



A B A R I S G R O U P

RCMA

Riverside County Medical Association

RCRMC

Riverside County Regional Medical Center

REMSA

Riverside EMS Agency

RFP

Request for Proposal

SCC

Specialty Care Centers

SSC

System Status Controllers

STEMI

ST-elevated Myocardial Infarction

WRCOG

Western Riverside Council of Governments



Appendices

Appendix A: Ambulance Contract Comparison – Exemptions Detail

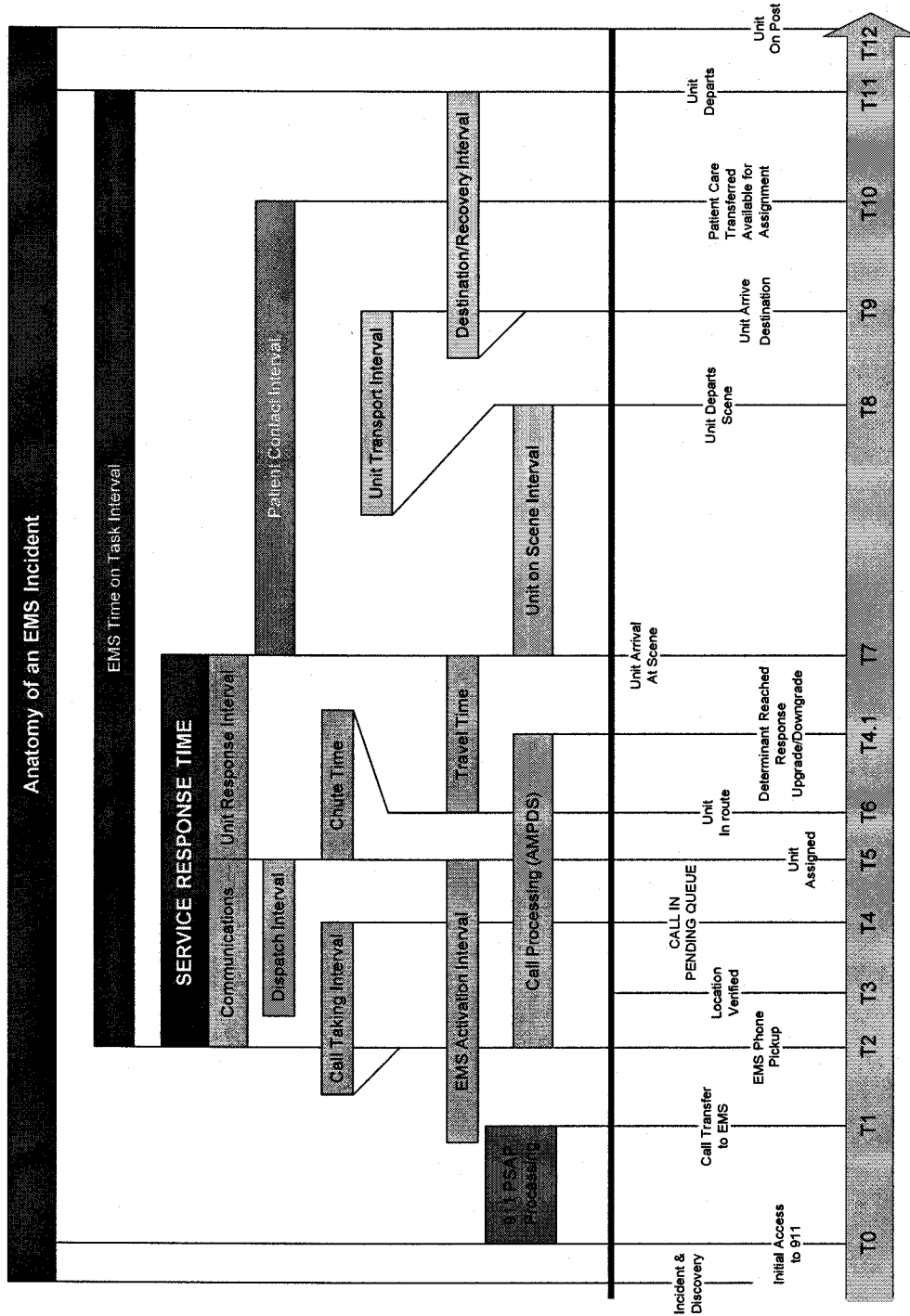
Ambulance Contract Comparison - Exemptions					
Exemption Types	Riverside County	Santa Clara County	San Diego City	Alameda County	Contra Costa County
Dispatch/ Communications	Incorrect Address	Substantiated delays will be exempt at County's sole discretion	Incorrect dispatch information, disrupted voice/data radio transmission, CAD failure, unavoidable telephone communications failure	Substantially incorrect info preventing compliance	Incorrect dispatch information, disrupted voice/data radio transmission, CAD failure, unavoidable telephone communications failure
Hard to Serve Areas	Off-road locations	Defined waypoints determine compliance	Off-road locations		Off-road locations
Unusual System Overload	Not to exceed 1% of monthly volume per zone		>12 simultaneous calls		Delays due to depletion of resources due to ED diversion or trauma center bypass
Hospital Off-Load Delays	Permitted	Permitted			
Train Delays	City of Riverside only				Permitted
Staging	When, due to safety, required to stage prior to arrival on scene				
MCI		Level II or higher and exceed 90 th fractile by 120% compared with prior year; only 30 minutes unless County extends		EMS director discretion	Contractor manager discretion (includes mutual aid to another county)
Local Disaster/ Emergency		County has sole discretion to waive requirements	Declared disasters (includes mutual aid to		
Good Cause			Non-existent address, patient left the scene, traffic delays related to accident, unavoidable delays by extreme inclement weather (e.g., fog)		MDT failure, non-existent address, patient left the scene, traffic delays related to accident, unavoidable delays by construction, weather (e.g., fog),
Multiple Ambulances to same scene					nd 2 ambulance or more is exempt

