

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

RESOLUTION NO. 2020-93

**RESOLUTION OF THE BOARD OF SUPERVISORS SITTING
AS THE BOARD OF DIRECTORS OF THE INLAND
COUNTIES EMERGENCY MEDICAL AGENCY, APPROVING
REGULATORY FEES FOR THE EMERGENCY MEDICAL
SERVICES SYSTEMS OF SAN BERNARDINO, INYO, AND
MONO COUNTIES.**

On Tuesday, March 24, 2020, on motion by Supervisor Lovingood, duly seconded by Supervisor Gonzales, and carried, the following resolution is adopted:

WHEREAS, the Inland Counties Emergency Medical Agency (ICEMA), is a joint powers authority and the regulatory agency overseeing the delivery of emergency medical services (EMS) within the Counties of San Bernardino, Inyo and Mono, and is the local EMS agency (LEMSA) for those counties, pursuant to California Health and Safety Code section 1797.200;

WHEREAS, The Board of Supervisors of the County of San Bernardino serves as the Board of Directors of ICEMA;

WHEREAS, the delivery of EMS is a matter effecting the public health concerning each of the counties which comprise ICEMA;

WHEREAS, pursuant to the Emergency Medical Care Services System and the Prehospital Emergency Medical Care Act (Health and Safety Code section 1797, et seq.), ICEMA has been designated as the LEMSA for the Counties of San Bernardino, Inyo, and Mono;

WHEREAS, ICEMA is required to establish, and oversee an EMS system, which provides for the personnel, facilities, and equipment necessary for the effective and coordinated delivery of EMS in San Bernardino, Inyo and Mono Counties;

WHEREAS, providing oversight and enforcing healthcare laws within the EMS system for San Bernardino, Inyo and Mono Counties imposes certain readily identifiable costs on ICEMA;

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

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

8 **WHEREAS**, ICEMA is authorized under California Code of Regulation, Title 22,
9 Division 9, Chapter 8 Prehospital EMS Aircraft Regulations, to establish minimum
10 standards for the integration of EMS Aircraft and personnel into the local EMS
11 prehospital patient transport system as a specialized resources for the transport and
12 care of emergency medical patients;

13 **WHEREAS**, ICEMA is authorized under of the California Code of Regulations,
14 Title 22, Division 9, section 100300, to integrate aircraft into its prehospital patient
15 transport system and develop a program which classifies EMS Aircraft, establishes
16 policies, and charges fees to cover the costs directly associated with the classification,
17 authorization, inspection, and provision of medical control of EMS Aircraft;

18 **WHEREAS**, it is ICEMA's desire to recover costs for providing medical control to
19 EMS Aircraft providers operating within ICEMA's region by establishing a revenue
20 neutral medical control fee;

21 **WHEREAS**, it is ICEMA's further desire that such medical control fee for EMS
22 Aircraft providers be determined annually by using a pro-rata apportionment of ICEMA's
23 costs derived from annual data directly associated with EMS Aircraft;

24 **NOW THEREFORE**, be it resolved that:
25 Commencing July 1, 2020, the fees for the Inland Counties Emergency Medical Agency,
26 State of California, shall be:

- 27 1. Non-Air Medical Control:
28 A. Provision of Medical Control (annual) \$2,000.00

1	B.	Medical Control Compliance	\$400.00/unit
2	2.	EMS Aircraft Medical Control:	
3	A.	Provision of Medical Control Permit/Authorization (annual for fiscal	
4		year).....	Actual Cost-Pro Rata Share Per Provider
5	B.	EMS Aircraft Medical Control Compliance	\$400.00/unit
6	3.	EMS Credentialing Fees (every 2 years):	
7	A.	Mobile Intensive Care Nurse (MICN)	
8		(Administrative, Base Hospital, Critical Care Transport, Flight	
9		Nurse):	
10	1.	Authorization	\$120.00
11	2.	Re-authorization	\$120.00
12	3.	Challenge	\$235.00
13	B.	Emergency Medical Technician - Paramedic (EMT-P):	
14	1.	Accreditation	\$120.00
15	2.	Re-verification	\$70.00
16	C.	Emergency Medical Technician (EMT)/Advanced EMT (AEMT):	
17	1.	Certification	\$70.00
18	2.	Re-certification	\$70.00
19	D.	EMT-P Accreditation Re-test.....	\$80.00
20	E.	EMT/AEMT Credential Replacement	\$25.00
21	F.	EMS Credential Name Change.....	\$25.00
22	4.	Training Program Approval Fees (every 4 years):	
23	A.	MICN.....	\$400.00
24	B.	EMT/AEMT	\$1,500.00
25	C.	EMT-P.....	\$1,500.00
26	D.	Continuing Education Provider.....	\$650.00
27	5.	Hospitals:	
28	A.	Base Hospital Application	\$5,000.00

- 1 B. Base Hospital Designation (annual)..... \$5,000.00
- 2 C. Trauma Hospital Application \$5,000.00
- 3 D. ST Elevation Myocardial Infarction (STEMI) Receiving
- 4 Center Application..... \$5,000.00
- 5 E. Neurovascular Stroke Receiving Center Designation
- 6 Application \$5,000.00
- 7 6. EMS Temporary Special Events:
- 8 A. Minor Event Application \$125.00
- 9 B. Major Event Application \$375.00
- 10 7. Protocol Manual:
- 11 A. With Binder \$40.00
- 12 B. Inserts Only..... \$25.00
- 13 C. CD..... \$10.00
- 14 8. Equipment Rental:
- 15 A. Standard Equipment \$10.00/item
- 16 B. Deluxe Equipment..... \$25.00/item
- 17 9. Statistical Research \$100.00/hour
- 18 10. Waive/Refund/Deferral of Fees:

19 A. Subdivision 10 is effective the date the resolution is effective. In
 20 the event of a disaster, or other good cause shown to serve a public purpose the
 21 Emergency Medical Services Administrator may defer payment of, waive, or refund any
 22 fee set forth in this chapter provided all of the following conditions are met:

- 23 1. Exigent conditions exist whereby obtaining Board approval
- 24 of the fee waiver/refund/deferral would not be immediately feasible; and
- 25 2. The Emergency Medical Services Administrator receives
- 26 concurrence from the County Chief Executive Officer.

1 **PASSED AND ADOPTED** by the Board of Supervisors of San Bernardino
2 County, State of California, sitting as the Board of Directors of Inland Counties
3 Emergency Medical Agency, by the following vote:

4 **AYES:** Directors: Robert A. Lovingood, Janice Rutherford, Dawn Rowe,
5 Curt Hagman, Josie Gonzales

6 **NOES:** Directors: None

7 **ABSTAIN:** Directors: None

8 STATE OF CALIFORNIA)
9) ss.
10 COUNTY OF SAN BERNARDINO)

11 I, **LYNNA MONELL**, Secretary of the Board of Directors of Inland Counties
12 Emergency Medical Agency, State of California, hereby certify the foregoing to be a full,
13 true and correct copy of the record of the action taken by said Board of Directors, by
14 vote of the members present, as the same appears in the Official Minutes of said Board
15 at its meeting of March 24, 2020, Item #74. jrh

16 **LYNNA MONELL**
17 Secretary of the Board of Directors
18 of Inland Counties Emergency Medical Agency

19 By _____
20 Deputy



21 **APPROVED AS TO FORM:**

22 **MICHELLE D. BLAKEMORE**
23 County Counsel

24 BY: *Kenneth C. Hardy*
25 **KENNETH C. HARDY**
26 Supervising Deputy County Counsel

27 Date: 5/7/2020