EMERGENCY MEDICAL SERVICES AUTHORITY
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Rob Dudgeon, Deputy Director
Division of Emergency Services
City and County of San Francisco
39 Van Ness Avenue, Suite 3300
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Dear Mr. Dudgeon;

This letter is in response to your September 26, 2011 letter to the EMS Authority including submission of historical documentation related to the San Francisco ambulance zone. In 2008, the EMS Authority determined that there is no basis for exclusivity (restriction of trade) for the San Francisco ambulance zone for all emergency ambulance calls.

Your recent request was for the EMS Authority to evaluate the potential for creating an exclusive operating area without a competitive process for the narrow level of exclusivity and scope of operations for 9-1-1 emergency calls. The EMS Authority has completed its review of your request for review of the status of the San Francisco ambulance area for 9-1-1 emergency response. The analysis and findings presented here center around the nature of the multiple providers in the San Francisco Ambulance area and their utilization for emergency responses as part of the EMS system.

The EMS Authority reviews EMS plans to provide approval for the creation of exclusive operating areas pursuant to Health and Safety Code 1797.6, 1797.85, and 1797.224 on a case by case basis as each zone is unique.

Historical/Factual Basis:

The documentation provided by the San Francisco EMS Agency, during several prior EMS plan submissions, has provided conflicting information that has complicated the review by the EMS Authority. However, the recent documentation provided has been helpful in providing a clearer picture of the nature of ambulance response within your jurisdiction.

In reviewing the eligibility of an EMS area or subarea's for exclusivity without a competitive process, Health and Safety Code 1797.224 states:

> *No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.*

The San Francisco area has operated with multiple transport providers in the ambulance zone since 1981. The providers that have operated included those that responded to emergency calls, from both 9-1-1 (or C-MED), and also 7-digit emergency numbers.

The geography of the area has remained substantially the same and is not an issue here. However, two areas of territory became the responsibility of San Francisco, Treasure Island and the Presidio—both of which are Federal lands. The issue of medical mutual aid by the Presidio does not appear to substantially impact the EMS Authority's decision.

In 1981, the City and County of San Francisco utilized a central communication center that dispatched ambulance services to calls that originated from the main emergency number for the City. This center was called Central Medical Dispatch (C-MED). The implementation of 9-1-1 as an emergency telephone number for medical calls did not begin until 1984. However, for the purpose of this analysis, C-MED (and its associated telephone number) operated as a 9-1-1 central dispatch center for requests for medical aid.

In 1981, there were six (6) ambulance providers responding to emergency calls within the ambulance zone. All of the providers that existed in 1981 responded to emergency calls of some type, either as 9-1-1 emergency calls or emergency calls originating from a 7-digit number (Non C-MED).

However, it appears that only four of the six providers were regularly involved in emergency responses dispatched through C-MED. Those four providers were the San Francisco Department of Public Health, King-American Ambulance, San Francisco Ambulance, and Federal Ambulance. Those four providers operated under an integrated response plan that contemplated the use of the closest ambulance unit. Based upon data provided, the distribution of the emergency calls to the San Francisco Department of Public Health was between 80-90% at various times depending upon the methodology used.

The two emergency ambulance services (Aids Ambulance, Medevac) that were not dispatched as authorized providers through C-MED, subsequently ceased operations in about 1983-84 and were not acquired by existing providers.

Of the four providers receiving emergency calls through C-MED, some of the providers have been involved in acquisitions of other existing providers operating in the zone, as documented in the information provided to us. The San Francisco Department of Public Health transferred ambulance operations to the Fire Department. San Francisco Ambulance, and Federal Ambulance were wholly acquired by American Medical Response (AMR) as the result of a series of acquisitions. The transfers and acquisitions that have taken place among these providers who were present in the zone in 1981 meet the criteria for continuing the use of existing providers.

At the present time, there are other advanced life support (ALS) ambulances (Protransport One) and basic life support ambulances (Bayshore and St. Joseph—both of which are seeking ALS authorization) in the zone and may respond to both emergency calls via a 7-digit telephone number and inter-facility transfers, including non-emergency requests for service. They are not part of the 9-1-1 emergency call system.

The current provider configuration within the ambulance zone includes the City and County of San Francisco Fire Department, King-American Ambulance and AMR for 9-1-1 emergency calls. From the information provided recently, it appears that these providers (or their predecessor agency or company), were functioning in a configuration that contemplated multiple providers responding to medical requests for service that originated from 9-1-1 (or the predecessor C-MED). Presently, the San Francisco ambulance zone operates under an Integrated Response Plan (IRP) that began to be used in 1979.

