RESOLUTION NO. 2022-52

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 29, 2022, on motion by Supervisor Rowe, duly seconded by Supervisor Baca, 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 San Bernardino, Inyo and Mono Counties, 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 San Bernardino County 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 San Bernardino, Inyo, and Mono Counties;

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;

WHEREAS, it is ICEMA's desire to recover its overhead costs for providing oversight to the EMS System within San Bernardino, Inyo and Mono Counties by establishing fees;
WHEREAS, ICEMA is authorized under Health and Safety Code sections 1797.212, 1797.213, 1798.164, and 101325, and Government Code section 6502 to recover its expenses in providing oversight of ICEMA's EMS system and enforcing healthcare laws;

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

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

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

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

NOW THEREFORE, be it resolved that:

Resolution No. 2020-93 is hereby repealed. Commencing July 1, 2022, the fees for the Inland Counties Emergency Medical Agency, State of California, shall be:

1. Non-Air Medical Control:
   A. Provision of Medical Control (annual) ........................................ $2,000.00
   B. Medical Control Compliance ...................................................$400.00/unit

2. EMS Aircraft Medical Control:
   A. Provision of Medical Control Permit/Authorization (annual for fiscal
3. EMS Credentialing Fees (every 2 years):
   A. Mobile Intensive Care Nurse (MICN)
      (Administrative, Base Hospital, Critical Care Transport, Flight Nurse):
      1. Authorization ................................................. $120.00
      2. Re-authorization ........................................... $120.00
      3. Challenge .................................................... $235.00
   B. Emergency Medical Technician - Paramedic (EMT-P):
      1. Accreditation ................................................ $120.00
      2. Re-verification .............................................. $70.00
   C. Emergency Medical Technician (EMT)/Advanced EMT (AEMT):
      1. Certification ................................................ $70.00
      2. Re-certification ............................................. $70.00
   D. EMT-P Accreditation Re-test ................................ $80.00
   E. EMT/AEMT Credential Replacement ......................... $25.00
   F. EMS Credential Name Change ................................. $25.00

4. Training Program Approval Fees (every 4 years):
   A. MICN .............................................................. $400.00
   B. EMT/AEMT ...................................................... $1,500.00
   C. EMT-P ............................................................ $1,500.00
   D. Continuing Education Provider ............................. $650.00

5. Hospitals:
   A. Base Hospital Application ................................... $5,000.00
   B. Base Hospital Designation (annual) ....................... $5,000.00
   C. Trauma Hospital Application ............................... $5,000.00
   D. ST Elevation Myocardial Infarction (STEMI) Receiving
Center Application.............................................................. $5,000.00

E. Neurovascular Stroke Receiving Center Designation
   Application ........................................................................ $5,000.00

6. EMS Temporary Special Events:
   A. Minor Event Application ........................................... $125.00
   B. Major Event Application ............................................ $375.00

7. Protocol Manual:
   A. With Binder ............................................................. $40.00
   B. Inserts Only............................................................. $25.00
   C. CD ........................................................................... $10.00

8. Equipment Rental:
   A. Standard Equipment .............................................. $10.00/item
   B. Deluxe Equipment ................................................. $25.00/item

9. Statistical Research...................................................... $100.00/hour

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

           1. Exigent conditions exist whereby obtaining Board approval
              of the fee waiver/refund/deferral would not be immediately feasible; and

           2. The Emergency Medical Services Administrator received
              concurrence from the County Chief Executive Officer.
PASSED AND ADOPTED by the Board of Supervisors of San Bernardino County, State of California, sitting as the Board of Directors of Inland Counties Emergency Medical Agency, by the following vote:


NOES: Directors: None

ABSTAIN: Directors: None

STATE OF CALIFORNIA

) ss.

COUNTY OF SAN BERNARDINO

I, LYNNA MONELL, Secretary of the Board of Directors of Inland Counties Emergency Medical Agency, State of California, hereby certify the foregoing to be a full, true and correct copy of the record of the action taken by said Board of Directors, by vote of the members present, as the same appears in the Official Minutes of said Board at its meeting of March 29, 2022, Item #75.

LYNNA MONELL
Secretary of the Board of Directors of Inland Counties Emergency Medical Agency

By, Deputy

APPROVED AS TO FORM:

TOM BUNTON
County Counsel

BY: JOLENA E. GRIDER
Deputy County Counsel

Date: 4/4/22