MEMORANDUM

To: Kurt Triplett, City Manager
From: Joseph Sanford, Fire Chief
Date: June 24, 2019
Subject: AUTHORIZING KING COUNTY TO PLACE THE 2020-2025 KING COUNTY EMS LEVY ON THE NOVEMBER BALLOT

RECOMMENDATION:

Following a public hearing, that the City Council approves a resolution authorizing King County to place a proposition on the November 5, 2019 ballot to renew the six-year property tax levy to support the countywide Medic One/Emergency Medical Services (EMS) system.

BACKGROUND:

RCW 84.52.069 requires the legislative bodies of 75% of cities with populations over 50,000 to approve a resolution supporting placement of the levy on the ballot.

The Medic One/EMS system is primarily funded with a countywide, voter-approved EMS levy. The final levy proposal would support a six-year EMS budget (2020-2025) of $1.1 billion with a levy rate of 26.5 cents per $1,000 Assessed Valuation (AV). Previous EMS Levy rates are shown in the chart below.

<table>
<thead>
<tr>
<th>Levy Period</th>
<th>Rate per $1,000 AV</th>
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<tbody>
<tr>
<td>2014 - 2019</td>
<td>$0.335</td>
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<tr>
<td>2008 - 2013</td>
<td>$0.30</td>
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<tr>
<td>2002 - 2007</td>
<td>$0.25</td>
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<tr>
<td>1999 – 2001</td>
<td>$0.29</td>
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<tr>
<td>1992 - 1997</td>
<td>$0.25</td>
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<tr>
<td>1986 - 1991</td>
<td>$0.25</td>
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<tr>
<td>1980 - 1985</td>
<td>$0.21</td>
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The 26.5 cent levy rate fully supports the programmatic and fiscal proposals that were developed and supported by the region, endorsed by the EMS Advisory Task Force and affirmed in the Medic One/EMS 2020-2025 Strategic Plan.
At a study session held on June 4, 2019, Helen Chatalas, Deputy Director of King County EMS, presented Council with an overview of the King County EMS System and the levy process by which it is supported. During the discussion, Council had several questions and requests. The answers to those questions and the additional requests for information are included below and in the attachments.

1. The request was made for a graph showing the increased amount of funding at the beginning of the levy cycle to pay for deficits at the end of the cycle. See Attachment A.

2. A request for benchmarks for metrics such as cardiac arrest, stroke, etc. was made. "KCEMS stated, “There are a number of ways we measure our EMS system, some with patient outcomes, others with performance. Although it is quite challenging to compare ourselves to other EMS systems as no system is identical, we do have a few measures that have been standardized. These include Cardiac Arrest Survival Rates (Utstein measure), Stroke (LAMS) and response times (less than 10 minutes, 80% of the time).


3. A question about comparing the costs of the KCEMS system with other systems in the country. KCEMS states, “As indicated above, it’s quite challenging to compare ourselves to other systems, and that includes costs. We certainly try to focus our costs on those things that the system needs, such as quality training, medical oversight, and data analysis. We also invest in research to ensure we’re always looking for new and better ways to improve, and in more efficient ways to provide services.”

4. An additional request for information surrounding EMS outcomes and survival rates. The following is the response from KCEMS.

“What is Medic One/EMS?
- The Medic One/EMS system serving Seattle and King County is known worldwide for its excellent medical results.
- It provides lifesaving services every 3 minutes.
- It is available to everyone, whatever the medical emergency.
- By dialing 9-1-1, all residents have immediate access to the best possible medical care, regardless of location, circumstances, or time of day.
- In 2017, the survival rate for qualifying cardiac arrests was 56% throughout the region.
- Because of our strong program, cardiac arrest victims here are 2 to 3 times more likely to survive, compared to other cities.
- Last year, this statistic represented 251 people who were saved from cardiac arrest, who lived to walk out of the hospital/ who returned home to resume normal lives with loved ones, friends and colleagues.
- Each year, 1 in 10 of our residents will use our Medic One/EMS system

2017 info:

- # of BLS responses region-wide: 211,550 calls
- # of Kirkland BLS responses: 6,007 calls

Average BLS unit response time: 5.2 minutes
Average Kirkland BLS unit response time: 4.5 minutes

Paramedics responded to over 51,000 calls for advanced care region-wide

In 2019, owner of a $500,000 house pays $110 for EMS.
In 2020, owner of a $500,000 house would pay $133.

