, with units responding to 94 percent of the calls in less than 14
   minutes. These response times have remained stable over the past three levy periods despite increases in King
   County's overall population. EMS data shows that paramedics respond to cardiac conditions (16 percent of ALS calls)
   and attend to older patients (33 percent of ALS calls are for people 65+ years of age).<sup>6</sup>
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#### <sup>648</sup> ALS SUBCOMMITTEE

<sup>649</sup> Chair: The Honorable Keith Scully, Shoreline City Councilmember

The ALS Subcommittee recognized its tasks as determining the number of medic units needed in the upcoming levy
 period and establishing the cost of each unit. Workload, service trends, and demographics were all factors
 considered by the group as it assessed future service demands and system needs. The Subcommittee reviewed in
 depth the standard medic unit allocation, analyzing actual expenditures for providing ALS services and comparing
 costs and trends across agencies. Revisiting the unit allocation resulted in slight revisions to the methodology that
 will help ensure sufficient funding for program oversight and support. Subcommittee participants weighed in on the
 benefits and costs of ALS-specific programs that support the entire regional system.

<sup>657</sup> The <u>ALS Subcommittee recommendations</u> are as follows:

#### <sup>658</sup> **ALS RECOMMENDATION 1:**

## <sup>659</sup> CONTINUE using the unit allocation methodology to determine costs. Update <sup>660</sup> methodology to help ensure sufficient funding for program oversight and support.

- The standard unit allocation is the basis for funding each full-time, 24-hour medic unit in King County. This
   allocation methodology is based on fully covering eligible ALS-related expenses to prevent cost-shifting to agencies.
   This cost model calculates the average annual costs across all ALS agencies to run a two-paramedic, 24-hour medic
   unit. Each individual paramedic agency's annual ALS funding is determined by multiplying the number of operating
   medic units by the unit allocation.
- The unit allocation is an average of agency expenditures and was developed to ensure a fair and equitable distribution of funds across agencies. It provides a set amount of funding to each agency with the flexibility to manage funds based on its specific cost structure and needs. Annual comparison of costs on a unit basis allows the region to understand differences between agencies, share efficiencies, and identify potential new costs being experienced early by one or two agencies. These annual reviews help document and justify ALS allocation costs and evaluate if the allocation is covering 100 percent of eligible ALS costs.
- <sup>672</sup> During the 2020-2025 levy planning process, the unit allocation methodology was revised to simplify and better
   <sup>673</sup> accommodate different types of costs. The Subcommittee agreed to maintain this current methodology for the 2026 <sup>674</sup> 2031 levy which breaks the overall unit allocation into four parts:
- The Medic Unit Allocation includes direct paramedic services costs, such as paramedic salaries and benefits,
   medical supplies, pharmaceuticals, vehicle and facility operating and maintenance costs, communications, and
   other costs associated with direct paramedic services.
- The **Program/Supervisory Allocation** (previously referred to as the Program Administration Allocation) includes
   costs related to the management and supervision of direct paramedic services such as the management,
   administration, supervision, finances, and analysis (including quality improvement) of direct paramedic services.

<sup>&</sup>lt;sup>6</sup> Emergency Medical Services Division 2024 Annual Report

The ALS System Allocation addresses costs that vary significantly between providers or are anticipated to vary
 during the levy period. This allocation is intended to reimburse agencies for highly mutable costs associated with
 paramedic students as well as costs associated with the paramedic recruitment cycle and any changes in program
 medical direction. Costs that vary between agencies include dispatch, whole blood, and medical direction. While
 the funds budgeted are shown on a per unit basis, agencies are reimbursed for actual costs incurred, with the
 EMS Division tracking costs against overall funding. Use of funds are monitored and reported.

The Equipment Allocation covers expenses related to equipment. Included are medic units, Medical Services
 Officer (MSO) and staff vehicles, defibrillators, stretchers, radios and communications equipment, stretcher
 systems, and other equipment with a lifespan of more than one year. This allocation includes items such as radios
 and mobile data computers that could be classified as operating by individual agencies.

The Subcommittee endorsed making slight adjustments to the Equipment and System Allocations to help cover
 vehicle and defibrillator costs that were increasing higher than inflation, and to accommodate the increased
 number of paramedic students. The distribution methodology for the Program/Supervisory Allocation was
 amended to distribute fixed costs by agency and more variable costs by unit, with no change to the total funding
 level.

#### **ALS RECOMMENDATION 2:**

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# CONTINUE INFLATING annual ALS operating allocation costs using CPI-W + 1% inflator; inflate equipment costs using equipment inflator.

During the 2020-2025 levy span, ALS allocations were inflated by the Consumer Price Index for Urban Wage
 Earners and Clerical Workers (CPI-W) +1 percent. For 2026-2031, the Subcommittee supported continuing with
 the identified inflators and assessing them throughout the levy period. For additional information on financial
 assumptions used in the 2026-2031 levy financials, please see the Finance Key Assumptions Section on page 45.

#### <sup>709</sup> **ALS RECOMMENDATION 3**:

# MAINTAIN the current level of ALS service. The regional system has sufficient capacity to address current demand but should continue to monitor medic unit performance on an annual basis to ensure continued high performance.

#### 713 ALS Capacity Analysis

ALS capacity analysis assesses the ability of current medic units to accommodate anticipated future demand for
 services, specifically through to the end of the levy period. This assessment includes consideration of unit
 performance trends and critical factors driving demand in addition to mitigation techniques such as the review of
 Criteria Based Dispatch (CBD) guidelines to reduce unnecessary ALS responses or relocation of units to better
 distribute calls among the units. Discussing the relocation of medic units to new locations is an important function
 of a regional system.

The ALS Subcommittee reviewed five-year (2018-2022) unit performance trends and exposures to critical skills
 and noted an innate challenge to interpreting the data and projecting demand for future services due to the 2020
 pandemic's impact on call volumes and response times. The group concluded that while there was sufficient
 current capacity within the region, they strongly advocated for a CBD guideline review process to mitigate any
 potential growth in calls (CBD guideline review is anticipated in 2025) and to include a medic unit placeholder in
 the financial plan to ensure access to funds if needed.

### ALS

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#### 728 Medic Unit Analysis

The ALS Subcommittee concluded there was currently sufficient medic unit capacity (outside the City of Seattle) and
 supported continuing the annual review of medic units to ensure continued high performance. The regional medic
 unit analysis considers the following key performance indicators: unit workload (call volumes), median unit response
 times, availability in the primary service area and responses from units outside of the primary service area; and
 paramedic exposure to critical skills (e.g. intubations, response to cardiac arrest events).

While performance indicators do not serve as automatic prompts for adding new paramedic services, they do help with assessment of overall performance and direct attention to a geographical area of the Medic One/EMS system that may need further examination. This approach to medic unit analysis is useful since some units operate in small, highly dense areas with high call volumes and short response times, while others operate in larger, more rural areas with lower call volumes and longer response times. Monitoring unit performance in rolling five-year increments allows the region to identify both individual unit and overall trends to better understand the magnitude of service gaps and ascertain the need for additional service.

As noted, prior to implementation of new paramedic service, the region outside the City of Seattle conducts a
thorough analysis of medic unit performance to assess whether mitigation strategies could address increasing stress
on the system, including revisions to the CBD guidelines or medic unit relocations. If the regional review concludes
that additional medic unit service is the only option remaining, a process of review and approval by the EMS Advisory
Committee and the King County Council ensues through the budget process.

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#### <sup>748</sup> **ALS RECOMMENDATION 4**:

#### <sup>749</sup> **CONTINUE** having a medic unit placeholder (reserve) in the financial plan to ensure

## access to resources should demand analysis support the addition of a medic unit during the 2026-2031 levy span.

Establishing a placeholder in a reserve fund provides access to funds to support additional medic unit service should
 mitigation attempts fail to improve ALS response capacity. The financial plan shows reserve funding of \$15.8 million
 to potentially fund a 12-hour unit in the third (2028) and fifth (2030) years of the levy period. This is a resource to be
 used only if demand for ALS services exceeds existing available capacity despite mitigation attempts. It is not
 included as a definitive plan for adding medic units.

Prior to any request for access to this reserve fund, a comprehensive medic unit analysis and discussion with
 regional partners would occur to consider alternative options. Per EMS Financial Policies, the use of reserves
 requires review by the EMS Advisory Committee Financial Subcommittee, and the EMS Advisory Committee. If
 additional appropriation authority is needed, the County's budgeting process would be followed.

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### 762763 ALS RECOMMENDATION 5:

# <sup>764</sup> CONTINUE to use contingencies and reserves to cover unanticipated/one-time <sup>765</sup> expenses. Contingencies and reserves are appropriate mechanisms to cover <sup>766</sup> unanticipated and one-time expenses.

Contingencies can be used to cover increases in operating costs that cannot be covered by the ALS allocation or
 program balances. This includes paid time off (PTO) above amounts included in the allocation, and other potential
 cost increases above amount included in allocations. Contingency funding may also cover unplanned expenses

- related to regional services and initiatives. In the 2020-2025 levy span, contingency funding was used to expand
   initial EMT training to accommodate the significant increase in new EMT hires and to create the ALS support for
   BLS activities program.
- Analysis conducted within the ALS Subcommittee resulted in a funding recommendation of \$1.3 million a year for
   the 2026-2031 levy span.

Programmatic reserves can be used for other ALS expenses that may not be covered by allocations, program
 balances, or contingencies. Like in the previous levy span, the ALS Subcommittee recommended the 2026-2031
 levy include programmatic reserves related to ALS equipment and ALS capacity (including a "placeholder for a
 potential new unit(s)" as outlined in ALS Subcommittee Recommendation #4). The group proposed that the
 levy fund's Rainy Day Reserve be accessed for risk issues including responses to major events and other issues as
 appropriate.

#### 783 EQUIPMENT RESERVES

The ALS Subcommittee recommended funding ALS Equipment Reserves at \$1.3 million. This could cover ALS
 equipment costs such as new technology not currently included or accommodated within the equipment allocation
 or contingencies.

#### CAPACITY RESERVES

The ALS Subcommittee recommended funding the ALS Capacity Reserve at a total of \$17.4 million. This includes
 \$1.6 million for facility renovations to accommodate moving a medic unit into a station, investments needed at the
 current location, and temporary capacity increases. The remainder, approximately \$15.8 million, is set aside as a
 placeholder for a potential new unit, per ALS Subcommittee Recommendation #4. For more information on
 Contingencies and Reserves, please see Finance Subcommittee Recommendation #2 on page 40.

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#### ALS RECOMMENDATION 6:

# <sup>797</sup> CONTINUE to address service challenges presented in outlying areas through a <sup>798</sup> regional approach.

The provision of paramedic services in the Skykomish region in the northeast corner of King County offers an
 example of the challenge serving outlying areas. This isolated area of King County is accessible only via
 Snohomish County and US-2 highway. The King County border starts just before the town of Baring and continues
 through Stevens Pass to the border with Chelan County. This area is primarily forest service land and includes the
 town of Skykomish and Stevens Pass Ski Resort.

- There are a number of unique aspects in the Skykomish region relative to other provider areas, including required passage through Snohomish County in order to access to the region, call volumes less than 100 per year, seasonal demand for services peaks during the wintertime, a high percentage of trauma patients, and response and transport times that exceed the average urban and suburban times.
- Since 2006, Sky Valley Fire (Snohomish County Fire District 26) has provided paramedic services to the adjacent
   areas in Snohomish County with a fire station located approximately 15 minutes from the King County border. Sky
   Valley Fire has worked closely with King County Fire District 50 to create an approach that provides excellent
   patient care to those living in or visiting the Skykomish Valley. After a detailed review, EMS partners determined
   that Sky Valley Fire remained in the best position to be able to provide consistent service to the isolated area and

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recommended that it continue providing contract services for that area. EMS partners also agreed to review and
 update the terms and conditions of the EMS policy regarding ALS service to outlying areas in advance of the 2026 2031 levy period.

#### ALS RECOMMENDATION 7:

#### **CONTINUE to support two ALS-based programs that benefit the regional system.**

Paramedics play a number of roles outside of first response duties that contribute to the quality of the regional system. These roles include instruction, training, and quality assurance/quality improvement (QA/QI). These activities support all tiers of the EMS system and foster improvements in patient outcomes. Conducting these activities on a regional basis ensures greater integration and participation and supports cohesive and consistent countywide training.

- The <u>ALS Support of BLS Activities program</u> assists ALS agencies in conducting BLS Run review, enhanced
   training, and activities focused on improving interaction between the ALS and BLS tiers in the EMS system. Fire
   agencies' BLS Training & QI funding supplemented this program during the 2020-2025 levy span. The
   recommendations for 2026-2031 support sufficiently funding this program without these moneys, thereby
   "returning" this funding to BLS agencies to use as needed.
- There is value in incorporating certified field paramedics in the development of up-and-coming student interns at the <u>Paramedic Training program at Harborview</u>. This support helps students rise to the challenge befitting their duty as medical providers in the community, but also reinforces their field skills and commitment to the regional system. The recommendations for 2026-2031 support continuing this collaborative arrangement with the Paramedic Training program.

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#### **ALS Programmatic Comparison Between Levies**

2020-2025 Levy	2026-2031 Levy
Maintain current level of ALS service	Maintain current level of ALS service
0 planned additional units	0 planned additional units
\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS- specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>
Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI	Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs Equipment allocation: Transportation Equipment PPI
Piloted two ALS-based programs that benefit the regional system in 2024-2025	Support two ALS-based programs that benefit the regional system
- ALS Support of BLS Activities	- ALS Support of BLS Activities
<ul> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>	<ul> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>

### **BASIC LIFE SUPPORT (BLS)**

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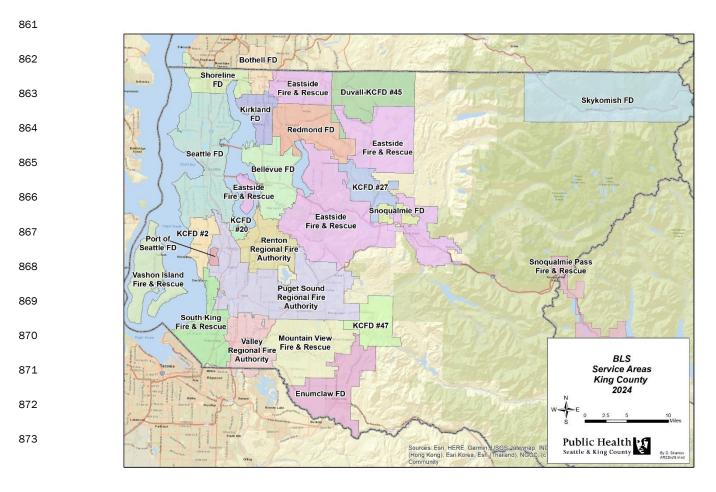
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Basic Life Support (BLS) personnel are the first responders to an incident, providing immediate basic life support
 medical care that includes advanced first aid, High Performance CPR, and AED use to stabilize the patient. Provided
 by approximately 4,300 EMTs throughout the region, BLS is the foundation of all medical responses within the EMS
 system serving Seattle and King County.

EMTs in this regional system are among the most trained in the nation, receiving approximately 190 hours of
 emergency medical response training and hospital experience with additional training in CPR, cardiac defibrillation
 (electrical shocks given to restore a heart rhythm), and airway management. EMTs are certified by the State of
 Washington and must complete ongoing continuing education and quarterly trainings to maintain their certification.
 Like their ALS counterparts, EMTs are highly practiced and use their BLS skills daily.

As the first-on-scene provider, BLS contributes significantly to the success of the Medic One/EMS system. BLS
 agencies must arrive quickly, assess each situation, and provide effective and precise medical care. Although BLS
 receives limited funding through the EMS levy, it is an integral piece of the interdependency on which the entire EMS
 response system in King County is built.

Regional data shows that in 2023, EMTs responded to over 205,000 calls for emergency medical care throughout
 the region. The median response time of BLS units in Seattle and King County is 5.2 minutes. EMTs are more likely
 to respond to incidents involving trauma (57 percent), and younger patients (57 percent of BLS calls are for people
 25-64 years of age). <sup>7</sup>



<sup>7</sup> Emergency Medical Services 2024 Annual Report

#### 28 RPC Meeting Materials

### BLS SUBCOMMITTEE

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<sup>878</sup> Chair: The Honorable Armondo Pavone, Mayor of Renton

Total BLS funding, its distribution methodology, and addressing community needs were core topics of discussion
 for the BLS Subcommittee. Members endorsed modifying the BLS funding formula to help address equity and
 need, as well as increasing total BLS funding to reflect the growth in inflation, population, and BLS responsibilities.
 Mobile Integrated Healthcare (MIH) remained a regional priority, and the Subcommittee directed new funding into
 the program over the next levy span.

The <u>BLS Subcommittee recommendations</u> are described on the following pages.

#### BLS RECOMMENDATION 1:

# INCREASE total BLS funding by at least \$3 million in the first year of the new levy, and up to \$5 million if that can be done within a 26.5-cent levy rate.

The BLS Subcommittee discussed five scenarios of possible funding levels. These options ranged from a 30 percent increase over 2020-2025 to a 50 percent increase over 2020-2025 levels. They acknowledged the need to balance the desire for increased funding with concerns about voter tax fatigue. Partners settled on \$3 million in new funding but requested that it be increased to \$5 million if it could fit within a 26.5 cent levy rate.

The August 2024 financial forecast showed that \$5 million in new funds could be accommodated within the proposed 25 cent levy rate.

