

RESOLUTION NO. 2019 - 26

A RESOLUTION GRANTING A FRANCHISE FOR THE OPERATION OF AN AMBULANCE SERVICE WITHIN THE CITY LIMITS OF THE CITY OF SEARCY, ARKANSAS, TO NORTHSTAR EMS, INC.; AND FOR OTHER PURPOSES

WHEREAS, NorthStar EMS, Inc., has served the City of Searcy, Arkansas, pursuant to the grant of a franchise to provide ambulance service; and

WHEREAS, NorthStar EMS, Inc., seeks to renew the said grant of the franchise pursuant to Chapter 5 of the Code of Ordinances of the City of Searcy, Arkansas; and

WHEREAS, the City Council of the City of Searcy, Arkansas, has reviewed the performance of NorthStar EMS, Inc., and made such other inquiries as it deems appropriate and has determined that the best interests of the City of Searcy, Arkansas, and its inhabitants will be served by granting a renewal of the franchise.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SEARCY, TO-WIT:

Section 1. NorthStar EMS, Inc. (“NorthStar”) is hereby granted a franchise for the operation of an ambulance service within the city limits of the City of Searcy, Arkansas, subject to the terms and conditions of Chapter 5 of the Code of Ordinances of the City of Searcy, Arkansas, and provisions of this Resolution.

Section 2. The franchise herein granted shall be for a term commencing as of the date of the passage of this Resolution and ending on that date which is five years thereafter.

Section 3. The rates for services associated with the provision of services by NorthStar are as set forth on Schedule 1, attached hereto and made a part hereof by this reference.

Section 4. NorthStar shall deliver patients to whom it provides services either: (i) to the hospital requested by the patient or the patient’s next-of-kin; or (ii) if no such direction is given, to the nearest hospital to the patient’s location.

Section 5. NorthStar shall provide periodic reports to the City Council regarding such matters as such Council, or any committee of the City Council, may from time to time request including, without limitation, records of emergency response times.

Section 6. NorthStar shall endeavor to arrive at the scene of all emergency calls within eight (8) minutes of any dispatch.

PASSED AND ADOPTED this 10th day of September, 2019.

/s/ Kyle Osborne
MAYOR OF SEARCY

ATTEST:

/s/ Jerry Morris
CITY CLERK

EXHIBIT A

NorthStar EMS Rate Schedule

ID	Description	Rates Effective	
		9/11/19	
402	2X2 DRESSING	\$	3.00
400	4X4 DRESSING	\$	3.00
401	8X10 ABD PADS	\$	3.00
403	ACE WRAP	\$	3.00
ADD	ADD FAMILY MEMBER	\$	20.00
500	ADENOSINE 6-12MG	\$	40.00
312	AIRWAY - ESOPHAGEAL	\$	75.00
314	AIRWAY - ET STYLETTE	\$	10.00
313	AIRWAY - ET TUBE	\$	30.00
311	AIRWAY - NASAL	\$	10.00
310	AIRWAY - ORAL	\$	10.00
A102	ALS EMERGENCY NO SPECIAL SKILL	\$	650.00
A0427	ALS EMERGENCY WITH ALS SERVICE	\$	650.00
111	ALS MILEAGE FEE	\$	15.00
m104	ALS NON EMER- NO SPEC SKILLS	\$	650.00
A104	ALS NON-EMER NO SPECIAL SKILLS	\$	650.00
A103	ALS NON-EMER W/SPECIAL SKILLS	\$	650.00
A0426	ALS NON-EMER WITH ALS SERVICES	\$	650.00
A0433	ALS2 EMER WITH ALS SERVICE	\$	650.00
308	ALUPENT	\$	25.00
ASPN	ASPIRIN	\$	1.00
501	ATROPINE 1MG	\$	10.00
315	BAG VALVE MASK	\$	30.00
503	BENADRYL 50MG DIPHENHYDRAMINE	\$	10.00
200	BLOOD GLUCOSE ANALYSIS	\$	10.00
A0429	BLS EMERGENCY NO SPEC SKILLS	\$	650.00
B111	BLS MILEAGE FEE	\$	15.00
405	BURN SHEET - STERILE	\$	10.00
406	CERVICAL COLLAR	\$	25.00
CHAR	CHARCOAL	\$	15.00
421	CID DISPOSABLE	\$	20.00
530	CLONIDINE	\$	2.00
423	COLD PACK-ICE PACK	\$	5.00
C101	CONTRACT BASE RATE	\$	175.94
CPAP	CPAP O2 MASK	\$	65.00
317	CRICOTHYROTOMY	\$	175.00
505	D50 (DEXTROSE 50%) 25G	\$	10.00
DISASTER	DISASTER CHARGE	-	
422	DISPOSABLE LINEN SET	\$	18.00
541	DOPAMINE INFUSION	\$	35.00
202	EKG 3-LEAD	\$	50.00
	EKG 12-LEAD	\$	75.00