Analysis:

Utilizing the historical facts of the area, there does not appear to be a significant change to either the geography of the area or the number of providers responding to the narrow area of 9-1-1 emergency calls that would change the "manner and scope" of which services have been provided. However, within an exclusive operating area utilizing multiple providers, the "manner and scope" of service must also include an analysis of whether there has been a significant change in the percentage of calls that represent the market share.

Since 1979, the San Francisco ambulance area has operated under an integrated response plan. This plan was designed to make use of the system providers where the closest ALS unit would be dispatched to any given call, regardless of which of the authorized 9-1-1 providers owned a given unit. By sending the closest unit to any given 9-1-1 call, the patient was ensured of getting the best possible response from the EMS system. In particular, since 1981, the market share distribution of calls was driven by the Integrated Response Plan and been relatively consistent between the four (now three) ambulance providers within the area responding to 9-1-1 (or C-MED) calls.

Any reference to primary or back-up providers is not relevant to our analysis as the statute centers around the continuation of providers as defined in HS 1797.224.

The "manner and scope" of emergency medical call distribution for calls originating from the 9-1-1 emergency telephone number appears to have remained fundamentally consistent since 1981, although there is some variation in the percentage of calls distributed to the three providers as reported throughout this time period. This variation in call distribution among the three providers remains a concern of the EMS Authority.

While there has been some variation in the exact percentages of distribution of responses, the variations have not been determined significant enough to disqualify the area based upon changes to the manner and scope of the zone. However, the zone can only be exclusive without a competitive process moving forward with continued use of the existing providers maintaining a substantially similar market share of the distribution of 9-1-1 calls in the system as they have historically handled including 10-20% of the calls being handled by the two private providers. Additionally, if emergency responses to 7 digit emergency calls were prohibited (or required to be transferred to a 9-1-1 provider), or otherwise combined into the 9-1-1 system, this would change the manner and scope of the exclusive zone. Qualified providers cannot otherwise be prevented from running 7 digit calls for emergency ambulance service.

In development of the EMS Plan, the local EMS agency (LEMSA) must have the ability to ensure that all 9-1-1 providers operating in the zone have the ability to maintain their historical share of the market distribution of responses in the zone. This would include provisions for all providers to ensure adequate resource availability to maintain responses to the calls within their historic distribution of the market share of 9-1-1 responses. The LEMSA should require these providers to have a minimum number of units staffed to ensure that adequate units are available in the system.

Findings:

After consideration of the documentation available, we have determined the San Francisco ambulance zone does meet Health and Safety Code Section 1797.224 criteria for exclusivity with use of one or more providers at the 9-1-1 emergency level of exclusivity as part of an Integrated Response Plan (IRP). The IRP states that providers in the zone are responded to calls based on closest unit to the scene regardless of provider. With responses handled based on unit location and not provider, the system is dependent on all authorized providers maintaining operations in the same manner and scope in which the services have been provided.

The IRP clearly indicates that responses are determined based on unit location regardless of provider. The use of new technologies such as automatic vehicle locators (AVL) and global positioning systems (GPS) are encouraged to ensure that the closest available unit is responded to any given 9-1-1 ambulance request.

The EMS Authority can find no basis for the creation of an exclusive operating area without a competitive process for all emergency ambulance services, or advanced life support. Therefore, the zone is non-exclusive for all emergency ambulance, including 7 digit responses, advanced life support (ALS), limited advanced life support (LALS), and inter-facility transports.

Summary of EMS Authority Determinations
City and County of San Francisco Area
for Emergency Ambulance Services (HS 1797.85)

Ambulance Level of Exclusivity/Scope of Operations	Determination by EMS Authority	Area or Subarea Notes
9-1-1 Emergency Responses	Exclusive without a Competitive Process	Multiple providers (3) operating under an Integrated Response Plan.
All Emergency (7-digit responses)	Non Exclusive	
Advanced Life Support	Non-Exclusive	
Advanced Life Support with CCT or IFT	Non-Exclusive	
Limited Advanced Life Support	Non-Exclusive	
Basic Life Support/Non-Emergency and Interfacility Transfers	Non-Exclusive	
Air Ambulance	Non-Exclusive	Not Assessed, Non-exclusive is the default position.

Please submit a new ambulance zone form showing the zone as being exclusive for 9-1-1 responses with the providers being the San Francisco Fire Department, King-American Ambulance and AMR and non-exclusive for emergency and ALS.

If you have any questions, please contact Tom McGinnis, EMS Systems Division Manager, at (916) 322-4336, extension 695.

Sincerely,

Howard Backer

Howard Backer, MD, MPH, FACEP
Director