#### **BLS RECOMMENDATION 2:**

#### A. ATTRIBUTE 60 percent of this new funding to the BLS Basic Allocation.

Since its inception, the regional Medic One/EMS levy has provided BLS agencies with an allocation to help offset
 costs of providing EMS services. The allocation was developed as a way to recognize and support BLS for its
 significant contribution to the success of the EMS system but was never intended to fully fund BLS. The
 Subcommittee directed \$3 million of this new \$5 million into the basic allocation for agencies to use on a variety
 of EMS-specific items including personnel, equipment, and supplies.

#### **B.** ATTRIBUTE 40 percent of this new funding to Mobile Integrated Healthcare (MIH).

The Subcommittee was adamant about the need to maintain support for the MIH program over the next levy span. Members endorsed a proposal that includes increasing connections with service providers, expanding MIH's role to help mitigate the opioid epidemic's impact on communities, supporting MIH ground-level personnel mental wellness, and leveraging proven tools (such as Julota software) to further refine how MIH programs collect data. They directed \$2 million of this new \$5 million into MIH for 2026 and beyond.

#### 913 BLS RECOMMENDATION 3:

# INFLATE annual costs using CPI-W + 1%. This inflator will be based on the forecast from the King County Office of Economic and Financial Analysis.

BLS agencies use the Medic One/EMS levy allocation to pay for different EMS-specific items. Since these items have
differing inflationary trends, no one specific inflator would accurately reflect their increasing costs. However, since
most BLS costs are related to wages and benefits, the BLS Subcommittee determined that using a standard CPI
inflator tied to wages (CPI-W) as forecast by the King County Office of Economic and Financial Analysis was
preferable.

#### 923 **BLS RECOMMENDATION 4:**

## INCORPORATE the BLS Training & QI program funding into the BLS Basic Allocation. Remove requirements that this funding be spent on training and QI activities.

The <u>BLS Training & QI program</u> provides BLS agencies with funding to pay paramedics and certified competencybased training (CBT) instructors for conducting run review and related EMT training. In 2023, the region initiated the <u>ALS Support of BLS Activities</u> program which provides funding directly to ALS agencies to conduct those training and QI activities that were previously funded by BLS training and QI moneys. The BLS Subcommittee supported folding the BLS Training and QI funding into the Basic Allocation so that it is no longer earmarked specifically for QI and agencies can use the funds at their discretion.

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#### 934 BLS RECOMMENDATION 5:

# DISTRIBUTE NEW BLS funding and annual increases using a more equitable distribution methodology of 60 percent call volume/40 percent Assessed Value (AV). Do not reset the first year of levy funding.

The current distribution methodology, in use since the 2008-2013 levy span, allocates funding to agencies based 50 percent on call volume, and 50 percent on AV. This methodology acknowledges and balances jurisdictions' services needs with financial investment. When examining different funding alternatives and distribution options, the conversation focused on finding a more equitable way to distribute the funds. Identifying that call volumes are associated with need, and need is often a reflection of inequitable access to care in the community, the Subcommittee revised the distribution methodology to be more weighted toward call volumes. This new ratio better balances the financial contribution with calls for service.

For the 2020-2025 levy span, the first year's total funding levels were reset which distributed the full allocation based on the most updated call volume and AV data. The Subcommittee opted against initiating a reset for the 2026-2031 levy span as resetting models showed large deviations to agency allocations.

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### 952 BLS RECOMMENDATION 6:

### 953 SUPPORT King County Fire Chiefs Association Mental Wellness and Equity, Racism &

### 954 Social Justice/Diversity, Equity & Inclusion proposals.

The King County Fire Chiefs Association (KCFCA) has partnered with the King County EMS Division to develop strategies that address mental wellness for all first responders and advance equity in EMS organizations and the diverse communities they serve. The Subcommittee endorsed continuing these efforts that further advance such causes for the 2026-2031 levy span:

#### 960 <u>Mental Wellness:</u>

KCFCA proposes to create and implement a comprehensive approach across King County to support the health of
 our region's first responders, medics, and dispatchers. This will focus on a regional system of support, reflect the
 needs of frontline workers, and garner the expertise of leaders in the mental wellness field. It includes consulting
 authorities in first responder mental wellness, continuing peer support training, and organizing other learning
 opportunities for EMS personnel.

#### 966 Diversity, Equity and Inclusion/Equity, Racial and Social Justice:

This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel DEI
 and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring workshops and
 partnering with the frontline-led DEI Network. For the EMS Division, this will focus on integrating ERSJ efforts within
 the Division with Public Health - Seattle & King County business and supporting outward facing work that connects
 communities to EMS skills and knowledge. This includes the community-based Vulnerable Populations Strategic
 Initiative along with the Strategic Training and Recruitment (STAR) program and the Future Women in EMS/Fire
 recruitment programs.

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### **BLS RECOMMENDATION 7:**

# 977DEVELOP exceptions for the use of MIH restricted funds for those agencies unable to978fully expend their MIH funding.

979There are some BLS agencies, particularly in rural areas, that cannot implement a traditional MIH program. They980may lack a sufficient volume of MIH-type calls; the levy funding available to them may not sustain an MIH program;981or their location may exclude partnering with an existing MIH program. The EMS Division proposed authorizing982these agencies to use their MIH funding in other ways to provide flexibility in meeting the needs of their983communities. This would be discussed and determined on a case-by-case basis with regional review and984consensus.

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<b>BLS Programmatic Con</b>	<u>iparison Between Levies</u>
2020-2025 Levy	2026-2031 Levy
Consolidate the funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements.	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities.
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes; reset the first year using updated data; increase funding to ensure consistency in the first year.	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 40% Assessed Valuation.
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

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### Mobile Integrated Healthcare (MIH) **Programmatic Comparison Between Levies**

2020-2025 Levy	2026-2031 Levy
Provide \$26 million over 6 years for MIH.	Provide \$50 million over 6 years for MIH.
For the first year, distribute full funding amount across all agencies using BLS allocation methodology of 50% AV and 50% call volumes.	For the first year, distribute new funding across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation.
Inflate each agency's funding in subsequent years of levy by CPI-W + 1%.	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology.

995	<b>REGIONAL SERVICES/STRATEGIC INITIATIVES</b>
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997	Regional Services are programs that support the direct service activities and key elements of the Medic
998	One/EMS system. They are critical to providing the highest quality out-of-hospital emergency care available.
999	Helping to tie together the regional medical model components, these programs support the system by providing
1000	uniform regional medical direction, standardized EMT and emergency dispatch training, EMT and paramedic
1001 1002	continuing education, centralized data collection and expert analysis, collective paramedic service planning and
1002	evaluation, and administrative support and financial management of the regional EMS levy fund.
1003	Strategic Initiatives are innovative pilot programs and operations aimed to improve the quality of Medic
1004	One/EMS services and manage the growth and cost of the system. Testing new approaches, strategic initiatives
1005	are continually assessed and may be reconfigured, if needed, to broaden the reach, advance their objectives, or
1006 1007	meet emergent needs. Once completed and having achieved their intended outcomes or demonstrated efficacy to
1007	partners in the community, they may be transitioned into regional services as ongoing programs. Strategic
1008	initiatives have not only allowed the Medic One/EMS program throughout King County to maintain its role as a
1010	national leader in the field of emergency medical services but have also been instrumental in the system's ability
	to manage its costs.
1011	Regional services and strategic initiatives contribute to the regional system's medical effectiveness. These
1012 1013	programs extend across the segments of the Medic One/EMS system and are not centered solely on fast EMT or
1013	paramedic responses. For example, the system provides injury prevention programs to help ensure the safe use of
1014	car seats for infants and prevent falls among the elderly. These are important programs in managing the
1016	occurrence of medical emergencies that impact the system. CPR and automated external defibrillator (AED) programs help ensure bystander witnesses to cardiac arrests have the necessary training to assist by notifying 9-
1017	1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive to provide patient care and
1018	transport. Revising the region's criteria based guidelines which determine the appropriate level of EMS response
1019	has resulted in delays of adding new medic units and helped the system defray additional expenses. By forwarding
1020	lower-acuity calls to a Nurseline instead of sending a BLS response allows for BLS resources to be available for
1021	more acute patients. Having these programs coordinated at the regional level ensures prehospital patient care is
1022	delivered at the same standards across the system; policies and practices that reflect the diversity of needs are
1023	maintained; and local area service delivery is balanced with regional interests.
1024	The EMS Division oversees these regional services and strategic initiatives and plays a significant role in
1025	developing, administering, and evaluating critical EMS system activities.

#### 1027 **REGIONAL SERVICES SUBCOMMITTEE**

Chair: The Honorable Angela Birney, Redmond Mayor 1028

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The Regional Services Subcommittee systematically reviewed core programs and strategic initiatives to assess 1029 how well the activities were reaching their audiences and accomplishing intended goals. Partners discussed the 1030 benefits of the programs and attested to how the activities undertaken are making a difference in the community. 1031 1032 This detailed review identified EMS system emergent needs and generated ideas to bring greater benefits to the 1033 system.

The concerns brought forth to this Subcommittee such as hiring issues; increased training for first responders; 1034 1035 continued ALS/BLS interactions and quality improvement; and mental wellness support, were similar to issues identified by the other subcommittees, reiterating the need for a regional solution to these shared issues. The EMS 1036 Division worked with various partners to develop ideas and proposals for review by the Regional Services 1037 1038 Subcommittee.

# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

1040 The <u>Regional Services Subcommittee</u> recommendations are as follows:

### 1041 **RS/SI RECOMMENDATION 1:**

### 1042 **CONTINUE** delivering programs that provide essential support to the system.

The Regional Services Subcommittee recommended continuing core regional services that support the key elements
 of the Medic One/EMS system. Such programs and services are the foundation of the direct services provided by
 EMS personnel, ensuring consistency and standardization throughout the system. These programs focus on superior
 medical training, quality improvement, and innovation, as well as strengthen community interactions and
 partnerships. Following are descriptions of these services. Please see Appendix A: Proposed 2026-2031
 Regional Services on page 54 for a full list.

### 1049 Regional Medical Control

Best medical practices drive every aspect of the Medic One/EMS system and are a main component of the system's success. Vital to this is a strong Medical Program Director to oversee all aspects of medical care and hold people within the system accountable. Responsibilities for this role include: writing and approving the patient care protocols for paramedics and EMTs; approving initial and continuing EMT medical education; approving criteria based dispatch (CBD) guidelines; developing new and updating existing medical quality improvement activities; and initiating disciplinary actions.

### 1056 Regional Medical Quality Improvement

At the heart of quality patient care is the practice of quality improvement, or QI. EMS medical QI is the on-going programmatic and scientific review of the EMS system's performance to assure excellence in patient care. Impacting all components of the regional system, QI projects and programs require collaboration across both the academic and operational Medic One/EMS community. For example, evaluating the use of administering whole blood for hemorrhagic shock, the efficiencies of an updated nurse line for lower acuity calls, and the role of different CPR strategies for patients in cardiac arrest will help to advance the science of EMS care throughout the region.

### 1063 Training

EMT Training: The EMS Division provides initial training, continuing education, and 1064 instructor/evaluator education for EMTs in King County. Through research, coordination, 1065 and communication among Medic One/EMS stakeholders and the regional Medical 1066 Program Directors, the Division develops curricula so that the training and educational 1067 programs meet individual agency, Washington State Department of Health, and national 1068 requirements. The Division is the liaison between the Washington State Department of 1069 1070 Health and the 23 EMS/fire agencies in King County. It oversees the recertification and regulatory and policy changes to Medic One/EMS agencies. 1071



1072Dispatch Training: Sending the appropriate resource in the appropriate manner is a critical1073link in the EMS system. The EMS Division provides comprehensive initial and continuing1074education training to dispatchers in King County outside the City of Seattle. King County1075dispatchers follow medically approved emergency triage CBD guidelines. These guidelines

were developed by the EMS Division. CBD uses specific medical criteria based on signs and symptoms to send theappropriate level of care with the proper urgency.

# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

1080<u>CPR/AED Training:</u> The EMS Division of Public Health – Seattle and King County offers educational programs to1081King County residents, teaching them to administer life- saving techniques until EMS agencies arrive at the scene.1082This includes CPR classes with an emphasis on training teachers and students. Thousands of secondary school1083students receive instruction on CPR and AED use each year. In addition, regionally coordinated AED programs1084register and place automated defibrillators in the community within public facilities, businesses, and even private1085homes for high-risk patients, along with providing training in their use.

### 1086 Community Centered Programs

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1087 The complex health needs of King County's residents can be as diverse as its communities. The EMS Division and 1088 its partners offer a wide variety of community centered services and programs to ensure emergency medical 1089 services provided are equitable, appropriate, and of the highest quality. This includes targeted community

interventions to help manage the 1090 1091 rate of call growth in the EMS system and address the demand 1092 1093 for services. Programs like the Communities of Care and the 1094 1095 Vulnerable Populations Strategic 1096 Initiative provide communityspecific education and training 1097 about the appropriate use of 1098 EMS services and how to receive 1099 the proper level of care. The Taxi 1100 Voucher Program, Nurseline, and 1101 Mobile Integrated Healthcare 1102 1103 programs offer alternative, highquality care to 9-1-1 patients 1104 with lower acuity medical needs. 1105 1106 The region reviews and revises 1107 dispatch guidelines so that specific types of calls are 1108



receiving the most appropriate level of response. In addition, the EMS Division works with its partners on efforts preventing the need to call 9-1-1 in the first place, with programs designed to appropriately install child seats and mitigate potential falls among older adults.

### 1112 Regional Leadership and Management

The EMS Division provides financial and administrative leadership and support to both Public Health - Seattle & 1113 King County government as well as external EMS partners, bringing expertise, knowledge, and stability to the 1114 1115 system, thereby preserving the integrity and transparency of the entire system. The EMS Division actively engages with regional partners to implement the Medic One/EMS Strategic Plan; manage EMS levy funds; monitor contract 1116 and medical compliance and performance; identify and participate in countywide business improvement 1117 1118 processes; facilitate the recertification process for the 4,300 EMTs in King County; and maintain the continuity of business in collaboration with Medic One/EMS partners. This also includes regional planning for the Medic 1119 One/EMS system which monitors medic unit performance, the periodic assessment of medic unit placement, and 1120 other system parameters. Regional planning analyzes medic unit demand projections and measures the impacts 1121

# 1124

# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

#### Center for the Evaluation of Emergency Medical Services (CEEMS) 1125

CEEMS conducts research aimed at improving the delivery of pre-hospital emergency care and advancing the 1126 science of cardiac arrest resuscitation. It is funded by grants from private foundations, state agencies, and federal 1127 institutions. CEEMS is a collaborative effort between the EMS Division and academic faculty from the University of 1128 Washington who are recognized nationally for their contributions in the care and treatment of cardiac emergencies. 1129 Achievements made by this collective effort continue to improve outcomes from sudden cardiac arrest and advance 1130 evidenced-based care and treatment. 1131

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#### **RS/SI RECOMMENDATION 2:** 1134

#### **ENHANCE** programs to meet regional needs. 1135

- The region continues to see a record number of EMT hires throughout the EMS system. Increasing the number of 1136 ٠ initial EMT training classes is required to get these new hires certified and meet the growing demands of EMS in 1137 1138 the county.
- When the Telephone Referral Program, or Nurseline, contract was discontinued in 2023, the region supported 1139 . 1140 finding a way to preserve this critical service. An even more comprehensive Nurse Navigation program was initiated in late 2024 which will help decrease non-emergent dispatches and improve the overall efficiency of the 1141 EMS system. Maintaining this renovated program is a priority for the 2026-2031 levy span. 1142
- The STRIVE Initiative, implemented during the 2020-2025 levy period, modernized the EMS Division's online 1143 ٠ continuing medical education platform, EMS Online. Converting STRIVE's ongoing operations and maintenance 1144 1145 into regional support services and providing funding for 2026-2031 will help ensure the EMS Division can meet the region's changing educational, data, and technological needs of the eLearning environment. 1146
- 1147 1148

#### **RS/SI RECOMMENDATION 3:** 1149

#### MAINTAIN AND DEVELOP Strategic Initiatives that leverage previous investments made 1150 by the region to improve patient care and outcomes. 1151

Areas identified by the Regional Services Subcommittee include continued focus on vulnerable populations, 1152 enhancing quality improvement capabilities, and supporting mental wellness and equity and social justice efforts. 1153

#### 1154 Vulnerable Populations Strategic Initiative (VPSI) – CONTINUING AS EMS Community **Health Outreach (ECHO)** 1155

VPSI was launched during the 2014-2019 levy period to improve interactions between EMS and historically 1156 underserved communities. Continued support for VPSI efforts throughout the 2026-2031 levy span will further 1157 1158 enable communities to remain actively engaged with EMS agencies and continue to address disparities in access to services. This includes expanding community partnerships, connecting local EMS agencies to 1159 1160 community-led organizations, and introducing new education and outreach topics to meet the evolving needs of the communities. To better represent this work and align with the commitment to equity and social justice, VPSI 1161 will be renamed EMS Community Health Outreach (ECHO) for the 2026-2031 levy span. 1162

# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

### 2. <u>A</u>ccelerating <u>E</u>valuation and Innovation: an <u>O</u>pportunity for <u>U</u>nprecedented Quality Improvement (AEIOU) Strategic Initiative - CONTINUING AS <u>P</u>ioneering <u>R</u>esearch for <u>I</u>mproved <u>M</u>edical <u>E</u>xcellence (PRIME) Strategic Initiative

AEIOU built upon the technological work between regional partners from all parts of the EMS system to bolster the region's quality improvement abilities, capacity, and efforts. It included creating standardized systems for data analysis, updating data-sharing mechanisms, and contributing toward advancements of medical research. **PRIME** is the next iteration in upgrading current data processes and enhancing overall data management capabilities, contributing to medical quality improvement efforts. It includes improvements to the patient care records software (ESO Solutions), data sharing, standardization, and data automation; improving integration pertaining to data systems with Public Health, ESO, and agencies; and conducting pilot projects to foster innovation.

