

Ordinance No. _____

AN ORDINANCE OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SONOMA, STATE OF CALIFORNIA, AMENDING CHAPTER 28 OF THE SONOMA COUNTY CODE TO ESTABLISH STANDARDS, PERMIT AND PROVIDER AUTHORIZATION REQUIREMENTS, AND OTHER MEASURES THAT REGULATE THE DELIVERY OF EMERGENCY MEDICAL SERVICES

The Board of Supervisors of the County of Sonoma, State of California, ordains as follows:

Section I. Chapter 28 of the Sonoma County Code is amended to read:

CHAPTER 28 – EMERGENCY AND PRE-HOSPITAL MEDICAL SERVICES SYSTEM

Article I. - General.

Sec. 28-1. - Title.

The ordinance codified in this Chapter shall be known as the "Emergency and Pre-Hospital Medical Services System Ordinance of Sonoma County."

Sec. 28-2. - Purpose.

This Chapter is to provide for the public health, safety and welfare in the use of ambulance and other pre-hospital emergency care resources by providing for the establishment of effective standards for the operation, equipment and personnel of ground ambulance and air ambulance services. It is intended to be consistent with and in furtherance of the public purposes expressed by the legislature in the Emergency Medical Services Act and other enactments. It is intended to improve the availability, quality and to promote the sustainability of emergency medical services provided to the residents of and visitors to Sonoma County. It is intended to recognize the value of the diversity of agencies engaged in the provision of EMS within Sonoma County as well as the diverse needs of the rural and urban communities they serve. It is intended to ensure the coordination of the provision of health care within the out-of-hospital environment in Sonoma County is done in partnership with Public Safety agencies, public and private ambulance services, hospitals and health care systems as well as allied community partners. It is intended to recognize resources and needs within Sonoma County communities vary from rural to urban settings and to consider the EMS system as a whole in planning and coordination efforts. It is intended to recognize that some EMS services are provided by agencies with additional public safety responsibilities and to ensure consideration where appropriate is given to multi-disciplinary agencies' needs in providing services to their communities. It is intended to apply to basic life support, limited advanced life support services, advanced life support services, paramedic and emergency medical technician services, and all ambulance services, to the extent permitted by law. This Chapter is not intended to regulate the provision of wheelchair vans, gurney cars or similar dedicated non-ambulance vehicles. This Chapter applies to vehicles or aircraft requiring an emergency vehicle license from the California Highway Patrol, or an air carrier operating certificate from the Federal Aviation Administration. This Chapter shall be liberally construed for the accomplishment of these purposes.

Sec. 28-3. - Definitions.

Unless otherwise specified, for the purposes of this Chapter words and terms are defined as follows:

- 1) "Advanced Life Support" or "ALS"; see "Class of service."
- 2) "Ambulance" means any privately or publicly owned vehicle especially designed, constructed, modified, equipped, arranged, maintained, and operated for the sole purpose of transporting sick, injured, infirm, convalescent or otherwise incapacitated persons, and expectant mothers.
- 3) "Ambulance Dispatch Center" means any entity that dispatches ambulances in response to requests for service through any means of communication.
- 4) "Ambulance Service Provider" means any person or entity who, for monetary, public service, or other consideration, transports, in one or more air or ground ambulances providing any class of service, one or more persons needing medical attention or services from any location in the County.
- 5) "Ambulance Service Provider Permit" means a permit issued by the LEMSA in accordance with LEMSA policy authorizing the holder to act as an Ambulance Service Provider within the County.
- 6) "Basic Life Support" or "BLS"; see "Class of Service."
- 7) "Board" means the Board of Supervisors, County of Sonoma.
- 8) "CCR" means California Code of Regulations
- 9) "Class of Service" means the level or levels of complexity of field emergency medical services that may be provided by the EMS Provider Agency and/or certified and/or licensed persons. These are:
 - a) Public Safety First Aid as defined in CCR Title 22, section 100009 provided by Peace Officers, Firefighters and Public Safety Lifeguards not certified at a higher level.
 - b) Emergency Medical Responder (EMR) Is described as a standard for training promulgated by the National Registry of Emergency Medical Technicians. If the State of California creates an EMR certification standard with substantially similar training and requiring competency under that standard, the meaning of the EMR shall be as defined in HSC and/or California Code of Regulations.
 - c) Basic Life Support (BLS) as defined in Health and Safety Code section 1797.60 provided at the EMT scope of practice level, as defined in Health and Safety Code section 1797.80.
 - d) Advanced Life Support (ALS) level care as defined in Health and Safety Code section 1797.56 provided by a paramedic as defined in Health and Safety Code section 1797.84.
 - e) "Critical Care Transport" or "CCT" level care during transport which exceeds the paramedic scope of practice, requiring a higher level of health care licensure.

