



Memorandum

TO: HONORABLE MAYOR
AND CITY COUNCIL

FROM: Robert Sapien, Jr.

SUBJECT: Fire Department Emergency
Medical Services First
Responder Fee Program

DATE: March 5, 2025

Approved

Date:

3/12/2025

COUNCIL DISTRICT: Citywide

RECOMMENDATION

- (a) Approve the implementation of a First Responder Fee Program effective January 1, 2026.
- (b) Approve the First Responder Fee Program Communication Plan.

SUMMARY AND OUTCOME

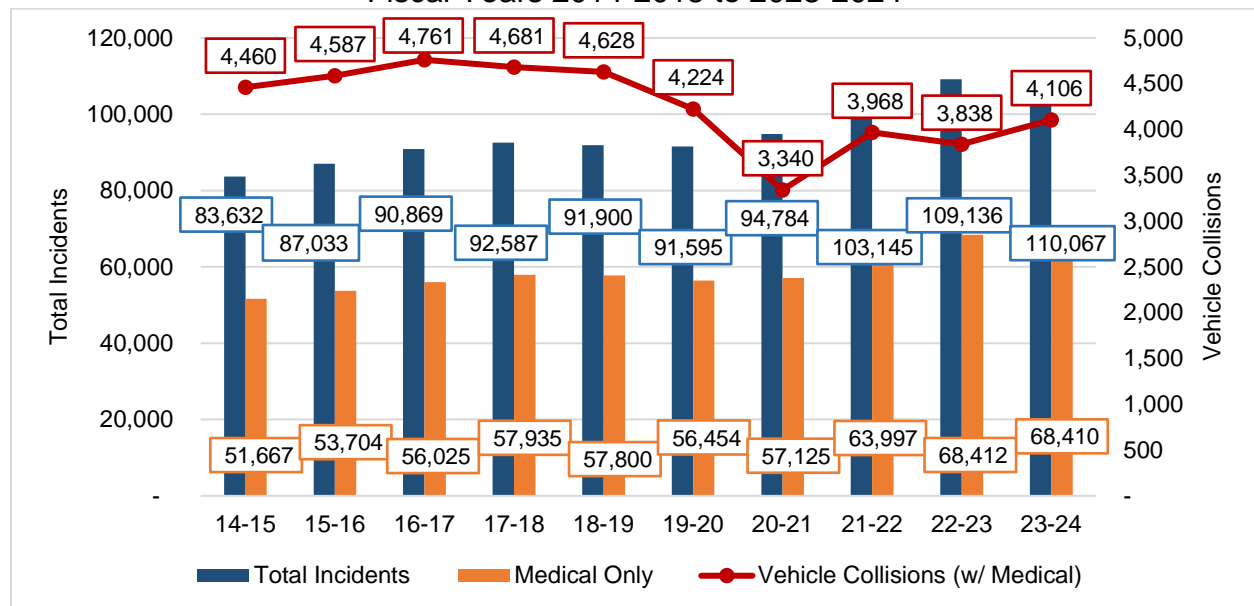
This memorandum provides the Mayor and City Council a status update on the Fire Department's ongoing efforts towards establishing a First Responder Fee Program and seeks approval from the City Council for the implementation of a First Responder Fee Program effective January 1, 2026 and a Public Communications Plan that will provide notification and information to the San José residents about the fee program.

BACKGROUND

The Fire Department's (Department) mission is to protect life, property, and the environment through prevention and response through an All-Hazards response strategy for the San José community. Department response personnel are trained and equipped to initiate control measures and/or take mitigation actions against all hazards threatening the community. Disciplines include fire suppression in all environments, hazardous materials releases, rescue in all environments, and emergency medical services (EMS). The Department's EMS have evolved to meet the standard of care established across pre-hospital EMS care providers throughout the nation. The Department provides Emergency Medical Dispatch, Advance Life Support (ALS), Basic Life Support, and in limited circumstances, ALS ambulance transport EMS to protect lives in the community against illness, disease, and traumatic injury. All Department

sworn personnel are required to maintain Emergency Medical Technician certification or paramedic licensure. Demand for emergency medical care accessed through the 9-1-1 system has increased steadily and significantly over many years, including a marked and persistent post-COVID-19 increase. Chart 1 below reflects total incident, medical only, and vehicle only incident volumes for the prior ten years. Over the ten-year period reflected, medical only incidents averaged 62% of total incidents. It is important to note that “medical only” incidents are a subset of a greater number of incidents where EMS are delivered. For example, a response to vehicle accidents, fires, hazardous materials releases, and other hazardous conditions would not be categorized as “medical only” response but frequently require EMS to be rendered.

