

Ambulance Ordinance

Chapter 8.12

AMBULANCES

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8.12.010 Purpose.

The purposes of this chapter are:

- A. To enact regulations, policies, procedures, and protocols which are necessary for the public health and safety regarding ambulance service in the County;

- B. To enact regulations, policies, procedures, and protocols for issuing contracts and regulating air and ground ambulance services to ensure competent, efficient and adequate care is provided within the County;
- C. To enact exclusive ambulance service operational areas for emergency, non-emergency, and stand-by ambulance service throughout the County;
- D. To allow for adequate ambulance services and rates in all areas of the County; and
- E. To allow for the orderly and lawful operation of the emergency medical services (EMS) system pursuant to the provisions of Division 2.5 of the Health and Safety Code commencing with Section 1797.

8.12.020 Intent and applicability.

- A. It is the Board of Supervisors intent with this chapter to undertake the prescribed functions and responsibilities of a local government entity concerning ambulance services as authorized by the state of California pursuant to, among other authority, Health and Safety Code Sections 1443 and 1797, et seq., Welfare and Institutions Code Section 17000, and Vehicle Code Section 2512.
- B. It is the Board’s further intent in enacting this chapter to exercise to the full extent allowable under the laws of the state of California its discretion and authority to regulate all emergency, non-emergency, and stand-by ambulance transportation services throughout all the unincorporated and incorporated areas of the County.
- C. It is the Board’s further intent to establish Exclusive Operating Areas for ambulance services pursuant to provisions of Division 2.5 of the Health and Safety Code commencing with Section 1797, and to assign providers to each Exclusive Operating Area through the use of performance contracts with ambulance providers. Such contracts may be awarded to eligible ambulance providers through competitive processes or through “grandfathering” as provided by Health and Safety Code Section 1797.224.
- D. This chapter is not intended to apply to gurney van or wheelchair van services that do not meet the definition of ambulance service. This chapter is also not intended to apply to specialty care transports by ground or air where the specialty team originates outside the County and the patient care services indicated for the patient exceed the scope of services that is provided by ambulance providers operating within the County. This chapter is not intended to apply to ambulances operated by the federal government or to ambulances engaged in the transport of patients into or through the County in which the origin of the patient transport is located outside of the County. Military ambulances are exempt from this chapter, except when providing service outside the geographic boundary of the military base.

8.12.030 Definitions.

For the purposes of this chapter, the following terms shall have the meanings set out in this section:

- A. Advanced Life Support (ALS) ambulance - an ambulance with valid California Highway Patrol certification that has the basic personnel, equipment, and supplies set forth in Title 13 and Title 22 of the California Code of Regulations and Department specifications.
- B. Advanced Life Support (ALS) - special services designed to provide definitive pre-hospital emergency medical care. Such care includes, but is not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by Department authorized personnel.
- C. Advanced Life Support first responder – a public or private provider or agency that engages in EMS first response at the advanced life support level through a Department-approved ALS program.
- D. Air ambulance - any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support. An Air Ambulance, at minimum, shall include one (1) Paramedic and one (1) Registered Nurse as a medical flight crew in accordance with local standards.
- E. Ambulance attendant - a qualified person certified to act as an attendant on an ambulance while transporting a patient.
- F. Ambulance - a surface transportation vehicle with valid certification issued by the California Highway Patrol that is specifically constructed, modified, equipped, designed, used, and operated for transporting sick, injured, convalescing, infirm, or otherwise medically incapacitated persons in need of ambulance service. Once certified, an ambulance is always an ambulance until permanently decommissioned.
- G. Ambulance service - medical transportation service for patients requiring medical treatment and/or medical monitoring due to illness, injury, or other medical condition.
- H. Ambulance service contract – an agreement between the County and an ambulance provider used as an instrument to authorize ambulance service.
- I. Ambulance service performance standards – a listing of the department’s minimum requirements in performing ambulance service.
- J. Ambulance provider - the business of, or a person owning, operating, managing, or maintaining as principal or agent of one or more ambulances, either ground, air, or water, for the purpose of providing any ambulance service within the County EMS system.
- K. Ambulance driver - a qualified person who operates an ambulance as specified by Title 13, California Code of Regulations and authorized by the California