A101	EMERGENCY ALS W/SPECIAL SKILLS	\$	650.00
408	EMESIS BAG	\$	3.00
509	EPINEPHRINE 1:10,000 1MG	\$	10.00
508	EPINEPHRINE 1:1000 1MG	\$	10.00
105	EXTRA ATTENDANT	\$	175.00
409	EYE PAD DRESSING	\$	1.00
CERTIFIED	FEE FOR CERTIFIED SMALL CLAIMS	\$	8.15
garnish	FEE FOR GARNISHMENT	\$	10.00
return	FEE FOR RETURN CHECK	\$	15.00
LIEN	FEE TO FILE MEDICAL LIEN	\$	15.00
cleb	FEE TO PROCESS CLEBURNE COUNTY	\$	50.00
proc-oc	FEE TO PROCESS OUT OF COUNTY	\$	75.00
PROCES	FEE TO PROCESS SMALL CLAIMS	\$	45.00
filing	FEE TO FILE SMALL CLAIMS	\$	65.00
	Fentanyl	\$	2.00
562	FLUID D5W 1000CC	\$	12.00
560	FLUID D5W 250 CC	\$	12.00
561	FLUID D5W 500CC	\$	12.00
564	FLUID LACTATED RINGERS 1000CC	\$	20.00
563	FLUID LACTATED RINGERS 500CC	\$	15.00
566	FLUID NORMAL SALINE 1000CC	\$	20.00
565	FLUID NORMAL SALINE 500CC	\$	15.00
410	FOIL DRESSING - STERILE	\$	5.00
999	GARNISHMENT	\$	15.85
GSF	GARNISHMENT SERVICE FEE	\$	4.79
510	GLUCAGON HCL PER 1 MG	\$	100.00
H111	HALF ALS MILEAGE FEE	\$	7.50
424	HEAT PACK	\$	5.00
511	INSTA-GLUCOSE ORAL GEL	\$	5.00
INTYEAR	INTEREST 6%	-	
INT	INTEREST PAID BY PAYOR	-	
571	IRRIGATION SOLUTION 1000CC	\$	15.00
570	IRRIGATION SOLUTION 500CC	\$	10.00
412	ISOLATION KIT	\$	25.00
542	ISUPREL INFUSION	\$	35.00
602	IV DIAL-A-FLOW REGULATOR	\$	10.00
600	IV DISPOSABLE SUPPLIES	\$	25.00
601	IV LINE MAINTENANCE	\$	25.00
413	KERLIX	\$	5.00
	Ketamine	\$	5.00
LABET	LABETALOL	\$	10.00
512	LASIX 40MG	\$	10.00
LATE	Late Pay Charge	-	
513	LIDOCAINE BOLUS 100MG	\$	15.00
543	LIDOCAINE INFUSION	\$	35.00
LA	LIFT ASSIST	\$	100.00
MEMF	MEMBERSHIP FAMILY	\$	55.00
MEMS	MEMBERSHIP SINGLE	\$	35.00
1	MEMBERSHIP SINGLE	\$	35.00

2	MEMBERSHIP-FAMILY	\$	55.00
A0425	MILEAGE	\$	15.00
MILEAGE3	MILEAGE IN THIRDS	\$	5.00
MISC	MISC- DAMAGE UNIFORM	\$	25.00
515	MORPHINE 10MG	\$	20.00
516	NARCAN 2MG	\$	35.00
517	NITRO-STAT TABLET	\$	1.00
80	NO PICK UP-CHARGED TRANSPORT	\$	100.00
A0888	NON-COVERED AMBULANCE MILEAGE	\$	15.00
T2002	NON-EMERGENCY ALS	\$	650.00
A0428	NON-EMERGENCY BLS NO SPECIAL	\$	650.00
414	OB DELIVERY KIT	\$	35.00
300	OXYGEN ADMINISTRATION	\$	45.00
OXYG	Oxygen Administration	\$	3.50
301	OXYGEN HUMIDIFIER	\$	3.00
303	OXYGEN NASAL CANNULA	\$	3.00
305	OXYGEN NON REBREATHER	\$	3.00
304	OXYGEN SIMPLE MASK	\$	3.00
302	OXYGEN SUPPLY TUBING	\$	3.00
307	OXYGEN UPDRAFT HANDHELD	\$	5.00
306	OXYGEN UPDRAFT MASK	\$	3.00
518	PHENERGAN 25MG	\$	10.00
415	POISON ANTIDOTE KIT	\$	10.00
ptm-	PRIME TIME NO DISCOUNT	\$	5.00
700	PROCEDURE - CHEST DECOMPRESS	\$	175.00
701	PROCEDURE - CHILDBIRTH	\$	300.00
702	PROCEDURE - EXTRICATION	\$	150.00
705	PROCEDURE - M.A.S.T.	\$	165.00
706	PROCEDURE - PACEMAKER	\$	100.00
707	PROCEDURE - SUCTION	\$	30.00
708	PROCEDURE - TRACTION SPLINT	\$	50.00
704	PROCEDURE-LIMB SPLINT/S.A.M.	\$	20.00
201	PULSE OXIMETER	\$	10.00
RETURNCK	RETURN CK FEE	\$	15.00
524	SODIUM BICARB 50MEQ	\$	10.00
	Solumedrol	\$	12.00
710	SPINAL IMMOBILIZATION	\$	50.00
417	SPLINT - RIGID/WIRE	\$	20.00
418	SPLINT - S.A.M. SPLINT	\$	20.00
419	TRAUMA DRESSING	\$	3.00
420	TRIANGULAR BANDAGE	\$	3.00
526	VALIUM (DIAZEPAM) 10MG	\$	20.00
316	VENTILATOR TUBE CIRCUIT	\$	40.00
	Versed	\$	3.00
130	WAITING TIME 1/2 HR INCRIMENTS	\$	65.00
523	XOPENEX	\$	4.00
ZOF	ZOFRAN 4MG	\$	4.95