



Emergency Medical Services Agency
Proposed Prehospital and Hospital Programs & Fees
June 3, 2019

Sacramento County Emergency Medical Services Agency (SCEMSA) has revised the proposed addition of new programs and fees. The new programs help meet the increasing needs of the Emergency Medical Services (EMS) community, strengthen the EMS system, meet California Code of Regulations, Title 22, Division 9 regulations/mandates, and improve quality of prehospital care to Sacramento communities. The fees will support staff to implement, oversee and manage the programs.

Summary of Changes:

List of reduced fees for hospital providers since the initial document:

- Mandatory hospital programs (STEMI; STROKE) for each designated Sacramento County hospital reduced from \$14,000 to \$13,000 per hospital per program.
- Mandatory hospital programs (STEMI; STROKE) for each designated Placer County hospital reduced from \$14,000 to \$6,500 per hospital per program.
- Mandatory hospital program (STROKE Comprehensive) reduced from \$29,000 to \$18,500 per hospital.
- One time increases in trauma fees for the Sacramento County and Placer County Trauma Centers were also reduced.

List of reduced fees for prehospital providers since the initial document:

- Emergency Medical Responder certification reduced from \$40 to \$25.
- Optional Scope for Safety Personnel (Narcan) reduced from \$1,500 to \$500.

List of optional programs that are no longer included in this package:

- EMS for Children
- Critical Care Paramedic Training Program, Provider, & Paramedic Accreditation
- Tactical Medicine for Special Operations Training Programs

Other Changes:

- A new 1.0 FTE EMS Coordinator will not be added. This position was eliminated in order to reduce the fees.
- EMS staff have been reallocated based on these program changes.
- Staff will convene an Emergency Medical Advisory Group.

See the following pages for detail of the above.

Proposed New State Mandated Hospital Programs

The Commission on EMS, which is responsible for review/approval of regulations developed by the State EMS Authority, approved the STEMI and Stroke regulations during its December 2018 meeting. The Office of Administrative Law Judges approved these regulations with an effective date of July 1, 2019.

On March 14, 2019, all new STEMI and Stroke protocols, policies, and procedures received final approval by the Medical Advisory and Operational Advisory Committees. These protocols, policies, and procedures will not be implemented until the STEMI and Stroke programs are operational.

STEMI (ST-Elevation Myocardial Infarction) Critical Care Program

Authority:

California's Statewide STEMI Critical Care System is described in the California Code of Regulations, Title 22, Division 9, Chapter 7.1. This regulation outlines the requirements of all components of the STEMI Critical Care System including the Local EMS Agency, prehospital providers, and hospitals.

Program Description:

The objective for the STEMI Critical Care Program is to improve the care of patients suffering from a life-threatening acute heart attack. More specifically, standardized statewide requirements will lead to the consistent application of standardized care, thus protecting the health and safety of the public. The STEMI Critical Care Program links prehospital and hospital care to deliver treatment to STEMI patients who potentially require immediate medical or surgical intervention. Data management, quality improvement, and the evaluation process are vital in providing high quality care to cardiac patients and are addressed in the regulation.

Stroke (Primary and Comprehensive) Critical Care Program

Authority:

California's Statewide Stroke Critical Care System is described in the California Code of Regulations, Title 22, Division 9, Chapter 7.2. This regulation outlines the requirements of all components of the Stroke Critical Care System including the Local EMS Agency, prehospital providers, and hospitals.

Program Description:

The Stroke Critical Care System links prehospital and hospital care to deliver treatment to stroke patients who potentially require immediate medical or surgical intervention. Data management, quality improvement, and the evaluation process are all vital in providing high quality care to stroke patients and these items are included in the regulation.

The broad objective for the Stroke Critical Care System is to improve the care of patients suffering from a life-threatening stroke. More specifically, standardized statewide requirements will lead to the consistent application of standardized care, thus protecting the health and safety of the public.

STEMI and Stroke Critical Care Program Goals

The overall goal of the STEMI and Stroke regulations is to reduce morbidity and mortality from acute heart disease and stroke by improving the delivery of emergency medical care within the communities of California.

<h2>Proposed Changes to Existing Hospital Program</h2>
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Trauma Care System

Authority:

California Code of Regulations, Title 22, Division 9, Chapter 7 - Trauma Care Systems, allows the local EMS Agency to develop policies and procedures to assure compliance of the trauma system. A trauma center must be designated by the local EMS Agency in accordance with State regulations.

Program Description:

A Trauma Care System is a system designed to meet the needs of all injured patients as defined by the local EMS Agency in its trauma care plan. Sacramento County currently has four (4) designated trauma hospitals that receive and provide medical care to prehospital trauma patients. These include:

UC Davis	Level I Adult & Pediatric
Mercy San Juan	Level II Adult
Kaiser South Sacramento	Level II Adult
Sutter Roseville	Level II Adult

Designated EMS staff:

- Participates in the trauma centers' inspections performed by the American College of Surgeons (ACS) and assists with their continued compliance and accreditation from ACS.
- Pays the accreditation site visit fees and responds to ACS questions regarding prehospital care during the site inspections.
- Facilitates quarterly Trauma Review Committee (TRC) meetings, manages and implements standardized data collection for both prehospital and trauma hospitals, and provides medical oversight for prehospital transportation.