### 3. Emergency Medical Dispatch Strategic Initiative - NEW

1179This initiative invests in emergency medical dispatch (EMD) improvements, including identification of an1180external vendor to host the electronic criteria based dispatch (eCBD) guidelines used to determine the1181appropriate level of care and response type. Using an outside vendor brings greater security, more rapid1182eCBD updates, and increased interoperability between systems that exchange information. It also provides1183funding to explore EMD-focused pilots for continuous quality assurance/quality improvement activities during1184and after 9-1-1 calls.

# 11854. King County Fire Chiefs Association Mental Wellness & Equity, Racism & Social1186Justice/Diversity, Equity & Inclusion proposals

1187The King County Fire Chiefs Association (KCFCA) has partnered with the EMS Division to develop strategies to1188address mental wellness for all first responders and advance equity in EMS organizations and the diverse1189communities they serve. Like the BLS Subcommittee, the Regional Services Subcommittee endorsed1190continuing these efforts that further advance such causes for the 2026-2031 levy span:

### 1191 <u>Mental Wellness</u>:

1192KCFCA proposes to create and implement a comprehensive mental wellness approach across King County to1193support the health of our region's first responders, medics, and dispatchers. This effort will focus on a1194regional system of support, reflect the needs of frontline workers, and garner the expertise of leaders in the1195mental wellness field. It will include consulting authorities in first responder mental wellness, continuing peer1196support training, and organizing other learning opportunities for EMS personnel.

### 1197 Diversity, Equity and Inclusion/Equity, Racial and Social Justice:

1198This proposal would evenly divide resources between fire agencies and the EMS Division to pursue parallel1199DEI and ERSJ priorities. For EMS agencies, this entails investing in continued recruitment and hiring1200workshops and partnering with the frontline-led DEI Network. For the EMS Division, this will focus on1201integrating ERSJ efforts within the Division with Public Health - Seattle & King County business and1202supporting outward facing work that connects communities to EMS skills and knowledge. This includes the1203community-based Vulnerable Populations Strategic Initiative along with the Strategic Training and1204Recruitment (STAR) program and the Future Women in EMS/Fire recruitment programs.

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# **REGIONAL SERVICES/STRATEGIC INITIATIVES**

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Programmatic Compar	ison Between Levies
2020-2025 Levy	2026-2031 Levy
Regional Services (RS)	
Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies.	Fund regional services that focus on superior medical training, oversight, and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships.
Move BLS Core Services program out of Regional Services budget and into BLS allocation.	Enhance programs to meet regional needs.
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%
Strategic Initiatives (SI) and other programs	_
Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a Mobile Integrated Healthcare (MIH) model to address community needs. • Convert BLS Efficiencies into ongoing programs • Transition CMT and E&E into MIH exploration • Convert RMS into ongoing programs • Integrate the BLS Training and QI SI into the BLS Allocation	
<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes.</li> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop two new Initiatives: 1) AEIOU and 2) STRIVE</li> <li>Transition Community Medical Technician into MIH exploration</li> </ul>	Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes. • Continue implementing next stages of Vulnerable Populations -> ECHO and AEIOU -> PRIME • Develop one new Initiative focused on Emergency Medical Dispatch • Support KCFCA proposals promoting mental wellness and ERSJ/DEI
Provide regular updates to past audit recommendations	
Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

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## 1211 ECONOMIC FORECAST

1212The Medic One/EMS Levy financial plan is based on a post-pandemic economic recovery, which stabilized the1213economy after a period of high inflation and increased mortgage rates. Based on projections from the King County1214Office of Economic and Financial Analysis (OEFA), the financial plan assumes lower inflation with rates stabilizing1215at less than three percent in the second and third years of the levy period and the gradual lowering of mortgage1216rates. King County inflation is projected to remain higher than the national average.

In addition, residential assessed value (AV), particularly for single-family homes, is increasing at rates higher than
 commercial and industrial properties both in Seattle and King County. Commercial AV outside of the City of Seattle
 has remained more stable. As a result, OEFA has forecast a reduction in the City of Seattle's percentage of
 property tax relative to levels prior to 2022.

Given the experience of the 2020-2025 levy period with high inflation and dynamics affecting both AV projections and the distribution of AV between the City of Seattle and the KC EMS Fund (remainder of King County), it was deemed prudent by the Finance Subcommittee to continue to include economic/supplemental reserves to cover the potential of reduced property taxes or increased expenses related to inflation.

### 1226 FINANCE SUBCOMMITTEE

- 1227 Chair: The Honorable Lynne Robinson, Mayor of Bellevue
- 1228The Finance Subcommittee assessed the programmatic recommendations developed by the other subcommittees1229and provided financial perspective and advice to the Task Force. As the ALS, BLS, and Regional Services1230Subcommittees each developed its own set of recommendations specific to its program areas, the Finance1231Subcommittee reviewed the proposals as a whole package, rather than as individual and independent pieces, to1232ensure the financial plan was well balanced and financially prudent.
- 1233The Subcommittee also looked at the recommendations within the perspective of the levy planning economic1234environment, economic forecasts, and the potential for changes in the economic forecast. Significant efforts went1235toward analyzing financial implications of changes in economic conditions to develop appropriate contingency and1236reserve levels.
- <sup>1237</sup> The <u>Finance Subcommittee recommendations</u> are as follows:

### <sup>1238</sup> **FINANCE RECOMMENDATION 1:**

### <sup>1239</sup> CONDUCT A RISK ANALYSIS to determine appropriate reserve funding to help

### <sup>1240</sup> safeguard the Medic One/EMS system from unforeseen financial risk.

1241To better understand the level of risk for the next levy span, the Subcommittee requested that King County staff1242prepare different "what-if" scenarios (sensitivity analyses) to evaluate how changes to the proposed revenue and1243expenditures could impact the financial plan. The scenarios assumed:

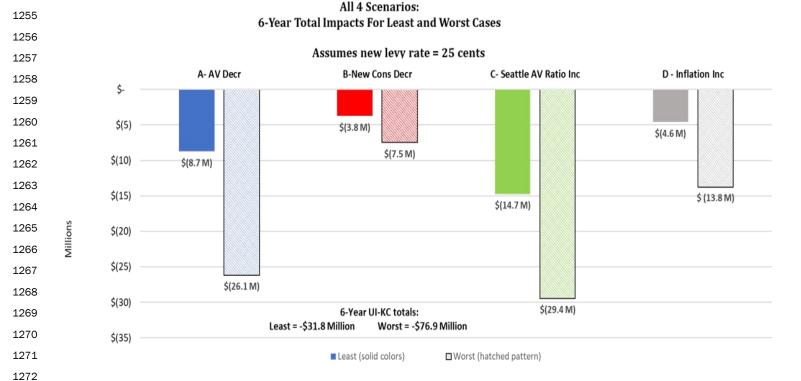
- Potential of reduced property taxes, and
  - Potential of higher inflation that could increase costs of planned services.

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1249The revenue scenarios considered three different ways property taxes could be less than planned: reduced AV,1250reduced new construction, and a change in the proportion of funds between the City of Seattle and the King County1251EMS Fund. The expenditure scenarios looked at potential increased inflation and evaluated inflation increases from12520.5 percent to 1.5 percent higher than planned. Each scenario contained a least and worst case situation for the1253Subcommittee to consider.



Subcommittee members used this information to determine whether the planned reserves could accommodate a
 potential change in economic conditions. Since the City of Seattle funds reserves separately from EMS levy funds,
 the Subcommittee focused on appropriate reserves for the King County EMS Fund. The potential impacts on the King
 County EMS Fund ranged from a decrease of \$31.8 million to a decrease of \$76.9 million. The financial plan
 includes approximately \$47.0 million for Economic/Supplemental Reserves. These reserves allow the EMS levy to
 remain whole even if many of these scenarios occur. Based on the potential for economic volatility, the
 Subcommittee recommended fully funding reserves and placing any additional funds into supplemental reserves.

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#### 1281 1282 FINANCE RECOMMENDATION 2:

# INCORPORATE sufficient reserves and contingencies, with appropriate access policies, to mitigate financial risk and provide flexibility; adapt policies as needed for alignment with King County financial policies.

Reserves were first explicitly included in the 2008-2013 Medic One/EMS financial plan when regional partners
 wanted to ensure that funds were available to address emerging needs, particularly larger one-time expenses and
 unexpected/unplanned expenses. Now an integral and expected part of the levy's financial plan, EMS reserves are
 routinely reviewed and adjusted to better meet the needs of the regional system and consistency with updated King
 County Financial Policies.

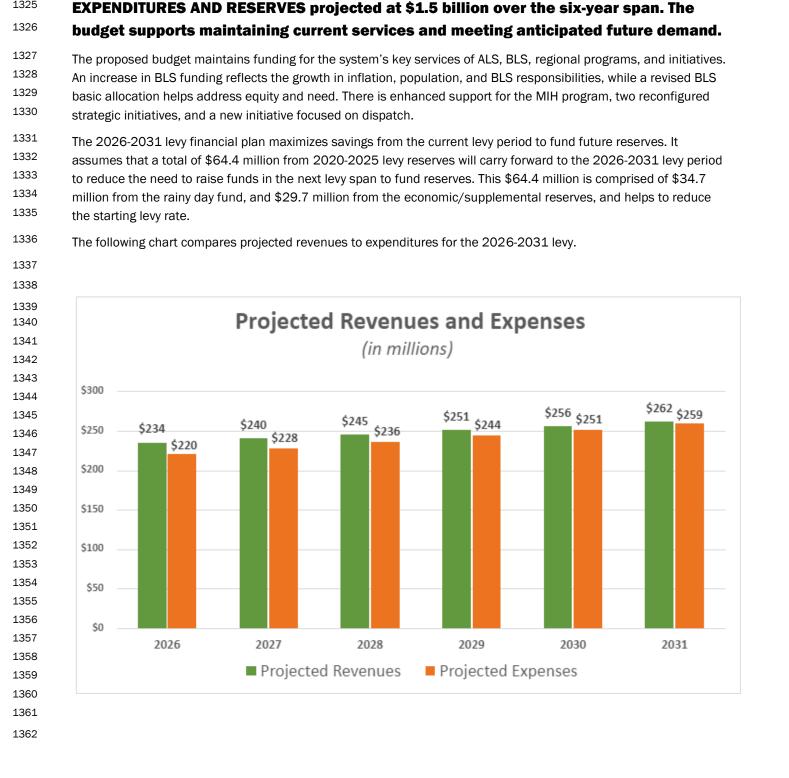
1291	FINANCE
1292	FINANCE
1293	2026-2031 Proposed Contingencies and Reserves
1294	Subcommittee members agreed that the financial plan should include adequate and reasonable reserves and
1295	contingencies to fund unanticipated or one-time costs. The group supported fully funding programmatic and King
1296	County-required rainy day reserves (90-day funding). In addition, Subcommittee members prioritized placing
1297	remaining funds in the Economic/Supplemental Reserves to protect the system should the economy change.
1298	Revenues received that are not needed to cover program and reserve needs will be placed in the
1299	Economic/Supplemental Reserves to supplement existing reserves, and/or be used to buy down a future levy rate.
1300	Reserves and contingencies would continue to have appropriate access and usage policies and would be
1301	consistent with King County financial policies.
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1303	Based on the system's programmatic needs as determined in the other three subcommittees and the desire to be
1304	prepared in the event of an economic downturn, the Finance Subcommittee recommended the following for
1305	Contingencies and Reserves.
1306	• Fund Contingencies at \$1.3 million a year to cover significant increases in operating costs that cannot be
1307	accommodated by the ALS allocation or program balances. An example is paid-time-off above amounts
1308	included in the allocation (due to the need to backfill paid-time-off). On a limited basis, allow contingency
1309	funding to be available to cover unplanned expenses related to regional services and initiatives.
1310	Fund Programmatic Reserves that include:
1311	\$1.3 million for ALS equipment – covers unplanned costs related to equipment including potential addition
1312	of new equipment, decreased lifespans of equipment or need for early replacement, and increased costs not
1313	accommodated within the Equipment Allocation, and
1314	\$17.4 million for ALS Capacity – includes \$1.6 million to accommodate moving a medic unit to a new

- 1314\$17.4 million for ALS Capacity includes \$1.6 million to accommodate moving a medic unit to a new1315location or cover significant investments needed at current locations, and temporary capacity increases; and1316\$15.8 million as a placeholder for new units. This is consistent with ALS Subcommittee1317Recommendations #4 and #5.
- Funding the Rainy Day Reserve consistent with King County policy (currently 90-days). This is estimated at
   \$41.2 million.
- Placing any other available funds in the Economic/Supplemental Reserve to accommodate potential
   economic downturn. The current estimate is \$47 million.

	ies & Reserves Budget - 2031 Levy Period
	2026-2031 Total
Contingencies & Programmatic Reserves	\$26.5 million
Rainy Day Reserve	\$41.2 million
Total Programmatic Reserves	\$67.7 million
Economic/Supplemental/Rate Stabilization	\$47.0 million

FINANCE RECOMMENDATION 3:

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### 1366 FINANCIAL PLAN OVERVIEW & ASSUMPTIONS

1367The 2026-2031 financial plan endorsed by the EMS Advisory Task Force meets the programmatic needs identified1368in the subcommittees, maintains financial policies used during previous levy spans, and provides adequate1369reserves to ensure continuation of essential EMS services in the case of an economic downturn.

- 1370 It was developed based on widely understood and accepted regional principles of the tiered system:
- The Medic One/EMS levy will continue to support the delivery of quality pre-hospital emergency medical services and supply adequate funding to provide these services;
- Advanced Life Support (ALS) services will remain the priority of the Medic One/EMS levy;
- Basic Life Support (BLS) services will be funded through a combination of local taxes and Medic One/EMS levy
   funds;
- The EMS Division is responsible for:
  - coordinating and convening regional partners to facilitate collaborative activities necessary to assure the success of the regional strategic and financial plans;
- 1379 o managing and ensuring the transparency of system finances; and
- 1380 o continuing to innovate and evaluate the efficacy and funding of programs from a system-wide perspective.
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### <sup>1382</sup> Financial Oversight and Management

1383 The EMS Division is responsible for managing the levy fund in accordance with the Medic One/EMS Strategic Plan, 1384 the EMS financial plan, EMS Financial Policies PHL 9-2 (see below), and adopted King County Ordinances. Public 1385 Health - Seattle & King County's Chief Financial Officer provides general oversight of the EMS Division financial 1386 plan. Financial policies will continue to be updated to document and meet system needs including adapting to 1387 updated King County Financial Policies (within funding limits of the levy) and reflect financial decisions and 1388 recommendations from the adopted Medic One/EMS 2026-2031 Strategic Plan. EMS Division responsibilities 1389 include the review and evaluation of allocations, and the management of regional services and strategic 1390 initiatives, Contingencies and Reserves as reflected in the Plan, the EMS financial plan and associated King 1391 County ordinances.

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### 1393

#### **EMS Financial Policies - PHL 9-2**

Oversight and management of EMS levy funds;

Methodology for appropriately **reimbursing ALS agencies** for eligible costs, including responsibilities by both the EMS Division and ALS agencies related to Operating and Equipment Allocations;

**Required reporting** by ALS agencies with review and analysis by EMS Division;

Methodologies for BLS, regional services, and strategic initiatives funding;

Regional services and strategic initiatives management, and

Review and management of reserves and designations including program balances.

### 1398 **Considerations & Drivers**

This financial plan is based on key regional priorities outlined in this document to aggressively manage resources and the growth of services, create efficiencies, address uncertainty, and build on previous investments. Although experiencing a strong economy, the region was concerned about potential economic changes during the span of the next levy. Steps taken to help address uncertainties include continuing the ALS allocation structure with subtle updates, using the more conservative 65 percent confidence level in forecasting revenues (per King County policy) and ensuring sufficient contingencies and reserves. Reserve recommendations include fully funding programmatic and rainy day reserves plus directing any additional funds available in a 25.0 cent levy into an

Economic/Supplemental reserve that could be used in the case of an economic downturn. In determining
 Economic/Supplemental reserve levels, King County prepared four different scenarios to evaluate how changes to
 the proposed AV, new construction, inflation, and City of Seattle AV could impact the EMS levy financials.

Primary cost drivers relate to increases in the costs of providing services, demand for services, and changes in the
 types of services to meet community needs. Primary revenue drivers include 2026 starting AV and assumptions
 related to new construction.

Expenditures are based on Subcommittees' recommendations and are inflated yearly based on forecasts from the
 King County Office of Economic and Financial Analysis. Reserves and contingencies are based on programmatic
 needs and updated for compliance with King County Financial Policies, including a 90-day rainy ray reserve
 requirement for all levy supported funds. Economic/Supplemental reserves are consistent with the rate stabilization
 reserve category in the financial policies.

1417 **Revenues** are planned to cover expenditures across the 2026-2031 levy period. Revenue needs were reduced by
 1418 carrying forward approximately \$64.4 million from the 2020-2025 levy. The recommended 25.0 cent per \$1,000 AV
 1419 levy rate allows supplemental reserves of \$47 million that could be available in an economic downturn.

