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October 16, 2023

To: Emergency Medical Services Distribution

From: Tammi McConnell, MSN  
EMS Director

**SUBJECT: REVISION TO EMS FEES EFFECTIVE JULY 1, 2024**

This is to inform Orange County Emergency Medical Services (OCEMS) system that the Orange County Board of Supervisors approved the following revised EMS provider fees at its September 26, 2023, meeting. Hospitals will receive an annual county invoice for designated fees after July 1, 2024.

EMS Provider Fees	Effective July 1, 2024	Frequency
Ambulance Company License	\$4,263	Annual
Interfacility Transport Provider	\$1,984	
Ambulance Unit Inspection/vehicle	\$241	
Ambulance Company Unit Re-Inspection	\$142	Hourly
Customized Data Report	\$142	
EMT Certification <sup>(1)(2)</sup>	\$125	2 years
EMT Accreditation (Ambulance Driver/Attendant) <sup>(3)</sup>	\$142	
Mobile Intensive Care Nurse	\$146	
Card Replacement	\$25	Varies
Paramedic Accreditation	\$75	
Continuing Education Provider Application	\$465	4 years
EMT Training Program Application	\$1,234	
Paramedic Training Program Application	\$1,097	
Trauma Receiving Center Designation <sup>(4)</sup>	\$66,610	Annual
Emergency Receiving Center Designation	\$16,886	
Children's Receiving Center Designation	\$16,886	
Cardiac Receiving Center Designation	\$16,684	
Stroke Neuro Receiving Center Designation	\$18,525	

<sup>1</sup> License expiration shall not exceed the individual's EMT certification date  
<sup>2</sup> Does not include the State pass-through fee(s) (\$75 initial; \$37 recertification)  
<sup>3</sup> Fee will be waived if applicant obtains their EMT Certification through Orange County EMS  
<sup>4</sup> Does not include American College of Surgeons and surveyor accommodation costs

RESOLUTION OF THE BOARD OF SUPERVISORS  
ORANGE COUNTY, CALIFORNIA

September 26, 2023

WHEREAS, the Health Care Agency is proposing to update its Emergency Medical Services Provider fee schedule; and,

WHEREAS, Orange County Emergency Medical Services Division within the Health Care Agency is the designated local Emergency Medical Services Agency and, accordingly, responsible for Emergency Medical System management including direction, coordination, and evaluation of emergency medical services in the County of Orange, and

WHEREAS, Orange County Emergency Medical Services Division within the Health Care Agency provides oversight to all providers of emergency medical services, and,

WHEREAS, the fees listed herein are authorized by law, including Division 2.5 of the Health and Safety Code and Division 9 of Title 22 of the California Code of Regulations; and

WHEREAS, this Board has conducted a Public Hearing.

NOW, THEREFORE, BE IT RESOLVED that this Board finds that the fees listed herein are for the purposes of meeting operating expenses and are, therefore, statutorily exempt from California Environmental Quality Act (CEQA) per Section 21080(b)(8) of the California Public Resources Code and Section 15273 of the CEQA Guidelines.

IT IS FURTHER RESOLVED THAT this Board finds that (1) the fees listed herein meet the requirements set forth in subdivision (e)(1) or (e)(3) of Section 1 of Article XIII C of the California Constitution of 1879; (2) the amount is no more than necessary to cover the reasonable costs of the governmental activity; and (3) the manner in which those costs are allocated to a payor bear a fair or reasonable relationship to the payor's burdens on, or benefits received from, the governmental activity.

BE IT FURTHER RESOLVED that effective July 1, 2024, this Board hereby establishes Emergency Medical Services Provider fees, and hereby rescinds Resolution No. 17-025 dated February 14, 2017, and the following Emergency Medical Services Division annual fees are established effective July 1, 2024, as follows:

**Emergency Medical Services Provider Fee Schedule**

EMS Provider Fees	Frequency	Effective 2024/25
Ambulance Company License	Annual	\$4,263
Ambulance Unit Inspection/ vehicle	Annual	\$241
Ambulance Company Unit Re-Inspection	Hourly	\$142
Customized Data Report	Hourly	\$142
EMT Ambulance Driver/Attendant	2 years	\$142
EMT Certification <sup>(1)</sup>	2 years	\$125
Card Replacement	Varies	\$25
Paramedic Accreditation	Varies	\$75
Mobile Intensive Care Nurse	Biennial	\$146
Trauma Receiving Center	Annual	\$66,610 <sup>(2)</sup>
Continuing Education Provider	4 years	\$465
EMT Training Program Application	4 years	\$1,234
Paramedic Training Program Application	4 years	\$1,097
Interfacility Transport Provider	Annual	\$1,984
Emergency Receiving Center Designation	Annual	\$16,886
Children's Receiving Center Designation	Annual	\$16,886
Cardiac Receiving Center Designation	Annual	\$16,684
Stroke Neuro Receiving Center Designation	Annual	\$18,525

<sup>(1)</sup> Does not include State pass-through fee(s) (\$75 initial/\$37 recertification)

<sup>(2)</sup> Includes two dedicated FTEs for Trauma System Compliance/Reporting

BE IT FURTHER RESOLVED that the Ambulance Driver/Attendant License fee will be waived if the licensee obtains their EMT OC Certification through Orange County EMS.

BE IT FUTHER RESOLVED that on or about January 1, 2027, and each three years thereafter and at the request of the Health Care Agency, the Auditor-Controller shall perform a cost recovery analysis for the program. The Health Care Agency shall return to the Board to obtain approval for any increase in the fee schedule based on the Auditor-Controller's analysis and determination.

The foregoing was passed and adopted by the following vote of the Orange County Board of Supervisors, on September 26, 2023, to wit:

AYES: Supervisors: ANDREW DO, DOUG CHAFFEE, KATRINA FOLEY  
NOES: Supervisor(s): VICENTE SARMIENTO, DONALD P. WAGNER  
EXCUSED: Supervisor(s):  
ABSTAINED: Supervisor(s):

CHAIRMAN

STATE OF CALIFORNIA )  
                                          )  
COUNTY OF ORANGE )

**I, ROBIN STIELER, Clerk of the Board of Orange County, California, hereby certify that a copy of this document has been delivered to the Chairman of the Board and that the above and foregoing Resolution was duly and regularly adopted by the Orange County Board of Supervisors**

**IN WITNESS WHEREOF, I have hereto set my hand and seal.**



*for*

ROBIN STIELER  
Clerk of the Board  
County of Orange, State of California

Resolution No: 23-122  
Agenda Date: 09/26/2023  
Item No: 42



I certify that the foregoing is a true and correct copy of the Resolution adopted by the Board of Supervisors, Orange County, State of California

Robin Stieler, Clerk of the Board of Supervisors

By: \_\_\_\_\_  
Deputy