

LEGISLATIVE DIGEST

[Administrative Code - Repealing Maddy Emergency Medical Services Fund]

Ordinance amending the Administrative Code to repeal Sections 8.42 and 10.100-195, known as the Maddy Emergency Services Fund, and thereby repealing certain reimbursement payments to physicians who provide emergency medical services to indigent patients.

Existing Law

Administrative Code Section 10.100-195 provides for the “Public Health Emergency Medical Services Fund” or the “Maddy Fund” for receiving money for penalties assessed through Section 76000 of the California Government Code. Administrative Code Section 8.42 authorizes the City to levy an additional penalty, authorized by Section 76000.5 of the California Government Code, of \$2 for every \$10 on every fine, penalty, or forfeiture imposed and collected for criminal offenses including violations of the Vehicle Code or local ordinances adopted under the Vehicle Code. Section 10.100-195 requires the Department of Public Health (“DPH”) to administer the City’s Maddy Fund by determining reimbursements for physicians who render emergency care to indigent patients.

Amendments to Current Law

The proposed ordinance would delete Sections 8.42 and 10.100-195 in their entirety.

Background Information

In 2018, the City amended Section 8.42 to limit assessment of the penalty to non-misdemeanor and non-felony violations of the Vehicle Code or local ordinances adopted under the Vehicle Code. Since 2019, the amount of money assessed and collected through Sections 76000 and 76000.5 has significantly decreased. The City’s Maddy Fund now receives approximately \$400,000 annually, of which not more than 10% can be used for administrative expense. But it costs DPH approximately \$120,000 annually to administer the fund. DPH has paid for the deficit using accumulated savings from the program, but future administration of the Maddy Fund will require a general fund subsidy. The City’s Maddy Fund is also complex to administer. DPH contracts with a third-party administrator to receive claims from individual physicians and physician groups and then adjudicate and pay according to the prorated reimbursement scheme established by Section 10.100-195.