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Medic One/Emergency Medical Services 2026-2031 Levy (in millions)			
	Seattle	KC EMS	Total
Revenues			
Property Taxes	\$518.9	\$951.9	\$1,470.8
Other Revenue		\$17.5	\$17.5
Carryforward Reserves from 2020-2025		\$64.4	\$64.4
Total Available Revenues	\$518.9	\$1,033.8	\$1,552.7
TOTAL Expenditures	\$518.9	\$919.1	\$1,438.0
Programmatic & Rainy Day Reserves		\$67.7	\$67.7
TOTAL Expenditures and Reserves	\$518.9	\$986.8	\$1,505.7
Funds available for Supplemental Reserves		\$47.0	\$47.0
Levy Rate 25.0 cents			

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### 1422 FINANCIAL PLAN ASSUMPTIONS

The 2026-2031 financial plan, like other financial plans, is based on numerous assumptions and acknowledges that actual conditions may differ from the original projections. The objective is to have a financial plan flexible enough to handle changes as they occur. Key financial assumptions provided by the King County Economist include new construction growth, assessed value, inflation, and cost indices. Actuals are through 2023. Most of

1426include new construction growth, assessed value, inflation, and cost indices. Actuals are through 2023. Most of1427the assumptions for the 2026-2031 financial plan include inflation and growth assumptions for 2025 as well as14282026-2031.

- 1429This section documents key assumptions and shows projected costs related to inflation increases and distribution1430of property taxes. It also outlines estimated revenues, expenditures, and reserves that constitute the 2026-20311431financial plan. Note that when numbers are rounded to millions for presentation purposes, some rounding errors1432will occur.
- 1433Total expenditures are projected to be \$1.4 billion over the 2026-2031 levy period, with \$919 million projected for1434the King County EMS Fund. The financial plan includes carrying forward \$64.4 million in rainy day and1435economic/supplemental reserves from the 2020-205 levy which reduces the funding and levy rate needed for the14362026-2031 levy. A 25.0 cent per \$1,000/AV rate is proposed to fund the 2026-2031 levy period.

### 1438 **KEY ASSUMPTIONS**

### 1439 **Revenues**

1440The 2026-2031 financial plan is based on an EMS property tax levy as the primary source of funding. The revenue1441forecast is built on assumptions including the AV at the start of the levy period, AV growth, and new construction1442AV, as forecast by the King County Office of Economic and Financial Analysis (OEFA). Other considerations include1443the division of property tax revenues between the City of Seattle and the King County EMS Fund, interest income1444on fund balance, and other revenues received by property tax funds at King County. While previous levy periods1445assumed a one percent delinquency rate, King County now forecasts without it.

1446The plan is based on increases in King County AV from 2020 to 2025 followed by a forecast of more moderate1447increases between 2026 and 2031. The forecast assumes growth of new construction AV from \$10.4 billion in14482026 (the first year of the levy) and end the levy period at \$11.8 billion in 2031. The EMS levy does not receive1449new construction funds in the first year of the levy.

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### 1451

Rate of Growth	2026	2027	2028	2029	2030	2031
New Construction		3.57%	2.00%	2.48%	2.19%	2.48%
Growth in Existing AV	5.87%	4.64%	4.43%	4.45%	4.77%	4.52%

**FINANCE** 

### 1455 Assessment (Property Taxes):

Per RCW 84.55.010, increases in assessments (property taxes) are limited to one percent plus assessments on new construction. Forecast property tax increases exceeding one percent are due to new construction. The following chart and table show the relationship between assessed value, levy assessment (property taxes), and levy rate as currently forecasted. While the growth in AV from 2026 to 2031 averages just under five percent per year, projected property taxes (property taxes/assessment) are projected to average just over two percent per year. Assessment includes a one percent increase on existing properties and the addition of new construction. Based on these increases, the levy rate is projected to decline from 25.0 cents to 22.4 cents per \$1,000 AV in the last year of the levy (2031).

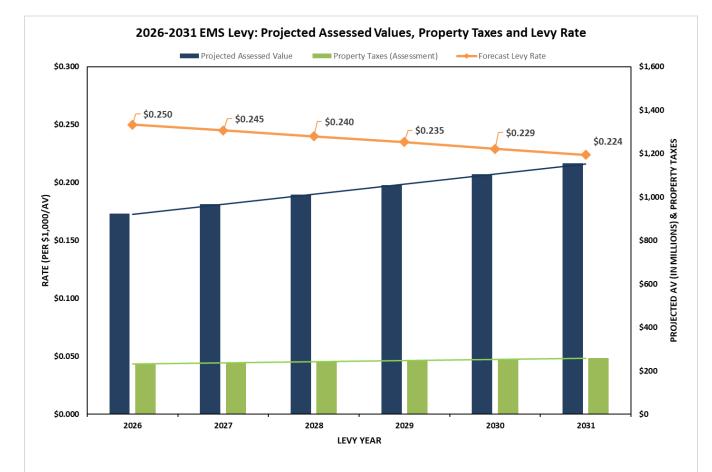


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Levy Year	Projected AV	Property Taxes (Assessment)	Forecast Levy Rate	Growth in AV	Growth in Assessment
2026	\$924,584,361,939	\$231,146,090	\$0.250		
2027	\$967,445,977,367	\$237,045,806	\$0.245	4.64%	2.55%
2028	\$1,010,332,965,793	\$242,414,877	\$0.240	4.43%	2.26%
2029	\$1,055,291,690,277	\$247,862,021	\$0.235	4.45%	2.25%
2030	\$1,105,597,146,946	\$253,383,158	\$0.229	4.77%	2.23%
2031	\$1,155,558,905,321	\$259,007,621	\$0.224	4.52%	2.22%

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1470	Division of Revenues:
1471 1472	Revenues raised within the City of Seattle are sent directly to the City by King County; revenues for the remainder of King County are deposited in the King County EMS Fund. The percentage of overall AV in the City of Seattle has
1473 1474	decreased during the current levy period from 40.1 percent in 2020 to 35.5 percent in 2025 but is forecast to increase slightly over the 2026-2031 levy period.

1475 The following table shows AV trends for the 2026-2031 levy:

#### 1476

#### **Estimated Value of Assessments** for the 2026 - 2031 Levy Period (in millions)

	Average % of Assessed Value	Estimated Tax Revenue	Estimated Other Revenue	Estimated Total	
City of Seattle	35.27%	\$518.9		\$518.9	
KC EMS Fund	64.73%	\$951.9	\$17.5	\$969.4	

The following table shows forecast property tax assessments based on the forecast division of property taxes by King County OEFA. Forecast levy revenue above one percent is due to new construction.

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### Forecast Property Tax Assessment 2026 - 2031 (in millions)

	2026	2027	2028	2029	2030	2031	2026-2031 Total
City of Seattle	\$80.7	\$83.0	\$85.3	\$87.7	\$89.9	\$92.3	\$518.9
Growth in City of Seattle		2.85%	2.77%	2.81%	2.51%	2.67%	
KC EMS Fund	\$150.5	\$154.0	\$157.1	\$160.1	\$163.5	\$166.7	\$951.9
Growth in KC EMS Fund		2.36%	1.97%	1.95%	2.10%	1.96%	

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#### Other Revenues: 1485

In addition to property taxes from the Medic One/EMS levy, the KC EMS Fund receives interest income on its fund 1486 balance, and other miscellaneous King County revenues distributed proportionately to property tax funds (such as 1487 1488 lease and timber taxes).  $\begin{array}{r}
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Other Revenue Assumptions KC EMS Fund							
Revenues	Estimate	% of Total Revenue					
Interest Income	\$15,127,000	86.3%					
Other Revenue Sources	\$2,400,000	13.7%					
Total Other Revenue	\$17,527,000	100.0%					

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**FINANCE** 

### 1494 **Expenditures**

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1495Total expenditures, including both City of Seattle and KC EMS Fund are estimated at \$1.4 billion with \$519 million1496estimated for the City of Seattle and \$919 million estimated for the King County EMS Fund. The remainder of this1497section covers KC EMS Fund expenditures.

- 1498 The KC EMS Fund finances four main program areas related to direct service delivery or support programs:
- Advanced Life Support (ALS)
- Basic Life Support (BLS), including Mobile Integrated Healthcare (MIH)
- Regional Services (RS)
- 1502 Strategic Initiatives (SI)
- 1503 In addition, funding for contingencies and reserves is allocated within the financial plan.

Program budgets are increased yearly with inflators appropriate to the program. All programs, except for the ALS equipment allocation, are proposed to be increased by the local CPI-W + 1%. The one percent accommodates benefits and other costs, such as pharmaceuticals, that often increase at rates higher than CPI-W. The CPI assumptions used in this financial plan were provided by King County OEFA. Expenditures are inflated by the previous year's actuals (through June).

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#### **CPI Assumptions – CPI-W**

Levy Year	2025	2026	2027	2028	2029	2030	2031
CPI-W	3.63%	3.46%	2.96%	2.62%	2.84%	2.60%	2.49%

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1511The current CPI-W for the Seattle area is CPI-W Seattle-Tacoma-Bellevue. The ALS equipment allocation is inflated by1512the Producer Price Index for transportation equipment: other trucks and vehicles, complete, produced on purchased1513chassis, except upfitting trucks. If the definition of these indices is updated or discontinued, EMS will use the1514updated indices (such as the change in the PPI for transportation equipment in the past levy period) or choose a1515closely aligned index as reviewed by the King OEFA. If needed, an alternative index could be proposed and reviewed1516by the EMS Advisory Committee and King County OEFA.

Programmatic expenditure levels for the 2026-2031 levy period are based on increases using the identified inflator
 for the program, the timing of new services, and cash flow projections for individual strategic initiatives. The actual
 allocation will differ slightly based on actual (rather than forecast) economic indices.

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### 1525 Expenditures by Program Areas

1526 The following table includes the expenditures by program area for the KC EMS Fund.

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Program Area Expenses	King County
Advanced Life Support (ALS)	\$511,807,522
Basic Life Support (BLS & MIH)	\$273,916,796
Regional Support Services	\$124,933,604
Strategic Initiatives	\$8,493,623
Sub-Total	\$919,151,545
Reserves	\$67,686,382
Total Programmatic Proposal	\$986,837,927
Economic/Supplemental Reserves	\$46,974,700

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#### 1530 Advanced Life Support (ALS) Services

Since the first Medic One/EMS levy in 1979, regional paramedic services have been largely supported by, and are
the funding priority of, the Medic One/EMS levy. Costs have been forecasted as accurately as feasible; but should
the forecasts prove insufficient, ALS remains the first priority for any available funds. Contingency and reserve
funds are available if needed. Funding levels for Bellevue Medic One, Northeast King County Medic One
(Redmond), Shoreline Medic One, and King County Medic One are allocated on a per unit cost basis, as shown in
the chart below.

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Advanced Life Support (ALS) Standard Unit Cost: 2026 Allocations							
Category	Average Costs	%					
Medic Unit Allocation	\$2,821,501	69.51%					
Supervisory/Program Allocation	\$711,281	17.52%					
System Allocation	\$375,176	9.24%					
Subtotal Operating Allocations	\$3,907,958	96.27%					
Equipment Allocation	\$151,271	3.73%					
ALS Per Unit Total	\$4,059,229	100.00%					

- 1541 The equipment allocation is based on average cost of equipment purchases, the expected lifespan of the 1542 equipment, and the number needed per unit. Each medic unit is budgeted to have two vehicles – primary and
- back-up for when the primary is out-of-service, there is an overlap between shifts, and times when an extra
   response unit may be needed (such as in the event of a storm or flood).

ALS operating allocations are proposed to increase yearly by CPI-W + 1%. The equipment allocation will remain

inflated using a PPI related to transportation equipment, as recommended by the King County Auditor's Office. The

1547 King County Economist recommends using a 40-year average of that PPI for forecast purposes. 1548

### **ALS Allocation - Inflation Assumptions**

Inflation Assumption	Calculation Basis	Source	2026	2027	2028	2029	2030	2031
Operating Allocation	Local CPI-W +1% (CWURS49DSAO)	KC OEFA	4.46%	3.96%	3.62%	3.84%	3.60%	3.49%
Equipment Allocation	WPU14130294	KC OEFA	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

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The following table shows estimated ALS costs for the KC EMS Fund.

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### Total Projected ALS Service Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
KC EMS Fund	\$77,669,176	\$80,720,142	\$83,626,832	\$86,815,477	\$89,925,097	\$93,050,798	\$511,807,522

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The 2026-2031 financial plan recommends an annual review of ALS costs to minimize cost-shifting to agencies. As has been the practice, a group that includes representatives from the different ALS agencies will meet annually or as appropriate to review costs and provide recommendations on the adequacy of the allocations.

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**Basic Life Support (BLS) Services** 

1563 Total BLS funding, including Mobile Integrated Healthcare (MIH), for 2026-2031 is estimated at \$273 million.

1564Basic Life Support Funding: While there are 23 fire agencies that provide BLS services throughout the region, the1565levy provides partial funding to 21 BLS agencies (excluding the City of Seattle and the Port of Seattle Fire1566Departments) to help ensure uniform and standardized patient care and enhance BLS services. BLS funding is1567inflated at CPI-W + 1% per year. In addition, \$3 million will be added to the baseline 2026 allocation and will be1568allotted in the first year using the newly revised BLS allocation distribution methodology. The one percent added to1569CPI acknowledges expenses, such as step increases, benefits, and other expenses such as pharmaceuticals that1570typically increase at rates higher than the inflationary assumptions included in the regional CPI-W.

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#### Total Projected BLS Service Expenses During the 2026-2031 Levy Period

		2026	2027	2028	2029	2030	2031	2026-2031 Total
	King County	\$33,962,126	\$35,307,026	\$36,585,141	\$37,990,010	\$39,357,652	\$40,731,235	\$223,933,190
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MIH Funding: The 2026-2031 levy includes funding the MIH program to address community needs. MIH
 allocations inflate at CPI-W +1%. In addition, \$2 million will be added to the baseline 2026 allocation and will be
 distributed the first year using the same methodology as the BLS allocation. For additional information on MIH,
 please refer to page 29.

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#### Total Projected Annual MIH Expenses During the 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$7,580,607	\$7,880,799	\$8,166,084	\$8,479,662	\$8,784,930	\$9,091,524	\$49,983,606

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#### 1580 **Regional Services**

The EMS Division is responsible for managing regional Medic One/EMS programs and services that support critical functions that are essential to providing the highest quality out-of-hospital emergency care available. Funds to support overall infrastructure and expenses related to managing the regional system are budgeted in Regional Services. Regional services are inflated at CPI-W + 1% per year. For additional information on regional services, please refer to page 33.

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#### Total Projected Regional Services Expenses for 2026-2031 Levy Period

	2026	2027	2028	2029	2030	2031	2026-2031 Total
King County	\$18,947,663	\$19,697,991	\$20,411,058	\$21,194,843	\$21,957,859	\$22,724,190	\$124,933,604

#### Strategic Initiatives 1589

1590 Strategic initiatives are pilot projects geared to improve the quality of EMS services, contain costs, and/or manage the rate of system growth. Strategic initiatives are funded with lifetime budgets that include inflationary assumptions 1591 1592 similar to those used by regional services. Increased funding for the programs and new projects is reviewed and recommended by the EMS Advisory Committee and the King County Council through the normal County budget 1593 process. For additional information on strategic initiatives, please refer to page 33. 1594

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	<b>Total Projec</b>	ted Strategic	Initiatives Ex	penses for th	ne 2026-2031	Levy Period	
	2026	2027	2028	2029	2030	2031	2026-2031 Total
ECHO	\$482,988	\$559,292	\$638,787	\$663,316	\$687,195	\$711,179	\$3,742,757
PRIME	\$247,500	\$257,301	\$266,616	\$276,854	\$286,820	\$296,828	\$1,631,919
EMD SI	\$275,000	\$224,356	\$229,491	\$235,136	\$240,631	\$246,149	\$1,450,763
Mental Wellness	\$176,000	\$182,970	\$189,593	\$196,873	\$203,961	\$211,079	\$1,160,476
ERSJ/DEI	\$77,000	\$80,049	\$82,947	\$86,132	\$89,233	\$92,347	\$507,708
TOTAL King County	\$1,258,488	\$1,303,968	\$1,407,434	\$1,458,311	\$1,507,840	\$1,557,582	\$8,493,623

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#### **Reserves and Contingencies** 1597

Reserves were added during the 2008-2013 levy planning process and continue to be refined for this levy period. 1598 1599 The reserve levels proposed are consistent with updated King County Financial Policies requiring 90-day reserves for levy funds and reflect the Task Force's concerns about being sufficiently resilient and able to provide services during 1600 a potential economic downturn. 1601

1602 Categories include programmatic, rainy day, and economic/supplemental reserves. Contingency funding, while technically not a reserve, is rolled into the programmatic category. Programmatic reserves are designed to cover 1603 potential ALS costs related to equipment and expanding capacity (including \$15.8 million "placeholder" that could 1604 cover costs related to adding up to two 12-hour ALS units). The plan includes a 90-day rainy day reserve, in 1605 1606 adherence with King County financial policies. To ensure resiliency, funds above the amount needed to cover programmatic needs (expenditures, contingencies, and reserves) will be placed in an economic/supplemental 1607 reserve. These funds will be available to address funding if there is an economic downturn and can replenish other 1608 reserves during the levy period. If not used during the levy period, these reserves and contingency are intended to 1609 1610 buy down a future levy rate. Use of programmatic reserves and contingency will be reviewed by the EMSAC Financial Subcommittee and the EMS Advisory Committee. The funds would also require appropriation by King County. 1611

If needed to address emerging conditions, changed economic circumstances and/or King County policies, changes to 1612 reserves can be implemented during the 2026-2031 levy period. Such changes would require review and approval by 1613 the EMS Advisory Committee, the Executive, and the King County Council. 1614

Reserves included in the 2026-2031 levy plan are shown in the following table.