Source: Provider/EMSA agreements

Figure 90 - Ambulance Contract Comparison - Exemptions



Appendix B: Anatomy of an EMS Incident – Used for Fire First Response Survey



Appendix C: Riverside County EMS Financial Analysis

The Abaris Group was asked to conduct a financial analysis with regards to the EMS system in Riverside County. The Riverside County EMS financial analysis includes current and projected payer mix and revenue with regards to the Affordable Care Act (ACA). This report uses population projections from the California Department of Finance, ED visit data from the Office of Statewide Planning and Development (OSHDP), financial data from American Medical Response (AMR) for 2012, and transport volume from Riverside County EMS.

Population and Utilization

Table 1 shows the current and projected population and utilization. The population of Riverside County is projected to grow from 2,268,783 in 2012 to 2,554,697 by 2019. Emergency department (ED) visit volume is also projected to continue to grow from a utilization rate of 325.4 ED visits per 1,000 people in 2012 to 370.1 ED visits per 1,000 people by 2019. The EMS volume projection assumes that 18.5 percent of all ED visits will be transported via EMS through 2019.

Riverside County EMS/ED Volume Population & Utilization			
	2012	2014	2019
Population	2,268,783	2,351,228	2,554,697
Transports	136,271	146,885	174,544
ED Visits	738,164	795,658	945,487
Transports/1,000	60.1	62.5	68.3
ED Visits/1,000	325.4	338.4	370.1
<i>Estimated Percentage of ED Visits transported by EMS</i>	18.5%	18.5%	18.5%

Sources: Population projections from the California Department of Finance, ED visit data from the Office of Statewide Planning and Development (OSHDP), and transport volume from Riverside County EMS

Table 1 – Riverside County EMS/ED Volume Population & Utilization

Current EMS Payer Mix

The payer mix of EMS transports was estimated using data collected from AMR, Cathedral City, Idyllwild Fire Protection District, and Riverside County Fire, and all 9-1-1 ambulance providers in Riverside County. Table 2 below uses data received, “Managed Care” and commercially insured (MCO/Commercial)⁴³ patients make up about 25.2 percent of the EMS total transports and produce the highest net revenue per patient at \$1,070.51, whereas Medicare made up 32.9 percent but only \$440.55 per transport. Medi-Cal and the uninsured (self-pay), representing just less than 40 percent of all EMS transports, generate revenue of \$159.11 and \$94.14 per call respectively.

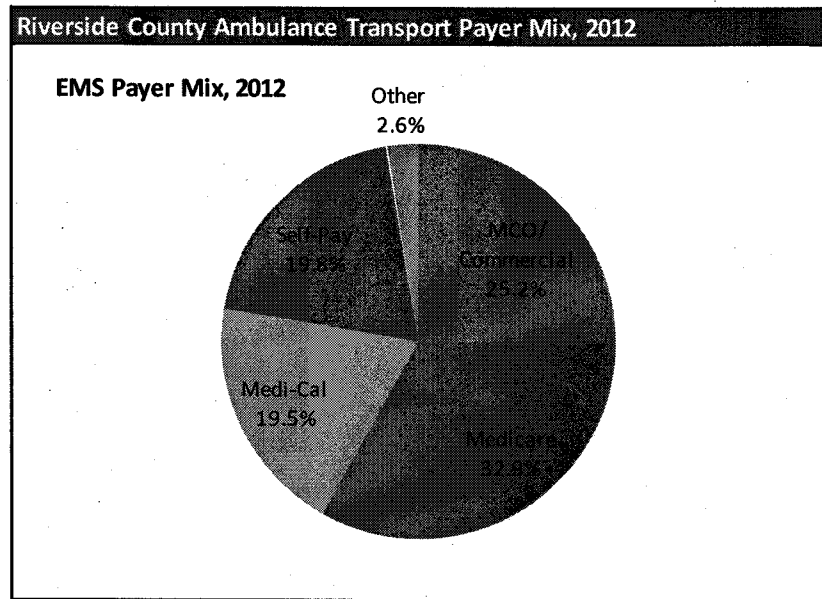
⁴³ MCO/Commercial does not include Medicare or Medi-Cal managed care plans.