**Chart 1: Annual Total Incidents, Medical Responses, and Vehicle Collisions
Fiscal Years 2014-2015 to 2023-2024**



The Department plays a critical role in the emergency/prehospital care segment of the continuum of medical care in the community. Fire-based first responder emergency medical services are a critical component of emergency medical care because of the around-the-clock citywide deployment and because firefighters, solely, are trained and equipped to engage in hazardous environments, effect rescues, suppress fires, decontaminate patients exposed to hazardous materials, and other scene mitigations, all towards accessing patients and initiating care at the earliest possible moment. For example, a victim on a steep hillside requiring bone fracture stabilization and rope rescue can be safely accessed, treated in place, rescued, and packaged for transport in a single operation by the same Department responders.

Fire-based emergency medical services are well-aligned with the Department's mission and have been increasingly relied upon by the community. The increasing demand for emergency medical care and the evolving standard of care also results in increasing

cost for providing services. In fact, the Department estimates that costs directly related to providing emergency medical services represent approximately 16% of the Department's total operating budget. To ensure sustainability of services, the Department sought to evaluate how fire services across California are addressing sustainability and cost recovery for emergency medical services. In this evaluation, the Department found that 23 agencies in California have implemented *First Responder User Fee* programs, pursuing cost recovery for lawfully billable emergency medical services, most with "compassionate billing" policies to address community financial hardship concerns.

Evolution of the Fire and Rescue Services

The EMS service delivery system in the City of San José is typical of many similar communities where the Department maintains emergency medical care capabilities across all field resources, leveraging its deployment to provide value added services from 34 fire stations throughout the City. Prior to 1995, the Department provided basic life support level of care with each sworn staff member maintaining an emergency medical technician certification. First responders provided initial scene control, patient care and stabilization and 9-1-1 system ambulance providers responded with paramedics to provide advanced life support level of care.

In 1995, the Department began providing advanced life support care, quickly expanding citywide by assignment of emergency medical technicians and a Firefighter/Paramedic on every frontline company, a service model that was becoming increasingly common across California. Today, with first responder paramedics trained and equipped to deliver a scope of practice that includes endotracheal intubation, intravenous therapy, administration pain pain/therapeutic medications, electrocardiogram analysis, synchronized cardioversion, manual defibrillation, and differential diagnosis – the Department is able to initiate advanced life support care independent of the 9-1-1 ambulance provider's arrival.

The Department inaugurated its comprehensive report on its EMS delivery to the Public Safety, Finance and Strategic Support Committee on April 20, 2023; and reported back to the Public Safety, Finance and Strategic Support Committee on March 21, 2024, with an updated *Annual Fire Department Emergency Medical Services Report*¹, providing background on EMS services delivered by the Department's first responders trained to provide emergency medical care. The latest report described the Department's EMS delivery within San Jose and expanded the report to cover observations within the greater Santa Clara County area, including introductory concepts of "First Responder Funding".

¹ <https://sanjose.legistar.com/View.ashx?M=F&ID=12771238&GUID=BAE4CFB4-F09C-4F2B-AC58-D23AA720B0E7>

California Lawful Billing Legislations

As the demand for specialized emergency medical care steadily increased, legislation has now evolved in the State of California to authorize jurisdictions, such as the City of San José, to impose a fee for emergency medical care.

- 1) **California Constitution, Article XI, Section 7²**: Grants charter cities the authority to have “police powers” to create and enforce local ordinances and regulations, such as police, sanitary, and medical response, so long as they do not conflict with general laws.
- 2) **California Health and Safety Code Section 13916(a)³**: Jurisdictions are permitted to charge a fee to cover the cost of any provided service or enforcing any regulation for which the fee is charged.
- 3) **Proposition 26 amended California Constitution, Article 13A, Section 3(b)(2)⁴**: Allows for a fee to be imposed for a specific government service provided directly to the payor that is not provided to those not charged and does not exceed reasonable costs for providing the service. Examples include user fees for utilities, public records copying fees, emergency medical care and ambulance transport service fees, recreation classes, and transit fees to name a few.

As permitted under these codes, these fees present a cost recovery process for emergency medical care by first responders that is not covered by taxes. It has become a common practice for fire agencies across California to fund the enhanced paramedic level of service through a user fee.

A First Responder Fee Program can be described as an opportunity for a fire department to recoup specific costs incurred while providing emergency medical care. These costs can be recovered only after the department has provided emergency medical care to a patient. The fee for the emergency medical care can be claimed by a fire department from an outside agency that compensates for emergency transport or treatment services. It is important to note that this fee is distinct and cannot overlap with transport reimbursement; it is solely for the cost incurred in assisting with emergency medical treatment of patients.

Additionally, the *Code of Federal Regulations Title 42, §414.605⁵* provides clear definition on ALS activities to be furnished by first responders trained in emergency response care in accordance with state and local laws. These definitions span from specific assessments that authorizes an ALS-level response (e.g., transportation by

² https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=CONS§ionNum=SEC.%207.&article=XI

³ https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=13916

⁴ https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=CONS§ionNum=SEC.%203.&article=XIII%20A

⁵ <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-H/section-414.605>

ground ambulance vehicle, medically necessary supplies and services, etc.) and first responder qualifications to conduct emergency medical care procedures. As such, the City is positioned to bill for emergency response care under a cost-recovery program for medical care provided to a specific individual that is differentiated from a general service.