In 2019, EMS cost to the average homeowner in Kirkland is $187
(based on 2019 median house cost of $850,000)
In 2020, EMS cost to the average homeowner in Kirkland will be $225
(based on 2019 median house cost of $850,000)

5. A request for a list of what the EMS Levy will be providing residents for the $132 per year in levy taxes. The following is the response:

- Universal access to a Medic One/EMS system that is based on, and committed to medicine, and is acclaimed for its superior medical outcomes;
- Dispatchers that use standardized medically-based questions to ensure right level of care is sent, and who are trained to guide callers through telephone CPR and using an AED;
- Some of the most trained and practiced EMTs in the nation, who arrive within 5 minutes to administer medical care;
- Medics trained as doctors who have been through the best paramedic training program the world has to offer;
- Exceptional medical direction, ensuring that 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.
- Inclusive data system that allows us to analyze the performance of every aspect of our EMS system,
- Injury prevention programs designed to help reduce the use of calling 9-1-1 in the first place (car seat installation, fall avoidance);
- Programs that help reduce “repeat” callers or the inappropriate use of 9-1-1;
- Extensive classes on CPR and AED for adults and children (more than 20,000 students on average receive training a year), and a regional coordinated AED program so that King County residents can administer life-saving techniques for patients until the providers arrive at the scene;
- Initial training, continuing education and instructor evaluator education developed by the King County EMS Division for dispatch, EMTs, and paramedics (continuing education);
- Contract and levy funding management, strategic planning, regional leadership; and
- 56% qualifying cardiac arrest survival rate.

6. Additional information on the “regional services piece” was also made. What programs does that $79M provide?

Regional Services are the foundation of the direct services provided by EMS personnel, ensuring consistency and standardized throughout the system.

I have attached Medic One EMS 2020-2025 Strategic Plan as Attachment B, which consists of pages 32 -34, and 54-55 from the Medic One/EMS 2020-2025 Strategic Plan that outline the different areas of focus and programs.

7. The final request was to provide a brief explanation regarding the difference between Basic Life Support (BLS) and Advanced Life Support (ALS) services in King County. BLS services are provided by every Fire Station and the Firefighter/EMT’s who staff them. ALS services are provided by paramedics who have advanced training in drug therapy and invasive treatments. Paramedics are strategically placed throughout the County of maximize benefit and minimize response times. BLS units are dispatched to every EMS call. ALS units are added to those EMS calls where additional drugs, IV or invasive treatments might be necessary. Firefighters and Paramedics then work together for successful treatment of patients. A map of the placement of BLS and ALS units in King County is provided in Attachment C.

As of this date, 9 of 11 jurisdictions have voted to authorize inclusion of the levy on the November 5, 2019 ballot. They are Auburn, Bellevue, Burien, Federal Way, Kent, Redmond, Sammamish, Seattle and Shoreline. Renton and Kirkland are the remaining two qualifying cities.

The King County Council is scheduled to consider the ballot measure proposal by July 10, 2019. The July 2 City Council meeting will be the last opportunity for the Kirkland City Council to approve the resolution prior to King County Council action. Once the Council holds a public hearing on the resolution, the Council may approve the resolution, amend the resolution or take no action on the resolution.
2020 includes the $20 million carryover from the current levy span into the 2020-2025 levy span.

We typically collect more in the first years of the levy to pay for expenditures later in the levy. You can see in the 2008-2013 and 2014-2019 levy spans that expenses exceed revenues toward the end of the 6 years.

