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1       **WHEREAS**, ICEMA is authorized under Health and Safety Code sections  
2 1797.212, 1797.213, 1798.164, and 101325, and Government Code section 6502 to  
3 recover its expenses in providing oversight of ICEMA's EMS system and enforcing  
4 healthcare laws;

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

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

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

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

21       **NOW THEREFORE**, be it resolved that:  
22 Resolution No. 2020-93 is hereby repealed. Commencing July 1, 2022, the fees for the  
23 Inland Counties Emergency Medical Agency, State of California, shall be:

- 24       1.     Non-Air Medical Control:
- 25             A.     Provision of Medical Control (annual) ..... \$2,000.00
- 26             B.     Medical Control Compliance ..... \$400.00/unit
- 27       2.     EMS Aircraft Medical Control:
- 28             A.     Provision of Medical Control Permit/Authorization (annual for fiscal

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

1	Center Application .....	\$5,000.00
2	E. Neurovascular Stroke Receiving Center Designation	
3	Application .....	\$5,000.00
4	6. EMS Temporary Special Events:	
5	A. Minor Event Application.....	\$125.00
6	B. Major Event Application.....	\$375.00
7	7. Protocol Manual:	
8	A. With Binder .....	\$40.00
9	B. Inserts Only .....	\$25.00
10	C. CD .....	\$10.00
11	8. Equipment Rental:	
12	A. Standard Equipment.....	\$10.00/item
13	B. Deluxe Equipment .....	\$25.00/item
14	9. Statistical Research .....	\$100.00/hour
15	10. Waive/Refund/Deferral of Fees:	
16	A. Subdivision 10 is effective the date the resolution is effective. In	
17	the event of a disaster, or other good cause shown to serve a public purpose the	
18	Emergency Medical Services Administrator may defer payment of, waive, or refund any	
19	fee set forth in this chapter provided all of the following conditions are met:	
20	1. Exigent conditions exist whereby obtaining Board approval	
21	of the fee waiver/refund/deferral would not be immediately feasible; and	
22	2. The Emergency Medical Services Administrator received	
23	concurrence from the County Chief Executive Officer.	

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**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:

AYES: Directors: Col. Paul Cook (Ret.), Janice Rutherford, Dawn Rowe  
Curt Hagman, Joe Baca, Jr.

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: \_\_\_\_\_