California Fire Agency Fee Comparisons

Since the inception of the California Health and Safety Code Section 13916, several fire agencies throughout California have instituted versions of First Responder Fee Program. Like San José, many of these municipalities are charter cities. Represented in Table 1 below are some notable fire agencies that are charging fees akin to a First Responder Fee Program, including Alameda Fire Department, Anaheim Fire and Rescue Department, Long Beach Fire Department, San Francisco Fire Department, and Sacramento Fire Department, with the City of Alameda having implemented its First Responder Fee Program in 1991, shortly after the California Health and Safety Code Section 13916 was established.

Table 1: Sampling of Charter City Fire Agencies

Agency	Population	Fee	First Responder Fee	Vehicle Collision Response Fee
Alameda Fire Department	78,614	\$393	Y	Y
Anaheim Fire and Rescue Department	347,000	\$439	Y	Y
Folsom Fire Department	84,782	\$225	Y	
Long Beach Fire Department	449,468	\$250	Y	
Napa Fire Department	77,492	\$338	Y	
Roseville Fire Department	159,135	\$386	Y	
Sacramento Fire Department	526,384	\$321	Y	
San Francisco Fire Department	843,071	\$567	Y	
Vallejo Fire Department	122,807	\$561	Y	

First Responder Fee Programs have become increasingly prevalent amongst fire agencies across California, with a specific emphasis of collecting from commercial and private payer medical insurance, and automobile insurance. Commercial and private insurance companies already have established billing policies to cover this fee type on behalf of their insured party. For example, responses to an emergency incident where EMS care is rendered, the commercial or private payer medical insurance would be the payer source for the first responder fee. In this case, responders will attempt to obtain medical insurance to collect the first responder fee. Similarly, most automobile insurance companies already have policies that include coverage for medical expenses.

For instance, responses to vehicle collisions where EMS care is rendered, the automobile insurance would be the payer source for the vehicle collision response fee. In this case, responders will attempt to obtain automobile insurance information to collect the vehicle collision response fee. In either scenario, the Department will only pursue one fee segment per incident.

Compassionate Billing

To address the financial hardships that these fees can impose, many municipalities implement compassionate billing policies. These policies aim to balance cost recovery with sensitivity to individuals' financial circumstances. Many of the agencies have used the following methods to relieve the uninsured, at-risk, and vulnerable members of the community.

- 1) **Hardship Waivers:** Individuals experiencing financial difficulties may apply for hardship waivers, which can reduce or eliminate fees based on income thresholds and specific hardship criteria.
- 2) **Flexible Payment Plans:** Payment plans with extended timelines and reduced installment amounts help make fees more manageable for those facing economic challenges.
- 3) **Fee Forgiveness Programs:** In cases involving extraordinary circumstances, such as natural disasters or severe medical emergencies, full or partial fee forgiveness may be granted.
- 4) **Proactive Outreach:** Billing departments may engage in proactive outreach to identify individuals who could benefit from these programs, ensuring that assistance is accessible and well-publicized.