- 10) "County" means the County of Sonoma, State of California.
- 11) "Department" means County of Sonoma, Department of Health Services
- 12) "Dispatch Steering Committee" means a committee established by the legal entity having responsibility for EMS Dispatch services. The role of the committee is to establish general and medical dispatch policies with input from the affected agencies.
- 13) "Emergency Call" means a request for medical care or ambulance transportation to an acute care hospital from a location other than an acute care hospital.
- 14) "Emergency Medical Care Council (EMCC)" means the Emergency Medical Care Committee of Sonoma County appointed by the Sonoma County Board of Supervisors pursuant to California Health and Safety Code section 1797.272.
- 15) "Emergency Medical Services" or "EMS" means medical services performed in response to an Emergency Call.
- 16) "EMS Aircraft Service" means any aircraft service utilized for the purpose of pre-hospital emergency patient response and transport. EMS Aircraft are classified in accordance with CCR Title 22 section 100300.
- 17) "EMS Dispatch" means the Ambulance Dispatch Center designated by the LEMSA for the dispatch of EMS responders to Emergency Calls.
- 18) "EMS Entity" means a public or private organization of any type providing EMS and/or Ambulance services within the County.
- 19) "EMS System" means a specifically organized arrangement which provides for the personnel, facilities, and equipment for the effective and coordinated delivery of medical care services under emergency conditions, as described in Health and Safety Code section 1797.78.
- 20) "Enforcement Officer" means a Department of Health Services employee delegated the administrative function of enforcing the provisions of this Chapter by, and under the supervision of, the LEMSA Medical Director and the Department.
- 21) "EOA" means Exclusive Operating Area as defined in Health & Safety Code section 1797.85
- 22) "Hearing Officer" means an Administrative Law Judge from the Office of Administrative Hearings
- 23) "LEMSA" means the Local EMS Agency established by the County, designated by the Board pursuant to Health and Safety Code section 1797.200.
- 24) "LEMSA Medical Director" means the licensed physician and surgeon designated by the County to provide medical control and assure medical accountability throughout the planning, implementation and evaluation of the EMS System in accordance with Health and Safety Code section 1797.202
- 25) "Maddy EMS Fund" references funding available through Health and Safety Code section 1797.98 which compensates health care providers for emergency medical services for

individuals who do not have health insurance and cannot afford to pay for emergency care and for discretionary EMS purposes.

- 26) "Medical control" means the medical management of the emergency medical services system pursuant to the Emergency Medical Services System and Pre-hospital Emergency Care Personnel Act of 1980.
- 27) Paramedic Service Provider Agreement (PSPA) means an agreement between a provider of ALS services and the LEMSA as required by CCR Title 22 section 100168.
- 28) "Permit" means an "Ambulance Service Provider Permit"
- 29) "Permittee" means an Ambulance Service Provider which has been granted a permit by the LEMSA to engage in a business or service in which ambulances are operated.
- 30) "Provider Agreement" means any agreement between an EMS Entity and the LEMSA specifying terms and conditions for the provision of EMS including, but not limited to, class of service to be provided, LEMSA approval for optional scope of practice, participation in LEMSA data and quality improvement activities and/or performance standards.
- 31) Qualified Elected Governing Entity (QEGE) means a City, Special District providing ambulance services or the County.
- 32) "the Act" means The Emergency Medical Services System and Pre-hospital Emergency Care Personnel Act of 1980.

Incorporated by reference are all definitions of Health and Safety Code 1797.50 et seq.

Sec. 28-4. - Administrative Authorities.

- 1) The Department is designated as the LEMSA for Sonoma County pursuant to the Act.
- 2) LEMSA functions shall be the responsibility of the LEMSA Medical Director. The Medical Director may assign administrative functions to staff under the supervision of Department and the LEMSA Medical Director.
- 3) The LEMSA shall plan, coordinate and monitor the EMS System in conformity with the Act.
 - a. The Sonoma County Board of Supervisors authorizes the creation of the Emergency Medical Care Council (EMCC) as the County Emergency Medical Care Committee in accordance with Health and Safety Code section 1797.272
- 4) Not less than every five years the Director of the Department shall retain an outside expert to complete an EMS System Review. The review shall consist of an evaluation of the EMS System to include governance, performance and coordination of EMS System participants, and performance of LEMSA oversight functions.
 - a. The review shall include, at minimum,
 - i. the completion of the EMS Plan and
 - ii. a system-wide stakeholder survey.