Riverside County Payer Mix/Collections, Current - 2012			
	Transports		Avg Revenue/ Transport
	Total	Percent	
MCO/Commercial	34,273	25.2%	\$1,070.51
Medicare	44,887	32.9%	\$440.55
Medi-Cal	26,624	19.5%	\$159.11
Self-Pay	26,915	19.8%	\$94.14
Other	3,572	2.6%	\$266.48
Total	136,271	100.0%	\$471.02

Avg. revenue is calculated from cash/trip reported in AMR financials - Jan-Dec 2012.

Table 2 – Riverside County Payer Mix/Collections, Current-2012

Figure 91 shows a visual representation of the 2012 payer mix for EMS transports.



Sources: AMR, Cathedral City, Idyllwild Fire Protection District, and Riverside County Fire

Figure 91 - EMS Payer Mix, 2012

Impact of the Affordable Care Act (ACA)

The impact of Health Reform on EMS is estimated using county-level payer mix projections from the UCLA/UC Berkeley CalSim model. Currently, the UCLA/UC Berkeley model estimates 420,000 individuals are now without health coverage in Riverside County. By 2019, between 120,000 and 150,000 previously uninsured individuals are expected to purchase insurance through the health insurance exchange and another 90,000 to 110,000 individuals are expected to enroll in Medi-Cal expansion. Additional individuals will remain uninsured but will be eligible for either Medi-Cal or the health insurance exchange and another group of individuals will be uninsured and not eligible for health coverage due to immigration status for a total remaining estimated uninsured of 270,000.

Health Insurance Coverage in Riverside County

Table 3 describes, according to the 2009 California Health Interview Survey (CHIS), that 21.3 percent (95 percent CI 16.2 – 26.3) of the under age 65 population in Riverside County is uninsured (approximately 400,000 individuals). Of the 18-64 year olds that are uninsured, about half (51.1 percent) are unemployed while the other half of the uninsured is either employed full or part-time. The majority of the uninsured (67 percent) fall below 200 percent of the Federal Poverty Level (\$22,980 for an individual, \$47,100 for a family of four).

Total Remaining Uninsured, Californians under age 65, 2019			
Region/county	Remaining uninsured	Projected total population	Uninsured share of county population
All California	4,010,000	35,810,000	11%
Northern California and Sierra Counties	120,000	1,240,000	10%
Greater Bay Area	570,000	6,840,000	8%
Santa Clara County	140,000	1,740,000	8%
Alameda County	120,000	1,470,000	8%
Sacramento Area	150,000	2,010,000	7%
San Joaquin Valley	410,000	3,780,000	11%
Fresno County	100,000	900,000	11%
Central Coast	220,000	2,110,000	11%
Ventura County	70,000	780,000	9%
Los Angeles	1,280,000	9,780,000	13%
Other Southern California	1,220,000	10,050,000	12%
Orange County	370,000	2,970,000	13%
San Diego County	290,000	2,960,000	10%
San Bernardino County	280,000	1,970,000	14%
Riverside County	270,000	1,990,000	13%

Source: Lucia L, et al. *After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will Remain Uninsured?* UC Berkeley–UCLA CalSIM model, Version 1.8. September 2012.

Table 3 - Total Remaining Uninsured Californians under Age 65, 2019

Changes in Health Insurance Coverage

Changes in health insurance coverage were estimated based on data published by the UC Berkeley Labor Center using the California Simulation of Insurance Markets model and health coverage estimates from the California Health Interview Survey.

Figure 92 shows estimated health coverage in Riverside County based on a projected population of just under two million residents under the age of 65. Without the ACA, an estimated 21 percent of this population would be uninsured. With the ACA, 13.5 percent of this population would be uninsured but the majority of the uninsured would be eligible for coverage through Medi-Cal or exchange subsidies (9.5 percent).

