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RESOLUTION NO. 20242025-_____

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, _____, 20242025, 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

1 **WHEREAS**, it is ICEMA's desire to recover its overhead costs for providing
2 oversight to the EMS System within San Bernardino, Inyo, and Mono Counties by
3 establishing fees; and

4 **WHEREAS**, ICEMA is authorized under Health and Safety Code sections
5 1797.212, 1797.220, 1797.213, 1798.164, and 101325, California Code of Regulation,
6 Title 22, Division 9, and Government Code section 6502 to recover its expenses in
7 providing oversight of ICEMA's EMS System and enforcing healthcare laws; and

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

13 **WHEREAS**, ICEMA is authorized under of the California Code of Regulations,
14 Title 22, Division 9, section 100300100167 to integrate aircraft into its prehospital
15 patient transport system and develop a program which classifies EMS Aircraft,
16 establishes policies, and charges fees to cover the costs directly associated with the
17 classification, authorization, inspection, and provision of medical control of EMS Aircraft;
18 and

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

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

25 **NOW THEREFORE**, be it resolved that:

26 Commencing July 1, 20242025, the fees for the Inland Counties Emergency
27 Medical Agency, State of California, shall be as follows:

- 28 1. Non-Air Medical Control:

- 1 A. Provision of Medical Control (annual) \$~~2,000~~2,500.00
- 2 B. Medical Control Compliance..... \$~~400~~500.00/unit
- 3 2. EMS Aircraft Medical Control:
- 4 A. Provision of Medical Control Permit/Authorization (annual for fiscal
- 5 year) Actual Cost-Pro Rata Share Per Provider
- 6 B. EMS Aircraft Medical Control Compliance..... \$~~400~~500.00/unit
- 7 3. EMS Credentialing Fees (every 2 years):
- 8 A. Mobile Intensive Care Nurse (MICN)
- 9 (Administrative, Base Hospital, Critical Care Transport, Flight
- 10 Nurse):
- 11 1. Authorization..... \$~~420~~170.00
- 12 2. Re-authorization \$~~420~~170.00
- 13 3. Challenge \$~~235~~300.00
- 14 B. Emergency Medical Technician - Paramedic (EMT-P):
- 15 1. Accreditation..... \$~~420~~170.00
- 16 2. Re-verification..... \$~~70~~125.00
- 17 C. Emergency Medical Technician (EMT)/Advanced EMT (AEMT):
- 18 1. Certification..... \$~~70~~125.00
- 19 2. Re-certification \$~~70~~125.00
- 20 D. EMT-P Accreditation Re-test..... \$~~80~~125.00
- 21 E. EMT/AEMT Credential Replacement \$~~25~~35.00
- 22 F. EMS Credential Name Change \$~~25~~35.00
- 23 4. Training Program Approval Fees (every 4 years):
- 24 A. MICN \$400.00
- 25 B. EMT/AEMT \$1,500.00
- 26 C. EMT-P \$1,500.00
- 27 D. Continuing Education Provider \$650.00
- 28 5. Hospitals:

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- A. Specialty Designation (Neurovascular Stroke [Stroke], ST Elevation Myocardial Infarction [STEMI], Trauma, Pediatric, Base) Application 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~~
- 810. Waive/Refund/Deferral of Fees:
 - A. 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

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2. The Emergency Medical Services Administrator receives concurrence from the County Chief Executive Officer.

1 **PASSED AND ADOPTED** by the Board of Supervisors of San Bernardino
2 County, State of California, acting 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.
9 COUNTY OF SAN BERNARDINO)

10 I, **LYNNA MONELL**, Secretary of the Board of Directors of Inland Counties
11 Emergency Medical Agency, State of California, hereby certify the foregoing to be a full,
12 true and correct copy of the record of the action taken by said Board of Directors, by
13 vote of the members present, as the same appears in the Official Minutes of said Board
14 at its meeting of _____, ~~2024~~2025, Item #____.

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

18 By _____
19 Deputy

20 APPROVED AS TO FORM:

21 TOM BUNTON
22 County Counsel

23 BY: _____
24 JOLENA E. GRIDER
25 Deputy County Counsel

26 Date: _____