

1 **WHEREAS**, it is ICEMA's desire to recover its overhead costs for providing
2 oversight to the EMS System within the Counties of Inyo, Mono and San Bernardino by
3 establishing fees; and

4
5 **WHEREAS**, ICEMA is authorized under Health and Safety Code sections
6 1797.212, 1797.213, 1798.164, and 101325, and Government Code section 6502 to recover
7 its expenses in providing oversight of ICEMA's EMS system and enforcing health care laws;

8 **NOW THEREFORE**, be it resolved that:

9
10 Commencing July 1, 2015, the fees for the Inland Counties Emergency Medical Agency,
11 State of California, shall be:

- 12
- 13 1. Transportation (annual)
 - 14 A. EMS Prehospital Provider Permit/Authorization\$2,000.00
 - 15 B. EMS Prehospital Provider Permit/Authorization -
16 Late Penalty\$315.00
 - 17 C. EMS Drug and Equipment Inspection \$400.00/unit
 - 18 2. EMS Credentialing Fees (every 2 years)
 - 19 A. Mobile Intensive Care Nurse (MICN)
20 (Administrative, Base Hospital, Critical Care Transport, Flight
21 Nurse)
 - 22 1. Authorization.....\$100.00
 - 23 2. Reauthorization\$100.00
 - 24 3. Challenge\$225.00
 - 25 B. Emergency Medical Technician - Paramedic (EMT-P)
 - 26 1. Accreditation.....\$100.00
 - 27 2. Re-verification.....\$60.00
 - 28 C. Emergency Medical Technician (EMT)/Advanced EMT (AEMT)
 1. Certification.....\$60.00

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- 2. Recertification\$60.00
- 3. EMT Skills Verification\$75.00
- D. Emergency Medical Responders (EMR)
 - 1. Certification.....\$60.00
 - 2. Recertification.....\$60.00
 - 3. Challenge\$75.00
- E. EMT-P Accreditation/ MICN Authorization Re-test.....\$75.00
- F. EMT/AEMT Credential Replacement\$20.00
- G. EMS Credential Name Change\$20.00
- 3. Training Program Approval Fees (every four years)
 - A. MICN\$400.00
 - B. EMR\$650.00
 - C. EMT/AEMT\$650.00
 - D. EMT-P\$1,500.00
 - E. Continuing Education Provider\$500.00
- 4. Hospitals
 - A. Base Hospital Application\$5,000.00
 - B. Base Hospital Designation (annual)\$5,000.00
 - C. Trauma Hospital Application\$5,000.00
 - D. Trauma Hospital Designation (annual)\$25,000.00
 - E. ST Elevation Myocardial Infarction (STEMI) Receiving
Center Application\$5,000.00
 - F. ST Elevation Myocardial Infarction (STEMI) Receiving
Center Designation (annual)\$17,445.00
 - G. Neurovascular Stroke Receiving Center Designation
Application\$5,000.00
 - H. Neurovascular Stroke Receiving Center Designation
(annual)\$19,045.00
- 5. EMS Temporary Special Events

- 1 A. Minor Event Application.....\$125.00
- 2 B. Major Event Application.....\$375.00
- 3 6. Protocol Manual
- 4 A. With Binder.....\$40.00
- 5 B. Inserts Only\$25.00
- 6 C. CD\$10.00
- 7 7. Equipment Rental
- 8 A. Standard Equipment.....\$10.00/item
- 9 B. Deluxe Equipment.....\$25.00/item
- 10 8. Statistical Research\$100.00/hour

11 **PASSED AND ADOPTED** by the Board of Supervisors of San Bernardino County,

12 State of California, by the following vote:

13 AYES: Supervisors: Lovingood, Rutherford, Ramos, Hagman, Gonzales

14 NOES: Supervisors: None

15 ABSTAIN: Supervisors: None

16 STATE OF CALIFORNIA)

17) ss.

18 COUNTY OF SAN BERNARDINO)

19 I, LAURA WELCH, Clerk of the Board of Supervisors of San Bernardino County, California,

20 hereby certify the foregoing to be a full, true and correct copy of the record of the action

21 taken by said Board of Supervisors, by vote of the members present, as the same appears

22 in the Official Minutes of said Board at its meeting of May 19, 2015, Item #98ss.

23 LAURA WELCH
 24 Clerk of the Board of Supervisors
 25 of San Bernardino County

26 By _____ Deputy