- b. The EMS System Review shall be presented to the EMCC, LEMSA and Sonoma County Board of Supervisors.
- c. The stakeholder survey shall include provider agency partners including hospitals, fire services, ambulance service providers, communications center, base hospital, law enforcement, EMS training programs and community partners. The survey shall at a minimum, assess the relationship between EMS System participants and the LEMSA. Survey results shall be incorporated into the EMS System Review and featured in any presentation of the EMS System Review to the entities receiving a submission in accordance with this Chapter.
- d. In addition to the EMS Plan and stakeholder survey, the EMS System Review may include areas of evaluation requested by the EMCC or Department Director.
- e. The EMCC may request EMS System Review on a more frequent schedule than every five years. In no case shall an EMS System Review occur more than annually. If an EMS System Review is requested outside of the five-year cycle, the outside expert shall complete an EMS Plan update in place of an EMS Plan submission.
- f. EMS System Reviews performed more frequently than every five years shall be at the discretion of the Department Director or Sonoma County Board of Supervisors.

Article II: - Authorizations.

Sec. 28-5. - Services Requiring Authorization.

- 1) All EMS Entities operating in the County shall be authorized by the LEMSA in accordance with the requirements of this Chapter, LEMSA policy and applicable law.
- 2) Authorization shall consist of a Provider Agreement and, if indicated for the type of EMS Entity, an Ambulance Service Provider Permit.

Sec. 28-6. - Ambulance Service Provider Permits.

- 1) Any entity (either as an owner, agent or otherwise) who wishes to furnish, operate, conduct, maintain, or otherwise engage in, or offer, or profess to engage in providing ambulance service in the County shall have a valid Ambulance Service Provider Permit in accordance with the LEMSA System Plan and EMS policies, procedures, and guidelines.
- 2) Permit requirements shall apply to providers of air and ground ambulances, including BLS, ALS and CCT vehicles.
- 3) Public agencies operating as EMS Entities are exempt from the LEMSA permitting process but shall be subject to all the policies and procedures of the LEMSA.
- 4) Ambulances based and properly licensed outside Sonoma County may transport patients within Sonoma County without compliance with this Chapter provided:
 - a. They do not operate within any of the designated exclusive operating areas within Sonoma County unless given express permission to do so by the LEMSA.

- b. The patient is being transported to a residence or facility within Sonoma County from a residence or facility outside of the County, or
 - c. The patient is being transported through Sonoma County to a destination outside the County, or
 - d. The patient was transported into the County by the same operator and is to be transported back to the County of origin, or
 - e. An agreement exists between contiguous counties for emergency medical services by ambulances.
- 5) LEMSA Policy shall specify process for the issuance of Ambulance Service Provider Permits
 - 6) Permit holders shall be required to obtain a Provider Agreement for the level of service to be provided as a condition of obtaining and holding a valid permit.
 - 7) Permits shall be valid until revoked, suspended or as conditioned by the LEMSA.

Sec. 28-7. - Provider Agreement Required.

- 1) Any EMS Entity providing Advanced Life Support, ambulance service, or other EMS Services requiring LEMSA authorization or approval in accordance with California Health and Safety Code or California Code of Regulations or this Chapter within the County shall secure a Provider Agreement from the LEMSA specifying terms and conditions for the services to be provided unless exempted by this Chapter.
 - a. Operators of BLS, CCT and Air Ambulances shall enter into Provider Agreements for the level of service per the requirements of their Ambulance Service Provider Permit.
 - b. Paramedic Service Provider Agreements as required by CCR Title 22 section 100168 shall be considered Provider Agreements for the purpose of this Chapter and, if applicable, meet the requirements of an Ambulance Service Provider Permit.
- 2) Exemptions:
 - a. Non-transport public EMS Entities are exempt from the requirement to secure a provider agreement with the LEMSA except where specific LEMSA authorizations for EMS Scope of Practice are required by California Health and Safety Code and/or California Code of Regulations.
 - b. City and Special Districts operating ALS Ambulance Services pursuant to Section 1797.201 are exempt from the requirement to secure a Provider Agreement with the LEMSA.
 - c. EMS Entities exempted from the requirement to enter in agreements by 28-7 (2)(a) and (b) are nonetheless required to comply with all LEMSA policies and Sections 28-19, 28-20 and 28-21 of this Chapter shall apply.