	2026	2027	2028	2029	2030	2031
Programmatic Reserves	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000	\$26,470,000
Rainy Day Reserve	\$34,377,056	\$35,731,215	\$37,034,766	\$38,450,541	\$39,830,148	\$41,216,382
Total Programmatic Reserves	\$60,847,056	\$62,201,215	\$63,504,766	\$64,920,541	\$66,300,148	\$67,686,382
Economic/ Supplemental Reserves	\$17,935,149	\$28,730,755	\$37,075,300	\$42,643,462	\$46,020,165	\$46,974,700

#### Projected Annual Reserves Levels: 2026-2031 Levy

1616 1617 Note: Reserves roll over year-to-year; total budget dedicated to programmatic reserves is \$67.7 million

1618To encourage cost efficiencies and allow for variances in expenditure patterns, program balances were added1619during the 2002-2007 levy and have remained in practice. Program balances allow agencies to save funds from1620yearly allocations to use for variances in expenditures in future years. They are primarily used by ALS agencies to1621accommodate cashflow peaks related to completing labor negotiations – particularly related to back wages. Within1622the Regional Services budget, use of program balances may be related to the timing of special projects (particularly1623projects supporting ALS or BLS agencies). Program balances are proposed to continue in the 2026-2031 levy1624period. Program balances are not shown in the proposed levy financial plan but are reviewed on a regular basis.

# **Appendix A: Proposed 2026-2031 Regional Services**

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Regional services planned in the 2026-2031 levy, including converted strategic initiatives are as follows:

#### **TRAINING AND EDUCATION**

#### **EMT TRAINING**

- Basic Training: Entry-level training to achieve WA State certification
- EMS Online Continuing Education (CE) Training: Web-based training to maintain/learn new skills and meet state requirements
- CBT Instructor Workshops: Training for Senior EMT instructors
- Regionalized Initial Training: Condensed training conducted zonally
- EMT Certification Recordkeeping: Monitor and maintain EMS certification records
- Strategic Training and Research (STAR) program: Training opportunities for traditionally underrepresented students
- **STRIVE:** The modernized EMS Online teaching platform supporting a Learning Management System (LMS) and Learning Records Store (LRS) for enhanced reporting capabilities

#### **PARAMEDIC TRAINING**

- **EMS Online Continuing Education modules:** Web-based training to maintain skills, developed in coordination with UW Harborview Paramedic Training program
- Paramedic Training: Certified paramedics support students at the UW Harborview Paramedic Training program
- Harborview Series: Posting of "Tuesday Series" on EMS Online

### **EMERGENCY MEDICAL DISPATCH (EMD) TRAINING**

- Basic Training: 40 hours entry level Criteria Based Dispatch training
- **Continuing Education:** Eight-hour hybrid (in-class and EMS online web-based) instruction to reinforce training/learn new skills
- Advanced EMS Training: Enhanced medical dispatching concepts
- EMS Instructor Training: Instructor training for Basic Dispatch

**CPR/AED TRAINING**: Secondary School Students: Conduct CPR instructor training, purchase training supplies and equipment, train students

### **COMMUNITY BASED PROGRAMS**

#### **INJURY PREVENTION**

- Fall Prevention for Older Adults: Home fall hazard mitigation and patient assessment
- Shape-up 50+ for a Healthy & Independent Lifestyle: A community awareness campaign regarding exercise opportunities for seniors to prevent falls and injuries
- **Child Passenger Safety Program**: Proper car seat fitting and installation for populations not served by other programs
- Targeted Age Driving: Safety interventions, include preventing driving and texting

**TRP/NURSELINE**: Divert low-acuity BLS calls to Nurseline for assistance in lieu of sending a unit response

TAXI TRANSPORT VOUCHER: Transport patients at lower costs using taxis as an alternative to private ambulances

**COMMUNITIES OF CARE:** Evaluate 9-1-1 calls for services and educate licensed care facilities on appropriate use of EMS resources

**MOBILE INTEGRATED HEALTHCARE**: Providing alternative yet still most appropriate care for lower-acuity and complex patients

#### **REGIONAL MEDICAL QUALITY IMPROVEMENT (QI)**

**REGIONAL MEDICAL DIRECTION:** Oversight of all medical care; approval of protocols, continued education, and quality improvement projects

PATIENT SPECIFIC MEDICAL QI: Review medical conditions to improve patient care

CARDIAC CASE REVIEW: Assessment and feedback re: cardiac arrest events throughout King County

**EMERGENCY MEDICAL DISPATCH QI:** Evaluation and improvement of medical 9-1-1 call handling and dispatch decisions

CRITERIA-BASED DISPATCH (CBD) GUIDELINES: CBD Revisions: Analysis to safely limit frequency that ALS is dispatched

DISPATCHER-ASSISTED CPR QI: Review of the handling of cardiac arrest calls; evaluate and provide feedback

#### **PUBLIC ACCESS DEFIBRILLATION (PAD)**

- PAD Registry: Maintain registry/ provide PAD location to dispatchers
- Project RAMPART: Funding to buy/place AEDs in public areas; provide CPR training to public sector employees
- PAD Community Awareness: Increase public placement and registration of AEDs (SI converted to RS for 2014-2019 levy

ALS/BLS PATIENT CARE PROTOCOLS: Development of EMT and Medic protocols/standards for providing prehospital care

**REGULATORY COMPLIANCE:** Ensure system-wide contractual/quality assurance compliance

#### **EMS DATA MANAGEMENT**

**EMS DATA COLLECTION:** Oversee collection/integration/use of EMS system data, including Medical Incident Reports

EMS DATA ANALYSIS: Analyze system performance and needs

**REGIONAL RECORDS MANAGEMENT SYSTEM (RMS)** /**SEND:** Improved network of data collection throughout the region with numerous EMS partners, including dispatch and hospitals

**EMS SUPPORT FOR SMALL AGENCIES**: Supports IT assistance and equipment purchases necessary for agencies to participate in the regional EMS system.

#### **REGIONAL LEADERSHIP AND MANAGEMENT**

**REGIONAL LEADERSHIP, MANAGEMENT, AND SUPPORT:** Provide financial and administrative leadership and support to internal and external customers; implement EMS Strategic Plans, best practices, business improvement process

MANAGE EMS LEVY FUND FINANCES: Oversee all financial aspects of EMS levy funding

CONDUCT LEVY PLANNING AND IMPLEMENTATION: Develop EMS Strategic Plan; implement programs

MANAGE HR, CONTRACTS, AND PROCUREMENT: Oversee contract compliance and continuity of business with EMS partners

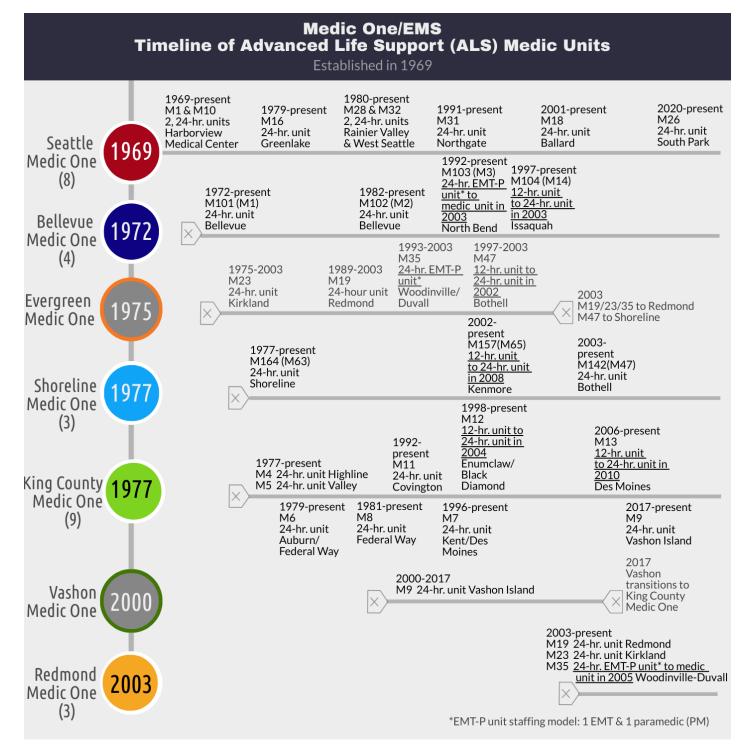
#### **INDIRECT AND INFRASTRUCTURE**

**INFRASTRUCTURE SUPPORT:** Infrastructure costs to support EMS Division including leases, vehicles, copier, etc.

**INDIRECT AND OVERHEAD (INCLUDES INFORMATION TECHNOLOGY & BUSINESS SYSTEMS):** Costs associated with EMS Division including payroll, human resources, contract support, other services, and overhead

# **Appendix B: Advanced Life Support (ALS) Units**

The Medic One/EMS system serving Seattle and King County is recognized as the first EMS system established in the United States in 1969. The timeline below identifies the year that each Medic One ALS Program was established and key dates when medic units were added into service or removed from service. Full-time medic units staffed with two paramedics provide 24-hour service. Half-time units staffed with two paramedics provide 12-hour service. EMT-P units were used primarily to provide service to outlying areas and were staffed with an emergency medical technician and paramedics.



# **Appendix C: Comparisons Between Levies**

Program Area	2020-2025 Levy	2026-2031 Levy
Advanced Life Support	Maintain current level of ALS service	Maintain current level of ALS service
(ALS)	0 planned additional units	0 planned additional units
	\$11.6 million "placeholder"/reserve should service demands require additional units over the span of the 2020-2025 levy	\$15.8 million "placeholder"/reserve should service demands require additional units over the span of the 2026-2031 levy
	Determine costs using the unit allocation methodology	Determine costs using the unit allocation methodology
	Average Unit Allocation over span of levy (KC): \$3.2 million	Average Unit Allocation over span of levy (KC): \$4.1 million
	<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one-time expenses</li> <li>Operational Contingencies</li> <li>Expenditure Reserves</li> </ul>	<ul> <li>2 Reserve/Contingency categories to cover ALS-specific unanticipated/one- time expenses</li> <li>Operational Contingencies</li> <li>Programmatic Reserves</li> </ul>
	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs	INFLATORS Operating Allocation Inflator: CPI (using CPI-W + 1%) to inflate annual costs
	Equipment allocation: Transportation Equipment PPI	Equipment allocation: Transportation Equipment PPI
	Support two ALS-based programs that benefit the regional system	Support two ALS-based programs that benefit the regional system
	<ul> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's Paramedic Training Program</li> </ul>	<ul> <li>ALS Support of BLS Activities</li> <li>Having paramedics guide and train students at Harborview's</li> <li>Paramedic Training Program</li> </ul>
BASIC LIFE SUPPORT (BLS)	Consolidate funding for the BLS Core Services program and the BLS Training and QI Initiative with the allocation to simplify contract administration; maintain designated programmatic funding and usage requirements	Consolidate BLS Training & QI funding into the Basic BLS allocation; remove requirements that it be spent on QI activities
	Allocate funds to BLS agencies using methodology that is based on 50% Call Volumes and 50% Assessed Valuation; reset the first year using updated data that better reflects agencies' current Assessed Valuation and service levels; increase funding to ensure consistency in the first year	Allocate new funding and annual increases to BLS agencies using methodology that is based on 60% Call Volumes and 50% Assessed Valuation
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

1639

MOBILE INTEGRATED	Provide \$26 million over 6 years for MIH	Provide \$50 million over 6 years for MIH
HEALTHCARE (MIH)	Distribute first year of funding across all agencies using BLS allocation methodology of 50% AV and 50% call volumes	Distribute new funding in the first year across all agencies using new BLS allocation methodology of 60% Call Volumes and 40% Assessed Valuation
	Inflate each agency's funding in subsequent years of the levy by CPI-W + 1%	Inflate costs annually at CPI-W + 1%. Distribute subsequent years' funding using 60% CV/40% AV methodology
Regional Services (RS)	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies	Fund regional services that focus on superior medical training, oversight and improvement; innovative programs and strategies; regional leadership, effectiveness and efficiencies; and strengthening community interactions and partnerships
	Move BLS Core Services program out of Regional Services budget and into BLS allocation	Enhance programs to meet regional needs
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%
Strategic Initiatives (SI)	<ul> <li>Convert or integrate five strategic initiatives with other programs to supplement system performance. Explore a <u>Mobile Integrated</u> <u>Healthcare, or MIH</u>, model to address community needs</li> <li>Convert <u>BLS Efficiencies</u> into ongoing programs</li> <li>Transition <u>CMT</u> and <u>E&amp;E</u> into MIH exploration</li> <li>Convert <u>RMS</u> into ongoing programs.</li> <li>Integrate the <u>BLS Training and QI SI</u> into the BLS allocation</li> </ul>	
	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes</li> <li>Continue implementing next stages of Vulnerable Populations</li> <li>Develop 2 new Initiatives: 1) <u>AEIOU</u> and 2) <u>STRIVE</u></li> </ul>	<ul> <li>Support existing and new strategic initiatives that leverage previous investments made to improve patient care and outcomes         <ul> <li>Continue implementing next stages of <u>Vulnerable Populations -&gt; ECHO</u> and <u>AEIOU -&gt;</u> <u>PRIME</u></li> <li>Develop 1 new Initiative focused on Emergency Medical Dispatch</li> </ul> </li> <li>Support King County Fire Chiefs Association proposals promoting Mental Wellness and ERSJ/DEI</li> </ul>
	Transition <u>Community Medical Technician</u> into MIH exploration	
	Provide regular updates to past audit recommendations	
	Inflate costs at CPI-W + 1%	Inflate costs at CPI-W + 1%

Citation	Chapters
Chapter 18.71 RCW	Defining EMS personnel requirements: Physicians
18.71.021	License required.
18.71.030	Exemptions.
18.71.200	Emergency medical service personnel Definitions.
18.71.205	Emergency medical service personnel Certification.
18.71.210	Emergency medical service personnel Liability.
18.71.212	Medical program directors Certification.
18.71.213	Medical program directors Termination Temporary delegation of authority.
18.71.215	Medical program directors Liability for acts or omissions of others.
18.71.220	Rendering emergency care Immunity of physician or hospital from civil liability.
Chapter 18.73 RCW	Defining EMS practice: Emergency medical care and transportation services
<u>Chapter 35.21.930 RCW</u>	Community Assistance Referral and Education Services program (CARES)
<u>Chapter 36.01.095 RCW</u>	Authorizing counties to establish an EMS System: Emergency medical services — Authorized — Fees
<u>Chapter 36.01.100 RCW</u>	Ambulance service authorized — Restriction
Chapter 70.05.070 RCW	<b>Mandating public health services</b> by requiring the local health officer to take such action as is necessary to maintain the health of the public
	Local health officer – powers and duties
<u> Chapter 70.46.085 RCW</u>	County to bear expense of providing public health services
<u>Chapter 70.54 RCW</u>	Miscellaneous health and safety provisions
70.54.060 RCW	Ambulances and drivers.
70.54.065 RCW	Ambulances and drivers—Penalty.
70.54.310 RCW	Semiautomatic external defibrillator-duty of acquirer—immunity from civil liability.
70.54.430 RCW	First responders—Emergency response service—Contact information
Chapter 70.168 RCW	Revising the EMS & trauma care system: Statewide trauma care system
70.168.170 RCW	Patient transportation—Mental health or chemical dependency services
<u>Chapter 74.09.330 RCW</u>	Reimbursement methodology for ambulance services—Transport of a medical assistance enrollee to a mental health facility or chemical dependency program
<u>Chapter 84.52.069 RCW</u>	Allowing a taxing district to impose an EMS levy: Emergency medical care and service levies

<u>Title 246-976 WAC</u>	Establishing the trauma care system: Emergency medical services and trauma care systems
	TRAINING
246-976-022	EMS training program requirements, approval, reapproval, discipline.
246-976-023	Initial EMS training course requirements and course approval.
246-976-024	EMS specialized training.
246-976-031	Senior EMS instructor (SEI) approval.
246-976-032	Senior EMS instructor (SEI) reapproval of recognition.
246-976-033	Denial, suspension, modification, or revocation of SEI recognition.
246-976-041	To apply for EMS training.
	CERTIFICATION 1647
246-976-141	To obtain initial EMS agency certification following the successful completion of Washington state approved EMS course.
246-976-142	To obtain reciprocal (out-of-state) EMS certification, based on a current out- of-state or national EMS certification approved by the department.
246-976-143	To obtain EMS certification by challenging the educational requirements, based on possession of a current health care providers credential.
246-976-144	EMS certification.
246-976-161	General education requirements for EMS agency recertification.
246-976-162	The CME method of recertification.
246-976-163	The OTEP method of recertification.
246-976-171	Recertification, reversion, reissuance, and reinstatement of certification.
246-976-182	Authorized care Scope of practice.
246-976-191	Disciplinary actions.
	LICENSURE AND VERIFICATION
246-976-260	Licenses required.
246-976-270	Denial, suspension, revocation.
246-976-290	Ground ambulance vehicle standards.
246-976-300	Ground ambulance and aid service Equipment.
246-976-310	Ground ambulance and aid service Communications equipment.
246-976-320	Air ambulance services.
246-976-330	Ambulance and aid services Record requirements.
246-976-340	Ambulance and aid services Inspections and investigations.
246-976-390	Trauma verification of pre-hospital EMS services.
246-976-395	To apply for initial verification or to change verification status as a pre- hospital EMS service.
246-976-400	Verification Noncompliance with standards.