- Highway Patrol to operate an ambulance. In addition to CHP qualifications, the driver shall, as a minimum, be certified as an EMT-1.
- L. Ambulance service rates - any monetary charge, fare, rate, or other consideration or compensation for ambulance service.
 - M. Annual Achievement Benchmarks – a listing, developed and maintained by the department, of the measurements of performance in achieving required levels of ambulance service and customer service expected of an ambulance provider over the period of one year.
 - N. Basic Life Support (BLS) - emergency first aid and cardiopulmonary resuscitation procedures that, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.
 - O. Basic Life Support (BLS) Ambulance - an ambulance with valid California Highway Patrol certification that has personnel, equipment and supplies as specified by Title 13 and Title 22, California Code of Regulations and Department specifications.
 - P. Board - the Board of Supervisors of the County.
 - Q. City - an incorporated city within the County.
 - R. City manager - the administrator of a city.
 - S. County – the County of Kern, a political subdivision of the State of California.
 - T. Days - calendar days, unless otherwise specified.
 - U. Department - the Kern County Emergency Medical Services Department, as established by Ordinance Code Section 2.23.010; the designated local EMS agency (LEMSA).
 - V. Director - the public official in charge of the emergency medical services system and Emergency Medical Services Department for the County of Kern, in accordance with Ordinance Code Section 2.23.020.
 - W. Emergency - an unforeseen condition or situation as a result of an injury or illness that poses an immediate threat to a person's health or life wherein a person requires immediate medical attention. The unforeseen condition may be an injury, physical disorder, mental disorder, or other condition that includes severe pain.
 - X. Emergency department - the area of a licensed general acute care hospital that customarily receives patients in need of emergent medical evaluation and/or care.
 - Y. Emergency Medical Dispatch (EMD) – the use of protocols, adopted and approved by the County and Medical Director, to telephonically assess patient needs, categorize requests for service, determine the level of emergency/urgency in each case, and provide pre-arrival medical instructions.
 - Z. Emergency Medical Services (EMS) - the services, personnel, resources, equipment, and supporting administration and infrastructure used in responding

- to medical emergencies, providing emergency medical care, transporting of patients, and facilities that render emergency medical treatments.
- AA. Emergency Medical Technician-1 (EMT-1) - a person trained and certified to provide basic life support according to standards as prescribed by Division 2.5 of the California Health and Safety Code. The Emergency Medical Technician-1 is often simply referred to as an EMT throughout the Department's regulations and policies.
 - BB. Emergency Medical Technician-Paramedic (EMT-P) - a person specially trained and certified to provide advanced life support according to standards prescribed by Division 2.5 of the California Health and Safety Code. The Emergency Medical Technician-Paramedic is often simply referred to as a paramedic throughout the Department's regulations and policies.
 - CC. Emergency service- any service provided during the dispatch, response, and pre-hospital phase of an emergency call.
 - DD. EMS aircraft - any aircraft designed and equipped to provide air transport of sick, injured, convalescent, infirm, or otherwise medically incapacitated persons in compliance with Title 22, and has been approved and certified by the Department for use as an EMS aircraft. EMS aircraft includes air ambulances and all categories of rescue aircraft. An EMS aircraft shall be certified by the Federal Aviation Administration and have a Part 135 Certificate as an air carrier if a fee is collected for transportation services.
 - EE. EMS Plan - a plan for the delivery of emergency medical services consistent with State guidelines addressing the components listed in California Health and Safety Code Section 1797.103.
 - FF. EMS System - a specially organized arrangement that provides for the personnel, facilities, and equipment for the effective and coordinated delivery in an EMS area of medical care services under emergency conditions.
 - GG. Exclusive Operating Area (EOA) – a geographic area or sub-area defined by the EMS Plan for which the County restricts the number of ambulance providers allowed to provide ambulance service.
 - HH. First responder - trained member or members (unit) of a public safety agency or ambulance provider that are first dispatched to the scene of an emergency and authorized by the Department to provide patient care.
 - II. Gurney van - a vehicle that is modified, equipped and used for the purpose of providing medical transportation for medical passengers who may be confined to a litter or gurney. The vehicle shall not be staffed with an attendant who provides care during transport, and the vehicle shall not be equipped with the medical equipment required for the specialized care provided in an ambulance.
 - JJ. Hospital, Base - one of a limited number of hospitals which, upon designation by the Department and upon the execution of a formal agreement with the County, is responsible for directing the advanced life support system and pre-hospital

