| '  | ORDINANCE NO   |
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| 2  | An ordinance of San Bernardino County, State of California,  |
| 3  | to amend Section 31.0820 of Chapter 8 of Division 1 of Title 3 of the San Bernardino County Code relating to the |
| 4  | establishment and annual adjustment of ambulance service   |
| 5  | rates through the Local Emergency Medical Services Agency ambulance rate setting policy for San Bernardino       |
| 6  | County.An ordinance of San Bernardino County, State of California, to amend Section 31.0820 of Chapter 8 of      |
| 7  | Division 1 of Title 3 of the San Bernardino County Code,   |
| 8  | relating to ambulance rates.   |
| 9  | The Board of Supervisors of the County of San Bernardino, State of California,                                   |
| 10 | ordains as follows:  |
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| 12 | SECTION 1. Effective September 19, 2024, Section 31.0820 of the San  |
| 13 | Bernardino County Code is amended, to read:  |
| 14 | Section§ 31.0820 Ambulance Rates.  |
| 15 | No ambulance service shall charge more than the following rates:   |
| 16 | (a) One Patient. The schedule of maximum rates that may be charged for   |
| 17 | ambulance service for one patient shall be as initially set by resolution adopted by the                         |
| 18 | Board of Supervisors, and as adjusted thereafter as provided in this Chapter.                                    |
| 19 | (b) Rates for Multiple Loads.  |
| 20 | (1) Each additional stretcher or Gurney patient carried at the same time may be                                  |
| 21 | charged the full base rate for response to the call and half the mileage rate.                                   |
| 22 | (2) Each additional sit-up patient shall be charged half the base rate for response                              |
| 23 | to the call and half the mileage rate.   |
| 24 | (3) This Section does not apply to contractual agreements.   |
| 25 | (c) No Charge Transports. No charge shall be made for transporting uninjured or                                  |
| 26 | well persons who accompany a patient.  |
| 27 | (d) Computation of Rates. All rates are to be computed from the time the ambulance                               |
| 28 | arrives for hire until the ambulance delivers the patient to the appropriate destination,                        |

decreases in their cost of operations may also be granted. The Health Officer shall

decreases in an amount equal to the ambulance providers' extraordinary increases or

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determine the application process for such extraordinary cost increases or decreases. Such extraordinary cost increases or decreases shall be subject to Board approval. Any rate adjustment due to extraordinary circumstances shall be effective ten days after having been published in a newspaper of general circulation within the effective service area, once a week for two weeks. This procedure may also be used to obtain rate adjustments due to changes in the CPI that are greater than the five percent cap under the yearly CPI adjustment, above.

- (4) The County Health Officer at the time of any extraordinary adjustment under Subdivision (3) above, may request an audit of books and records of a permittee for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Such an audit shall be carried out by a person-selected by the permittee and approved by the Health Officer. If the County Health-Officer and permittee cannot agree on a person to perform the audit, then the audit-shall be carried out by a Certified Public Accountant selected by the County Health-Officer. If there is any charge, cost or fee for such an audit, such shall be paid by the permittee. The County Health Officer may deny any adjustment if an audit is requested and not produced. Every audit shall be done promptly, and within 30 days of the time it is requested so that there should be no undue delay.
- (g) Collection of Fees Prior to Delivery of Services. Under no circumstances shall ambulance personnel dispatched on a Code 3 call attempt to collect for services provided prior to the delivery of the patient at an appropriate medical facility. Insituations where the patient is not transported, the ambulance provider may not charge the patient for services rendered.
- (h) Rates Applicable to All Ambulance Providers. At the direction of ICEMA, and when authorized pursuant to the local EOA Plan, the ambulance rates established under this Section shall apply to all providers of ambulance services which are subject to the regulatory authority of ICEMA.
- (i) Under no circumstances shall ambulance personnel dispatched on a Code 3 call-

attempt to collect for the service prior to the delivery of the patient at an appropriate medical facility.

