## RESOLUTION NO.

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, \_\_\_\_\_\_, 20192022, 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 the Counties of 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 the County 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 the Counties of 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 the Counties of San Bernardino, Inyo and Mono

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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, 20192022, 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:

1		A.	Prov	vision of Medical Control Permit/Authorization (ar	nnual for fiscal	
2			year	·)Actual Cost-Pro Rata Sha	ıre Per Provider	
3		B.	EMS	S Aircraft Medical Control Compliance	\$400.00/unit	
4	3.	EMS	S Credentialing Fees (every 2 years) <u>:</u>			
5		A.	Mob	ile Intensive Care Nurse (MICN)		
6			(Adr	ministrative, Base Hospital, Critical Care Transpo	ort, Flight	
7			Nurs	se) <u>:</u>		
8			1.	Authorization	\$120.00	
9			2.	Re-authorization	\$120.00	
10			3.	Challenge	\$235.00	
11		B.	Eme	ergency Medical Technician - Paramedic (EMT-F	) <u>:</u>	
12			1.	Accreditation	\$120.00	
13			2.	Re-verification	\$70.00	
14	C. Emergency Medical Technician (EMT)/Advanced EMT (AEMT				ИТ (АЕМТ) <u>:</u>	
15			1.	Certification	\$70.00	
16			2.	Re-certification	\$70.00	
17		D.	ЕМТ	Γ-P Accreditation Re-test	\$80.00	
18		E.	ЕМТ	T/AEMT Credential Replacement	\$25.00	
19		F.	EMS	S Credential Name Change	\$25.00	
20	4.	Trai	ining Program Approval Fees (every 4 years):			
21		A.	MIC	N	\$400.00	
22		B.	ЕМТ	Γ/AEMT	\$1,500.00	
23		C.	ЕМТ	Г-Р	\$1,500.00	
24		D.	Con	tinuing Education Provider	\$650.00	
25	5.	Hos	pitals <u>:</u>			
26		A.	Base	e Hospital Application	\$5,000.00	
27		B.	Base	e Hospital Designation (annual)	\$5,000.00	
28		C.	Trau	ıma Hospital Application	\$5,000.00	

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1		D.	ST Elevation Myocardial Infarction (STEMI) Receiving			
2			Center Application\$5,000.00			
3		E.	Neurovascular Stroke Receiving Center Designation			
4			Application\$5,000.00			
5	6.	EMS	Temporary Special Events:			
6		A.	Minor Event Application\$125.00			
7		B.	Major Event Application\$375.00			
8	7.	Proto	Protocol Manual:			
9		A.	With Binder\$40.00			
10		B.	Inserts Only\$25.00			
11		C.	CD\$10.00			
12	8.	Equi	pment Rental <u>:</u>			
13		A.	Standard Equipment\$10.00/item			
14		B.	Deluxe Equipment\$25.00/item			
15	9.	Stati	stical Research\$100.00/hour			
16	<u>10.</u>	Waiv	ve/Refund/Deferral of Fees:			
17		<u>A.</u>	Subdivision 10 is effective the date the resolution is effective. In			
18	the event o	f a di	saster, or other good cause shown to serve a public purpose the			
19	Emergency	<u>Medic</u>	al Services Administrator may defer payment of, waiver, or refund any			
20	fee seth fort	h in th	is chapter provided all of the following conditions are met:			
21			1. Exigent conditions exist whereby obtaining Board approval			
22	of the fee wa	aiver/r	efund/deferral would not be immediately feasible; and			
23			2. The Emergency Medical Services Administrator received			
24	concurrence	from	the County Chief Executive Officer.			
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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:									
5	NOES: Directors:									
6	ABSTAIN: Directors:									
7	STATE OF CALIFORNIA )									
8	) ss. (COUNTY OF SAN BERNARDINO )									
9	COUNTY OF SAN BERNARDING )									
10	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									
11										
12	vote of the members present, as the same appears in the Official Minutes of said Board at its meeting of, 2022, Item #									
13	LYNNA MONELL									
14	Secretary of the Board of Directors									
15	of Inland Counties Emergency Medical Agency									
16	Bv									
17	By Deputy									
18	APPROVED AS TO FORM:									
19	TOM BUNTON									
20										
21										
22	BY:									
23	JOLENA E. GRIDER Deputy County Counsel									
24	Deputy County Counsel									
25	Date:									
26										
27										
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