During the quarterly TRC meetings, staff presents trauma center data to committee members for review and analysis. Data reports are reviewed to identify the cause of injuries, conditions, and outcomes, which can result in recommendations for possible changes to prehospital care, policies, protocols, and services. Staff also directs trauma hospital recommendations, concerns, or feedback to the appropriate prehospital provider and leads discussions on possible policy or protocol changes. Staff also reviews patient care reports identified during trauma center internal case reviews for continuous quality care and provides feedback to hospital and prehospital providers.

Program Goal:

The goal is to work with prehospital and hospital providers to improve prehospital assessment and hospital care to patients requiring treatment in a designated trauma center.

<h2 style="margin: 0;">Proposed Fees for New State Mandated and Existing Hospital Programs</h2>

Authority:

California Health and Safety Code, Division 2.5, Section 1797.212 - Local EMS Agency Certification Fees. The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification.

Hospitals	Stroke Receiving Center	Stroke Comprehensive Center	STEMI	TOTAL
Kaiser North	\$13,000			\$13,000
Kaiser Roseville	\$6,500		\$6,500	\$13,000
Kaiser South	\$13,000		\$13,000	\$26,000
Mercy Folsom	\$13,000			\$13,000
Mercy General	\$13,000		\$13,000	\$26,000
Mercy San Juan	N/A	\$18,500	\$13,000	\$31,500
Methodist	\$13,000			\$13,000
Sutter Medical Center	\$13,000		\$13,000	\$26,000
Sutter Roseville	\$6,500		\$6,500	\$13,000
UC Davis	\$13,000		\$13,000	\$26,000

Mercy San Juan Medical Center is the only hospital to notify SCEMSA of its certified status as a Stroke Comprehensive Center. If interested, other hospitals may apply for this designation. Once designated, the “Stroke Comprehensive Center” fee will be applied and the “Stroke Receiving Center” fee will be dropped. During planning meetings in early 2018, the STEMI/Stroke hospital stakeholders requested to pay their own Joint Commission certification fees for the STEMI and Stroke programs.

Designated Trauma Centers

Trauma Center fees and the annual CPI West B/C adjustment were established in each hospitals' contract with the County. In 2016, a review of the trauma center contracts revealed that, under the prior EMS administration, trauma center fees were not adjusted annually as identified in the contracts. In March 2016, EMS notified each trauma hospital of the FY 2016-17 annual fee including the CPI West B/C adjustment. Note: SCEMSA continues to pay the American College of Surgeons (ACS) site visit accreditation fees for each trauma center.

Trauma Centers	Date the County Board Approved Trauma Fees	Fee History
UC Davis	September 2, 1990	Between Fiscal Year (FY) 2000-01 and 2015-16, trauma fees for UC Davis and Mercy San Juan were not adjusted annually by CPI as permitted in the contracts.
Mercy San Juan	August 9, 1999	
Kaiser South Sacramento	December 11, 2007	Between FY 2009-10 and 2015-16, trauma fees for Kaiser were not adjusted annually by CPI as permitted in the contract.
Sutter Roseville	April 18, 1995	Fee decreased in 2000. There is no annual adjustment identified in the contract.

The table below reflects a revised one-time increase in fees and the change in annual increase from CPI to "up to 5%." The one-time increase in FY 2019-20 rebalances the labor required to complete the trauma program workload. Starting with FY 2020-21, the annual increase will be "up to 5%" based on actual costs. The increase will be reviewed annually. For FY 2019-20, the annual increase will be 5% due to reallocation of staff time and unavoidable staff costs.

Trauma Centers	Current Fee Amount	Increased by 5%	One-Time Increase	FY 2019-20 Fee	Net Increase
UC Davis Level I – Adult & Pediatric	\$106,136.24	\$5,306.81	\$6,154	\$117,597.05	\$11,460.81
Mercy San Juan Level II – Adult	\$54,764.20	\$2,738.21	\$6,945	\$64,447.41	\$9,683.21
Kaiser South Sacramento Level II – Adult	\$54,644.39	\$2,732.22	\$3,780	\$61,156.61	\$6,512.22
Sutter Roseville Level II – Adult	\$4,064	\$203.20	\$1,028	\$5,295.20	\$1,231.20

The following table reflects the net decrease in the revised proposed one-time increases.

Trauma Centers	Original Proposed One-Time Increase	Revised Proposed One-Time Increase	Net Decrease
UC Davis	\$20,516	\$6,154	\$14,362
Mercy San Juan	\$14,361	\$6,945	\$7,416
Kaiser South Sacramento	\$11,284	\$3,780	\$7,504
Sutter Roseville	\$5,642	\$1,028	\$4,614

Proposed New Prehospital Programs

Emergency Medical Responders Training Program and Certification

Authority:

In response to Assembly Bill 1812, the State EMS Authority is developing Emergency Medical Responders (EMR) regulations. California Health and Safety Code, Division 2.5, Section 1797.210. - Certification of Personnel by Medical Director: *(a) The medical director of the local EMS agency shall issue a certificate, except an EMT-P certificate, to an individual upon proof of satisfactory completion of an approved training program, passage of the certifying examination designated by the authority, completion of any other requirements for certification established by the authority, and a determination that the individual is not precluded from certification for any of the reasons listed in Section 1798.200. The certificate shall be proof of the individual's initial competence to perform at the designated level.*

Program Description:

Since 2017, EMS received multiple requests from one of the volunteer fire departments to authorize an Emergency Medical Responder (EMR) training program and certification program in order to provide a higher level of training for their volunteers. This higher level of training is above the First Aid Standards for Public Safety Personnel, but below the Emergency Medical Technician training level. EMR Certification is required in Sacramento County to treat patients at this higher level and allows the approved volunteer fire department to provide an additional level of patient care within their jurisdiction and the south county area. Any other basic life support agency may apply for this training program and personnel certification level.