Sec. 28-8. - Response Zones.

- 1) Emergency Ambulance Service Zones shall be defined in the Emergency Medical Services Plan (EMS Plan). Changes to Zone boundaries or to the emergency ambulance service provider agencies designated as the provider(s) for that Zone must initiate with the Qualified Elected Governing Entity (QEGE) or Entities of the area affected by the change and be directed to the LEMSA for action as follows:
- 2) Request for changes to Zone boundaries or to the provider of emergency ambulance services shall take the form of a letter of support for the change authorized by an action of the QEGE governing body from the QEGE to the LEMSA.
- 3) Requests for changes within the boundaries of a Special District that is designated within the EMS Plan as the provider of emergency ambulance services for that area shall initiate with the special district Board of Directors.
- 4) Requests for changes within the city limits of an incorporated city that is designated within the EMS Plan as the provider of emergency ambulance services for that area shall initiate with that City Council.
- 5) Requests for changes outside of the boundaries of a City or Special District that is designated within the EMS Plan as the provider of emergency ambulance services for that Zone shall initiate with the Sonoma County Board of Supervisors.
- 6) Requests for changes in an EMS Zone that includes multiple QEGEs must initiate with one entity and have the support of each QEGE in the zone with respect to the properties within their jurisdiction.
- 7) Requests for a change to the designated emergency ambulance service provider in areas where the currently designated provider is a City or Special District must also be supported by that QEGE in a noticed public meeting. The LEMSA shall be provided notice at least (10) ten days prior to the public meeting at which the request is to be heard.
- 8) If any of the applicable QEGEs take an action to oppose a requested change in the ambulance provider, or fail to include an action to consider support of a request for a requested change on a regularly scheduled public meeting within 90 days of receipt of a certified letter seeking such action, the LEMSA may render a decision based upon the input from responsive QEGEs.
 - a. If a QEGE board declares a right to exclusively operate emergency ambulance service within its boundary as defined by California Health and Safety Code Section 1797.201, and opposes a change in ambulance service provider, the LEMSA shall take no action to displace the QEGE provider or to authorize another EMS entity within the QEGE boundaries.
- 9) A QEGE may request that the LEMSA establish exclusivity within a Zone according to HSC 1797.224 as follows:

- a. An existing provider agency that may be eligible for grandfathering into an exclusive operating area without a competitive process shall be evaluated for eligibility following the request by a QEGE.
 - b. An existing Zone, without a grandfathering-eligible provider agency, may have exclusivity established through a competitive process at the request of a QEGE
- 10) The LEMSA will consult with the Local Agency Formation Commission (LAFCO) on any proposed change by the LEMSA that affects matters within LAFCO's jurisdiction.
- 11) The LEMSA shall take into account an evaluation of medical appropriateness and the operational impact on the coordinated system of care when deliberating a change in Zone providers.
- 12) Upon completion of the deliberation process, the LEMSA may make the requested change, deny the change, or conduct a competitive bid process according to California Health and Safety Code Section 1797.224.
- 13) Any QEGE or EMS Entity affected by the LEMSA decision may request a hearing as provided in section 28-21 of this Chapter.

Sec. 28-9. - Data Collection and Reporting.

- 1) In order to support the planning, monitoring and periodic review of an economically sustainable, high quality and equitable EMS System, the LEMSA shall leverage all available data sources. The LEMSA shall collect and use data in the following ways:
- a. EMS Entities providing prehospital care within Sonoma County shall complete documentation and submit electronic patient care data consistent with statute and regulations as well as any local requirements per LEMSA policy.
 - b. LEMSA shall collect financial data at a minimum showing:
 - i. source of payment for EMS services,
 - ii. service provider rates,
 - iii. collection data, and
 - iv. actual charges to patients served.
 - c. The LEMSA shall collect data regarding the EMS Entities' responses into other provider agencies' assigned service areas.
 - d. Hospitals and any other healthcare facilities receiving EMS patients shall provide patient outcome data in conformity with state statute and regulations as well as any local requirement per LEMSA policy.
 - e. LEMSA shall promulgate policy to address type of information reported, creation of local requirements for data submission, conditions for access and use of information provided and mechanisms for maintaining confidentiality of patient information in accordance with state and federal statute and regulations that are relevant to such data security.