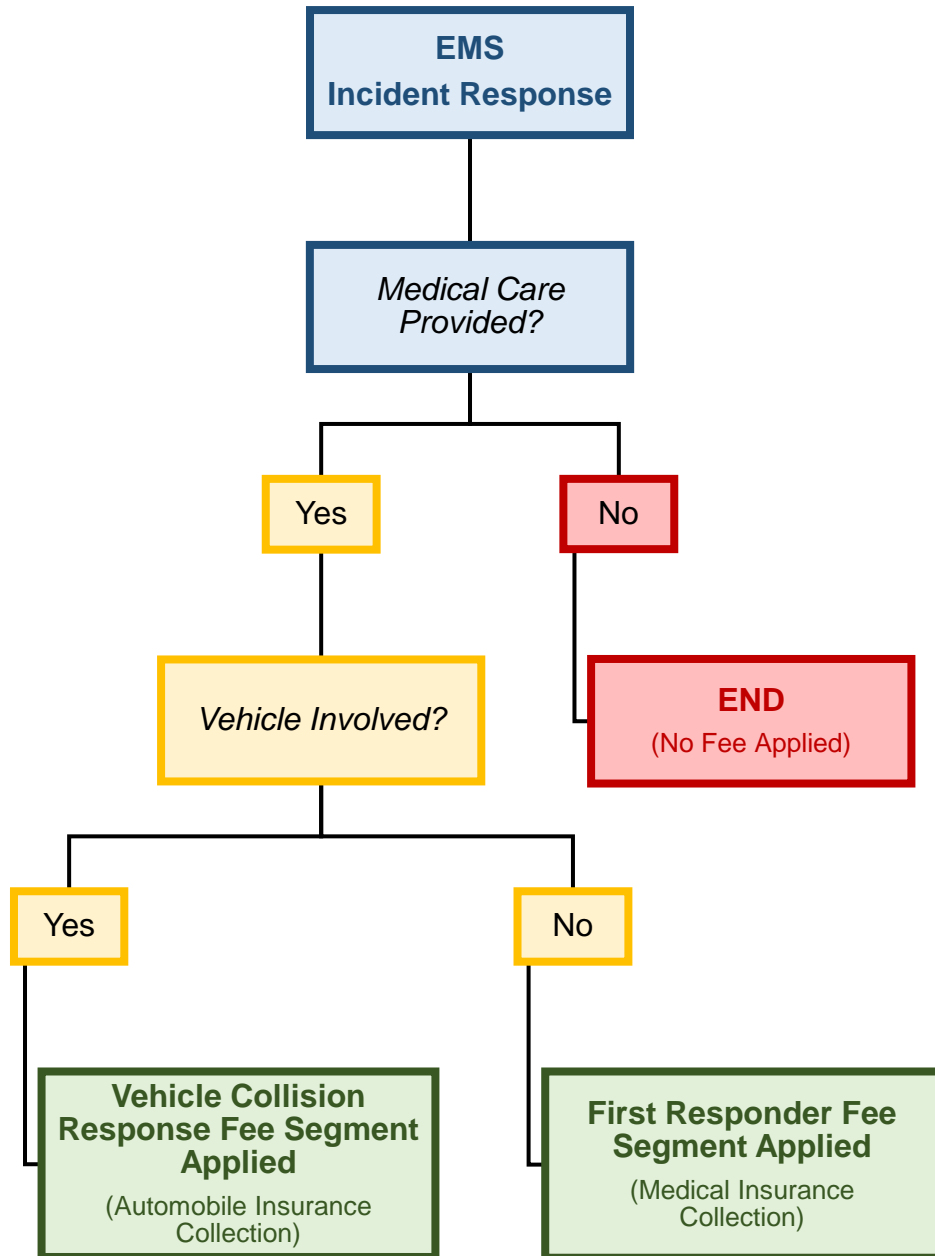
It is the intention of the Department to implement policy consistent with these principles to make multiple options available to protect our most vulnerable community members from being adversely affected by the fees.

ANALYSIS

Through lawfully billable services, as authorized by California Constitution, Article XI, Section 7, California Health & Safety Code Section 13916(a), California Constitution, Article 13A, Section 3(b)(2), the Department is recommending the implementation of a First Responder Fee Program fee for emergency medical care provided by first responders effective January 1, 2026. There are two fee segments within the Fire Responder Fee Program that may be administered through medical insurance to collect the first responder fee or automobile insurance to collect the vehicle collision response fee. The standard fee applies in both instances when emergency medical treatment is

provided to the patient. Diagram 1 below demonstrates a process flow map of how the fee will be administered. The initial preliminary fee is estimated at approximately \$427 with the final initial fee amount being recommended as part of the 2025-2026 Proposed Operating Budget.

Diagram 1: Fee Administration Process Flow Map



Fee Calculation

A preliminary initial per incident fee rate was calculated using baseline data from 2021-2022 direct and indirect personal services and non-personal/equipment (i.e., equipment, supplies, maintenance, fuel) costs associated with providing emergency medical care (\$49,374,590), plus proposed staffing resources and third-party billing vendor fee (\$913,172), divided by the number of emergency medical response incidents from 2021-2022 (63,997).

$$\$49,374,590 + \$913,172 / 63,997 = \underline{\$785.78}$$

The Department analyzed similar emergency response fees across 23 fire agencies within the State of California and are estimating an initial fee level that is based on the average of these agencies: \$427 per incident – amounting to approximately 54% of the calculated per incident rate (or cost-recovery rate). The final recommended fee will also likely be close to the 50-55% cost recovery level. This final initial fee amount will be recommended as part of the 2025-2026 Proposed Operating Budget.

Payer Mix

A payer mix is the percentage of patients in a healthcare organization who are covered by different sources of payers. The four primary payer sources typically include Medicare or Medi-Cal, commercial insurance, and private payers. The payer mix matrix in Table 2 displays the percentage and quantity of responses for each payer source. This matrix or payer mix was provided by the Santa Clara County Emergency Medical Services model. The figures shown in Table 2 provides emergency medical responses that resulted in patient ambulance transport to a local hospital emergency room. Because the payer mix demographics across the entire County of Santa Clara are proportionately different to the City of San José alone, the matrix should be viewed as a rough representation of what the First Responder Fee Program applied to City of San José emergency medical response volume and payer mix could yield.

