

DEPARTMENT: HEALTH

BY: C. B. MOSHER, MD, MPH, H.O.
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RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing the Chair to sign Declaration of Intent not to contract for Emergency Medical Services Appropriation (EMSA) Fiscal Year 2006-2007.

This Declaration of Intent (DOI) is annually executed and allows for the reimbursement of unpaid emergency services to physicians. Physicians eligible to receive these monies are those who are not paid on an employee or contractual basis at an Emergency Room and who depend upon reimbursement for services.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Historically, Mariposa County has not contracted to administer these funds for many years. The Health Department found the administration to be time consuming and costly to the County.

In the past, physicians in Mariposa County, for the most part, have not been eligible for any of these funds.

By declaring our intent "not to contract", the State will continue to administer these funds for Mariposa County. Eligible physicians will be able to access these funds.

The DOI enables the State to contract directly with local physicians and disburse available funds to reimburse local physicians for unpaid emergency medical care provided.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Direct the Health Officer to sign the Intent not to apply.
2. Direct the Health Officer to apply for and administer the EMSA Appropriation (not recommended).

Financial Impact? () Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes (X) No () Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		Declaration of Intent not to Contract.
Source:		
Internal Transfer		
Unanticipated Revenue	4/5's vote	
Transfer Between Funds	4/5's vote	
Contingency	4/5's vote	
() General () Other		

CLERK'S USE ONLY:

Res. No.: 16-480 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 () Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
 Attest: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California

By: _____
 Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments:

CAO: 