- f. Adherence to LEMSA data submission policy shall be a condition of any distribution of funding, specialty care designation and/or Medicare authorization issued by the LEMSA to any entity operating under the medical control of the EMS Agency, or receiving ambulance patients within Sonoma County.
- g. Any agreement between the LEMSA and a system participant shall contain a clause reinforcing the expectations stated herein.
- h. Data collected by the LEMSA shall be used to inform the LEMSA, EMCC and Board of Supervisors about the status and performance of the EMS system as part of periodic review and ongoing planning efforts.

Article III. - Communications and Dispatch.

Sec. 28-10. - EMS dispatch.

- 1) EMS Dispatch Responsibility. Unless section 28-12 applies, EMS Dispatch shall be responsible for overall coordination of EMS and ambulance resources during emergency calls for service. Unless Section 28-12 applies, all ambulance response to emergency calls for service shall be dispatched by the EMS Dispatch center.

Sec. 28-11. - Private Dispatch of Ambulances.

- 1) Private Service ambulance dispatch centers may dispatch ambulances in Sonoma County if approved by the LEMSA. Such approval must include a requirement that LEMSA-approved system of call triage including a process to refer urgent calls to EMS Dispatch is in effect within the parameters required by the LEMSA to ensure patient safety. The LEMSA shall require the ability to audit the dispatch of Sonoma County dispatched ambulances as a condition of permitting. Ambulance Dispatch Centers other than EMS Dispatch are not authorized to receive calls from PSAPs.

Sec. 28-12. - Public Provider dispatch.

- 1) Ambulances operated by cities, special districts or the County within the County EMS area may utilize their own dispatch systems in coordination with EMS Dispatch.

Sec 28 -13. - Dispatch Standards.

- 1) All Emergency Calls shall be processed by an electronic medical triage system utilizing standards for call processing and pre-arrival instructions approved by the LEMSA under the medical control of the Local EMS Agency Medical Director.
- 2) All requests for emergency medical services shall result at minimum, in the dispatch of an ambulance or other appropriate resources as determined by LEMSA-approved call-triaging algorithm.
- 3) Local government entities (cities, special districts and the County) providing emergency response services shall determine the response patterns for their jurisdiction to fulfil, and in some cases exceed, the minimum standard.
- 4) Authorized dispatch center(s) shall dispatch response units of local jurisdictions in accordance with the direction of that jurisdiction to meet or exceed minimum standards.

- 5) Medical dispatch policies affecting a Public Safety jurisdiction shall be reviewed by the Dispatch Steering Committee to include representation from impacted jurisdictions, and approved by the LEMSA Medical Director. General dispatch policies affecting ambulance services shall be reviewed by the EMS agency and any impacted public safety agency, and approved by the governing body of EMS Dispatch.
 - a) Public safety agencies may delegate policy review authority under this section to a joint powers authority or other entity.

Article IV. - Funding.

Sec. 28-14. - Cost recovery.

- 1) The LEMSA shall have the ability to recover the costs of the oversight and monitoring of the EMS system, including but not limited to:
 - a) Certification and Accreditation of prehospital personnel
 - b) Designation of Receiving facilities
 - c) Designation of Base Hospitals
 - d) Designation of Specialty Care Centers
 - e) Approval of EMS training Programs
 - f) Approval of EMS Continuing Education Providers
 - g) Approval and Authorization of EMS Provider agencies
 - h) Approval of ambulance dispatch centers
 - i) Oversight and monitoring of Exclusive Operating Areas
 - j) Other required approvals and monitoring as required by HSC and California Code of Regulations
- 2) The LEMSA shall recover costs through:
 - a) The establishment of fees in accordance with the Board of Supervisors fee schedule.
 - b) Inclusion of cost recovery provisions in agreements, contracts and authorizations that create LEMSA workload.

Sec. 28-15. - Funds.

- 1) An EMS special fund, known as the "Maddy Fund," has been established pursuant to Health and Safety Code Section 1797.98, et seq. Monies collected are to be deposited in this fund and distributed according to the Health and Safety Code.
 - a) The LEMSA shall present the EMCC with a report on Maddy Fund revenues and expenditures annually.
- 2) An EMS Trust has been established for monies collected from EMS Entities related to permits, fines, and liquidated damages. Said monies will continue to be exclusively utilized

to fund EMS-related system improvements at the direction of the LEMSA. It is not intended to support EMS provider operations.

- a) The LEMSA shall present the EMCC with a report on EMS Trust revenues and expenditures annually.

Article V. - Medical and EMS Systems Control.