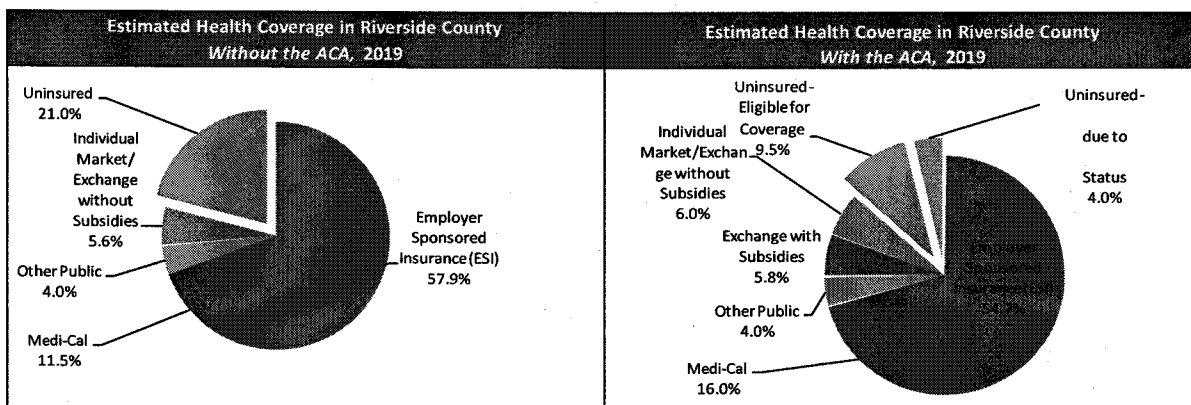


Figure 92 – Estimated Health Coverage in Riverside County With/Without the ACA, 2019

EMS Payer Mix Projections

The impact of these substantial changes in health coverage throughout the county is likely to change the overall payer mix of EMS transports. Using the UCLA/UC Berkeley assumptions, the EMS transport payer mix is likely to increase in the number of individuals for commercial/managed care insurance (including the health exchange) and Medi-Cal while decreasing the number of self-payers (uninsured). Additionally, an aging population will increase the number of individuals with Medicare.⁴⁴

Projections for payer mix were developed using EMS utilization data and projected impact of the ACA in Riverside County. The projections also accounted for changes in age demographics as a larger proportion of the population becomes eligible for Medicare.

Riverside County EMS Payer Mix Projections, 2014 & 2019				
	2012	2014	2019	Absolute Change 2012-2019
MCO/Commercial	25.2%	25.9%	28.5%	+3.4%
Medicare	32.9%	34.0%	37.9%	+4.9%
Medi-Cal	19.5%	20.1%	22.0%	+2.5%
Self-Pay	19.8%	17.5%	9.1%	-10.6%
<i>Eligible for Exchange or Medi-Cal</i>		14.1%	5.7%	NA
Other	2.6%	2.6%	2.4%	-0.2%

Table 4 – EMS Payer Mix Projections, 2014 & 2019

The following figures are visual representations of the projected payer mix in terms of percentages.