EMRs provide immediate lifesaving care to critical patients who access the EMS system. They have the knowledge and skills to provide interventions while awaiting additional EMS resources. Interested agencies can submit an EMR Training Program application for approval. Upon approval of an EMR Training Program, staff will monitor and inspect the program to ensure the program's compliance with training program guidelines. Applications will be submitted and reviewed for approval via an online application.

Program Goals:

The goal of implementing an EMR Training Program and Certification is to provide an additional level of prehospital emergency care, above the Public Safety First Aid level, as requested by Sacramento County rural volunteer fire departments.

Optional Scope for Public Safety Personnel

Authority:

Per California Code of Regulations, Title 22, Division 9, Chapter 1.5:

Public safety personnel may perform any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to

demonstrate competence following initial instruction, and when authorized by the Medical Director of the local EMS agency (LEMSA), AND

A Local EMS Agency shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).

Program Description:

Public Safety Personnel includes firefighters, peace officers, and lifeguards (also known as first responders). They are often the first level of EMS personnel to arrive at an emergency to provide assistance, though their jobs are not typically medical in nature. Upon approval of the training program, local public first responder agencies will provide staff training on Narcan® for use in the field. EMS staff will approve and monitor the programs (including inspections) to ensure the program’s compliance with training program guidelines. Currently, this program is authorizing public safety agencies to use Narcan® (naloxone) for opioid overdose. If requested, it can be expanded to include administering epinephrine to treat anaphylaxis.

Program Goal:

Optional Scope for Public Safety Personnel will increase the number of lives saved from life threatening conditions such as opiate overdoses and anaphylaxis by allowing first responders the ability and authority to administer and reverse the conditions.

County EMS Staffing

See table below for comparable counties, exception is San Joaquin. All counties in the table have a richer staffing pattern than Sacramento County.

County	Alameda	Riverside	Contra Costa	San Joaquin	Sacramento
Medical Director	1	1	1	0.3	0.4
EMS Director/Administrator	1	2	1	-	1
Coordinator	5	-	8	3	1
Specialist	10	8	-	2	3
Nurse Manager	-	1	-	-	-
Analyst	-	-	-	3	-
Administrative Support	7	6	5	2	2
Total	24	18	15	10.3	7.4

Medical Director (0.4 FTE Contracted Position) – This is a proposed increase from 0.4 FTE to 0.5 FTE. The additional medical director duties include, but are not limited to the following:

- Provide medical oversight for new critical care programs.
- Chair the quarterly SCEMSA STEMI and Stroke Critical Care Program meetings.
- Review and approve policies.
- Review and analyze data, identify areas for improvement, and present recommendations at quarterly meetings.
- Research and remain current on STEMI and Stroke care protocols.
- Attend state and regional meeting and conferences of medical directors in order to share and gather information on how other EMS agencies statewide and nationwide implement their programs. The Medical Director will share information with the hospitals attending the STEMI, Stroke, and Trauma committee meetings and evaluate possible implementation in Sacramento County.
- Provide clinical supervision and direction for the Quality Improvement / Data EMS Specialist including activities in the development and implementation of policies and procedures for the new and existing hospital and prehospital programs.

Reallocation of Staff Positions

Typically, when local EMS agencies (LEMSA) add new programs in response to regulations, requests from stakeholders, or to improve the local EMS system, the agency adds additional staff to develop, implement, and oversee these programs. These new staff positions are funded with a combination of new program fees and other revenue sources used by the LEMSA to operate.

During program planning, the need for new staff was identified to perform the work associated with the new programs; however, new staffing was not included in the package due to a decrease in the Maddy/Richie revenue and fees, which do not sufficiently cover staff resources. Existing staff were reallocated based on the program changes.

EMS Administrator (1.0 FTE – Existing Position):

STEMI and Stroke – 11% of this existing position will be responsible for administrative duties, which include but are not limited to the following:

- Review and provide approval of policies and procedures.
- Review and provide final approval of annual STEMI and Stroke Critical Care Program plans for submission to the State.
- Participate in the Trauma Reverification site surveys for each trauma center as required.
- Attend regional Trauma meetings in order to share and gather information on how trauma systems within the region can work together to improve all trauma systems.
- Coordinate the CARES (Cardiac Arrest Registry for Enhance Survival) program with hospitals, prehospital providers, and the State CARES Coordinator.
- Provide back up for EMS Coordinator at Joint Commission accreditation hospital site surveys.

Prehospital Duties – 12% of this existing position will be responsible for administrative duties, which include but are not limited to the following:

- Coordinate the CARES (Cardiac Arrest Registry for Enhance Survival) program with hospitals, prehospital providers and the State CARES Coordinator.
- Review and provide final approval of training programs and provider applications.
- Review and provide approval of policies and procedures.
- Review and provide first level of final approval on personnel and program investigations with additional certifications and accreditations.
- Review and provide final approval of EMR certificate applications.
- Prepare and approve all personnel investigation and disciplinary action documents for the Medical Director's final review and signature.
- Oversee EMS Coordinator duties to ensure timely completion of program related responsibilities.
- Oversee one EMS Specialist's activities in the development and implementation of policies and procedures for the new and existing prehospital programs.