Table 2: Payer Mix Matrix

Payer Source	Qty. of EMS Responses	%
Medicare	22,146	43%
Medi-Cal	14,936	29%
Commercial Insurance	7,725	15%
Private Pay	6,695	13%
Total	51,502	100%

Estimated Revenue

Based on the pay mix noted above, it is assumed revenue will primarily be collected through commercial and private pay medical insurance, and automobile insurance. As shown in Table 3, based on industry experience, the collection rate for commercial insurance is about 80% and 3% for private pay medical insurance, and roughly 80% of revenue from automobile insurance, yielding an estimated projected annual revenue of \$4.0 million at the preliminary \$427 initial fee level. The final initial fee and associated annual revenue will be recommended as part of the 2025-2026 Proposed Budget. It should be noted that in year one, the estimated revenue would be prorated for 6 months as the fees would be implemented starting January 1, 2026, if approved.

Table 3: Estimated Revenue Based on Primary Fee Type at Preliminary \$427 Initial Fee Level (Final Initial Fee Level to be Recommended in 2025-2026 Proposed Budget)

Fee Types	Payer	Qty. of EMS Responses	Billing Rate	Potential Annual Revenue	Anticipated Collection Rate	Estimated Annual Revenue
First Responder Fee	Commercial Medical Insurance	7,725	\$427	\$3,298,575	80%	\$2,638,864
	Private Pay	6,695	\$427	\$2,858,765	3%	\$85,763
Vehicle Collision Response Fee	Commercial Automobile Insurance	3,968	\$427	\$1,694,339	80%	\$1,355,471
Estimated Annual Revenue						\$4,080,098
Year One Prorated Starting January 1, 2026						\$2,040,049

Billing and Collections

The Department would establish an agreement with a third-party agency to perform billing and collection of revenue for the first responder and vehicle collision response fees. Assembly Bill 716⁶ was codified to *Health and Safety Code Section 1371.56*⁷ and may apply in certain instances when services are provided to a person who is an enrollee of a covered insured plan and receives care that fits within the limitations that are enumerated under this section.

Should a customer have an unpaid bill beyond the established due date, the City of San José Finance Department’s Revenue Collections Procedures would be followed in alignment with San José City Charter Section 806(b)⁸. Additionally, the Department intends to bring forward an ordinance to establish a compassionate billing policy that would be subject to City Council approval in June 2025. The approach to

⁶ https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB716

⁷ [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-010CoverageofGroundAmbulanceServicesProvidedbyaNoncontractedProvider(6_13_2024).pdf)

[010CoverageofGroundAmbulanceServicesProvidedbyaNoncontractedProvider\(6_13_2024\).pdf](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-010CoverageofGroundAmbulanceServicesProvidedbyaNoncontractedProvider(6_13_2024).pdf)

⁸ <https://www.sanjoseca.gov/home/showpublisheddocument/95973/638574336991130000>

compassionate billing policies varies among agencies that have implemented a First Responder Fee Program. Some have adopted the widely used approach of applying principles of a “financial hardship” type waiver process where the billed party is able to request a fee waiver based on the inability to pay. The Fire Chief/Administration of several of the municipalities simply waives the fee whenever requested, while others require financial documentation to justify the waivers. The Center for Medicare Services (CMS) has established guidelines that influence compassionate billing practices, particularly concerning Medicare and Medicaid beneficiaries.

- 1) **Financial Hardship Criteria:** CMS requires that providers offering financial assistance programs clearly define the criteria for financial hardship, ensuring consistent and equitable application.
- 2) **Charity Care Policies:** Providers receiving Medicare and Medicaid funds are encouraged to implement charity care policies that align with CMS standards, promoting access to emergency services regardless of an individual’s ability to pay.
- 3) **Transparency Requirements:** CMS mandates transparency in billing practices, including clear communication about the availability of financial assistance programs and the process for applying.
- 4) **Prohibition of Discriminatory Practices:** Compassionate billing policies must be applied equitably, without discrimination based on race, ethnicity, gender, disability, or other protected characteristics.
- 5) **Patient Rights and Protections:** CMS enforces patient rights regarding billing, including the right to receive information about financial assistance and to appeal billing decisions related to compassionate billing policies.

Staffing Resources

If the City Council approves moving forward with the implementation of the First Responder Fee Program, appropriate sworn and civilian staffing support would be required to ensure the success of the program and will be brought forward as part of the 2025-2026 Proposed Budget development process.

A dedicated, sworn administrative staffing assignment would provide direct oversight of the field operations for this program, ensuring frontline personnel are properly trained and adhering to the protocols of the program, developing policies and standard operating procedures for EMS staff, overseeing program impacts to field operations, providing technical support for electronic patient care report completion, and quality assurance for accurate documentation of services rendered to ensure maximum revenue collection. A civilian position would serve to provide program oversight and

revenue management for the First Responder Fee Program, annual development of the fee schedule and ordinance resolutions, daily fee revenue processing, Medicare/MediCal account management, fee program analytics and performance metrics, creating policies and standard operating procedures, and end to end coordination from response services through the third-party vendor that will perform the billing services.