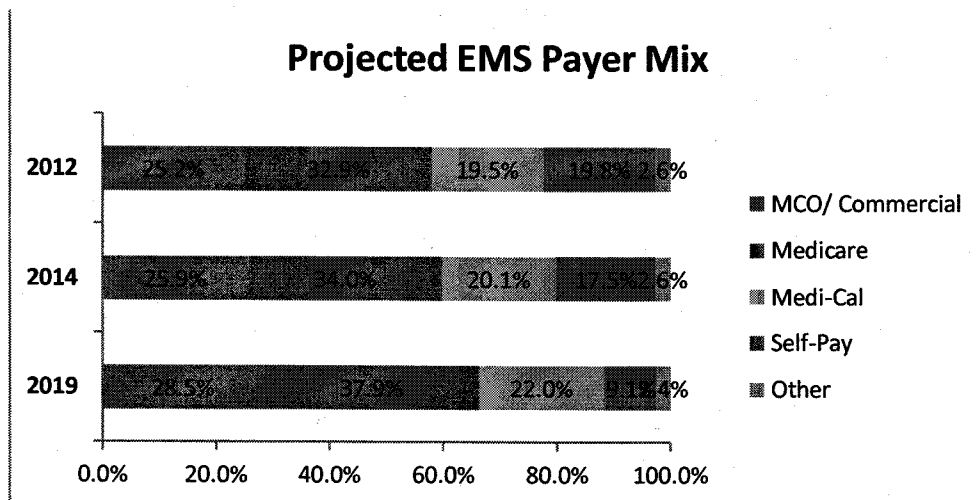
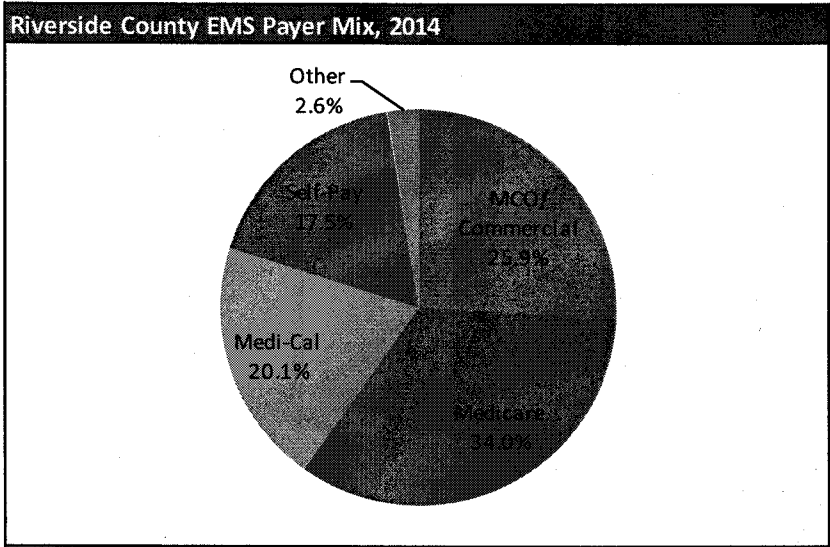
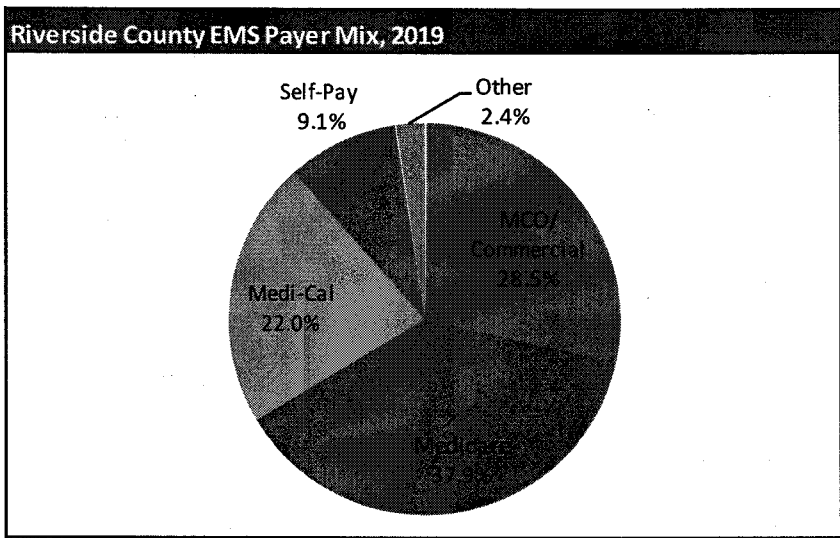


Figure 93 – Projected EMS Payer Mix

⁴⁴ The payer mix projections assume that most new Medicare enrollees previously had MCO/commercial coverage prior to become Medicare eligible. A smaller number of new Medicare enrollees were assumed to have Medi-Cal or uninsured.

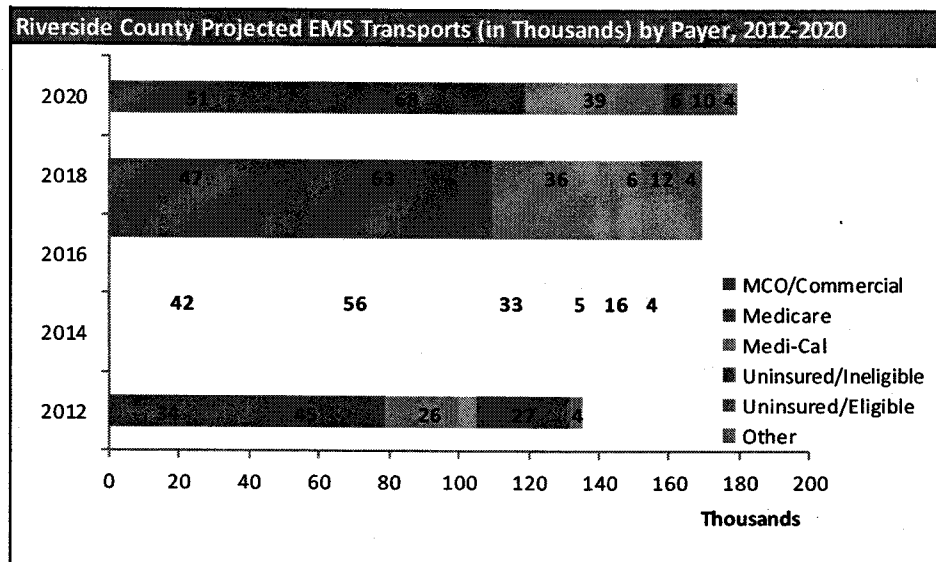


Source: The Abaris Group, 2013
 Figure 94 - EMS Payer Mix, 2014



Source: The Abaris Group, 2013
 Figure 95 - EMS Payer Mix, 2019

Figure 97 shows projected EMS transports by payer for 2012-2020. Medicare is projected to grow five percent from 44,638 transports in 2012 to 67,857 by 2020. The number of transports from uninsured individuals (ineligible for subsidized health coverage under ACA) is projected to drop from 26,766 to 6,243 (a 77 percent reduction). There will still be an additional 10,144 individuals transported without insurance but who would be eligible for subsidies through the health insurance exchange or through Medi-Cal.