EMS Coordinator (1.0 FTE – Existing Position)

STEMI and Stroke – 40% of this existing position will be responsible for administrative duties, which include but are not limited to the following:

STEMI

- Create, develop, and annually update the STEMI Critical Care Program Plan for submission to the State.
- Facilitate quarterly SCEMSA STEMI Critical Care Program meetings.
- Update STEMI Critical Care Program policies and protocols.

Stroke

- Create, develop, and annually update the Stroke Critical Care Program Plan for submission to the State.
- Facilitate quarterly SCEMSA Stroke Critical Care Program meetings.
- Update Stroke Critical Care Program policies and protocols.

Other Duties

- Oversee the implementation of the new critical care programs including finalizing policies and procedures.
- Attend Joint Commission accreditation hospital site visits.
- Participate at EMS state and regional conferences in order to share and gather information on how other agencies, statewide and nationwide, implement programs. This knowledge will be shared with the hospitals attending the STEMI and Stroke committee meetings and evaluated for possible implementation locally.

Quality Improvement EMS Specialist II (1.0 FTE – Existing Position) – 20% of this existing position will be responsible for Quality Assurance for new prehospital and hospital programs. Duties include but are not limited to the following:

STEMI and Stroke

- Create data collection process from data submitted to State EMS Authority's databases and data submitted from each hospital for each new critical care programs (STEMI, Stroke).
- Work with each hospital to identify and match EMS transport data with hospital records.
- Work with EMS prehospital providers to verify proper documentation of indicators.
- Conduct system wide audits and monitoring of submitted data.
- Work with hospitals and prehospital providers to verify data and make corrections as needed.
- Prepare data presentation for quarterly meetings to discuss areas of improvement.
- Monitor changes, through data submission, to determine the efficacy of implemented changes throughout the system.
- Gather field Activation vs. Hospital Activation data.
- Disseminate updates as required and maintain open communication with all parties.
- Work with SCEMSA Medical Director to establish specific data elements for data reports, ensure reports are prepared, and identify areas to improve patient care prior to making presentations to the Critical Care program committees.

Other Duties

- Update the Trauma Critical Care Program Plan annually for submission to the State.
- Participate in each hospital's Trauma Critical Care Program committee meetings.
- Facilitate quarterly SCEMSA Trauma Critical Care Program meetings.
- Update Trauma Critical Care Program policies and protocols.
- Create data collection process from data submitted to State EMS Authority's databases and data submitted from each hospital for each new critical care programs.

Training Program EMS Specialist II (1.0 FTE – Existing Position) – 25% of this existing position's duties will include but are not limited to the following new prehospital duties:

- Research, create, and update each training program's policies and procedures as needed:
 - Training Program Provider
 - Skills verification
 - Certification
 - Recertification
- Create and maintain internal electronic files for each program and update as needed for teaching staff, approval and expiration dates, addresses, primary contacts, etc.

- Create PDF or fillable documents, for applications, re-approval, and other forms to streamline processes for training programs. Update the forms as policy/protocol changes.
- Perform site visits annually to ensure programs are operating as stated and following all regulatory policies/protocols and mandates. Site visits include:
 - Reviewing electronic or paper files to assure four (4) years of required documents are on file.
 - Noting any deficiencies in site visit documentation.
 - Providing written and verbal recommendations as needed for program improvement.
 - Answering questions and/or assisting with program concerns, how files are stored and/or what can and cannot be applicable to the training program.
 - Creating inspection reports regarding the site visit and providing reports to agencies for their records.
- EMR and Optional Scope for Public Safety Personnel Training Programs:
 - Review state legislature and prepare policy updates for scheduled review at the Medical Advisory Committee (MAC) and Operational Advisory Committee (OAC) meetings.
 - Following MAC / OAC approval, draft final policy documents for Medical Director and EMS Administrator review, approval and signature, and submit updated policies for website upload and MAC / OAC member review.
- Maintain State EMS Authority Website with program approvals, expiration dates, and contact information.
- Field questions/concerns by email, phone, or face-to-face meetings from providers.

Advanced Life Support EMS Specialist II (1.0 FTE – Existing Position) – 5% of this existing position’s duties will include but are not limited to the following new prehospital duties:

- EMR Certification Programs:
 - Review current state legislature as it applies to the programs and create the policies and procedures.
 - Review state legislature and prepare policy updates for scheduled review at the Medical Advisory Committee (MAC) and Operational Advisory Committee (OAC) meetings.
 - Following MAC / OAC approval, draft final policy documents for Medical Director and EMS Administrator review, approval and signature, and submit updated policies for website upload and MAC / OAC member review.
 - Perform on site EMR provider equipment inspections for compliance with state regulations and SCEMSA policies.
 - Create and disseminate inspection reports to EMR providers.
 - Conduct investigations, as assigned, for deviation of treatment, or the program itself.
- Investigate, review and note findings and recommendations on citizen complaints, providers complaints and non-compliance of protocol / procedure issues.