Implementation Timeline

In preparation of the implementation of a First Responder Fee Program on January 1, 2026, if approved, the Department prepared a thoughtful schedule to ensure appropriate action items would be addressed in a timely manner (Table 4). Information dispersal will be the foundation of the timeline over the next several months, devoting significant time towards providing online, print, and in-person, platforms for community education and information sharing; and delivering hands-on and computer-based training for frontline Department personnel. Expanded details of the comprehensive Communication Plan and EMS Training Plan would address these objectives further in this memorandum. Additionally, the Department would work collaboratively with the City Manager’s Budget Office to align with the established annual budget process, submitting the recommended staffing needs and final fee level through the 2025-2026 Proposed Operating Budget and 2025-2026 Proposed Fees and Charges Report, and with the City Attorney’s Office to establish an ordinance to collect fees for first responder emergency medical care for City Council approval in June 2025.

Table 4: Proposed First Responder Fee Program Implementation Timeline

Action Item	Completion Timeframe
City Council Approval of First Responder Fee Program and Implementation and Public Communications Plan	March 25, 2025
Communications Plan (Phase 1): Public Announcement and Information Dissemination	March – April 2025
City Council Approval: FY 2025-2026 Operating Budget and Fees and Charges	June 2025
City Council Approval: Medical Emergency First Responder Services and Fee Collection Ordinance	June 2025
First Responder Fee Program Effective	July 2025
Communications Plan (Phase 2): Community Education and Internal Training	July – October 2025
Communications Plan (Phase 3): Final Preparations	December 2025
First Responder Fee Program Implementation (First Responder Fee and Vehicle Collision Response Fee)	January 2026
Communications Plan (Phase 4): Implementation of the First Responder Fee Program	January 2026

Public Communications Plan

Leading up to the implementation of the First Responder Fee Program, the Department developed a comprehensive communications plan that extends over period of 10 months, divided into four distinct phases (Attachment 1 – Draft First Responder Fee Program Communication Plan). The purpose of this plan is to inform the community, address potential misconceptions, and build public trust through a combination of digital communications and direct community engagement.

- 1) **Phase One (March – April 2025):** Formally introduces the First Responder Fee Program with a media advisory and provides transparent, accessible information through a dedicated website, multilingual brochures, and a robust FAQ page.
- 2) **Phase Two (July – October 2025):** Focuses on public education and internal readiness, including in-person community information sessions, distributing brochures, and equipping firefighters with guides to address public inquiries.
- 3) **Phase Three (December 2025):** Prepares for the fees' implementation by reminding residents of the impending changes via social media, finalizing personnel training, and ensuring website information is accurate.
- 4) **Phase Four (January 2026):** Officially launches the fees, monitors community feedback to address concerns promptly, and evaluates the communications plan's effectiveness for future improvements.

This phased approach ensures transparency, education, and community engagement at every step. By implementing this plan, the Department aims to strengthen public awareness of the vital services these fees will help sustain.

The Department is finalizing a resource page with Frequently Asked Questions (Attachment 2 – Draft First Responder Fee Program FAQs), to which members of the public can access regarding the First Responder Fee Program, if approved.

EMS Training Plan

A key element of a successful cost recovery program is appropriate incident documentation to include the gathering of pertinent insurance information to bill the insurance carrier. To accomplish this with a high degree of accuracy, a training plan would be implemented by the Department's Bureau of EMS & Training – Training Division. The training delivery will use a combination of online training modules through the Department's Vector Solutions platform. This will be complimented with a patient charting "guide" that will provide the key charting components required to ensure optimal collection of the fees.

Racial and Social Equity Impact Analysis

The First Responder Fee Program can raise significant concerns regarding healthcare equity, as they can disproportionately affect vulnerable populations including the aging, low-income and unhoused populations. The development and delivery of these fees would be carefully approached with these key areas in mind as the Department moves towards implementation.

- 1) **Disparities in Access:** Individuals from low-income communities, racial and ethnic minorities, and uninsured populations are more likely to face barriers in accessing emergency services due to the fear of incurring high fees.
- 2) **Exacerbation of Health Inequities:** High fees can discourage timely medical intervention, leading to worse health outcomes for disadvantaged groups, thereby deepening existing health disparities.
- 3) **Geographic Inequities:** Underserved areas and populations may experience higher first responder fees due to limited funding, compounding inequities in access to emergency care.
- 4) **Impact on Chronic Conditions:** People with chronic health conditions, who may require frequent emergency services, are at greater financial risk, creating a cycle of debt and poor health outcomes.

As described earlier in this memorandum, the Department is committed to deploying a compassionate billing policy that will be reinforced by Section 608⁹ of the San José City Charter.

EVALUATION AND FOLLOW-UP

The Administration will bring forward the final recommended fee amount and associated revenues and staffing additions for City Council consideration and approval as part of the City Manager's 2025-2026 Proposed Operating Budget and the Fees and Charges Report in May. If approved, the fee program and fee amount will be analyzed and adjusted annually with City Council approval, as appropriate, as part of each year's budget process. Additionally, the Department will return to the Public Safety, Finance and Strategic Support Committee and incorporate the status of the First Responder Fee Program activities in its annual Emergency Medical Services Annual Report.