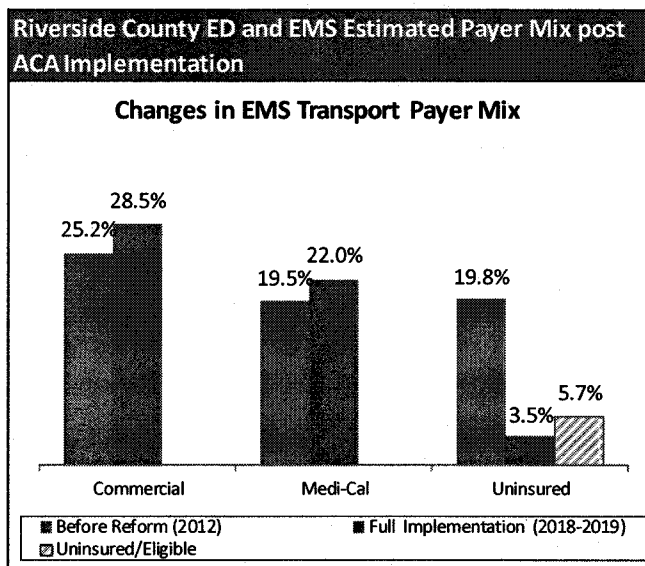
Note: MCO/Commercial includes managed care organizations and commercially insured plans. It does not include Medicare Managed Care or Medi-Cal Managed Care plans. Other includes county indigent, other government, and other indigent programs

Source: The Abaris Group estimate is based upon data obtained from Riverside County EMS providers and expected ACA impact based on modeling by UC Berkeley-UCLA CalSIM model, version 1.7 (base scenario).

Figure 97 – Projected EMS Transports by Payer, 2012-2020

Stated another way, by 2018-2019 the EMS payer mix will change due to full implementation of the Patient Protection and Affordable Care Act (PPACA).

MCO/Commercial payers are expected to rise to 28.5 percent. Conversely, the uninsured, which accounted for 19.8 percent of all EMS transports, is expected to fall to 3.5 percent. An additional 5.7 percent of EMS transports will be uninsured but eligible to receive insurance either through subsidies on the health insurance exchange or through Medi-Cal.



* Note: EMS payer mix projections for 2019 are based on population level estimates of ACA impact for Riverside County by UC Berkeley-UCLA CalSIM model, version 1.7 (base scenario).

Source: The Abaris Group projections, 2013

Figure 96 - EMS Estimated Payer Mix Post ACA Implementation

EMS Revenue Projections

Total EMS revenues were estimated using the transport projections (Table 1), average collection/trip by payer (Table 2), and the projected payer mix (Table 4). The projections are for revenues only - costs are not included. All amounts are in 2012 dollars.

NOTE: New care delivery and payment models (e.g., ACO) may cause higher or lower EMS utilization and/or higher or lower reimbursements. Also, trends in MCO/Commercial insurance plans (e.g. high deductible plans) may influence reimbursement rates that are not captured in the revenue projections. To account for these possible changes, revenues are shown with 5 and 10 risk bands.

Riverside County Revenue Projections, 2014 & 2019					
	Baseline 2012	Projection 2014	Change 2012 - 2014	Projection 2019	Change 2012-2019
Total Transports	136,271	146,885	10,614	174,544	38,273
Total Revenue ^{1,2}	\$63,762,841	\$69,841,827	6,078,986	\$89,981,326	26,218,485
Average Revenue per Transport	\$467.91	\$475.49	\$7.57	\$515.52	\$47.61
+/- 5%	NA	\$451.71 - \$499.26	-\$16.2 - \$31.35	\$489.74 - \$541.3	\$21.83 - \$73.38
+/- 10%	NA	\$427.94 - \$523.04	-\$39.97 - \$55.12	\$463.97 - \$567.07	-\$3.94 - \$99.16

1. Assumes that 10% rate cut for Medi-Cal & 2% reduction in Medicare from sequestration will remain in effect through 2019.

2. Revenues have been adjusted according to new payer mixes resulting from ACA implementation and demographic trends (increasing overall and age 65+ population).

Table 5 – Revenue Projections, 2014 & 2019

Total projected revenue as well as change in revenue is calculated in Table 5. If reimbursements do not change for other reasons, average revenue per transport is expected to increase as more patients obtain health care coverage either through the health exchanges, Medicare, or Medi-Cal.