- care system assigned to it by the Department, and is responsible for accepting pre-hospital patients arriving by ambulance.
- KK. Hospital, Receiving – one of a limited number of hospitals that, upon designation by the Department and upon the execution of a formal agreement with the County, is responsible for accepting pre-hospital patients arriving by ambulance.
 - LL. Level of service - the type of emergency medical services that may be provided by an approved ambulance business or approved first responder agency, and will be specified as basic life support, and/or advanced life support service rendered by personnel certified as specified in Division 2.5 of the California Health and Safety Code and Title 22, Division 9 of the California Code of Regulations.
 - MM. Litter Van – see gurney van.
 - NN. Local Emergency – local emergency, as defined in the California Emergency Services Act, Chapter 7, Division 1, Title 2 of the Government Code, as amended.
 - OO. Medical Director - the public official employed at the Department, appointed by the Board of Supervisors, to provide medical direction to and oversight of the County EMS system, in accordance with Ordinance Code Section 2.23.030.
 - PP. Medical necessity - the use of a properly staffed and equipped ambulance is the most appropriate level of transportation service which can safely be provided, when the following circumstances are present: the scope of practice to be provided by the ambulance attendant(s) is appropriate and necessary for the symptoms, diagnosis, or treatment of the patient’s medical condition; and diagnosis, direct care, or treatment of the patient’s medical condition cannot be performed at the patient’s current location; and transporting the patient is within the standards of good medical practice of the organized medical community; and transporting the patient is not primarily for the convenience of the patient, the patient’s physician or any other medical professional, including acute care hospitals just because other means of transportation are not readily available. An interfacility transport by ambulance is medically necessary when a patient’s condition is such that use of any other means of transportation would further endanger the patient’s health or medical condition and; a trained medical attendant is necessary due to the types of medical care and/or services the patient is receiving or will require during transport, and necessary treatment(s) cannot be provided at the patient’s current location; and safe and adequate care cannot be received by a mode of transportation lesser than an ambulance.
 - QQ. Medical passenger - a person in need of transportation for medical purposes such as attendance at a doctor’s appointment, clinic visit, or for other non-emergent reasons. Medical passengers are differentiated from patients in that their medical condition is stable and the medical passenger does not need medical observation, intervention, or treatment during transportation. The medical passenger must be able to maintain an open airway without assistance and self-administer any medical care enroute. Medical passengers are typically

transported by gurney van, wheelchair van, or by a family member. The Department may establish policies that differentiate between patients and medical passengers.

- RR. Medical protocol - pre-established physician-authorized procedures or guidelines for medical care of a specified clinical situation, based on patient presentation.
- SS. Medi-van – see gurney van or wheelchair van.
- TT. Multi-casualty incident - a natural or human-caused event that is characterized by a limited geographic scope, two or more victims/patients need medical care, and the event can be managed by an on-scene command system.
- UU. Mutual aid - the furnishing of resources, from one individual agency or ambulance provider to another individual agency or ambulance provider, pursuant to an agreement between the involved parties. Resources may include but are not limited to facilities, personnel, equipment, and services. Mutual aid may be automatic, whereby resources are provided upon fulfillment of specific pre-determined factors, and mutual aid may be incidental, whereby resources are provided at the request of another entity.
- VV. Non-emergency - a situation in which there is no perceived need for immediate action, attention, or decision-making to prevent death or to reduce suffering (adjective form: “non-emergent”).
- WW. Nonexclusive operating area – a geographic area or sub-area defined by the EMS Plan for which the County has not restricted the number of ambulance providers allowed to provide ambulance service.
- XX. Patient - an apparently wounded, injured, sick, invalid, convalescent, or other incapacitated person in need of medical observation, intervention, or treatment during transportation.
- YY. Population density – a measurement tool that may be a factor used in determining response time requirements, which generally consists of the number of people per square mile, based on population count of the most recent US Census. The classifications are: Metro – greater than 500 persons per square mile; Urban – 101 to 500 persons per square mile; Suburban – 51 to 100 persons per square mile; Rural – 7 to 50 persons per square mile; and Wilderness – less than 7 persons per square mile.
- ZZ. Provider - an organization, company, institution, or individual authorized to provide direct patient care.
- AAA. Public safety agency - a government entity that provides fire fighting, law enforcement, medical, or other emergency services.
- BBB. Quality Assurance/Quality Improvement - a method of evaluating EMS services, which includes defined standards, evaluation methodologies, and use of evaluation results for continued system improvement.
- CCC. Special event - an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in