This is not as pronounced in the 2020-2025 levy period because there is less of a differential between the projected annual growth of revenues, and the increases in CPI-W (used for expenditures). Simply put: the projected growth of property tax revenues and CPI-W are quite similar.
Medic One/Emergency Medical Services

2020-2025
STRATEGIC PLAN

June 12, 2019
Regional Services and Strategic Initiatives support the direct service activities and key elements of the Medic One/EMS system.

Regional Services 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, they may be incorporated into Regional Services as ongoing programs. Strategic Initiatives have not only allowed the Medic One/EMS program in 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 greatly to the regional system’s medical effectiveness. These programs extend across the different segments of the entire Medic One/EMS system and are not centered solely on ensuring fast response by EMTs or paramedics. For example, the system includes injury prevention programs designed 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 our system. Citizen CPR and automated external defibrillator (AED) programs help ensure bystander witnesses to cardiac arrests have the necessary training to leap in and help by notifying 9-1-1 quickly and providing initial care at the scene until EMTs and paramedics arrive. 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 the following critical EMS system activities.

REGIONAL SERVICES SUBCOMMITTEE
Chair: The Honorable Tom Agnew, Bothell City Councilmember

Although Regional Services and Strategic Initiatives are two distinct programs with distinct funding identities, both programs were combined for consideration into this one subcommittee. The Subcommittee agreed to using the basic principles of collaborating with partners; providing the best possible standards of care; meeting community needs; and using resources efficiently to develop its programmatic recommendations.

The group systematically reviewed the Medic One/EMS system’s current core programs and responsibilities, including each program’s focus, benefits and costs. Participants examined the strategic initiatives undertaken in the current levy span to assess how well the programs were reaching their audiences and accomplishing intended goals. This detailed review identified EMS system emergent needs and generated ideas to bring greater benefits to the system.

Concerns brought forth at this Subcommittee – the need to prepare for upcoming retirements; the desire for an integrated mental wellness program; the investment in additional quality improvement opportunities; and the commitment to standardization and consistency across agencies - were echoed by both the ALS and BLS subcommittees, showing how acutely these issues pervaded all tiers of the EMS system, and would require a regional solution. The EMS Division worked with various interested stakeholders to develop particular proposals and bring ideas back to the Regional Services Subcommittee for review. All subcommittees were updated as proposals evolved.
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. Refer to Appendix A: Proposed Regional Services for the 2020-2025 levy span on page 54 for a description of these programs.

**Regional Medical Control**
Best medical practices drive every aspect of the Medic One/EMS system and are a main component in 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 include writing and approving the patient care protocols for both paramedics and EMTs, approving initial and continuing EMT medical education, approving Criteria Based Dispatch (CBD) Guidelines, undertaking new and ongoing medical quality improvement activities, initiating disciplinary actions, and working closely with the Central Region Trauma Council.

**Regional Medical Quality Improvement**
At the heart of quality patient care is the practice of quality improvement, or QI. EMS Medical QI is the ongoing, 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, extensive reviews of EMT epinephrine administration for anaphylaxis, how to best triage stroke patients, and naloxone administration by EMTs will help to advance the science of EMS care throughout the region.

**Training**
- **EMT Training:** The EMS Division provides initial training, continuing education, and instructor/evaluator education for EMTs in King County. Through considerable research, coordination, and communication among Medic One/EMS stakeholders and the regional Medical Program Directors, the Division develops the curricula to ensure 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 29 EMS/fire agencies in King County, oversees the recertification and regulatory and policy changes to Medic One/EMS agencies.

- **Dispatch Training:** 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 guidelines called Criteria Based Dispatch (CBD) guidelines which 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.

- **CPR/AED Training:** The EMS Division offers 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 training 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.
**Growth Management**

Managing growth reduces the stress on the Medic One/EMS system, contributing to the overall efficiency and effectiveness of the program. The region applies many different approaches to 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** identify and target specific users of the EMS system to reduce “repeat” callers or the inappropriate activation of 9-1-1 services. Significant focus is placed on providing alternative, more cost-effective responses that offer appropriate, high quality care to 9-1-1 patients with lower acuity medical needs including the **Taxi Voucher Program**, **Nurseline**, and access to a variety of **Community Medical Technician programs**. Dispatch guidelines are reviewed and changed to safely limit the frequency with which ALS responds to specific calls. Finally, 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, educate people about the dangers of distracted driving, and mitigate potential falls among older adults.