Administrative Services Officer (1.0 FTE – Existing Position):

Contracts – 25% of this existing position's duties will include responsibility for contracts concerning STEMI, Stroke, Trauma, CARES, and any future critical care programs. Duties include but are not limited to the following:

- Work with each hospital system to develop and execute agreements with Sacramento County for hospitals requesting the designation as a Sacramento County STEMI Receiving Center, Stroke Receiving Center, Stroke Comprehensive Center, and future critical care programs.
- Initiate the agreement renewal process in a timely manner, and prepare and disseminate annual invoices.
- Monitor service delivery compliance of the agreements with Sacramento County.

Prehospital Duties – 15% of this of this existing position's duties will include but are not limited to the following:

- Develop and maintain updates to the EMR online application with the County Department of Technology.
- Manage the accounts receivable/accounts payable for the training programs, including:
 - Assigning fees to the provider records in the online application system.
 - Generating provider invoices and monthly statements using the County's electronic accounting system (COMPASS).
 - Tracking provider payments sent to the Department of Finance to ensure payments are applied correctly.
 - Notifying EMS Administrator of late or missed payments and creating a letter of Non-Compliance if a provider payment is not received within 30 days.
- Monitor service delivery compliance of the agreements with Sacramento County.

Senior Office Assistant (1.0 FTE – Existing Position) – 20% of this existing position's duties will include but are not limited to the following new prehospital duties:

- Application Processing for the EMR Certifications:
 - Assist with creating new and maintaining updates to application/workflow process with Department of Technology.
 - Receive and review documentation and process applications.
 - Provider Communication via Employment Verification process.
 - Payment processing/cash deposits.
 - Applicant Communication via email/phone.
 - Issue/Print certification cards.
 - Mail certification cards weekly.
- Manage monthly employee by employer report:
 - Provider communication regarding separated employees.
 - Applicant communication regarding certification status.
 - Monitor (90) day period for non-affiliated paramedics.

- Website:
 - Create and maintain new website pages for EMR application requirements.
 - Post and update EMR policies on website.
 - Maintain website with updates to training approval and expirations dates.

Proposed Fees for New Prehospital Programs

Authority:

California Health and Safety Code, Division 2.5, Section 1797.212. - Local EMS Agency Certification Fees. The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Stakeholder Requested or State Permissive Prehospital Program Proposed Fees	
Programs	Annual Fees
Emergency Medical Responders (EMR) Training Program	\$1,500
Providers	Annual Fees
Optional Scope for Public Safety Personnel Training	\$500
Personnel	Application Fees
EMR Certification – every 2 years	\$25

Consistent with other fees:

- Programs/Provider Annual Increases – Up to 5% annually based on allocated cost increases.
- Certification / Accreditation Fee Annual Increases – Will remain at an annual increase by Consumer Price Index (CPI) West B/C.

Proposed Changes to Existing Fees
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Authority:

California Health and Safety Code, Division 2.5, Section 1797.212. - Local EMS Agency Certification Fees. The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Program Cost Increases:

Annual fee adjustments are necessary to keep up with unavoidable increases in staffing and allocated costs. The tables on the next page summarize the annual fee adjustment.

Fees Established by 1990/2000 Fire Agency Settlement Agreement	
EMT Certification and re-certification	No proposed change at this time to an annual increase using CPI West B/C.
Paramedic Initial accreditation and re-accreditation	
Medical Control Reimbursement (Agreement with Public EMS Providers)	
Miscellaneous fees: Card Replacement, Late Fee Rush Fee, Copying, and Returned Check Fee.	

Fees Established in 2013 (Board Resolution 2013-0478)	
MICN Certification and re-certification	No proposed change to annual increase (CPI West B/C). This is consistent with all certification fees.
Paramedic Training Programs	Proposed change in annual increase from CPI West B/C to up to 5%.
EMT-1 Training Programs	
MICN Training Programs	
ALS (non-public) Service Provider	
CE Provider	

Costs Associated with Implementing New Programs

Authority:

California Health and Safety Code, Division 2.5, Section 1797.212. (Local EMS Agency Certification Fees). The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Costs:

The proposed new fees will support the increased medical director time, and assist with reallocation of staffing based on maintaining the new programs.

New Fees Support the Following	Cost
Increase in Contracted Medical Director (0.4 FTE to 0.5 FTE)	\$30,000
Reallocated Staff Time & associated operational costs including allocated costs and contracts associated with the new programs.	\$217,000
Total	\$247,000

Maddy/Richie Funds are used to supplement operational costs. These are programs with statutory requirements that do not have fees (such as personnel investigations) or those programs with an insufficient fee base. Due to a revenue shortfall in these funds, staff were unable to add new positions. See next section for additional information about this revenue source.