- numbers, or engaged in an activity, that makes it advantageous to have one or more EMS resources at the site.
- DDD. Standby service, pre-planned – an ambulance being available on site of a special event to provide medical care to spectators and/or participants pursuant to a contractual arrangement between an ambulance provider and the special event owner, operator, promoter, organizer, or any other person authorized to enter into such contractual arrangements on behalf of the special event.
- EEE. Standby service, emergency – an ambulance being available on site of an emergency to provide medical care to the victims or rescue workers pursuant to a request from a public safety agency.
- FFF. State of emergency – state of emergency, as defined in the California Emergency Services Act, Chapter 7, Division 1, Title 2 of the Government Code, as amended.
- GGG. Specialty Care Transport (SCT) – hospital-to-hospital transportation of a critically injured or ill patient by an ambulance, including the provision of medically necessary supplies and services, at a level of service beyond the scope of practice of the EMT-P, as defined herein. SCT is necessary when a patient’s condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-P with a Department-approved expanded scope of practice. The paramedics’ expanded scope of practice means specific additional training required by the state of California and the Department that qualifies the person to furnish specialty care to a critically ill or injured patient during a SCT. The Department will provide further refinement of SCT and establish a policy for use and level of service.
- HHH. Urgent - a situation in which there is a real or perceived need for immediate action, attention, or decision-making to reduce morbidity, but where no life-threatening situation appears to exist.
- III. Wait-and-return-transport – the transport of a patient across the boundaries of EOAs, wherein the transport begins within one EOA, the patient is transported into another EOA to obtain medical diagnostic tests, evaluations, or treatments, and the patient is returned to the original EOA. At no time between the first transport and the return trip is the patient discharged from care of the sending physician nor admitted as an inpatient to any medical facility.
- JJJ. Wheelchair van - a vehicle that is modified, equipped and used for the purpose of providing medical transportation for medical passengers who use a wheelchair. The vehicle is not routinely staffed with an attendant, and the vehicle shall not be equipped with the medical equipment required for the specialized care provided in an ambulance.

8.12.040 Contracts.

- A. It is unlawful for any person, either as owner, agency or otherwise, to operate, conduct, advertise, engage in or profess to be engaged in the business or service of the transportation of any patient by ambulance upon the streets or any public way or place in the territory of the County or within the city limits of the cities of the County, except in conformance with a valid ambulance service contract issued by the County.
- B. All ambulance service providers in the County (including both ground and air) are required by this chapter to obtain an ambulance service contract from the County to provide emergency, non-emergency, or stand-by ambulance service in the County.
- C. Upon recommendation by the Department, the Board shall make the final determination to execute an ambulance service contract with an ambulance provider, to operate in the County.
- D. Each ambulance service and EMS service provider shall conform to all laws, rules, and regulations set forth in the California Vehicle Code, California Health and Safety Code, and all federal, state and County codes, regulations, policies, procedures, and protocols applicable to emergency medical services and/or ambulance service.
- E. Nothing in this chapter shall be construed to modify or in any way affect existing state laws concerning ambulance service.
- F. The equipment and personnel standards specified in this chapter apply to all ambulance services; however, the requirements shall not apply to vehicles operated as ambulances at the request of local authorities during any "state of war emergency," duly proclaimed "state of emergency" or "local emergency," as defined in the California Emergency Services Act, Chapter 7, Division 1, Title 2 of the Government Code, as amended.
- G. The terms and conditions of the contract may at any time during the life of the contract be amended or modified by the Board of Supervisors, upon concurrence of all parties to the contract. The performance standards may at any time during the life of the contract be amended or modified by the County in accordance with Section 8.12.100.J.

8.12.050 Contract issuance.

- A. An ambulance service contract can only be issued by the Board by grandfathering or completion of a competitive process in accordance with California Health and Safety Code 1797.224. The County reserves the right to issue an interim contract to any ambulance service for any area of the County under emergency circumstances such as failure of an ambulance service. In the event the Director determines that the health and safety of the residents of Kern County is threatened or jeopardized, the Director shall take such action as he/she determines is reasonably necessary to alleviate that threat. Such action may include, but is not limited to, temporary assignment of an ambulance

provider to an exclusive operating area to provide services for a failed ambulance service. Emergency action taken by the Director must be ratified and approved by the Board within thirty (30) calendar days to remain valid. The Board will determine the term of the action, and the Board may issue an interim contract for a specified term.

- B. The Department retains the authority to assign any area of the County to automatic mutual aid or incidental mutual aid for ambulance service.

8.12.060 Transferability of contract.

An ambulance service contract shall not be transferable by the ambulance service to another person, party or business, for the purpose of providing ambulance service within the designated exclusive operating area or a portion thereof unless formally approved by the Board.