⁹ <https://www.sanjoseca.gov/home/showpublisheddocument/95973/638574336991130000>

COST SUMMARY/IMPLICATIONS

As discussed above, a preliminary fee amount of \$427 is expected to generate annual revenue of approximately \$4.0 million. If approved, the fee will be adjusted each year as part of the annual budget process and the actual collected amount will vary based on activity levels and collection rates. This revenue help to partially offset Fire Department operational costs, including equipment replacement, emergency apparatus replacement, and expansion of emergency services as the new Measure T funded facilities come online over the next few years. For example, the ongoing costs necessary to operate new Fire Stations 32 and 36 are estimated at \$16 million by 2029-2030.

COORDINATION

This memorandum was coordinated with the City Attorney's Office, City Manager's Budget Office, and the Finance Department.

PUBLIC OUTREACH

This memorandum will be posted on the City's Council Agenda website for the March 25, 2025 City Council meeting.

COMMISSION RECOMMENDATION AND INPUT

No commission recommendation or input is associated with this action.

CEQA

Not a Project, File No. PP17-009, Staff Reports, Assessments, Annual Reports, and Informational Memos that involve no approvals of any City action.

PUBLIC SUBSIDY REPORTING

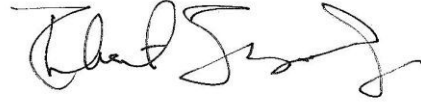
This item does not include a public subsidy as defined in section 53083 or 53083.1 of the California Government Code or the City's Open Government Resolution.

HONORABLE MAYOR AND CITY COUNCIL

March 5, 2025

Subject: Fire Department Emergency Medical Services First Responder Fee Program

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A handwritten signature in black ink, appearing to read "Robert Sapien, Jr.", written in a cursive style.

ROBERT SAPIEN, JR.
Fire Chief, Fire Department

For questions, please contact Steve Boughey, Deputy Fire Chief, at steve.boughey@sanjoseca.gov or (408) 794-6997.

ATTACHMENTS

- 1) Draft First Responder Fee Program Communications Plan
- 2) Draft First Responder Fee Program FAQs

**ATTACHMENT 1
SAN JOSÉ FIRE DEPARTMENT
FIRST RESPONDER FEE PROGRAM COMMUNICATIONS PLAN**

PHASE 1: PUBLIC ANNOUNCEMENT AND INFORMATION DISSEMINATION

Objective: To formally introduce the First Responder Fee Program, provide transparent information, and address potential concerns proactively.

MONTH	TASK	AUDIENCE	STATUS
March 2025	Draft a media advisory announcing the First Responder Fee Program implementation.	Local media outlets; general public	
March 2025	Build dedicated website pages detailing the fee structure, purpose, and benefits.	General public; online visitors	
March 2025	Complete a comprehensive FAQ section addressing common concerns and questions.	Community members seeking detailed information	
April 2025	Develop informational brochures in multiple languages.	English and non-English-speaking residents; diverse community groups	

**ATTACHMENT 1
SAN JOSÉ FIRE DEPARTMENT
FIRST RESPONDER FEE PROGRAM COMMUNICATIONS PLAN**

PHASE 2: COMMUNITY EDUCATION AND INTERNAL TRAINING

Objective: To educate the community thoroughly, ensure internal staff are well-informed and prepared to discuss the program, and foster open communication channels with residents.

MONTH	TASK	AUDIENCE	STATUS
July 2025	Begin organizing in-person community information sessions to explain the fee and its benefits.	Local residents; community leaders	
July 2025	Distribute informational brochures in multiple languages to libraries and community centers.	Non-English-speaking residents; diverse community groups	
September 2025	Conduct training sessions for firefighters on the First Responder Fee Program.	Fire Department personnel	
October 2025	Develop a quick-reference guide for firefighters to address public inquiries during calls.	Fire Department personnel	

**ATTACHMENT 1
SAN JOSÉ FIRE DEPARTMENT
FIRST RESPONDER FEE PROGRAM COMMUNICATIONS PLAN**

PHASE 3: FINAL PREPARATIONS

Objective: To reinforce awareness about the fee's commencement and ensure both the public and internal staff are fully prepared for the implementation.

MONTH	TASK	AUDIENCE	STATUS
December 2025	Send reminders through social media about the upcoming fee implementation.	General public	
December 2025	Ensure all informational materials are up-to-date and accessible on the website.	General public; online visitors	
December 2025	Confirm that all Fire Department personnel have completed training and have necessary resources.	Fire Department personnel	

ATTACHMENT 1 SAN JOSÉ FIRE DEPARTMENT FIRST RESPONDER FEE PROGRAM COMMUNICATIONS PLAN

PHASE 4: IMPLEMENTATION OF FIRST RESPONDER FEES

Objective: To ensure a smooth implementation of the fee, maintain open lines of communication with the community, and assess the success of the outreach efforts.