	TRAUMA REGISTRY
246-976-420	Trauma registry Department responsibilities.
246-976-430	Trauma registry responsibilities.
	DESIGNATION OF TRAUMA CARE FACILITIES
246-976-580	Trauma designation process.
246-976-700	Trauma service standards.
246-976-800	Trauma rehabilitation service standards.
	SYSTEM ADMINISTRATION
246-976-890	Inter-hospital transfer guidelines and agreements.
246-976-910	Regional quality assurance and improvement program.
246-976-920	Medical program director.
246-976-930	General responsibilities of the department.
246-976-935	Emergency medical services and trauma care system trust account.
246-976-940	Steering committee.
246-976-960	Regional emergency medical services and trauma care councils.
246-976-970	Local emergency medical services and trauma care councils.
246-976-990	Fees and fines.
Title 296-305-02501 WAC	Emergency medical protection
<u>Title 458-19-060 WAC</u>	Emergency medical service levy
King County Code Section 2.35A.030	Establishing the Emergency Medical Services Division within the Department of Public Health and describing the duties of the division.
	The duties of the EMS division shall include the following:
	A. Tracking and analyzing service and program needs of the EMS system in the county, and planning and implementing emergency medical programs, services and delivery systems based on uniform data and standard emergency medical incident reporting;
	B. Providing medical direction and setting standards for emergency medical and medical dispatch training and implementing EMS personnel training programs, including, but not limited to, public education, communication and response capabilities and transportation of the sick and injured;
	C. Administering contracts for disbursement of Medic One EMS tax levy funds for basic and advanced life support services and providing King County Medic One advanced life support services;
	D. Coordinating all aspects of emergency medical services in the county with local, state, and federal governments and other counties, municipalities, and special districts for the purpose of improving the quality of emergency medical services and disaster response in King County; and
	E. Analyzing and coordinating the emergency medical services components of disaster response capabilities of the department. (Ord. 17733 § 5, 2014).

							DRAFT FINAL
	2026 Proposed	2027 Proposed	2028 Proposed	2029 Proposed	2030 Proposed	2031 Proposed	2026-2031
REVENUES							
Countywide Assessed Value (EMS Only) <sup>1</sup> Countywide EMS Levy	924,584,361,939 231 146 090	967,445,977,367 237 045 806	1,010,332,965,793 242 414 877	1,055,291,690,277 247 862 021	1,105,597,146,946	1,155,558,905,321	1 470 859 574
Levy Rate	0.25000	0.24502	0.23994	0.23488	0.22918	0.22414	and the second
Proportion	34.90%	35.02%	35.21%	35.40%	35.47%	35.64%	
Projected Net Seattle Property Taxes	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
Seattle Revenue	80,665,278	83,012,115	85,353,232	87,730,781	89,884,469	92,302,524	518,948,399
Proportion	65.10%	64.98%	64.79%	64.60%	64.53%	64.36%	100.00%
Projected Net King County Property Taxes	150,480,812	154,033,691	157,061,645	160,131,241	163,498,688	166,705,097	951,911,175
Projected King County Other Revenue	3,345,000	3,026,000	2,783,000	2,791,000	2,791,000	2,791,000	17,527,000
King County Revenue	153,825,812	157,059,691	159,844,645	162,922,241	166,289,688	169,496,097	969,438,175
TOTAL REVENUE	234,491,090	240,071,806	245,197,877	250,653,021	256,174,158	261,798,621	1,488,386,574
EXPENDITURES							
Total City of Seattle	(80,665,278)	(83,012,115)	(85,353,232)	(87,730,781)	(89,884,469)	(92,302,524)	(518,948,399)
Advanced Life Support Services King County	(77,669,176)	(80,720,142)	(83,626,832)	(86,815,477)	(89,925,097)	(93,050,797)	(511,807,522)
Basic Life Support Services King County	(41,542,733)	(43,187,825)	(44,751,225)	(46,469,672)	(48,142,582)	(49,822,759)	(273,916,796)
Regional Services	(18,947,663)	(19,697,991)	(20,411,058)	(21, 194, 843)	(21,957,859)	(22,724,190)	(124,933,604)
Strategic Initiatives	(1,258,488)	(1,303,968)	(1,407,434)	(1,458,311)	(1,507,840)	(1,557,582)	(8,493,623)
Total King County EMS Fund	(139,418,060)	(144,909,926)	(150,196,549)	(155,938,303)	(161,533,378)	(167,155,328)	(919,151,545)
TOTAL EXPENDITURES	(220,083,338)	(227,922,042)	(235,549,781)	(243,669,084)	(251,417,848)	(259,457,852)	(1,438,099,945)
DIFFERENCE Revenues/Expenditures	14,407,752	12,149,765	9,648,096	6,983,937	4,756,310	2,340,769	50,286,629
RESERVES (not cumulative)							
KC Expenditure Reserves	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)	(26,470,000)
KC Economic/Supplemental Reserves <sup>2</sup>	(17,935,149)	(28,730,755)	(37,075,300)	(42,643,462)	(46,020,165)	(46,974,700)	(46,974,700)
KC Rainy Day Reserves (90 day requirement) <sup>3</sup>	(34,377,056)	(35,731,215)	(37,034,766)	(38,450,541)	(39,830,148)	(41,216,382)	(41,216,382)
TOTAL RESERVES	(78,782,205)	(90,931,970)	(100,580,066)	(107,564,003)	(112,320,313)	(114,661,082)	(114,661,082)



Shannon Braddock King County Executive

401 Fifth Avenue, Suite 800 Seattle, WA 98104

206-296-9600 Fax 206-296-0194 TTY Relay: 711 www.kingcounty.gov

April 10, 2025

The Honorable Girmay Zahilay Chair, King County Council Room 1200 C O U R T H O U S E

Dear Councilmember Zahilay:

I am pleased to transmit to you the February 2025 Medic One/Emergency Medical Services 2026-2031 Strategic Plan (Strategic Plan) and a proposed Ordinance that would, if enacted, accept and approve the Strategic Plan. The recommendations contained in the Plan inform and update the provision of emergency medical services throughout King County during the 2026-2031 time span.

The current Medic One/EMS levy will expire December 31, 2025. To ensure continued Emergency Medical Services (EMS) in 2026 and beyond, regional partners undertook an extensive planning process in 2024 to develop a Strategic Plan and financing plan (levy) for consideration by King County voters to renew the levy in 2025. This process brought together regional leaders, decision-makers, and EMS partners to assess the needs of the system and collectively develop recommendations to direct the system into the future. As in past years, the EMS Advisory Task Force oversaw the development of the recommendations, and endorsed broad policy decisions, including the levy rate, length, and ballot timing outlined in the Strategic Plan.

The enclosed Strategic Plan is the primary policy and financial document that directs the system in its work. The Strategic Plan outlines the services, programs and initiatives that would be supported by a voter-approved, countywide, EMS levy. The Strategic Plan reflects a proposed a six-year, 25-cent Medic One/EMS levy that:

The Honorable Girmay Zahilay April 10, 2025 Page 2

- Assures advanced life support (ALS), basic life support (BLS), and regional services programmatic needs will be met by:
  - Continuation of fully funding eligible ALS costs; includes a placeholder for the equivalent of a new unit if service demands increase beyond what is anticipated;
  - Increased funding for BLS and mobile integrated healthcare program to address community needs, and
  - Maintains regional programs that support the system; continuing focus on improving patient care and outcomes.
- Carries forward \$64 million of 2020-2025 reserves to help reduce the starting levy rate, and
- Includes sufficient reserves to address the Task Force's concerns to protect the system from unforeseen financial risk.

The proposed 25-cent levy rate would cost \$211 per year for the median King County homeowner, based on a \$844,000 home value. A proposed ballot measure placing the Medic One/Emergency Medical Services reauthorization levy on the November General Election ballot is transmitted separately and simultaneously with this proposed Ordinance.

The Strategic Plan reflects King County's mission to provide fiscally responsible, quality driven local and regional services. EMS responses are distributed throughout the region based on service criteria, areas with economic challenges are provided the same level of service as areas with economic prosperity, ensuring access to vital services. In addition, EMS programs directly align with Public Health – Seattle & King County's core values and priorities of protecting and improving the health and well-being of all people in King County.

The Strategic Plan supports the Medic One/EMS system's tradition of service excellence, effective leadership, and regional collaboration. Including equity and social justice in the EMS levy planning process helped ensure equity principles influence decision-making for delivering pre-hospital care throughout the region. This well-balanced approach will allow the system to meet the needs and expectations of the system and its users, now and in the future. I want to thank all those who worked diligently to develop this Strategic Plan.

Thank you for your consideration of the Medic One/Emergency Medical Services 2026-2031 Strategic Plan. If your staff have questions, please contact Michele Plorde, Emergency Medical Services Division Director, at 206-263-8603.

The Honorable Girmay Zahilay February 15, 2025 Page 3

Sincerely,

for

Shannon Braddock King County Executive

Enclosures

cc: King County Councilmembers

<u>ATTN</u>: Stephanie Cirkovich, Chief of Staff, King County Council Melani Pedroza, Clerk of the Council Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive Penny Lipsou, Council Relations Director, Office of the Executive Faisal Khan, Director, Public Health Seattle & King County (PHSKC) Michele Plorde, Emergency Medical Services Division Director, PHSKC

#### **2025 FISCAL NOTE**

Ordinance/Motion:	
Title:	Medic One/EMS 2026-2031 Strategic Plan
Affected Agency and/or Agencies:	Emergency Medical Services-EMS (Department of Public Health-DPH)
Note Prepared By:	Cynthia Brashaw, Emergency Medical Services Division (DPH)
Date Prepared:	January 15, 2025
Note Reviewed By:	Drew Pounds, Office of Performance, Strategy, and Budget
Date Reviewed:	Februrary 6, 2025

#### Description of request:

Ordinance accepting and approving the Medic One/Emergency Medical Services 2026-2031 Strategic Plan submitted by the executive.

#### Revenue to:

Agency	Fund Code	Revenue Source	2025	2026-2027	2028-2029
Emergency Medical Services	1190		0	0	0
TOTAL			0	0	0

#### Expenditures from:

Agency	Fund Code	Department	2025	2026-2027	2028-2029
Emergency Medical Services	1190	DPH	0	0	0
TOTAL			0	0	0

### **Expenditures by Categories**

	2025	2026-2027	2028-2029
TOTAL	C	0	0

Does this legislation require a budget supplemental? No

Notes and Assumptions:



# **KING COUNTY**

# Signature Report

**ATTACHMENT 8** 

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

# Ordinance

	Proposed No. 2025-0119.1 Sponsors Dunn, Dembowski, Quinn and Balducci
1	AN ORDINANCE relating to the funding and provision of
2	Medic One emergency medical services; providing for the
3	submission to the qualified electors of King County, at
4	special election on November 4, 2025, of a proposition to
5	fund the countywide Medic One emergency medical
6	services by authorizing the continuation of a regular
7	property tax levy for a consecutive six year period, for
8	collection beginning in 2026, at a rate of \$0.25 or less per
9	\$1,000 of assessed valuation, to provide for Medic One
10	emergency medical services.
11	PREAMBLE:
12	The Medic One Emergency Medical Services ("EMS") system of King
13	County, publicly known as Medic One, is an integrated publicly funded
14	partnership between the county, cities, fire districts, regional fire
15	authorities, hospitals, and the University of Washington.
16	Medic One/EMS is a tiered response system that is based on the regional
17	medical model and collaborative partnerships. The services that EMS
18	personnel provide are derived from the highest standards of medical
19	training, practices and care, scientific evidence, and close supervision by

20	physicians experienced in EMS care. It includes basic life support by city,
21	fire district, and regional fire authority emergency medical technicians,
22	advanced life support by University of Washington/Harborview Medical
23	Center trained paramedics, and regional support programs that provide
24	citizen and EMS personnel training, regional medical control, and quality
25	improvement.
26	The Medic One/EMS system of King County is recognized as one of the
27	best emergency medical services program in the country. It saves
28	thousands of lives every year, providing life-saving services on average
29	every two minutes. Compared to other communities, cardiac arrest
30	victims are two to three times more likely to survive in King County. In
31	2023, King County achieved a fifty-one-percent survival rate for cardiac
32	arrest, which is among the highest reported rate in the nation.
33	The provision of Medic One emergency medical services on a countywide
34	basis is a public purpose of King County. King County supports Medic
35	One emergency medical services as a regional service that requires a
36	continuing leadership role for the county. The county should continue to
37	exercise its leadership and assume responsibility for assuring the orderly
38	and comprehensive development and provision of Medic One emergency
39	medical services throughout the county.
40	The concern for assuring the continuance of a countywide Medic
41	One/EMS program is shared by King County cities, fire protection

42	districts, and regional fire authorities that participate in the Medic One
43	emergency medical services programs.
44	Sustained funding for the regional Medic One/EMS system is needed to
45	continue this essential service for the residents of King County.
46	BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
47	SECTION 1. Approval of cities over 50,000 in population. Pursuant to RCW
48	84.52.069, before submission to the electors of King County at a special election on
49	November 4, 2025, approval to place this countywide levy proposal on the ballot will be
50	obtained from the legislative authority of a majority of at least seventy-five percent of all
51	cities in the county over 50,000 in population.
52	SECTION 2. Definitions. The definitions in this section apply throughout this
53	ordinance unless the context clearly requires otherwise.
54	A. "County" means King County.
55	B. "Levy" means the levy of regular property taxes, for the specific purpose and
56	term provided in this ordinance and authorized by the electorate in accordance with state
57	law.
58	C. "Levy proceeds" means the principal amount of monies raised by the levy, any
59	interest earnings on the funds and the proceeds of any interim financing following
60	authorization of the levy.
61	SECTION 3. City of Seattle reimbursement. It is recognized that the city of
62	Seattle operates and funds a Medic One emergency medical services program that is
63	separate from the county program but part of the regional delivery system. All levy
64	proceeds collected pursuant to the levy authorized in this ordinance from taxable property

# Ordinance

65	located within the legal boundaries of the city of Seattle shall be reimbursed and
66	transferred to the city of Seattle and used solely for the Seattle Medic One emergency
67	medical services program in accordance with RCW 84.52.069.
68	SECTION 4. Levy submittal to voters. To provide necessary funding for the
69	Medic One/EMS system under the authority of RCW 84.52.069, the county council shall
70	submit to the qualified electors of the county a proposition authorizing a regular property
71	tax levy for six consecutive years, with collection commencing in 2026, at a rate not to
72	exceed \$0.25 per one thousand dollars of assessed value. As provided under state law,
73	this levy shall be exempt from the rate limitations under RCW 84.52.043, but subject in
74	years two through six to the limitations imposed under chapter 84.55 RCW.
75	SECTION 5. Deposit of levy proceeds. Except for the levy proceeds transferred
76	to the city of Seattle under section 3 of this ordinance, all levy proceeds shall be
77	deposited into the county emergency medical services fund.
78	SECTION 6. Eligible expenditures. If approved by the qualified electors of the
79	county, all proceeds of the levy authorized in this ordinance shall be used in accordance
80	with RCW 84.52.069.
81	SECTION 7. Call for special election. In accordance with RCW 29A.04.321, a
82	special election is called for November 4, 2025, to consider a proposition authorizing an
83	additional regular property tax levy for the purposes described in this ordinance. The
84	director of elections shall cause notice to be given of this ordinance in accordance with
85	the state constitution and general law and to submit to the qualified electors of the county,
86	at the said special election, the proposition hereinafter set forth. The clerk of the council

shall certify that proposition to the director of elections, in substantially the followingform:

89	PROPOSITION ONE: The King County Council adopted Ordinance
90	concerning continuation of funding for the county-wide Medic One
91	emergency medical services system. Should King County be authorized
92	to replace an expiring levy by imposing regular property taxes of \$0.25 or
93	less per thousand dollars of assessed valuation for each of six consecutive
94	years, with collection beginning in 2026, as provided in King County
95	Ordinance, to continue paying for Medic One emergency medical
96	services:
97	Yes
98	No
99	SECTION 8. Interlocal agreement. The county executive is hereby authorized
100	and directed to enter into an interlocal agreement with the city of Seattle relating to the
100 101	and directed to enter into an interlocal agreement with the city of Seattle relating to the Medic One program, to implement the provisions of section 3 of this ordinance.
101	Medic One program, to implement the provisions of section 3 of this ordinance.
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109	SECTION 11. Ratification. Certification of the proposition by the clerk of the
110	county council to the King County director of elections in accordance with law before the
111	election on November 4, 2025, and any other act consistent with the authority and before
112	the effective date of this ordinance are hereby ratified and confirmed.
113	SECTION 12. Severability. If any provision of this ordinance or its application
114	to any person or circumstance is held invalid, the remained of the ordinance or the
115	application of the provision to other persons or circumstances if not affected.