8.12.070 Contract extension.

The Board will determine the length of each contract. At the discretion of the Board, contract extensions may be granted, or the contract may provide for automatic annual renewals. Each contract may contain provisions for earned contract extensions for achievement of performance measures and customer service specified by the Department. Achievement of performance measures and customer service will be known as annual achievement benchmarks, as specified in either the contract or performance standards policy, or both. The Department shall report each ambulance provider's performance and annual achievement benchmarks to the Board annually. Failure of the ambulance service to meet or exceed annual achievement benchmarks for any two (2) years during the contract term may result in forfeiture of the ambulance service to earn any further annual extension of the contract or cause County to provide notice of nonrenewal. Failure of the ambulance service to meet or exceed annual achievement benchmarks for any (3) three years during the contract term may result in a finding of breach and the initiation of a competitive bid process for the exclusive operating area.

8.12.080 Breach of contract and default.

- A. Any ambulance service contract issued by the County may be suspended or terminated by the Department for non-compliance with this chapter, the terms of the contract, or performance standards.
- B. Each contract shall contain performance criteria and provisions for the suspension or termination of the contract for failure to meet the performance criteria or other provisions.
- C. Each contract shall contain provisions designed to assure continuity of ambulance service in the event of the default or breach of contract by the ambulance service and any subsequent suspension or termination by the County.

- D. Each contract shall contain an administrative process by which an ambulance service may appeal a determination of breach or default. The appeal process shall include provisions that require the ambulance service to cooperate with any contract termination and emergency takeover of ambulance services prior to filing an appeal.

8.12.090 County fees.

County charges issued to ambulance providers shall be as specified in Chapter 8.13 of the Ordinance Code.

8.12.100 Service and performance requirements.

- A. The ambulance provider shall maintain a valid ambulance service license issued by the Commissioner of the California Highway Patrol for ground ambulances, and the air ambulance provider shall be, or contract with, a certified air carrier operating under the provisions of Part 135 of the Federal Aviation Regulations. Each ambulance service shall conform to all laws, rules, and regulations set forth in the California Vehicle Code, California Health and Safety Code, and all federal, state and County codes, regulations, policies and procedures applicable to emergency medical services, ambulance service, and/or aircraft operations.
- B. Each ambulance provider shall provide ALS ambulance service, at the level specified in the performance standards, twenty-four (24) hours per day, seven (7) days a week. If for any reason an ambulance provider ceases to provide the prescribed level or levels of ambulance service, the ambulance service shall immediately notify the Department.
- C. An ambulance service shall not provide ambulance service originating within the County outside the territorial limits of the assigned ambulance service exclusive operating area unless requested by the emergency communications center (ECC) or the Department in accordance with Department authorized mutual aid procedures.
- D. Each patient shall be provided with appropriate medical care, including personnel and equipment, according to the California Health and Safety Code, California Code of Regulations Title 22, and applicable Department policies, procedures, directives, or protocols. Transport personnel shall not be authorized, and shall not provide service beyond their scope of practice. No patient shall be denied ambulance service that is a medical necessity.
- E. During any state of war emergency, state of emergency, or local emergency, as defined in the California Emergency Services Act, Chapter 7, Division 1, Title 2 of the Government Code, as amended, each ambulance service shall provide equipment, facilities, and personnel as requested by the Department.
- F. When the Director or designee determines that ambulance resources within the County are inadequate to respond to a state of war emergency, state of emergency, local emergency, or disaster, a request for mutual aid may be made

to any county of the state or adjoining states. Whenever the Director or designee receives a request involving emergency ambulance mutual aid from any county, region, state, or federal level such resources shall be requested and provided to the extent that they are available.

- G. The Director or designee may, at any time, temporarily assign any area of the County to an ambulance service under mutual aid when indicated for public health and safety.
- H. If an ambulance service cannot maintain sufficient financial stability to continuously provide the level of services in accordance with the performance contract, the ambulance provider shall immediately notify the Department.
- I. The ambulance provider shall maintain performance within minimum ambulance service performance standards established by the Department.
- J. The performance standards may at any time be amended or modified by the Board of Supervisors, upon recommendation of the Department, after notice to ambulance providers and other known interested parties. A standardized process for revising performance standards shall be developed by the Department and adopted by the Board of Supervisors. Establishing, modifying, and amending performance standards shall be under the exclusive control of the County.
- K. The Department is authorized to make minor modifications to performance standards to facilitate the day-to-day administration of the EMS system, when the proposed modification 1) does not reduce or diminish the standard of care being provided to the public, and 2) ambulance providers and other known interested parties expected to be affected by the modification are in general support of the change.