- (j)—At the direction of the local Emergency Medical Services ("EMS") Agency, and—when authorized pursuant to the local EMS Plan, the ambulance rates established—under this Section shall apply to all providers of ambulance services which are subject to the regulatory authority of the EMS Plan.
- (a) Ambulance Rates. The schedule of maximum rates that may be charged for ambulance service shall be established and published by the Local Emergency Medical Servies Agency ("LEMSA") in the Inland Counties Emergency Medical Agency ("ICEMA") Ground Based Ambulance Rate Setting Policy for San Bernardino County ("ICEMA Policy", which is currently No. 3060 as initially approved by the ICEMA Board of Directors) and as adjusted on an annual basis thereafter by the Emergency Medical Services ("EMS") Administrator as provided in this Section and ICEMA Policy, or as otherwise approved by the ICEMA Board of Directors.
- (b) Rate Adjustment. The current maximum rates shall be adjusted by the LEMSA through its rate setting policies referred to above in an amount necessary to properly compensate ambulance providers for changes (increases or decreases) in their reasonable costs based on the change in the Consumer Price Index (CPI), the Annual Rate Comparison Study, or the Mileage Charge Rate Adjustments, as set forth within the ICEMA Policy formulas. The LEMSA EMS Administrator shall be responsible for calculating the rate adjustments according to the ICEMA Policy rate adjustment procedure.
- (1) The rate adjustments shall be calculated by April 15 of each year. The CPI adjustment shall be effective as of the first day of July of each year.
- (2) In addition to, and not in lieu of, annual adjustments stated above, rate increases or decreases in an amount equal to the ambulance providers' extraordinary increases or decreases in their cost of operations may also be granted by the ICEMA Board of Directors. The LEMSA EMS Administrator shall determine the application

 process for such extraordinary cost increases or decreases. Such extraordinary cost increases or decreases shall be subject to ICEMA Board of Directors' approval.

- extraordinary adjustment under Subdivision (2)(3) above, may request an audit of books and records of an authorized EMS provider for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Such an audit shall be carried out by a person selected by the provider and approved by the EMS Administrator. If the EMS Administrator and provider cannot agree on a person to perform the audit, then the audit shall be carried out by a Certified Public Accountant selected by the EMS Administrator. If there is any charge, cost or fee for such an audit, itsuch shall be paid by the provider. The EMS Administrator may deny any extraordinary adjustment if an audit is requested and not performed and provided to the EMS Administrator reduced. Every audit shall be done within a reasonable period of time under the circumstances, but not to exceed 90 days from the selection and appointment of the auditor, unless provider has delayed or not reasonably cooperated with the audit process which will result in the denial of the adjustment request.
- (4) Rate adjustments greater than what is allowable under ICEMA Policy are subject to ICEMA Board of Directors' approval.
- (c) Collection of Fees Prior to Delivery of Services. Under no circumstances shall ambulance personnel dispatched on a Code 3 call attempt to collect for services provided prior to the delivery of the patient at an appropriate medical facility.
- (d) Rates Applicable to All Ambulance Providers. At the direction of the LEMSA, and when authorized pursuant to the local EMS Plan, the ambulance rates established under this Section shall apply to all providers of ambulance services which are subject to the regulatory authority of the LEMSA and the EMS Plan.
- (e) Nothing in this Section 31.0820 shall be construed to opine on what amount is an appropriate rate, cost or expense a provider may charge. This Section only sets the maximum rates that may be charged by a provider for ambulance service.

| 1  | SECTION 2. This ordinance shall take effect thirty (30) days from the date of its |
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| 2  | adoption.   |
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| 6  | DAWN ROWE, Chair Board of Supervisors   |
| 7  | SIGNED AND CERTIFIED THAT A COPY  |
| 8  | OF THIS DOCUMENT HAS BEEN DELIVERED   |
| 9  | TO THE CHAIRMAN OF THE BOARD  |
| 10 | LYNNA MONELL, Clerk of the Board of Supervisors                                   |
| 11 | Board of Supervisors  |
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| 1          | STATE OF CALIFORNIA )  |
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| 2          | COUNTY OF SAN BERNARDINO )   |
| 3          | I, LYNNA MONELL, Clerk of the Board of Supervisors of San Bernardino   |
| 4          | County, State of California, hereby certify that at a regular meeting of the Board of  |
| 5          | Supervisors of said County and State, held on the day of, 2024, at which meeting were present Supervisors:                   |
| 6          |  |
| 7          | and the Clerk, the foregoing ordinance was passed and adopted by the following vote, to wit:                                 |
| 8          |  |
| 9          | AYES: SUPERVISORS:   |
| 10         | NOES: SUPERVISORS:   |
| 11         | ABSENT: SUPERVISORS:   |
| 12         |  |
| 13         | IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Board of Supervisors this day of, 2024. |
| 14         | LYNNA MONELL, Clerk of the   |
| 15         | Board of Supervisors of  |
| 16         | San Bernardino County, State of California   |
| 17  <br>18 |  |
| 19         | Deputy   |
| 20         | APPROVED AS TO FORM:   |
| 21         | TOM BUNTON   |
| 22         | County Counsel   |
| 23         |  |
| 24         | By:  |
| 25         | JOLENA E. GRIDER Deputy County Counsel   |
| 26         | Date:  |
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