#### KING COUNTY COUNCIL KING COUNTY, WASHINGTON

ATTEST:

Girmay Zahilay, Chair

Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Shannon Braddock, County Executive

Attachments: None



**KING COUNTY** 

#### ATTACHMENT 9 1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

# Signature Report

# Ordinance

	Proposed No. 2025-0119.2 Sponsors Dunn, Dembowski, Quinn and Balducci
1	AN ORDINANCE relating to the funding and provision of
2	Medic One emergency medical services; providing for the
3	submission to the qualified electors of King County, at
4	special election on November 4, 2025, of a proposition to
5	fund the countywide Medic One emergency medical
6	services by authorizing the continuation of a regular
7	property tax levy for a consecutive six year period, for
8	collection beginning in 2026, at a rate of \$0.25 or less per
9	\$1,000 of assessed valuation, to provide for Medic One
10	emergency medical services.
11	PREAMBLE:
12	The Medic One Emergency Medical Services ("EMS") system of King
13	County, publicly known as Medic One, is an integrated publicly funded
14	partnership between the county, cities, fire districts, regional fire
15	authorities, hospitals, and the University of Washington.
16	Medic One/EMS is a tiered response system that is based on the regional
17	medical model and collaborative partnerships. The services that EMS
18	personnel provide are derived from the highest standards of medical
19	training, practices and care, scientific evidence, and close supervision by

20	physicians experienced in EMS care. It includes basic life support by city,
21	fire district, and regional fire authority emergency medical technicians,
22	advanced life support by University of Washington/Harborview Medical
23	Center trained paramedics, and regional support programs that provide
24	resident and EMS personnel training, regional medical control, and quality
25	improvement.
26	The Medic One/EMS system of King County is recognized as one of the
27	best emergency medical services programs in the country. It saves
28	thousands of lives every year, providing life-saving services on average
29	every two minutes. Compared to other communities, cardiac arrest
30	victims are two to three times more likely to survive in King County. In
31	2023, King County achieved a fifty-one-percent survival rate for cardiac
32	arrest, which is among the highest reported rate in the nation.
33	The provision of Medic One emergency medical services on a countywide
34	basis is a public purpose of King County. King County supports Medic
35	One emergency medical services as a regional service that requires a
36	continuing leadership role for the county. The county should continue to
37	exercise its leadership and assume responsibility for assuring the orderly
38	and comprehensive development and provision of Medic One emergency
39	medical services throughout the county.
40	The concern for assuring the continuance of a countywide Medic
41	One/EMS program is shared by King County cities, fire protection

42	districts, and regional fire authorities that participate in the Medic One
43	emergency medical services programs.
44	Sustained funding for the regional Medic One/EMS system is needed to
45	continue this essential service for the residents of King County.
46	BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
47	SECTION 1. Approval of cities over 50,000 in population. Pursuant to RCW
48	84.52.069, before submission to the electors of King County at a special election on
49	November 4, 2025, approval to place this countywide levy proposal on the ballot will be
50	obtained from the legislative authority of a majority of at least seventy-five percent of all
51	cities in the county over 50,000 in population.
52	SECTION 2. Definitions. The definitions in this section apply throughout this
53	ordinance unless the context clearly requires otherwise.
54	A. "County" means King County.
55	B. "Levy" means the levy of regular property taxes, for the specific purpose and
56	term provided in this ordinance and authorized by the electorate in accordance with state
57	law.
58	C. "Levy proceeds" means the principal amount of moneys raised by the levy,
59	any interest earnings on the funds and the proceeds of any interim financing following
60	authorization of the levy.
61	SECTION 3. City of Seattle reimbursement. It is recognized that the city of
62	Seattle operates and funds a Medic One emergency medical services program that is
63	separate from the county program but part of the regional delivery system. All levy
64	proceeds collected pursuant to the levy authorized in this ordinance from taxable property

# Ordinance

65	located within the legal boundaries of the city of Seattle shall be reimbursed and
66	transferred to the city of Seattle and used solely for the Seattle Medic One emergency
67	medical services program in accordance with RCW 84.52.069.
68	SECTION 4. Levy submittal to voters. To provide necessary funding for the
69	Medic One/EMS system under the authority of RCW 84.52.069, the county council shall
70	submit to the qualified electors of the county a proposition authorizing a regular property
71	tax levy for six consecutive years, with collection commencing in 2026, at a rate not to
72	exceed \$0.25 per one thousand dollars of assessed value. As provided under state law,
73	this levy shall be exempt from the rate limitations under RCW 84.52.043, but subject in
74	years two through six to the limitations imposed under chapter 84.55 RCW.
75	SECTION 5. Deposit of levy proceeds. Except for the levy proceeds transferred
76	to the city of Seattle under section 3 of this ordinance, all levy proceeds shall be
77	deposited into the county emergency medical services fund.
78	SECTION 6. Eligible expenditures. If approved by the qualified electors of the
79	county, all proceeds of the levy authorized in this ordinance shall be used in accordance
80	with RCW 84.52.069.
81	SECTION 7. Call for special election. In accordance with RCW 29A.04.321, a
82	special election is called for November 4, 2025, to consider a proposition authorizing an
83	additional regular property tax levy for the purposes described in this ordinance. The
84	director of elections shall cause notice to be given of this ordinance in accordance with
85	the state constitution and general law and to submit to the qualified electors of the county,
86	at the said special election, the proposition hereinafter set forth. The clerk of the council

shall certify that proposition to the director of elections, in substantially the followingform:

89	PROPOSITION ONE: The King County Council adopted Ordinance
90	concerning continuation of funding for the county-wide Medic One
91	emergency medical services system. Should King County be authorized
92	to replace an expiring levy by imposing regular property taxes of \$0.25 or
93	less per thousand dollars of assessed valuation for each of six consecutive
94	years, with collection beginning in 2026, as provided in King County
95	Ordinance, to continue paying for Medic One emergency medical
96	services:
97	Yes
98	No
99	SECTION 8. Interlocal agreement. The county executive is hereby authorized
100	and directed to enter into an interlocal agreement with the city of Seattle relating to the
100 101	and directed to enter into an interlocal agreement with the city of Seattle relating to the Medic One program, to implement the provisions of section 3 of this ordinance.
101	Medic One program, to implement the provisions of section 3 of this ordinance.
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109	SECTION 11. Ratification. Certification of the proposition by the clerk of the
110	county council to the King County director of elections in accordance with law before the
111	election on November 4, 2025, and any other act consistent with the authority and before
112	the effective date of this ordinance are hereby ratified and confirmed.
113	SECTION 12. Severability. If any provision of this ordinance or its application

- 114 to any person or circumstance is held invalid, the remainder of the ordinance or the
- application of the provision to other persons or circumstances is not affected.

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

ATTEST:

Girmay Zahilay, Chair

Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Shannon Braddock, County Executive

Attachments: None



Shannon Braddock King County Executive

401 Fifth Avenue, Suite 800 Seattle, WA 98104

206-296-9600 Fax 206-296-0194 TTY Relay: 711 www.kingcounty.gov

April 10, 2025

The Honorable Girmay Zahilay Chair, King County Council Room 1200 C O U R T H O U S E

Dear Councilmember Zahilay:

I am pleased to transmit to you a proposed Ordinance that would, if enacted, place a measure on the November 2025 general election ballot to reauthorize the six-year Medic One/Emergency Medical Services (EMS) levy at 25-cents per \$1,000 assessed value. The current levy expires on December 31, 2025. If approved by King County voters, the renewed EMS levy would enable the Medic One/EMS system in King County to continue to provide essential life-saving services throughout the region, regardless of location, incident circumstances, day of the week, or time of day.

The 25-cent levy rate supports the programmatic and fiscal proposals developed collaboratively by the region, endorsed by the *EMS Advisory Task Force* in September 2024, and affirmed in the Medic One/EMS 2026-2031 Strategic Plan. The Strategic Plan is transmitted separately and simultaneously with this proposed levy Ordinance.

Medic One/EMS are vital services provided to County residents and visitors, as well as an important part of the quality of life standards afforded to residents of this area. Our regional system is recognized as one of the best emergency medical service programs in the country, and is acclaimed for its patient outcomes, including among the highest reported survival rates in the treatment of out-of-hospital cardiac arrest patients across the nation.

Developing the Strategic Plan and levy rate to support the Medic One/EMS system was truly a regional and collaborative effort. Beginning in early 2024, the *EMS Advisory Task Force* worked collaboratively with partners from all parts of the EMS system to develop the future

The Honorable Girmay Zahilay April 10, 2025 Page 2

direction and basis for the next Medic One/EMS levy. The result of this inclusive and complex discussion is a proposal that meets the needs of the EMS system, its users, and our community.

Specifically, the 25-cent levy rate:

- Fully funds eligible advanced life support (referred to as ALS, or paramedic services) costs;
- Continues and increases the contribution to support basic life support (referred to as BLS or "first responders") and Mobile Integrated Healthcare to address community needs;
- Sustains funding for regional programs and Initiatives that provide essential support to the Medic One/EMS system and are critical for providing the highest emergency medical care possible;
- Funds responsible levels of reserves for unanticipated costs; and
- Upholds current financial policies that provide security yet allow flexibility, including the ability to direct balances into reserves or buy down a future levy rate.

The proposed 25-cent levy rate would cost \$211 per year for the median King County homeowner, based on a \$844,000 home value.

Policies guiding the current levy allow the EMS Division to carry forward \$64 million of 2020-2025 reserves into 2026-2031 reserves for additional security. Partners were committed to maintaining these policies for the 2026-2031 levy so that any funding that is received in excess of anticipated program and reserve needs can be used to reduce a future levy rate.

In accordance with the Revised Code of Washington 84.2.069, approval for placing a 25-cent Medic One/EMS levy on the ballot will be sought from at least 75 percent of those cities with populations exceeding 50,000. Such cities are Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline. Representatives from these 11 cities served on the *EMS Advisory Task Force* and were deeply engaged throughout this collaborative process.

The Medic One/EMS 2026-2031 Strategic Plan reflects King County's mission to provide fiscally responsible, quality driven local and regional services. EMS responses are distributed throughout the region based on service criteria, areas with economic challenges are provided the same level of service as areas with economic prosperity, ensuring access to vital services. In addition, EMS programs directly align with Public Health – Seattle & King County's core values and priorities of protecting and improving the health and well-being of all people in King County.

Thank you for your prompt consideration of this EMS levy proposal for 2026-2031. If your staff have questions, please contact Michele Plorde, Emergency Medical Services Division Director, at 206-263-8603.

The Honorable Girmay Zahilay April 10, 2025 Page 3

Sincerely,

for

Shannon Braddock King County Executive

Enclosures

cc: King County Councilmembers <u>ATTN</u>: Stephanie Cirkovich, Chief of Staff Melani Pedroza, Clerk of the Council

> Karan Gill, Deputy Executive, Chief of Staff, Office of the Executive Penny Lipsou, Council Relations Director, Office of the Executive Faisal Khan, Director, Public Health – Seattle & King County (PHSKC) Michele Plorde, Emergency Medical Services Division Director, PHSKC

#### **2025 FISCAL NOTE**

Ordinance/Motion:	
Title:	2026-2031 Medic One/EMS Levy
Affected Agency and/or Agencies:	Emergency Medical Services-EMS (Department of Public Health-DPH)
Note Prepared By:	Cynthia Brashaw, Emergency Medical Services Division (DPH)
Date Prepared:	January 9, 2025
Note Reviewed By:	Drew Pounds, Office of Performance, Strategy, and Budget
Date Reviewed:	January 10, 2025

#### Description of request:

Ordinance approving the 2026-2031 Medic One/Emergency Medical Services Levy submitted by the executive.

#### **Revenue to:**

Agency	Fund Code	Revenue Source	2025	2026-2027	2028-2029
Emergency Medical Services	1190	Property Taxes		304,514,503	317,192,886
Emergency Medical Services	1190	Other Revenue		6,371,000	5,574,000
TOTAL			0	310,885,503	322,766,886

#### Expenditures from:

Agency	Fund Code	Department	2025	2026-2027	2028-2029
Emergency Medical Services	1190	DPH		284,327,986	306,134,852
TOTAL			0	284,327,986	306,134,852

#### **Expenditures by Categories**

	2025	2026-2027	2028-2029
Advanced Life Support (ALS)		158,389,318	170,442,309
Basic Life Support (BLS)		84,730,558	91,220,897
Regional Services (RS)		38,645,654	41,605,901
Strategic Initiatives (SI)		2,562,456	2,865,745
TOTAL	0	284,327,986	306,134,852

#### Does this legislation require a budget supplemental? Yes/No

Notes and Assumptions:

Includes funds related to KC EMS Fund; does not include funds associated with City of Seattle

Other revenues include interest income, and taxes distributed to all property tax funds in King County.

Revenues exceeding expenditures support reserves as described in the Strategic Plan.



# **MEMORANDUM**

April 3, 2025

- **TO:** All Councilmembers
- All Council Staff
- FM: Melani Hay, Clerk of the Council
- RE: Deadlines for Adoption of Ballot Measures in 2025

The deadlines for adoption of ballot measures for 2025 elections are in the table below. This schedule is predicated on the Council meeting as set out in the current Council Rule 4 (KCC 1.24.035), including first 4 Tuesdays a month as well as no Council meetings being held during the December 2024 recess (Dec. 11, 2024, through Jan. 2, 2025), the second week of April 2025 (April 7-11), or in the first two weeks of August 2025 (Aug. 4-15)

## 2025 Election Dates

	<u>2/11<sup>1</sup></u>	<u>4/22<sup>1</sup></u>	<u>8/5²</u>	<u>11/4<sup>3</sup></u>
Last regular council meeting with maximum processing time (25 days)	11/12/24	1/21/25	4/1/25	7/8/25
Last regular council meeting with minimum processing time (10 days)	12/3/244	2/11/25 <sup>4</sup>	4/22/25 <sup>4</sup>	7/22/25
Last regular council meeting to pass as emergency	12/10/24	2/18/25	4/22/25	7/22/25
Last special council meeting to pass as emergency	12/13/24	2/21/25	5/2/25	8/5/25
Election Division deadline for receiving effective ordinance	12/13/24	2/21/25	5/2/25	8/5/25

<sup>1.</sup> Based on effective ordinance filed with Elections 60 days before the election. RCW 29A.04.321

<sup>2.</sup> Based on effective ordinance filed with Elections no later than the Friday, which in 2025 is May 9, immediately before the first day of regular candidate filing, which in 2025 is May 12, the Monday two weeks before Memorial Day. RCW 29A.24.050; RCW 29A.04.321

<sup>3.</sup> Based on effective ordinance filed with Elections no later than the primary, which in 2025 is August 5. RCW 29A.04.321.

# <sup>4.</sup> This would require that the adopted ordinance be signed by the Chair, Clerk and Executive on the day of the meeting.

**Note:** This schedule does not apply to Charter amendments. Because Charter § 800 provides that ordinances proposing amendments to the Charter are not subject to executive veto, such ordinances have an effective date (10 days after enactment by the Council) that differs from the effective date of an ordinance that is subject to executive veto.

## **RESOLUTION NO. 5812**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF AUBURN, WASHINGTON, APPROVING PLACEMENT OF A COUNTYWIDE BALLOT MEASURE BEFORE VOTERS IN 2025 FOR A FUNDING LEVY TO SUPPORT MEDIC ONE/EMERGENCY MEDICAL SERVICES (EMS) FOR THE PERIOD FROM JANUARY 1, 2026, THROUGH DECEMBER 31, 2031, PURSUANT TO RCW 84.52.069

WHEREAS, the delivery of emergency medical services is an essential function of

the fire and life safety responsibility of local and regional government; and

WHEREAS, the countywide tiered Medic One/EMS system in Seattle & King County provides residents and visitors with essential life-saving services throughout the region regardless of location, incident circumstances, day of the week, or time of day; and

WHEREAS, the tiered Medic One/EMS model has been recognized nationally and internationally for its quality medical care and timely service; and

WHEREAS, the City of Auburn and its residents have benefitted from the countywide cooperative of delivering Advanced Life Support and Basic Life Support services; and

WHEREAS, King County has exercised leadership and assumed responsibility for assuring the consistent, standardized, effective and cost efficient development and provision of emergency services throughout the county; and

WHEREAS, RCW 84.52.069 provides for countywide emergency medical care and service levies; and

WHEREAS, the King County Medic One/EMS system is funded in part by a prior countywide six-year Medic One/EMS levy that expires December 31, 2025; and

Rev. 2024 June 11, 2025

RPC Meeting Materials

WHEREAS, pursuant to RCW 84.52.069, King County will be seeking voter authorization of a six-year Medic One/EMS levy for the period of 2026-2031; and

WHEREAS, the EMS Advisory Task Force worked collaboratively with regional EMS partners to develop programmatic and financial recommendations for continuing to provide countywide Medic One/EMS services; and

WHEREAS, the EMS Advisory Taks Force has recommended an initial levy rate of \$0.25 cents per one thousand dollars assessed value to fund Medic One/EMS services throughout King County for the next six years; and

WHEREAS, the City of Auburn participated in these discussions throughout the process and was represented on the Task Force;

WHEREAS, in order to continue funding emergency medical services, RCW 84.52.069 requires that 75% of cities with a population greater than fifty thousand approve placing the countywide levy proposal on the ballot; and

WHEREAS, the City of Auburn has a population of over 50,000 people;

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF AUBURN, WASHINGTON, RESOLVES as follows:

Section 1. The above is found to be true and correct in all respects.

<u>Section 2.</u> The City of Auburn hereby approves placing the countywide Medic One/EMS levy before voters at an upcoming election in 2025.

Rev. 2024

**RPC** Meeting Materials

June 11, 2025

<u>Section 3.</u> This Resolution will take effect and be in full force on passage and signatures.

Dated and Signed: April 21, 2025

**CITY OF AUBURN** 

NÁNO

ATTEST: 2

Shawn Campbell, MMC, City Clerk

	APPR	OVED A	s to	FORM	,
		Z	A	lak_	_
7	10000	Mhalan	City	Attornov	

Jason Whalen, City Attorney

Resolution No. 5812 March 6, 2025 Page 3 of 3

**RPC** Meeting Materials

Rev. 2024

June 11, 2025

## **RESOLUTION NO. 25-870**

# A RESOLUTION of the City of Federal Way, Washington, approving the placement of a countywide ballot proposition before voters in 2025 for a funding levy to support Medic One/Emergency Medical Services (EMS) levy for the period of January 1, 2026, through December 31, 2031, pursuant to RCW 84.52.069.