8.12.110 Ambulance rates.

- A. Ambulance rate regulation shall be in effect throughout the County, including all incorporated cities within the County. Ambulance rate regulation, including rate categories and rate amounts, shall apply to all ambulance services that have a valid exclusive operating area performance contract with the County. These ambulance service charges shall not be more than the rates approved by the Board. (G-7518)
- B. No charge shall be made for transporting uninjured or well persons who accompany a patient, when these persons are not treated at an emergency care facility.
- C. An ambulance provider, that has a valid exclusive operating area performance contract with the County, who requests any rate change shall refer a written request to the Department in accordance with the Ambulance Rates Process, which was originally approved by the Board on April 19, 2005, and as amended from time to time. Any written request not in compliance with the Ambulance Rates Process will be returned to the ambulance service without referral to the Board. The ambulance service shall comply with the Ambulance Rates Process

and shall provide any and all data requested by the Department. The Department will, to the extent allowed by law, maintain ambulance service proprietary data as confidential. Once determined by the Department that the written request is complete, the Department will review the request and issue a recommendation to the Board. Any proposed ambulance service rate change must be adopted by the Board before any rate change is placed into effect or is billed by an ambulance provider. The Board may authorize, modify, or deny any proposed ambulance service rate change. (G-7518)

- D. A rate change when approved by the Board shall be effective on the date of approval or as specified by the Board. An approved rate change may only be applied for services provided on or after the effective date.
- E. Proposed special rates or proposed changes in such rates shall be submitted to the Department.
- F. Ambulance service rates and rate categories for ambulance services that have a valid exclusive operating area performance contract with the County shall be those maintained by the Department. The intent is to have fewer, consolidated and uniform rate categories, so as to provide for simplicity in ambulance billing for the citizens of the County. Current rate categories and charges shall be posted at each ambulance service place of business. (G-7518)

8.12.120 Continuation of calls.

- A. An ambulance based and properly licensed outside the County shall be authorized to pick up a patient outside the County and transport a patient to or through the County.
- B. A County authorized and contracted EOA ambulance provider shall be authorized to conduct a wait and-return-transport, provided that the patient is returned to the EOA of origin within twelve (12) hours of departing the original facility.

8.12.130 Interfacility transfers.

- A. Each ambulance service participating in the transfer of patients with an ambulance shall conform to all laws, rules, and regulations set forth in the California Health and Safety Code and Department policies, procedures, protocols, or directives applicable to interfacility transfer of patients, and pursuant to any formal transfer agreements between transferring and receiving facilities involved.
- B. Transport performed by an ALS or BLS ambulance to a patient shall be provided with appropriate medical care, including personnel and equipment, according to the California Health and Safety Code and applicable Department policies. Transport personnel shall not be authorized, and shall not provide service beyond their scope of practice.

8.12.140 Department responsibilities.

- A. The Department shall make rules and regulations deemed necessary and reasonable to manage, coordinate, oversee, and regulate the EMS system. Such rules and regulations will be developed in consultation with EMS system participants and the public.
- B. The Department will review operational records, operational facilities, vehicles, equipment, and methods of operation at times deemed appropriate in order to provide quality assurance monitoring.
- C. The Director shall be vested with the authority to administer the provisions set forth within this chapter. In the course of these duties, the Director shall have the authority to interpret the provisions of this chapter. Where there is a question as to the meaning or the intent of any requirement of this chapter, including interpretations of performance standards, rules, regulations, protocols, policies and other requirements, the Director shall provide any necessary interpretation. The Director shall consult the Medical Director on any issue related to medical control, in accordance with the California Health and Safety Code, and California Code of Regulations Title 22. The decision of the Director shall be final.

8.12.150 Temporary variance.

- A. In the event of any interruption of service, or any substantial change in the ambulance service, which causes, or threatens to cause, the ambulance service to be carried out differently than specified in the contract, the ambulance provider shall immediately notify the Department orally, to be followed by written notification within three (3) days, stating the facts of such change.
- B. Upon request by the ambulance provider, the Department may grant a temporary variance in writing from the conditions specified in the contract, if it is found that such change is necessary for compliance with the provisions of this chapter.

8.12.160 Violation of this chapter.

- A. The Department shall investigate all documented infractions, complaints and/or allegations of this chapter. The purpose of such investigation is to determine potential validity of such infractions, complaints and/or allegations.
- B. The Director and/or the Medical Director may grant a variance in the terms of this chapter if it is found that such action is necessary to protect the public health, safety, or welfare. This variance must be ratified and approved by the Board within thirty (30) days of granting the variance or it becomes void. Such variance shall remain in effect for the period indicated by the Director and/or Medical Director, or Board.