Maddy/Richie Fund Statutory Requirements

Maddy Fund

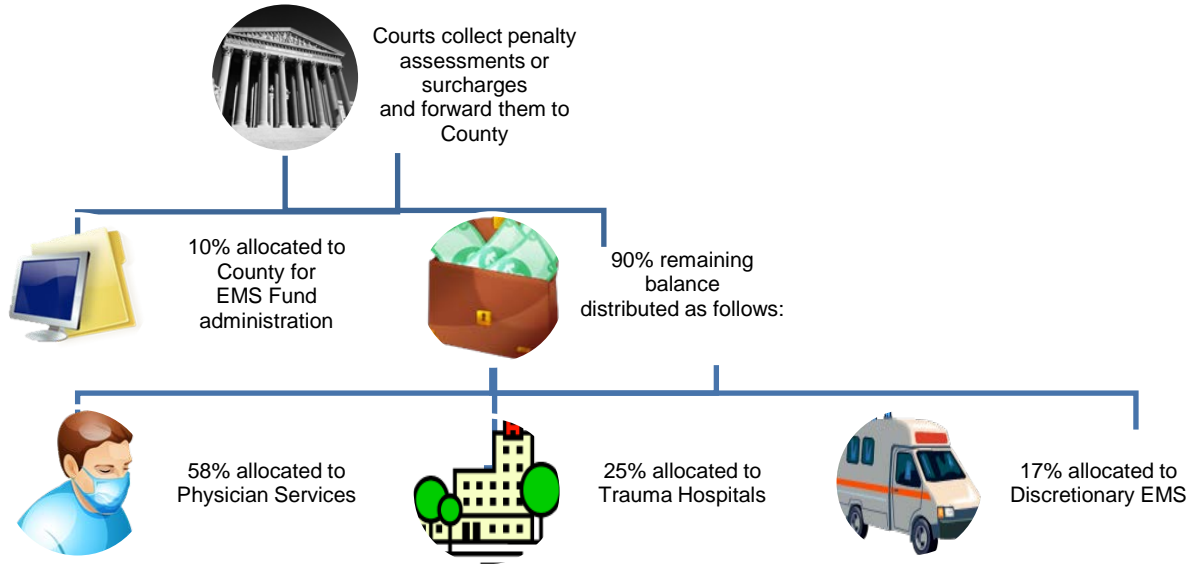
Authority:

Pursuant to SB 12, the California State legislature added Health and Safety Code (HSC), Division 2.5, Part 1, Section 1797.98(a-g). Each county may establish an emergency medical services fund, upon the adoption of a resolution by the Board of Supervisors (Resolution # 88-2380) for each county to administer its indigent services program at the following percentages:

The initial **10%** of this fund is utilized for administration.

The remaining **90%** is allocated as follows:

- 58% Physicians Services Account – payments made to physicians who care for patients who have no insurance coverage or are otherwise unable to pay for the emergency room visit;
- 25% Trauma Center Account – shall be distributed only to hospitals providing disproportionate trauma and emergency medical care services;
- 17% Discretionary Account – payments made for other EMS purposes, determined by each county. Supports EMS staffing, allocated/operational costs, and contracts.



Richie Fund

Authority:

Pursuant to SB 1773 Alarcon (Richie Fund), the California State legislature added Section 1797.98 (e) which provided, upon adoption by respective counties Board of Supervisors (Resolution # 2017-0533), an additional penalty assessment to be utilized to provide funding for all pediatric trauma centers throughout the county.

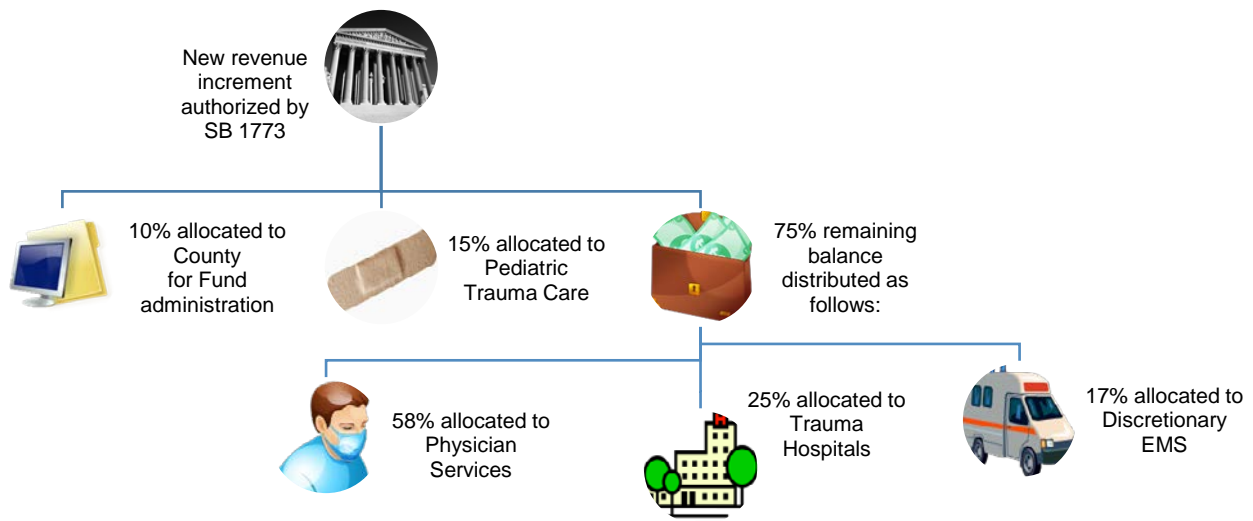
Richie Fund requires a new **15%** allocation be set aside for pediatric trauma care, while the remaining revenues are distributed similar to the Maddy Fund.

The Richie Fund breakdown is as follows:

- **10%** of this fund is utilized for administration.
- **15%** of the fund is utilized for pediatric trauma centers.

The remaining **75%** is allocated as follows:

- 58% Physicians Services Account – payments made to physicians who care for patients who have no insurance coverage or are otherwise unable to pay for the emergency room visit;
- 25% Trauma Center Account – shall be distributed only to hospitals providing disproportionate trauma and emergency medical care services;
- 17% Discretionary Account – payments made for other EMS purposes, determined by each county. Supports EMS staffing, allocated/operational costs, and contracts.



