

Resolution No. ~~2025~~2026- ____

Resolution of the Board of Supervisors acting as the Board
of Directors of the Inland Counties Emergency Medical
Agency, to approve regulatory fees for the emergency
medical services systems of San Bernardino, Inyo, and
Mono Counties.

On Tuesday, _____ 2026, on motion by Supervisor _____, duly
seconded by Supervisor _____, 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; and

Whereas, the Board of Supervisors of San Bernardino County serves as the
Board of Directors of ICEMA; and

Whereas, the delivery of EMS is a matter affecting the public health
concerning each of the counties which comprise ICEMA; and

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 LEMSAs for San Bernardino, Inyo, and Mono Counties;
and

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; and

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; and

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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; and

Whereas, ICEMA is authorized under Health and Safety Code sections 1797.212, 1797.220, 1797.213, 1798.164, and 101325, California Code of Regulation, Title 22, Division 9, and Government Code section 6502 to recover its expenses in providing oversight of ICEMA's EMS System and enforcing healthcare laws; and

Whereas, ICEMA is authorized under California Code of Regulations, Title 22, Division 9, Chapter 7 – 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 resource for the transport and care of emergency medical patients; and

Whereas, ICEMA is authorized under of the California Code of Regulations, Title 22, Division 9, section 100167 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; and

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; and

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:

The fees for Inland Counties Emergency Medical Agency, State of California, shall be as follows:

	Effective: July 1, 2026	July 1, 2027	July 1, 2028
1) Non-Air Medical Control:			
A) Provision of Medical Control (annual)	\$2,500.00	\$2,500.00	\$2,575.00

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	Effective: July 1, 2026	July 1, 2027	July 1, 2028
1 B) Medical Control Compliance	\$500.00/unit	<u>\$500.00</u> /unit	<u>\$515.00</u> /unit
2 2) EMS Aircraft Medical Control:			
3 A) Provision of Medical Control Permit/Authorization (annual for fiscal year)	Actual Cost-Pro Rata	Actual Cost-Pro Rata	Actual Cost-Pro Rata
4	Share Per Provider	Share Per Provider	Share Per Provider
5 B) EMS Aircraft Medical Control Compliance	\$500.00/unit	\$500.00/unit	\$515.00/unit
6 3) EMS Credentialing Fees (every 2 years):			
7 A) Mobile Intensive Care Nurse (MICN)			
8 (Administrative, Base Hospital, Critical Care Transport,			
9 Flight Nurse):			
10 1) Authorization	\$170.00	<u>\$170.00</u>	<u>\$175.00</u>
11 2) Re-authorization	\$170.00	<u>\$170.00</u>	<u>\$175.00</u>
12 3) Challenge	\$300.00	<u>\$300.00</u>	<u>\$305.00</u>
13 B) Emergency Medical Technician – Paramedic (EMT-P):			
14 1) Accreditation	\$170.00	<u>\$170.00</u>	<u>\$175.00</u>
15 2) Re-verification	\$125.00	<u>\$125.00</u>	<u>\$128.00</u>
16 C) Emergency Medical Technician (EMT)/Advanced EMT (AEMT):			
17 1) Certification	\$125.00	<u>\$125.00</u>	<u>\$128.00</u>
18 2) Re-certification	\$125.00	<u>\$125.00</u>	<u>\$128.00</u>
19 D) EMT-P Accreditation Re-test	\$125.00	<u>\$125.00</u>	<u>\$128.00</u>
20 E) EMT/AEMT Credential Replacement	\$35.00	<u>\$35.00</u>	<u>\$36.00</u>
21 F) EMS Credential Name Change	\$35.00	<u>\$35.00</u>	<u>\$36.00</u>
22 4) Training Program Approval Fees (every 4 years):			
23 A) MICN	\$400.00	<u>\$400.00</u>	<u>\$410.00</u>
24 B) EMT/AEMT	\$1,500.00	<u>\$1,500.00</u>	<u>\$1,545.00</u>
25 C) EMT-P	\$1,500.00	<u>\$1,500.00</u>	<u>\$1,545.00</u>
26 D) Continuing Education Provider	\$650.00	<u>\$650.00</u>	<u>\$665.00</u>
27 5) Hospitals:			
28 A) Specialty Designation (Neurovascular Stroke [Stroke], ST Elevation			

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	Effective: July 1, 2026	July 1, 2027	July 1, 2028
1 Myocardial Infarction [STEMI], Trauma, Pediatric, Base)			
2 Application	\$5,000.00	<u>\$5,000.00</u>	<u>\$5,150.00</u>
3 B) Base Hospital Designation (annual)	\$5,000.00	<u>\$5,000.00</u>	<u>\$5,150.00</u>
4 6) EMS Temporary Special Events:			
5 A) Minor Event Application	\$125.00	<u>\$125.00</u>	<u>\$128.00</u>
6 B) Major Event Application	\$375.00	<u>\$375.00</u>	<u>\$375.00</u>
7 7) Protocol Manual:	\$40.00	<u>\$40.00</u>	<u>\$40.00</u>
8 8) Waive/Refund/Deferral of Fees:			
9 A) In the event of a disaster, or other good cause shown to serve a			
10 public purpose the Emergency Medical Services Administrator may			
11 defer payment of, waive, or refund any fee set forth in this chapter			
12 provided all of the following conditions are met:			
13 1) Exigent conditions exist whereby obtaining Board			
14 approval of the fee waiver/refund/deferral would			
15 not be immediately feasible; and			
16 2) The Emergency Medical Services Administrator receives			
17 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, acting as the Board of Directors of Inland Counties Emergency Medical Agency, by the following vote:

AYES: Directors:

NOES: Directors:

ABSENT: Directors:

STATE OF CALIFORNIA)
) ss.
SAN BERNARDINO COUNTY)

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 _____, Item # _____.

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

By _____
Deputy

Approved as to Form:

LAURA FEINGOLD
County Counsel

By: _____

JOLENA E. GRIDER
Deputy County Counsel

Date: _____



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving _____
San Bernardino, Inyo & Mono Counties