MONTH	TASK	AUDIENCE	STATUS
January 2026	Monitor community feedback and address any concerns promptly.	General public; community stakeholders	
January 2026	Evaluate the effectiveness of the communications plan and make adjustments as needed.	SJFD Senior Staff	

Key Considerations:

- **Transparency:** Clearly communicate that the First Responder Fee Program is designed to recover costs for advanced EMS services.
- **Community Engagement:** Actively involve community leaders and stakeholders in the information sessions to build trust and foster community support.
- **Multilingual Outreach:** Ensure all materials are accessible in the predominant languages spoken within the community to reach a broader audience.
- **Internal Preparedness:** Equip all department personnel with the knowledge and resources to effectively communicate the purpose and details of the FRF to the public.

**ATTACHMENT 2
SAN JOSÉ FIRE DEPARTMENT
FIRST RESPONDER FEE PROGRAM FAQs**

Q: What is a First Responder Fee Program?

A: A First Responder Fee Program is designed to offset the cost of advanced medical services provided by first responders. This fee is permitted under:

- [California Constitution, Article XI, Section 7](#)
- [California's Health & Safety Code Section 13916](#).
- [Proposition 26 amended California Constitution, Article 13A, Section 3\(b\)\(2\)](#)

Q: Why are First Responder Fees being charged?

A: First Responder Fees are necessary because fire departments, traditionally focused solely on fire suppression, have expanded to respond to medical emergencies, which involve significant costs for personnel, equipment, and supplies. These fees help ensure our fire department can continue delivering life-saving care during medical emergencies.

Q: Aren't my taxes already paying for these services?

A: While revenue from taxes fund basic fire protection and emergency services, it doesn't fully cover the costs of providing advanced EMS, such as life-saving medical equipment and paramedic training. The First Responder Fee helps fill this funding gap to maintain high-quality care for our community.

Q: Why did I receive a bill for a First Responder Fee?

A: You received an invoice because paramedics responded to a 9-1-1 call made for you or on your behalf, during which an EMS assessment or treatment was provided. The bill was sent directly to your insurance company and the copy you received is for information only. If your insurance information wasn't collected at the time of treatment, you'll need to provide it to the billing service listed on the invoice.

Q: Am I personally responsible for paying this fee?

A: Typically, no. Most health insurance plans cover this fee. If your insurance information wasn't collected at the time of treatment, you'll need to provide it to the billing service listed on the invoice.

Q: What happens if I don't have health insurance?

A: If you don't have health insurance, inform the billing service listed on your invoice. The City of San José has a compassionate billing policy that may reduce or completely waive fees for uninsured patients experiencing financial hardship.

Q: What about Medi-Cal or Medicaid beneficiaries?

A: The City of San José does not bill individuals for any portion of the fee that these programs don't cover.

**ATTACHMENT 2
SAN JOSÉ FIRE DEPARTMENT
FIRST RESPONDER FEE PROGRAM FAQs**

Q: How will the City bill for First Responder Fees?

A: A bill will be sent by a third-party billing service to the patient's insurance provider. If the patient does not have medical insurance, the patient will be billed directly. The City of San José has a compassionate billing policy that may reduce or completely waive fees for uninsured patients experiencing financial hardship.

Q: Why am I receiving a second bill when I was already billed for ambulance transport?

A: The First Responder Fee is separate from the ambulance transport fee. While the ambulance transport fee covers the cost of transporting you to a medical facility, the First Responder Fee accounts for the advanced medical care provided by the fire department at the scene of the emergency.

Q: How does the City determine the cost of the fee?

A: The fee is calculated based on the actual cost of providing advanced life support, including staff, equipment, and medical supplies. These rates are detailed in the City's Fee Schedule.

Q: Are First Responder Fees common?

A: Absolutely. Many cities and counties, both locally and nationally, have implemented similar fees to help sustain the increasing demands of emergency medical services provided by their fire departments.

Q: I'm hearing rumors about whether this fee is valid. Can you respond?

A: The Fire Department's authority to impose the First Responder Fee is in compliance with Proposition 26. It is the same authority that allows the Fire Department to charge regulatory fees. Fire Districts and General Law Cities cannot impose such fees without express authority, but Charter cities can do so under the "police powers" in the California Constitution (Art. XI Section 7). Because Fire Districts cannot impose a First Responder Fee absent express authority, the California State Legislature gave them that authority by adopting Health and Safety Code section 13916, which expressly authorizes Fire Districts to charge the fee. That Health and Safety Code section does not, however, say ONLY Fire Districts can charge the fee. It is just the authorizing statute for them to charge it since they don't have the same police power authority we have as a Charter City.

Q: What if I have more questions about this fee?

A: Please contact the San José Fire Department Administrative Office at (408) 794-7000.