WHEREAS, the delivery of emergency medical services is an essential function of the fire and life safety responsibility of local and regional government; and

WHEREAS, the internationally recognized, countywide, tiered Medic One/EMS system in Seattle & King County provides county residents and visitors essential life-saving services throughout the region regardless of location, incident circumstances, day of the week, or time of day; and

WHEREAS, it has been to the benefit of the residents of the City of Federal Way to support and participate in the countywide cooperative of delivering Advanced Life Support and Basic Life Support services; and

WHEREAS, King County should continue to exercise leadership and assume responsibility for assuring the consistent, standardized, effective and cost-efficient development and provision of emergency services throughout the county; and

WHEREAS, RCW 84.52.069 provides for countywide emergency medical care and service levies and King County is seeking voter authorization of a six-year Medic One/EMS levy for the period of 2026-2031; and

WHEREAS, the emergency medical care and services of the King County Medic One/EMS system are funded by a prior countywide six-year Medic One/EMS levy that expires December 31, 2025; and

Resolution No. 25-870

Page 1 of 3

Page 383

WHEREAS, the EMS Advisory Task Force worked collaboratively with regional EMS partners to develop programmatic and financial recommendations for continuing to provide countywide Medic One/EMS services; and

WHEREAS, the EMS Advisory Task Force has recommended an initial levy rate of 25 cents per one thousand dollars assessed value to fund Medic One/EMS services throughout King County for the next six years; and

WHEREAS, the City of Federal Way participated in these discussions throughout the process and was represented on the Task Force; and

WHEREAS, in order to continue funding for emergency medical services for six years, RCW 84.52.069 requires that 75% of those cities with a population greater than fifty thousand approve placing the countywide levy proposal on the ballot; and

WHEREAS, the City of Federal Way has a population greater than fifty thousand people.

NOW THEREFORE, THE CITY COUNCIL OF THE CITY OF FEDERAL WAY, RESOLVES AS FOLLOWS:

<u>Section 1</u>. The foregoing recitals are adopted as findings of the City Council.

<u>Section 2</u>. The City of Federal Way hereby approves submitting to the voters a ballot proposition for a levy to fund the countywide Medic One/EMS on the ballot in 2025.

Section 3. Effective Date. This resolution shall be effective immediately upon passage by the Federal Way City Council.

RESOLVED BY THE CITY COUNCIL OF THE CITY OF FEDERAL WAY, WASHINGTON this 6th day of May, 2025.

[signatures to follow]

Resolution No. 25-870

Page 2 of 3

CITY OF FEDERAL WAY:

FERRELL, MAYOR IIM

ATTEST: HEATHER DUMLÃO, CMC, CPRO, CITY CLERK

APPROVED AS TO FORM:

**RESOLUTION NO.:** 

J. RYAN CALL, CITY ATTORNEY

FILED WITH THE CITY CLERK: PASSED BY THE CITY COUNCIL:

04/30/2025
05/06/2025
25-870

Resolution No. 25-870

Page 3 of 3

Page 385

### **RESOLUTION NO. 2086**

**A RESOLUTION** of the City Council of the City of Kent, Washington, approving placement of a countywide ballot measure before voters in 2025 for a funding levy to support Medic One/Emergency Medical Services (EMS) for the period from January 1, 2026, through December 31, 2031, pursuant to RCW 84.52.069.

#### **RECITALS**

A. The delivery of emergency medical services is an essential function of the fire and life safety responsibility of local and regional government.

B. The countywide tiered Medic One/EMS system in Seattle & King County provides residents and visitors with essential life-saving services throughout the region regardless of location, incident circumstances, day of the week, or time of day.

C. The tiered Medic One/EMS model has been recognized nationally and internationally for its quality medical care and timely service.

D. The City of Kent and its residents have benefitted from the countywide cooperative of delivering Advanced Life Support and Basic Life Support services.

E. King County has exercised leadership and assumed responsibility for assuring the consistent, standardized, effective and cost efficient development and provision of emergency services throughout the county.

#### 1 Medic One/Emergency Medical Services (EMS) Levy - Resolution

Page 386

F. RCW 84.52.069 provides for countywide emergency medical care and service levies.

G. The King County Medic One/EMS system is currently funded in part by a prior countywide six-year Medic One/EMS levy that expires December 31, 2025.

H. Pursuant to RCW 84.52.069, King County will be seeking voter authorization to renew and adjust a six-year Medic One/EMS levy for the period of January 1, 2026 through December 31, 2031. However, before the levy may be placed on the ballot for consideration, state law requires that the legislative bodies of a majority of at least 75% of all cities exceeding a population of 50,000 within King County first approve placing the countywide levy proposal on the ballot.

I. The EMS Advisory Task Force worked collaboratively with regional EMS partners to develop programmatic and financial recommendations for continuing to provide countywide Medic One/EMS services.

J. The EMS Advisory Taks Force has recommended an initial levy rate of \$0.25 cents per \$1,000 of assessed value to fund Medic One/EMS services throughout King County for the next six years.

K. The City of Kent participated in these discussions throughout the process and was represented on the Task Force.

L. The City of Kent has a population of over 50,000 people, which puts it within the class of cities from whom King County is to first seek City Council approval before the levy may be put before voters on an upcoming ballot.

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#### 2 Medic One/Emergency Medical Services (EMS) Levy - Resolution

NOW THEREFORE, THE CITY COUNCIL OF THE CITY OF KENT, WASHINGTON, DOES HEREBY RESOLVE AS FOLLOWS:

#### **RESOLUTION**

**SECTION 1**. – <u>Recitals Incorporated</u>. The above is found to be true and correct in all respects.

**SECTION 2.** – <u>Resolution Approved</u>. The City of Kent hereby approves placing the countywide Medic One/EMS levy before voters at an upcoming election in 2025.

**SECTION 3.** – <u>Severability</u>. If any one or more section, subsection, or sentence of this resolution is held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portion of this resolution and the same shall remain in full force and effect.

**SECTION 4.** – <u>Ratification</u>. Any act consistent with the authority and prior to the effective date of this resolution is hereby ratified and affirmed.

**SECTION 5.** – <u>Effective Date</u>. This resolution shall take effect and be in force immediately upon its passage.

DANA RALPH, MAYOR

April 15, 2025 Date Approved

ATTEST: **CLERK** 

April 15, 2025 Date Adopted

3 Medic One/Emergency Medical Services (EMS) Levy - Resolution

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APPROVED AS TO FORM: WHITE, CITY ATTORNEY TAMMY

4 Medic One/Emergency Medical Services (EMS) Levy - Resolution

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### **RESOLUTION R-5679**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KIRKLAND APPROVING PLACEMENT OF A COUNTYWIDE BALLOT MEASURE BEFORE VOTERS IN 2025 FOR A FUNDING LEVY TO SUPPORT MEDIC ONE/EMERGENCY MEDICAL SERVICES (EMS) FOR THE PERIOD FROM JANUARY 1, 2026, THROUGH DECEMBER 31, 2031, PURSUANT TO RCW 84.52.069.

WHEREAS, the delivery of emergency medical services is an essential function of the fire and life safety responsibility of local and regional government; and

WHEREAS, the internationally recognized countywide tiered Medic One/EMS system in Seattle & King County provides county community members and visitors with essential lifesaving services throughout the region regardless of location, incident circumstances, day of the week, or time of day; and

WHEREAS, it has been to the benefit of the community members of the city of Kirkland to support and participate in the countywide cooperative of delivering Advanced Life Support and Basic Life Support services; and

WHEREAS, King County should continue to exercise leadership and assume responsibility for assuring the consistent, standardized, effective and cost efficient development and provision of emergency services throughout the county; and

WHEREAS, RCW 84.52.069 provides for countywide emergency medical care and service levies, and King County will be seeking voter authorization of a six-year Medic One/EMS levy for the period of 2026-2031; and

WHEREAS, the King County Medic One/EMS system is funded in part by a prior countywide six-year Medic One/EMS levy that expires December 31, 2025; and

WHEREAS, the EMS Advisory Task Force worked collaboratively with regional EMS partners to develop programmatic and financial recommendations for continuing to provide countywide Medic One/EMS services; and

WHEREAS the EMS Advisory Task Force has recommended an initial levy rate of \$0.25 cents per one thousand dollars assessed value to fund Medic One/EMS services throughout King County for the next six years; and

WHEREAS, the City of Kirkland participated in these discussions throughout the process and was represented on the Task Force; and

WHEREAS, in order to continue funding emergency medical services, RCW 84.52.069 requires that 75% of cities with a population greater than fifty thousand approve placing the countywide levy proposal on the ballot; and

WHEREAS, the City of Kirkland has a population of over fifty thousand people.

NOW, THEREFORE, be it resolved by the City Council of the City of Kirkland as follows:

<u>Section 1</u>. The City Council of the City of Kirkland hereby approves placing the countywide Medic One/EMS levy before voters at an upcoming election in 2025.

Passed by majority vote of the Kirkland City Council in open meeting this 15<sup>th</sup> day of April, 2025.

Signed in authentication thereof this 15<sup>th</sup> day of April, 2025.

Kelli Curtis, Mayor

Attest:

Elizabeth Adkisson, Acting City Clerk

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# CITY OF SAMMAMISH WASHINGTON

## **RESOLUTION NO. R2025-1107**

# A RESOLUTION OF THE CITY OF SAMMAMISH CITY COUNCIL, APPROVING PLACEMENT OF A COUNTYWIDE BALLOT MEASURE BEFORE VOTERS IN 2025 FOR A FUNDING LEVY TO SUPPORT MEDIC ONE/EMERGENCY MEDICAL SERVICES (EMS) FOR THE PERIOD FROM JANUARY 1, 2026, THROUGH DECEMBER 31, 2031, PURSUANT TO RCW 84.52.069.

WHEREAS, the delivery of emergency medical services is an essential function of the fire and life safety responsibility of local and regional government; and

WHEREAS, the countywide tiered Medic One/EMS system in Seattle & King County provides residents and visitors with essential life-saving services throughout the region regardless of location, incident circumstances, day of the week, or time of day; and

WHEREAS, the tiered Medic One/EMS model has been recognized nationally and internationally for its quality medical care and timely service; and

WHEREAS, the City of Sammamish and its residents have benefitted from the countywide cooperative of delivering Advanced Life Support and Basic Life Support services; and

WHEREAS, King County has exercised leadership and assumed responsibility for assuring the consistent, standardized, effective and cost efficient development and provision of emergency services throughout the county; and

WHEREAS, RCW 84.52.069 provides for countywide emergency medical care and service levies; and

WHEREAS, the King County Medic One/EMS system is funded in part by a prior countywide six-year Medic One/EMS levy that expires December 31, 2025; and

WHEREAS, pursuant to RCW 84.52.069, King County will be seeking voter authorization of a six-year Medic One/EMS levy for the period of 2026-2031; and

WHEREAS, the EMS Advisory Task Force worked collaboratively with regional EMS partners to develop programmatic and financial recommendations for continuing to provide countywide Medic One/EMS services; and

WHEREAS, the EMS Advisory Task Force has recommended an initial levy rate of \$0.25 cents per one thousand dollars assessed value to fund Medic One/EMS services throughout King County for the next six years; and

WHEREAS, the City of Sammamish participated in these discussions throughout the process and was represented on the Task Force; and

WHEREAS, in order to continue funding emergency medical services, RCW 84.52.069 requires that 75% of cities with a population greater than fifty thousand approve placing the countywide levy proposal on the ballot; and

WHEREAS, the City of Sammamish has a population of over 50,000 people;

# NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF SAMMAMISH, WASHINGTON, RESOLVES AS FOLLOWS:

Section 1. The above is found to be true and correct in all respects.

Section 2. The City of Sammamish hereby approves placing the countywide Medic One/EMS levy before voters at an upcoming election in 2025.

# PASSED BY THE CITY COUNCIL AT A REGULAR MEETING THEREOF ON THE 6TH DAY OF MAY 2025.

CITY OF SAMMAMISH

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ATTEST/AUTHENTICATED:

Troop Kelmi

Krista Kielsmeier, City Clerk

Approved as to form:

Kari Sand, City Attorney Ogden Murphy Wallace P.L.L.C.

Filed with the City Clerk:April 24, 2025Passed by the City Council:May 06, 2025Resolution No.:R2025-1107

### **RESOLUTION NO. 540**

# A RESOLUTION OF THE CITY OF SHORELINE, WASHINGTON, APPROVING PLACEMENT ON THE BALLOT OF A RENEWED COUNTYWIDE LEVY PROPOSAL FOR FUNDING THE MEDIC ONE/EMERGENCY MEDICAL SERVICES (EMS) LEVY FOR THE PERIOD FROM JANUARY 1, 2026, THROUGH DECEMBER 31, 2031.

WHEREAS, the existing Medic One/EMS levy will expire on December 31, 2025; and

WHEREAS, the Medic One/EMS levy supports a regional system of life-saving prehospital emergency medical care through an internationally recognized tiered regional response system serving King County; and

WHEREAS, during 2024, the EMS Advisory Task Force conducted program and cost analyses and, in September 2024, adopted a final programmatic and financial recommendation that would inform the Medic One/EMS Strategic Plan and the renewal levy proposal to be transmitted to the King County Council; and

WHEREAS, based on the work done by the EMS Advisory Task Force, King County intends to seek voter authorization of a six-year Medic One/EMS levy of \$0.25 cents per thousand dollars of assessed valuation for the period of 2026 through 2031; and

WHEREAS, as mandated by RCW 84.52.069(6), in order to place a countywide levy proposal on the ballot, the King County Council must receive the approval of the legislative authority of a majority of at least seventy-five percent of all cities exceeding a population of 50,000 within King County; and

WHEREAS, pursuant to the Washington State Office of Financial Management population projections, Shoreline currently has a population in excess of 50,000; and

WHEREAS, on March 24, 2025, the Shoreline City Council discussed the Medic One/EMS levy proposal and provided an opportunity for the public to provide public comment on the proposal; and

WHEREAS, the City Council has determined that it is in the best interests of the City that such a countywide levy proposal again be placed on the ballot;

# NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SHORELINE, WASHINGTON AS FOLLOWS:

## Section 1. Approval for Countywide Levy Proposal.

The City Council, as legislative authority for the City of Shoreline, hereby approves submission to the voters of a ballot proposition at the 2025 General election for a countywide additional regular property tax levy of not more than \$0.25 cents per thousand dollars assessed valuation each year for a period of six consecutive years commencing in 2026 for funding the countywide Medic One/Emergency Medical Services pursuant to RCW 84.52.069.

## ADOPTED BY THE CITY COUNCIL ON MAY 5, 2025.

Mayor Christopher Roberts

**ATTEST:** MA Jessica Simulcik Smith

City Clerk

# CITY OF REDMOND RESOLUTION NO. 1603

А RESOLUTION OF THE CITY OF REDMOND, WASHINGTON, APPROVING PLACEMENT OF Α COUNTYWIDE BALLOT MEASURE BEFORE VOTERS IN 2025 FOR A FUNDING LEVY TO SUPPORT MEDIC ONE/EMERGENCY MEDICAL SERVICES (EMS) FOR THE JANUARY 1, 2026, PERIOD FROM THROUGH DECEMBER 31, 2031, PURSUANT TO RCW 84.52.069

WHEREAS, the delivery of emergency medical services is an essential function of the fire and life safety responsibility of local and regional government; and

WHEREAS, the countywide tiered Medic One/EMS system in Seattle & King County provides residents and visitors with essential life-saving services throughout the region regardless of location, incident circumstances, day of the week, or time of day; and

WHEREAS, the tiered Medic One/EMS model has been recognized nationally and internationally for its quality medical care and timely service; and

WHEREAS, the City of Redmond, Washington, and its residents have benefitted from the countywide cooperative of delivering Advanced Life Support and Basic Life Support services; and

WHEREAS, King County has exercised leadership and assumed responsibility for assuring the consistent, standardized,

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Resolution No. 1603 AM No. 25-072 effective and cost efficient development and provision of emergency services throughout the county; and

WHEREAS, RCW 84.52.069 provides for countywide emergency medical care and service levies; and

WHEREAS, the King County Medic One/EMS system is funded in part by a prior countywide six-year Medic One/EMS levy that expires December 31, 2025; and

WHEREAS, pursuant to RCW 84.52.069, King County will be seeking voter authorization of a six-year Medic One/EMS levy for the period of 2026-2031; and

WHEREAS, the EMS Advisory Task Force worked collaboratively with regional EMS partners to develop programmatic and financial recommendations for continuing to provide countywide Medic One/EMS services; and

WHEREAS the EMS Advisory Taks Force has recommended an initial levy rate of \$0.25 cents per one thousand dollars assessed value to fund Medic One/EMS services throughout King County for the next six years; and

WHEREAS, the City of Redmond, Washington, participated in these discussions throughout the process and was represented on the Task Force; and

WHEREAS, in order to continue funding emergency medical services, RCW 84.52.069 requires that 75% of cities with a

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Resolution No. 1603 AM No. 25-072 population greater than fifty thousand approve placing the countywide levy proposal on the ballot; and

WHEREAS, the City of Redmond, Washington, has a population of over 50,000 people.

NOW, THEREFORE, THE CITY OF REDMOND, WASHINGTON, RESOLVES AS FOLLOWS:

<u>SECTION I.</u> The above is found to be true and correct in all respects.

SECTION II. The City of Redmond, Washington, hereby approves placing the countywide Medic One/EMS levy before voters at an upcoming election in 2025.

ADOPTED by the Redmond City Council this 20th day of May, 2025.

#### APPROVED:

Signed by: Angela Biney ANGELA BIRNEY, MAYOR

ATTEST:

DocuSigned by: Kalli Biegel

CHERYL XANTHOS, MMC, CITY CLERK

(SEAL)

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Resolution No. 1603 AM No. 25-072 FILED WITH THE CITY CLERK: May 6, 2025 PASSED BY THE CITY COUNCIL: May 20, 2025 RESOLUTION NO: 1603

YES: ANDERSON, FIELDS, KRITZER, NUEVACAMINA, SALAHUDDIN, STUART

NO: NONE