In 2014, the average revenue per transport is projected to increase by \$7.57 from \$467.91 to \$475.49 (+1.6 percent). Transports are projected to increase by 10,614 (Table 5) for a total of \$6.1 million in new revenue for that year alone.

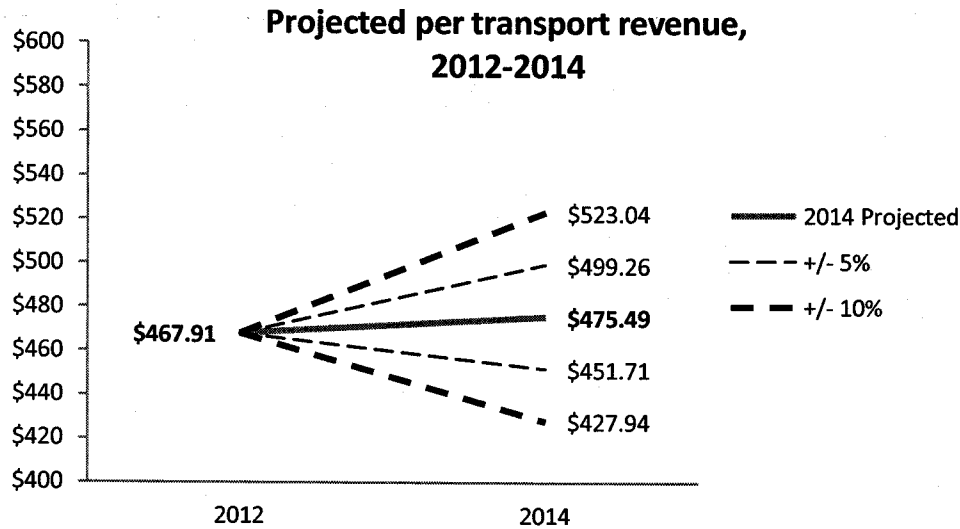


Figure 98 – Projected Per Transport Revenue, 2012-2014

By 2019, after full implementation of the ACA, average revenues per transport are projected to increase by \$47.61 to \$515.52 (+10.2 percent). From Table 5, transports are projected to increase by 38,273 for a total of \$26.2 million in new revenue for that year alone.

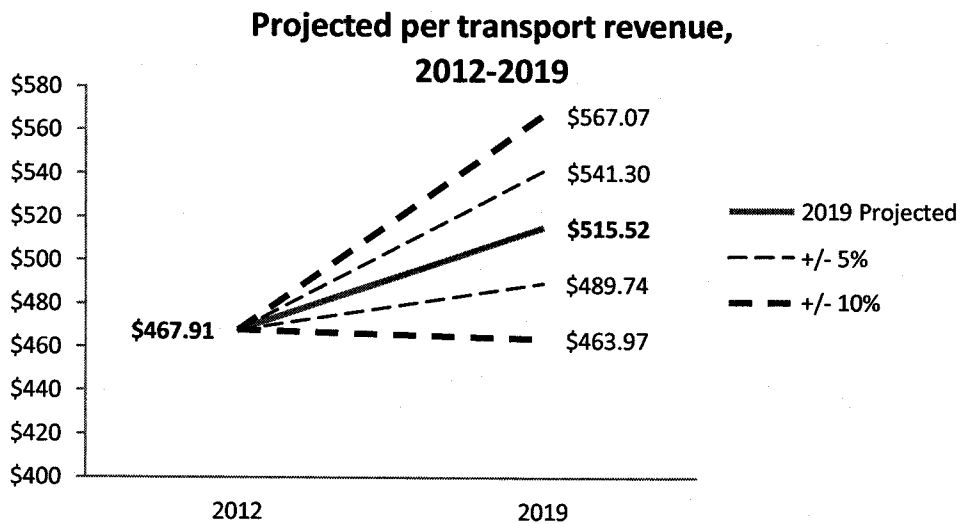


Figure 99 – Projected Per Transport Revenue, 2012-2019

Conclusion

The Abaris Group concludes the following from this financial analysis.

- By 2019, between 120,000 and 150,000 previously uninsured individuals are expected to purchase insurance through the health insurance exchange and another 90,000 to 110,000 individuals are expected to enroll in Medi-Cal expansion.
- Up to 260,000 newly insured individuals will reside in Riverside County after full implementation of Health Reform.
- Even with Health Reform, there will likely remain 270,000 uninsured individuals in Riverside County (13 percent of the under 65 population) by 2019.
- The EMS transport payer mix is likely to increase in the number of individuals with managed care/commercial insurance (including the health exchange), Medi-Cal and Medicare while decreasing the number of self-payers (uninsured).
- If reimbursements do not change due to other factors, average revenue per transport is expected to increase by \$7.57 per transport (2014) to \$47.61 per transport (2019).
- Total new net revenue for 2014 will increase \$6.1 million per year in 2014 and \$26.2 million per year in 2019 through a combination of organic volume increases and improvement in payer mix due to Health Reform.
- There are many other factors of Health Reform that at this point are difficult to predict and thus will require this analysis to be updated annually with actual market changes

Appendix D: EMS Transportation Plan Requirements to Obtain/Maintain EOAs

California Health and Safety Code, Division 2.5, 1797.224. A local EMS agency may create one or more exclusive operating areas (EOAs) in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A local EMS agency, which elects to create one or more exclusive operating areas in the development of a local plan, shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals. Nothing in this section supersedes Section 1797.201.