Sec. 28-16. - Policies and procedures.

- 1) The LEMSA Medical Director shall, in consultation with medical care providers and in conformance with accepted medical and administrative practices and state law, develop and implement policies and procedures for basic and advanced life support services within the EMS System. These policies and procedures shall include, but not be limited to, patient evaluation and treatment and EMS System operation and evaluation.
- 2) LEMSA policies and procedures shall be developed in the following manner:
 - a. LEMSA policies will routinely be reviewed and revised as needed. Suggestions for new policies or revisions will be considered from any interested agency or individual.
 - b. LEMSA will create draft policy.
 - c. The draft policy shall be made available to County EMCC members and all stakeholders, for a sixty day (60) external comment period. Extension of the public comment period can occur as needed to ensure adequate participation.
 - d. All draft policies approved for external review shall be published on the LEMSA website.
 - e. After the close of the external review period, the policy author will review and make appropriate revisions to the draft policy.
 - f. The revised draft policy will be re-submitted to LEMSA staff for final review. If necessary, an internal or external workshop will be scheduled to discuss the proposed policy.
 - g. Approved policies shall be distributed to EMCC members and posted on the LEMSA website at least thirty (30) days prior to the effective date.
- 3) Special Memoranda
 - a. The LEMSA Medical Director may issue EMS Special Memoranda to address immediate issues that require temporary or interim guidance
 - b. EMS Special Memoranda have the same force as policy or treatment guidelines but are limited in duration to one year
 - c. Interim guidance within special memos must be subject to formal policy development or revision to remain in effect as properly promulgated regulation.

- 4) Following final adoption of a policy or procedure, any EMS system provider agency affected by the policy may request a hearing as provided in section 28-21 of this Chapter.

Sec. 28-17. - Exclusive Operating Areas.

- 1) The LEMSA may establish one or more exclusive operating areas (EOAs), as defined in Health & Safety Code section 1797.85. Such EOAs may be awarded either without a competitive process (a “non-competitive EOA”) or pursuant to a competitive process (a “competitive EOA”), provided that in either case the requirements of Health and Safety Code section 1797.224 are met.
- 2) An EMS Entity granted an EOA shall enter into an agreement with the County (an “EOA Agreement”) setting forth the terms on which the EMS Entity (and/or any approved subcontractor) shall provide services within the EOA, including the level and type of ambulance services covered by the EOA Agreement.
- 3) No EMS Entity shall render any type or level of services considered exclusive within an EOA, unless the EMS Entity has entered into an EOA Agreement with the County to provide such services or acting as a subcontractor of an EMS Entity with such an agreement.
- 4) Nothing in this Chapter or in any rule or regulation enacted by the County shall be construed as requiring the County to establish either a competitive or non-competitive EOA.
- 5) Nothing in this section shall limit the ability of a City, Special District or the County from operating as a non-transport EMS Entity within their jurisdictions, consistent with applicable law and LEMSA policy.
- 6) Competitive Process shall include the following steps:
 - a. The LEMSA shall develop the request for proposal document.
 - b. Notice of the competitive process shall be mailed prior to the time set for submission of all proposals, to each current ambulance service operator in the County, to all EMCC members and any other interested parties who have requested in writing to the LEMSA.
 - c. A pre-bid conference will be held for qualified bidders. Only bidders who attend this public conference will be able to submit proposals. Any proposal received after the time set for submission shall not be considered.
 - d. An evaluation committee chosen by the Department Director or designee shall review, rate and rank all proposals based on objective criteria approved by the Department. Such committee shall, at minimum, have representation including a Physician with experience in the acute Emergency Department setting and a working knowledge of prehospital emergency care, a Local EMS Agency Administrator, a Fire services officer from an agency that provides ALS transport services, A County-level administrative officer, A Certified Public Accountant with

health systems knowledge. Evaluation Committee members shall be selected from entities outside of Sonoma County.

