

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 8/22/2023

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request to Amend and Extend Professional Services Agreement for the Provision of Emergency Medical Services Medical Direction in the Office of Emergency Management

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures | <input type="checkbox"/> Increase Capital Revenues |
| (If checked, check one of two boxes below) | <input type="checkbox"/> Decrease Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Years
Operating Budget	Expenditure	\$0	\$4,264,563
	Revenue	\$0	\$0
	Net Cost	\$0	\$4,264,563
Capital Improvement Budget	Expenditure	\$0	\$0
	Revenue	\$0	\$0
	Net Cost	\$0	\$0

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

- A. The agreement for the Provision of Medical Direction Services for the Milwaukee County EMS System is expiring at the end of 2023. Without a named Medical Director in place, the EMS Providers cannot legally provide medical care in the prehospital setting. The current relationship with the Medical College of Wisconsin has existed since 1973 for the entire existence of the Milwaukee County EMS system. We desire to further extend this agreement for a term of 10 years to ensure stability in quality patient care and oversight.
- B. This professional services agreement is budgeted for in the annual budget request process as part of our operating expenditures. The increased amount is already part of the 2024 budget request from OEM.
- C. There are not impacts to the budget in the current fiscal year. Due to significant increase in workload that requires medical direction oversight as required by Wis. DHS 110.49, an Assistant Medical Position has been added to the agreement. Additionally, a 3% annual increase is factored into the subsequent years of the agreement.

Below is the table of County's 10 year obligation payments

Year	Medical Director Services Agreement
2024	\$ 372,000.00
2025	\$ 383,160.00
2026	\$ 394,654.80
2027	\$ 406,494.44
2028	\$ 418,689.28
2029	\$ 431,249.96
2030	\$ 444,187.45
2031	\$ 457,513.08
2032	\$ 471,238.47
2033	\$ 485,375.62
TOTAL:	\$ 4,264,563.10

D. There are no assumptions or interpretations.

Department/Prepared By: Dan Pojar, EMS Division Director, Office of Emergency Management

Authorized Signature  _____

Did SBP Fiscal Staff Review? Yes No
Did CBDP Review?² Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.