	Bid	No Bid
Options that can be explored.	<ul style="list-style-type: none"> • Changes to EOA Boundaries • Changes to Types of Exclusivity • Changes to Response Time Zones • Public/Private Partnerships • Different or Multiple Providers • System Enhancements that are part of competitive bidding • Improved Performance Standards and Equipment as part of a competitive bidding process 	<ul style="list-style-type: none"> • Public/Private Partnerships • Changes to Response Time Zones • System Enhancements as part of a negotiation process • Improved Performance Standards and Equipment as part of a negotiation process • Anything that is not deemed a change in "manner or scope" by EMSA.
Options that cannot be explored.	<ul style="list-style-type: none"> • Maintaining County EOA Grandfathering Rights 	<ul style="list-style-type: none"> • Changes to EOA Boundaries • Changes to Types of Exclusivity • Different or Multiple Providers • Competitive Pricing for Services • Any other change that will be deemed a change to "manner or scope" by EMSA

Recent Competitive Bids		
County	Type of Bid	Award
Santa Clara	Multiple EOAs – Single ALS Provider	Rural Metro
Alameda	Multiple EOAs – Single ALS Provider	Paramedics Plus
Napa	Multiple EOAs – Single ALS Provider	AMR
Monterey	Multiple EOAs – Single ALS Provider	WestMed (defaulted) subsequently went to AMR
San Mateo	Multiple EOAs – Single ALS Provider	AMR
Los Angeles	Multiple EOAs – Multiple BLS Providers	McCormick, Care, AMR
Merced (Pending)	Multiple EOAs – Single ALS Provider	?

**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Mayor Alan Long

Address: 24601 Jefferson Ave
(only if follow-up mail response requested)

City: Murrieta **Zip:** 92562

Phone #: 461-6007

Date: 2/11/2014 **Agenda #** 16-3-workshop

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
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the appeal below:

Support **Oppose** **Neutral**

I give my 3 minutes to: _____

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Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please insure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

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SPEAKER'S NAME: MATT SMOBERT

Address: _____
(only if follow-up mail response requested)

City: Murrieta **Zip:** 92562

Phone #: 951-304-3473

Date: 2/11/14 **Agenda #** 16-3 *Waste
Smp*

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SPEAKER'S NAME: RICK GIBBS

Address: _____
(only if follow-up mail response requested)

City: MURRIETA **Zip:** 92562

Phone #: 951 377-0053

Date: 2/11/14 **Agenda #** 16-3

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**Riverside County Board of Supervisors
Request to Speak**

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SPEAKER'S NAME: MAYOR LARRY SMITH

Address: 455 E FLORIDA AVE
(only if follow-up mail response requested)

City: Hemet **Zip:** 92544

Phone #: _____

Date: 2-11-14 **Agenda #** AWK WORK STUDY

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

BOARD RULES

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SPEAKER'S NAME: DOUG KEY

Address: American Medical Response
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: _____

Date: _____ **Agenda #** _____

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

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I give my 3 minutes to: _____

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SPEAKER'S NAME: JERRY HOLLDBER

Address: JERRY@PCWB.ORG
(only if follow-up mail response requested)

City: Idyllwild **Zip:** 92549

Phone #: 951-659-2675

Date: 2-11-14 **Agenda #** _____

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

BOARD RULES

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SPEAKER'S NAME: PATRICK Powers

Address: _____
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: 714 403-8464

Date: 2-11-14 **Agenda #** 16-3

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** X **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

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SPEAKER'S NAME: SAM AHADOFF

Address: 1 RED OAK #245
(only if follow-up mail response requested)

City: Temecula **Zip:** 92590

Phone #: 951 252 4152

Date: 2/11 **Agenda #** 16.3

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**
Contracting w/ Am2

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
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Support **Oppose** **Neutral**

I give my 3 minutes to: _____

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SPEAKER'S NAME: Rebecca Ruiz

Address: 1204 Palm Ave
(only if follow-up mail response requested)

City: Corona **Zip:** 92809

Phone #: 213-247-0122

Date: 2/11/14 **Agenda #** 16-3

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

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