Maddy and Richie Fund Revenue Trend Chart

With legislative changes affecting the Courts' ability to collect on the specific fines associated with the Maddy and Richie Funds, the fund amounts are steadily declining and no longer a sustainable source of EMS revenue.

Maddy EMS Fund (Vehicle Code Fine) Revenue History				
Fiscal Year	Budget	Actual	Difference	% Change
2011-12	\$1,395,000	\$1,336,143	(58,857)	
2012-13	\$1,395,000	\$1,054,023	(340,977)	-21%
2013-14	\$1,395,000	\$1,330,091	(64,909)	-5%
2014-15	\$1,395,000	\$1,251,151	(143,849)	-6%
2015-16	\$1,395,000	\$1,188,284	(206,716)	-5%
2016-17	\$1,285,000	\$1,046,955	(238,045)	-12%
2017-18	\$1,100,000	\$1,025,739	(74,261)	-2%
Fiscal Year	Budget	Projected Actual	Projected Shortfall	Projected Loss to EMS
2018-19	\$2,640,000	\$1,962,472	(\$677,528)	(\$159,697)

Prior to January 2018:

- The County collected only EMS Maddy Funds (not Richie). Richie revenue collection began in January 2018.
- The portion of the Maddy Fund designated for trauma center payments was held in a separate account for payment and is not reflected in the budget.

For Fiscal Year 2018-19:

- The Maddy/Richie budgeted revenue was held at the FY 2017-18 budgeted amount (\$1.1 million) and included the estimated new Richie revenue (\$1.1 million), and the revenue designated for trauma center payments.
- The Maddy and Richie Funds declined at an unprecedented rate.
- The estimated Projected Loss to the EMS Program is the Projected Shortfall minus the estimated \$517,832 decrease in Physician and Trauma Center payments as a result of declining Maddy and Richie revenue.

Maddy/Richie Funds are used to offset programs that have insufficient fee revenue to cover operating costs. These include:

- Emergency Medical Technician (EMT), Paramedic and Mobile Intensive Care Nurse (MICN) Training Programs
- Continuing Education Programs
- Certifications and Accreditations
- Public Safety First Aid; Optional Scope Training Programs
- Emergency Medical Responder (EMR) Training Programs
- EMR Certifications

Additionally, the EMS Agency has responsibilities outlined in Division 2.5 of the Health and Safety Code (H&S) and Title 22, Division 9 of the CA Code of Regulations (CCR) that are not supported by fees. Maddy/Richie Funds are also used to offset these types of activities. These include:

- Investigations: Health & Safety Section 1798.200 et. al., CCR Sections 100202 through 100216
- Medical Health Operational Area Coordinator (MHOAC): Health & Safety Section 1797.153.

Fiscal Year 2018-19 EMS Budget – Revenue

FY 2018-19 Revenue		
Revenue Source	Budget	Percentage of Total Budget
Vehicle Code Fines (Maddy & Richie Funds)	\$2,640,000	75.12%
EMS Fees	\$624,672	17.78%
General Fund	\$162,319	4.62%
EMT State Certification*	\$38,000	1.08%
Public Health Hospital Preparedness (HPP Grant)**	\$43,175	1.23%
Public Health Emergency Preparedness (PHEP Grant)***	\$6,000	0.17%
TOTAL	\$3,514,166	100%

**Revenue from collecting EMT State certification fees. State EMS invoices SCEMSA monthly for the collected fees. This is a pass through.*

***HPP Grant revenue (Federal Grant provided to Division of Public Health through the State) supports a portion of the current EMS Coordinator position. These funds support specific emergency preparedness functions.*

****PHEP Grant revenue (Federal Grant provided to Division of Public Health through the State) supports the EMS Mobile Medical Shelter storage/maintenance and is included in the EMS operational costs.*

Fiscal Year 2018-19 EMS Budget – Expenditures

FY 2018-19 Expenditures		
Expenditure Category	Budgeted	% of Total Budget
Maddy/Richie Fund – Physician Payments (58%)	\$ 1,263,240	35.95%
Staff Costs**	\$ 840,592	23.92%
Maddy/Richie Fund – Trauma Center Payments (25%)	\$ 544,500	15.50%
Operational Costs, Allocated Costs, Contracts*	\$ 365,834	10.41%
Maddy/Richie Fund – Administrative Cost (10%)	\$ 264,000	7.51%
Maddy/Richie Fund – Pediatric Trauma Payments (15% of Richie)	\$ 198,000	5.63%
EMT State Certification Payments	\$ 38,000	1.08%
Total	\$3,514,166	100%

Blue – These funds are dispersed according to statute or EMSA requirements for EMTs. State EMS invoices SCEMSA monthly for the collected fees.

Green – \$168,000 is budgeted for Advanced Medical Management, Inc. This agency is a Management Services Organization contracted to administer and adjudicate the County Physician Emergency Medical Services (PEMS) medical claims for the indigent. The remainder is applied to county administrative costs.

