


TO: Mayor via City Secretary

REQUEST FOR COUNCIL ACTION

SUBJECT: An Ordinance approving an Interlocal Agreement between the City of Houston and the City of Sugar Land for the purpose of a Mutual Aid Agreement for the provision of emergency medical services	Page 1 of 1	Agenda Item #
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FROM: (Department or other point of origin): Houston Fire Department	Origination Date:	Agenda Date:
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DIRECTOR'S SIGNATURE: Terry Garrison, Fire Chief 	Council District affected: All
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For additional information contact: Michelle Golovine Phone: 832-394-6649	Date and identification of prior authorizing Council Action: None
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RECOMMENDATION: (Summary) Approve an Ordinance authorizing an Interlocal Agreement between the City of Houston and the City of Sugar Land for the purpose of a Mutual Aid Agreement for the provision of emergency medical services

Amount and Source of Funding:
NONE

SPECIFIC EXPLANATION:

It is recommended that City Council approve an ordinance authorizing an Interlocal Agreement between the City of Houston and the City of Sugar Land for the purpose of a Mutual Aid Agreement for the provision of emergency medical services.

From time to time, situations arise demanding the combined efforts of two or more emergency medical services providers to provide service in the area of the City of Houston and the City of Sugar Land. It would be in the best interest of both the City of Houston and the City of Sugar Land and the citizens thereof, to enter into an Interlocal Agreement in order to provide better emergency medical service by authorizing cooperation between the emergency medical services of both cities.

The Parties to this agreement agree to render mutual emergency medical services aid and make available resources for such aid upon request. Request for service shall only be made after primary resources within a reasonable proximity to the 9-1-1 caller have been exhausted. The Parties shall not be responsible for reimbursement for mutual aid Emergency Medical Services rendered. All remuneration for such services shall be the responsibility of patient(s) treated, or a third party, and shall be based upon agency cost assigned for this service.

REQUIRED AUTHORIZATION

Finance Budget:	Other Authorization:	Other Authorization:
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