- 7) Following the competitive process, the Department Director will submit a written report and recommendation to the board of supervisors who will approve or disapprove any proposed contract with the winning bidder.
- 8) In selecting an exclusive provider under this Chapter, the LEMSA shall consider the comparative value of competing proposals, including the consideration of
 - a. The quality of the service to be provided;
 - b. The level of service to be provided;
 - c. The rates charged to the public for services provided;
 - d. The cost, if any, to the County, cities or district
 - e. Documented evidence of ability to work effectively with local agencies;
 - f. Evidence of expertise, capability and capacity to provide for or arrange for ambulance services as described in the RFP”;
 - g. The financial stability of service to be provided;
 - h. The effect proposers’ wages, benefits, shift schedules and expected productivity will have on proposers’ ability to attract and retain experienced personnel, especially the existing employed Paramedics and EMTs in Sonoma County. Wage and benefit packages should encourage personnel to remain with the system to reduce the turnover rate and increase the expertise and experience available through the incumbent workforce.
 - i. Specification of Exclusive Operating Areas.
- 9) All ambulance service contracts shall specify the area within which the operator may provide ambulance services.
- 10) No ambulance service operator may provide ambulance service for requests originating outside the area designated in the contract unless requested to do so by EMS Dispatch or under provisions outlined in written mutual aid agreements.
- 11) Effect of Chapter on Exclusive Operating Areas. This Chapter is not intended to supersede or otherwise modify the performance standards set forth in any agreement between the County of Sonoma and the recipient of any EOA. This section is intended to be consistent with and to carry out the purposes of the Act (and in particular sections 1797.85) and to assist the Department in carrying out its functions as the designated LEMSA. Except as provided in state law, nothing in this section is intended to limit the authority of the Board of Supervisors, including, but not limited to, the authority to enter into contracts.

Article VI. - Miscellaneous Provisions.

Sec. 28-18. - Emergency and disaster operations.

- 1) During any "state of war emergency," "state of emergency" or "local emergency," as defined in the California Emergency Service Act (Chapter 7 of Division 1 of Title 2 of the Government Code), as amended, each ambulance service operator shall provide equipment, facilities, and personnel as required by the LEMSA per applicable law.
- 2) The Department of Health Services shall provide for the fulfillment of the Medical Health Operational Area Coordinator role in accordance with HSC 1797.153.

Sec. 28-19. - Suspension and Revocation of Permits or Provider Agreements.

- 1) Any permit issued or Provider Agreement may be suspended or revoked for good cause by an Enforcement Officer. "Good cause" for the purpose of this section, means a violation of state law, a violation of any of the provisions of this Chapter, a violation of LEMSA policy, a violation of any condition of such permit or agreement, or failure to make payment of the required fee to the Department.
- 2) The following practices will be utilized during a revocation or suspension:
 - a. Whenever an Enforcement Officer finds that an EMS Entity is not operating in compliance with their permit or Provider Agreement, a written notice to comply shall be issued to the EMS Entity. If the Entity fails to comply within fifteen (15) days of the notice, the Enforcement Officer shall issue a second written notice to comply describing the acts or omissions with which the EMS Entity is charged and informing them of their right to request a hearing.
 - b. At any time within a fifteen-day period after service of such notice, the EMS Entity may request a hearing before the Hearing Officer to show cause why the permit or Provider Agreement should not be suspended or revoked.
 - c. A failure to request a hearing within fifteen (15) days shall be deemed a waiver of a right to such a hearing.
 - d. Any hearing provided for in this section shall be conducted in accordance with Section 28-21.
 - e. A permit or Provider Agreement may be reinstated or a new one issued if the LEMSA determines that the conditions that prompted the suspension or revocation no longer exist.

Sec. 28-20. - Immediate Suspension or Revocation of Permit.

- 1) Notwithstanding the provisions of this Chapter, and except as otherwise specifically provided by state law, An Enforcement Officer may immediately suspend or revoke a permit or Provider Agreement if the Enforcement Officer determines that there is an immediate threat to public health, safety, or welfare.
 - a. The Enforcement Officer shall serve the EMS Entity within forty-eight (48) hours of the suspension or revocation, written notice of the grounds for the immediate

suspension or revocation. An EMS Entity may appeal the suspension or revocation by filing a written notice to request a hearing before the Hearing Officer.

b. If a hearing is requested, it shall be conducted in accordance with section 28-21.

Sec. 28-21. - Hearing procedure.