*EMS annual contracts total \$332,500 and include:

- American College of Surgeons (\$30,000) – Performs site inspections and accredits Sacramento County Trauma Hospitals (UC Davis Medical Center, Mercy San Juan Medical Center, Kaiser Permanente-South and Sutter Roseville Medical Center).
- The Permanente Medical Group (\$92,500) – Provides statute required medical oversight (Medical Director) for the EMS program.
- Inland Counties EMS Agency (\$35,000) – Provides EMS trauma and prehospital data repository for reporting.
- Coastal Valleys EMS Agency: Cardiac Arrest Registry for Enhanced Survival (CARES) (\$7,000) – Fee for participation in the statewide program to measure performance and to improve cardiac survival rates within the community.
- Advanced Medical Management, Inc. (\$168,000) – Administers and adjudicates the County Physician Emergency Medical Services (PEMS) medical claims for the indigent per statute.

LEMSA Revenue Funding Source Comparison

Stakeholders requested information about funding sources for other LEMSAs. A funding source that is not available to Sacramento County is the “Exclusive Operating Area” Fee. Sacramento County is the only LEMSA with a Non-exclusive Operating Area.

Local EMS Agency	Ordinance Revenue/Year	EMS Agency Oversight/Monitoring Fee EOA Provider/Year	Dispatch Fee EOA Provider /Year	EMS Information System (Data) Fee/Year	First Responder Fees	Fines Charged
Alameda County EMS	\$7,005,422	N/A	N/A	N/A	N/A	Y
Central California EMS	N/A	N/A	\$810,800	N/A	N/A	Y
Contra Costa County EMS	\$1,178,607	N/A	N/A	N/A	N/A	Y
Inland Counties Emergency Medical Agency (ICEMA)	NA	\$903,000	NA	NA	NA	Y
Los Angeles County EMS	\$2,700,222	N/A	N/A	N/A	N/A	Y
Mountain Valley EMS	\$144,286	\$296,067	N/A	N/A	\$700,000	Y
Orange County EMS	N/A	\$50,000	N/A	N/A	N/A	Y
Riverside County EMS	N/A	\$485,000	\$325,000	\$420,000	N/A	Y
Sacramento County EMS	N/A	N/A	N/A	N/A	N/A	
San Diego County EMS	\$6,048,897	N/A	N/A	N/A	N/A	Y
San Joaquin County EMS	N/A	\$675,000	N/A	N/A	N/A	Y
San Mateo County EMS	N/A	\$425,484	\$1,127,559	N/A	\$4,739,669	Y
Santa Clara County EMS	N/A	\$984,217	N/A	N/A	N/A	Y
Solano County EMS	N/A	\$500,000	N/A	N/A	N/A	Y
Yolo County EMS	N/A	\$300,000	N/A	N/A	N/A	Y

Orange County – ALS Provider pays the EMS Agency \$13.33/patient transport from calls originating in 9-1-1 system/quarter.

LEMSA Prehospital and Hospital Funding and Fee Comparisons

Revenue Comparison with other LEMSAs

SCEMSA is funded primarily through the Maddy EMS Fund [Vehicle Code Fines (VCF)] as compared to other Counties, which receive the majority of their funding through exclusive operating area fees, personnel fees, or bonds/measures. Sacramento County also has a lower portion of general fund dollars.

Agency	Maddy	Richie	Personnel Fees, Exclusive Op. Area or Federal Funding	General Fund	Bonds or Measures	Total
Sacramento County	38.6%	38.6%	18.2%	4.6%	0.0%	100.0%
Comparable Counties*	6.9%	3.8%	66.0%	13.0%	10.3%	100.0%

*Alameda, Central Valley (Fresno), Contra Costa, El Dorado, Inland Counties, Riverside, San Joaquin, Santa Clara, Sierra-Sacramento Valley, Solano, and Ventura.

Fee Comparison with other LEMSAs

Some LEMSAs are still in the process of developing and implementing appropriate fees for different programs.

Agency	Stroke Receiving Center	Stroke Comprehensive Center	STEMI Receiving Center	EMR Training Program	EMR Certification	Narcan® Training Program
Sacramento County	\$13,000	\$18,300	\$13,000	\$1,500	\$25	\$500
Other LEMSAs Average Fees	\$12,672	\$8,391	\$14,329	\$884	\$30	\$188
Other LEMSAs Range of Fees	\$2,500 - \$30,000	\$5,000 - \$19,319	\$5,000 - \$28,432	\$200 - \$5,000	\$25 - \$50	\$250 - \$500

Note: Placer County hospital fees for STEMI/Stroke are \$6,500 per hospital per program.

Emergency Medical Advisory Group

During public comment, stakeholders requested the establishment of an emergency medical care committee (EMCC) as outlined in the Health and Safety Code, Division 2.5, Section 1797.270, "*An emergency medical care committee may be established in each county in this state. Nothing in this division should be constructed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties.*" At this time, EMS is not able to establish and support this type of committee due to limited staff and the required support needed for an EMCC. Additionally, the Board of Supervisors must approve the establishment of the committee and appoint the members.

On April 12, 2019, Department staff met with representatives from the Northern California Hospital Council and four hospital systems to discuss their feedback on the proposed programs and fees. During this meeting, the group agreed to form an advisory group with stakeholders. Staff is in the process of establishing an advisory group with representatives from each EMS stakeholder group. Topics suggested by the hospital systems included sustainable funding, planning, quality improvement, or other key issues. The advisory group will agree on specific areas of focus. Staff have reached out to stakeholders to obtain representation. The initial meeting is planned for June or July.