8.12.170 Complaint and investigation procedures.

- A. Any user of an ambulance service or other EMS participants contending that he has been required to pay an excessive charge for service or that he has received unsatisfactory care or service, may file a written complaint with the Department setting forth such allegations. The Department shall notify the ambulance service or other EMS participants of the details of such complaint and shall investigate the matter to determine the validity of the complaint.
- B. The Department will establish regulations and procedures for investigating complaints and these will include complete due process and administrative processes to ensure both the person and organization making the complaint and the ambulance service receive fair and impartial treatment.
- C. The investigation by Department will include notification to all parties in a timely manner; review of all pertinent documents and information, and the investigation may include personal interviews.
- D. Infractions are violations of the provisions of this chapter. An egregious violation that is of a nature so serious as to pose an imminent threat to public health and safety is a misdemeanor.
- E. An infraction shall include, but is not limited to:
 - a. Violations of this chapter that may not present an imminent threat to public health and safety
 - b. Failure to provide and maintain records, data, and reports required by this chapter
 - c. Use of non-approved vehicles or personnel according to this chapter that do not present an imminent threat to public health and safety
 - d. Failure to pay required fees
 - e. Failure to meet the performance requirements or medical standards of this chapter, or other rules issued by the Department
 - f. Failure to comply with applicable federal, state and local laws, rules and regulations
 - g. Failure to meet the zone response time standards for three consecutive months in the same zone, or four months in any consecutive 12-month period in the same zone
 - h. Excessive and unauthorized scaling down of operations to the detriment of performance
 - i. Repeated failure to provide ambulance service in a professional and courteous manner
 - j. Charging rates for ambulance service in excess of the ambulance rates approved by Board or charging for rate categories that are not approved by Board
 - k. Failure to maintain the insurance requirements of this chapter
- F. A violation of the ordinance that may constitute a misdemeanor shall include, but is not limited to:

- a. Violations of this chapter that pose an imminent threat to public health and safety, as determined by the Director and/or Medical Director
- b. Repeated and continuous infractions
- c. Conviction of an owner, officer, director, or partner of an ambulance provider, of an offense related to the use, sale, possession, or transportation of narcotics
- d. Aiding or abetting an unlicensed or un-certified person to evade the provisions of this chapter
- e. Use of non-approved vehicles or personnel according to this chapter that presents a threat to public health and safety, as determined by the Director and/or Medical Director
- f. Failure to hold and maintain appropriate licenses or permits required for providing emergency ambulance service.
- g. Repeated failure to provide data, or willful submission of incorrect data, or falsification of data supplied during the course of operations, including by way of example but not by way of exclusion, dispatch data, patient report data, response time data, financial data or altering response code designations to enhance ambulance provider's apparent performance, or falsification of any other data required by this chapter.
- h. Repeated or willful charging rates for ambulance service in excess of the ambulance rates approved by Board or charging for rate categories that are not approved by Board.

8.12.180 Violation process and appeal procedure.

- A. If the Department finds, after conducting an investigation, that a complaint or allegation appears to have merit the Department will give the person or ambulance provider written notice, return receipt requested, setting forth with reasonable specificity the nature of the apparent violation. Within ten (10) calendar days of receipt of such notice, the person or ambulance provider must deliver to the Department, in writing, a plan to cure such apparent violation, or a statement of reasons why it disagrees with the Department's notice. The person's or ambulance provider's plan must be updated, in writing, every seven (7) calendar days until the violation is cured. The person or ambulance provider shall cure such violation within thirty (30) calendar days of receipt of notice of violation. If the person or ambulance provider fails to cure such violation within the period allowed for cure (such failure to be determined by the sole and absolute discretion of the Department), or the person or ambulance provider fails to timely deliver the cure plan or updates to the Department, or the person or ambulance provider committed the same violation within one year of the Department's latest notice of apparent violation, the Department may find the person or ambulance provider guilty of an infraction. The Department shall be

empowered to assess penalties for infractions, in accordance with Section 8.12.200 of this chapter, on the person or ambulance provider.