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

The CEEMS section 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:**

**CONVERT or INTEGRATE five Strategic Initiatives with other programs to supplement system performance.**

**CONVERT** the BLS Efficiencies and the **Regional Records Management System (RMS) Strategic Initiatives** into ongoing programs. These efforts enhance the consistency of training, the timeliness and quality data, and the management of current BLS demand, thereby increasing EMS system effectiveness.

**CONVERT** the **Community Medical Technician (CMT)** and the **Efficiencies & Evaluation (E&E) Initiative** into the new **Mobile Integrated Healthcare (MIH) pilot**. Both CMT and E&E supported projects helping frequent and lower acuity callers and complex patients receive the most appropriate medical care. The Regional Services Subcommittee supported the BLS Subcommittee’s recommendation to redirect the two Initiatives into supporting the new MIH pilot, which will improve the quality of care and help manage the rate of growth of the system **(BLS Subcommittee Recommendation #5)**.

**INTEGRATE** the **BLS Training and QI Initiative**, formerly known as the BLS Lead Agency, into the BLS allocation. This Initiative better connects data review to training and improvement activities, increasing knowledge proficiency and collaboration. The Regional Services Subcommittee supported the BLS Subcommittee’s recommendation to move this Initiative into the BLS allocation, specifically for the sake of ease and streamlining BLS funding administration **(BLS Subcommittee Recommendation #2)**.
Appendix A: Proposed 2020-2025 Regional Services

Regional Services planned in the 2020-2025 levy, including converted Strategic Initiatives (SI), are as follows:

<table>
<thead>
<tr>
<th>TRAINING AND EDUCATION</th>
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<tbody>
<tr>
<td><strong>EMT TRAINING</strong></td>
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<tr>
<td>• Basic Training: Entry-level training to achieve WA State certification</td>
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<tr>
<td>• EMS Online Continuing Education (CE) Training: Web-based training to maintain/learn new skills and meet state requirements</td>
</tr>
<tr>
<td>• CBT Instructor Workshops: Training for Senior EMT instructors</td>
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<tr>
<td>• Regionalized Initial Training: Condensed training conducted zonally</td>
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<tr>
<td>• EMT Certification Recordkeeping: Monitor and maintain EMT certification records</td>
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<tr>
<td>• Strategic Training and Research (STAR) program: Training opportunities for traditionally under-represented students</td>
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<tr>
<td>• HIPAA for EMS Agencies: Use of Public Health Department’s HIPAA training tool</td>
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<td><strong>PARAMEDIC TRAINING</strong></td>
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<tr>
<td>• EMS Online Continuing Education modules: Web-based training to maintain skills, developed in coordination with UW Harborview Paramedic Training program</td>
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<td>• Harborview Series: Posting of “Tuesday Series” on EMS Online</td>
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<tr>
<td><strong>EMERGENCY MEDICAL DISPATCH (EMD) TRAINING</strong></td>
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<tr>
<td>• Basic Training: 40 hours entry level dispatch training</td>
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<tr>
<td>• Continuing Education: Four-hour in-class training to maintain skills/learn new skills</td>
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<tr>
<td>• EMS Online Continuing Education Training – Dispatch: Web-based training to maintain/learn new skills</td>
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<tr>
<td>• Advanced EMS Training: Advanced training to enhance key concepts (SI converted to RS for 2014-2019 levy)</td>
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<tr>
<td>• EMS Instructor Training: Instructor training for Criteria Based Dispatch</td>
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<tr>
<td><strong>CPR/AED TRAINING</strong></td>
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<tr>
<td>• Secondary School Students: Conduct CPR instructor training, purchase training supplies and equipment, train students</td>
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<tr>
<th>GROWTH MANAGEMENT</th>
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<tr>
<td><strong>INJURY PREVENTION</strong></td>
</tr>
<tr>
<td>• Fall Prevention for Older Adults: Home fall hazard mitigation and patient assessment (SI converted to RS for 2014-2019 levy, and scope enhanced)</td>
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<tr>
<td>• Child Passenger Safety Program: Proper car seat fitting and installation for populations not served by other programs</td>
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<tr>
<td>• Shape-up 50+ for a Healthy &amp; Independent Lifestyle: A community awareness campaign regarding exercise opportunities for seniors to prevent falls and injuries</td>
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<tr>
<td>• Targeted Age Driving: Safety interventions, include preventing driving and texting</td>
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<tr>
<td><strong>CRITERIA-BASED DISPATCH (CBD) GUIDELINES: CBD Revisions</strong>: Analysis to safely limit frequency that ALS is dispatched</td>
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<tr>
<td><strong>TRP/NURSELINE</strong></td>
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<tr>
<td>• TRP/Nurseline: Divert low-acuity BLS calls to Nurseline for assistance in lieu of sending a unit response</td>
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<tr>
<td><strong>BLS EFFICIENCIES</strong></td>
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<tr>
<td>• Taxi Transport Voucher: Transport patients at lower costs using taxis as an alternative to private ambulances</td>
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<tr>
<td>• Communities of Care: Evaluate 9-1-1 calls for services, and educate licensed care facilities on appropriate use of EMS resources</td>
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### 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

