



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, 1797.213, 1798.164, and 101325, and Government Code section 6502 to  
6 recover its expenses in providing oversight of ICEMA's EMS System and enforcing  
7 healthcare laws; and

8           **WHEREAS**, ICEMA is authorized under California Code of Regulations, Title 22,  
9 Division 9, Chapter 8 - 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 100300, to integrate aircraft into its prehospital patient  
15 transport system and develop a program which classifies EMS Aircraft, establishes  
16 policies, and charges fees to cover the costs directly associated with the classification,  
17 authorization, inspection, and provision of medical control of EMS Aircraft; and

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

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

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

25           Commencing July 1, 2024, the fees for the Inland Counties Emergency Medical  
26 Agency, State of California, shall be as follows:

- 27           1.     Non-Air Medical Control:
- 28                 A.     Provision of Medical Control (annual) ..... \$2,000.00

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

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