- 1) Whenever this Chapter provides for a hearing, the hearing shall be conducted in accordance with this section.
- 2) Upon receipt of a written request for a hearing, the Hearing Officer shall set a hearing date at the earliest practicable time. The hearing shall be held no later than fifteen (15) calendar days after receipt of the request for a hearing. Upon written request of one of the parties, the Hearing Officer may postpone a hearing date, if circumstances warrant the action. The Hearing Officer shall give notice of the hearing to the parties at least ten (10) calendar days before the date of the hearing.
- 3) When circumstances warrant, the Hearing Officer may order a hearing at any reasonable time within this fifteen-day period to expedite permit or provider agreement suspension or revocation process.
- 4) Neither the provisions of the Administrative Procedure Act (Government Code Section 11500 et seq.) nor the formal rules of evidence in civil or criminal judicial hearings shall apply to such hearing. At the hearing, the Hearing Officer may admit any evidence, including witness testimony, relevant to the determination of the matter, except as otherwise provided in this Chapter. A record of the hearing shall be made by any means, including electronic recording, so long as a reasonably accurate and complete written transcription of the proceedings can be made.
- 5) The Hearing Officer shall issue a written notice of decision within five (5) working days following the hearing. Notice of the written decision, including findings of facts, conclusions of law, and notification of the time period in which judicial review may be sought pursuant to Code of Civil Procedure Section 1094.6 shall be served on all parties. If the hearing was held to appeal an action against a permit or Provider Agreement, the notice of decision shall also specify the acts or omissions with which the permitted EMS Entity or permit applicant is charged, and shall state the terms of any applicable suspension or notice that a permit has been revoked. Any decision rendered by the Hearing Officer shall be a final administrative decision.
- 6) Judicial Review. Hearing Officer decisions shall be final, subject to judicial review under the provisions of California Code of Civil Procedure Sections 1094.5 and 1094.6. California Code of Civil Procedure Section 1094.6 governs limitation of time for filing petitions under Section 1094.5, as set forth in Sonoma County Code Section 1-7.5.
- 7) Nothing in this Chapter is intended to interfere or supersede the authority of the LEMSA Medical Director in California Health and Safety Code Section 1798. (c) to convene a medical review panel at the request of a paramedic base hospital medical director for the purpose of reviewing the medical effect of a LEMSA policy. In addition, the LEMSA

Medical Director shall convene a panel if requested by the head of a public safety agency, a receiving hospital medical director, a city or special district, or the Sonoma County Board of Supervisors to review the medical effect of any LEMSA policy implemented through the process described in this Chapter in Section 28-16

Sec. 28-22. - Enforcement.

- 1) Section 1-7 of the Sonoma County Code will apply to any and all violations of this Chapter.
- 2) EMS Service Providers and Healthcare Facilities in operation within Sonoma County on the date of ordinance passage and the LEMSA shall have one year from date of ordinance passage to come into compliance with any new requirements created by the ordinance and/or the implementation of any new policy created to address ambulance permitting, Provider Authorization, Dispatch of ambulances created by the LEMSA in conformity with this Chapter. The LEMSA may extend the deadline for system participant compliance on a case by case basis.

Section II. If any section, subsection, sentence, clause, or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portion of this Ordinance. The Board of Supervisors hereby declares that it would have passed this Ordinance and every section, subsection, sentence, clause or phrase thereof irrespective of the fact that any one or more sections, subsections, sentences, clauses or phrases be declared unconstitutional or invalid.

Section III. Adoption and implementation of this ordinance is exempt from the California Environmental Quality Act ("CEQA") pursuant to Section 15061(b)(3) of the State CEQA Guidelines because it can be seen with certainty that there is no possibility that this ordinance may have a significant effect on the environment. Adoption and implementation of the Permit requirements, and other measures contained in the ordinance will not result in any direct physical change to the environment. The basis for this determination is that this ordinance does not in itself approve any activities that have an environmental impact, but instead establishes standards, Permit and Provider Authorization requirements, and other measures that regulate the delivery of Emergency Medical Services. The Director of the Department of Health Services is directed to file a notice of exemption in accordance with CEQA and the State CEQA Guidelines.

Section IV. This Ordinance shall be and the same is hereby declared to be in full force and effect from and after thirty (30) days after the date of its passage and shall be published once before the expiration of fifteen (15) days after said passage, with the names of the Supervisors voting for or against the same, in *The Press Democrat*, a newspaper of general circulation published in the County of Sonoma, State of California.

In regular session of the Board of Supervisors of the County of Sonoma, introduced on the 5th day of November, 2019, and finally passed and adopted this _____ day of _____, 2019, on regular roll call of the members of said Board by the following vote:

Supervisors:

Supervisors:

Gorin:	Zane:	Gore:	Hopkins:	Rabbitt:
Ayes:	Noes:	Absent:	Abstain:	

WHEREUPON, the Chair declared the above and foregoing ordinance duly adopted and

SO ORDERED.

Chair, Board of Supervisors
County of Sonoma

ATTEST:

Sheryl Bratton,
Clerk of the Board of Supervisors