**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 pre-hospital care

**BLS TRAINING AND QI:** Review BLS care/effectiveness to improve patient care; feed into various training opportunities

**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

### 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 Stakeholders

### INDIRECT AND INFRASTRUCTURE

**INFRASTRUCTURE SUPPORT:** Infrastructure costs needed 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
RESOLUTION R-5378

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KIRKLAND
AUTHORIZING KING COUNTY TO PLACE BEFORE THE VOTERS A
COUNTRY-WIDE BALLOT PROPOSITION FOR FUNDING THE MEDIC
ONE/EMERGENCY MEDICAL SERVICES (EMS) LEVY FOR THE PERIOD
FROM JANUARY 1, 2020 THROUGH DECEMBER 31, 2025 PURSUANT TO
RCW 84.52.069.

WHEREAS, the delivery of emergency medical services is an
essential function and fire and life safety responsibility of local and
regional government; and

WHEREAS, the internationally recognized county-wide tiered
Medic One/EMS system in 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 Kirkland
to support and participate in the county-wide 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 county-wide 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 2020-
2025; and

WHEREAS, the highly regarded patient and program services of
the King County Medic One/EMS system are funded by a prior county-
wide six-year Medic One/EMS levy that expires December 31, 2019; and

WHEREAS, the King County EMS Advisory Task Force, created
through King County Executive Order PHL-0-1-EO, worked
collaboratively with regional King County EMS Stakeholders to develop
the Medic One/EMS 2020-2025 Strategic Plan for providing this county-
wide service, and recommends pursuit of a renewed Medic One/EMS
levy per RCW 84.52.069, with an initial levy rate of 26.5 cents per one
thousand dollars assessed property value in order to fund EMS
throughout King County for the next six years; and

WHEREAS, the City of Kirkland significantly 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 cities with a population greater than fifty thousand approve the county-wide levy proposal prior to placement on a ballot; and

WHEREAS, the Washington State Office of Financial Management estimates that as of April of 2018, the City of Kirkland has 87,240 residents, and Kirkland is therefore one of the cities in King County with a population greater than fifty thousand;

NOW, THEREFORE, be it resolved by the City Council of the City of Kirkland as follows:

SECTION 1. The City of Kirkland authorizes King County to place before the voters a proposed county-wide ballot proposition in 2019 for funding the Medic One/Emergency Medical Services levy for the period from January 1, 2020 through December 31, 2025 at an initial levy rate of 26.5 cents per thousand dollars of assessed property value.

Passed by majority vote of the Kirkland City Council in open meeting this _____ day of __________, 2019.

Signed in authentication thereof this ____ day of ______, 2019.

_______________________________
Penny Sweet, Mayor

Attest:

___________________________
Kathi Anderson, City Clerk