- B. If the Department finds a person or ambulance provider guilty of an infraction and assesses a penalty, the person or ambulance provider shall be given written notice specifying the action taken within five (5) days of the action. Such notification shall be by certified mail, return receipt requested.
- C. If the Department believes that a person or ambulance provider committed a misdemeanor, the accused shall be given written notice specifying the Department's findings. Such notification shall be by certified mail, return receipt requested. The accused may avail themselves of the administrative appeal process in accordance with Section 8.12.180.E. If no appeal is filed, or if the Board upholds the decision of the Department, the matter will be referred to the District Attorney for prosecution.
- D. The Department shall notify all public safety agencies, dispatch entities, ambulance providers, and all hospitals of the enforcement action.
- E. The person or ambulance provider shall then have the right to request a hearing before the Board as the final step in the administrative appeal process. A request for a hearing shall be made in writing to the Clerk of The Board of Supervisors within twenty (20) days following the receipt of action taken by Department. The decision of the Board upon any such appeal shall be final.

8.12.190 Insurance.

- A. Each contract shall contain provisions whereby the ambulance provider agrees to protect County, its governing board, agents, officers and employees against any and all claim(s), expenses, liabilities, attorney's fees, damages, costs, losses, actions, damages or destruction of property or injury or death in any way arising out of or incident to ambulance business or ambulance service performance under this chapter, and ambulance service shall secure and maintain at its sole expense in full force during the entire contract term and covering any such claim or liability, automobile public liability, aircraft liability, and general liability insurance in an amount established by the County's Risk Manager.
- B. Ambulance providers shall also maintain at its sole expense during the term of the contract, professional liability (malpractice) insurance in amounts established by the County Risk Manager. Said insurance shall contain coverage expressly recognizing the indemnification obligations assumed by ambulance service in accordance with this chapter, but shall not be construed to limit in any manner the amount of ambulance business or ambulance service's liability hereunder. Providing further, where permitted by the carrier, said insurance shall expressly name County its governing board, agents, officers and employees as additional insured. Said insurance shall not be subject to cancellation or reduction without thirty (30) days prior written notice to County.

8.12.200 Penalties.

Infractions of this ordinance are punishable by a fine not exceeding: one hundred dollars (\$100.00) for a first violation; two hundred dollars (\$200.00) for a second violation of the same ordinance within one (1) year; and five hundred dollars (\$500.00) for each additional violation of the same ordinance within one (1) year. Unless otherwise declared to be an infraction, any act declared by this Chapter to be unlawful shall be a misdemeanor. Any such misdemeanor shall be punishable by a fine of not exceeding one thousand dollars (\$1,000.00) or by imprisonment in the County jail for a period of time not exceeding six (6) months, or by both such fine and imprisonment.

8.12.210 Failsafe; performance security.

Each contract shall include provisions that protect the interests of the County and provide for continued ambulance services in the event of a suspension or termination of the contract, the failure of any ambulance provider and any takeover of services that may be enacted by the County.

8.12.220 Records.

Each contract shall contain requirements for each ambulance provider to submit and/or make available records that the County may require to document and evaluate the performance of the ambulance provider or to evaluate any request for changes in rates. Such records may be in written or electronic form and may include without limitation:

- A. Response and performance records
- B. Financial records
- C. Clinical records
- D. Personnel records, except those personnel records that the employer is prohibited by law from releasing
- E. Complaints and inquiries
- F. Quality assurance and/or quality improvement data
- G. Maintenance records
- H. Other records and correspondence as required by the County

8.12.230 Repeal of moratorium.

The moratorium imposed August 26, 2003 regarding processing of initial applications is hereby repealed. The provisions of 8.12.040 may be used to authorize an ambulance service in a geographic area, under the County's jurisdiction, that is not covered by an existing Exclusive Operating Area Contract. The moratorium on ambulance rates applicable to authorized ambulance services that are not a party to a valid exclusive operating area performance contract with the County is hereby repealed. (G-7518)

8.12.240 Validity.

In any section, subsection, sentence, clause, word, or phrase of this ordinance is held to be unconstitutional or otherwise invalid for any reason, such decision shall not affect the validity of the remainder of this ordinance. The Board of Supervisors hereby declare that they would have passed this ordinance, and each section, subsection, sentence, clause, word or phrase thereof, irrespective of the fact that one or more sections, subsections, sentences, clauses, words, or phrases be declared invalid or unconstitutional.

8.12.250 Operative date.

This ordinance shall be effective on September 21, 2006 and continue in effect until revised or repealed by the Board. Existing interim ambulance service contracts and existing ambulance service permits will be determined to comply with this Ordinance until they expire or are replaced by Exclusive Operating Area Contracts, whichever occurs first.