

RESOLUTION NO. 12-001

**RESOLUTION OF THE SOLANO COUNTY EMERGENCY MEDICAL SERVICES
COOPERATIVE REQUIRING OPERATORS OF EMERGENCY AMBULANCES TO
OBTAIN A PERMIT TO CONDUCT CRITICAL CARE TRANSPORTS ORIGINATING
IN SOLANO COUNTY**

WHEREAS, the Solano County Emergency Medical Services Cooperative (“SEMSC”) serves as the local EMS agency for Solano County; and

WHEREAS, as the local EMS agency for Solano County, SEMSC has the authority to regulate the operation of emergency ambulances, defined as any ambulances capable of providing emergency medical services (“EMS”), including basic life support (“BLS”), limited advanced life support (“LALS”), and advanced life support (“ALS”); and

WHEREAS, the California Health & Safety Code permits SEMSC to establish policies and procedures to ensure medical control of the EMS system in Solano County and make any such policies and procedures binding upon operators of emergency ambulances; and

WHEREAS, a small number of ambulance transports originating in Solano County involve the Interfacility Transportation of Critically Injured or Ill Patients with critical care needs that during transport require, or in the judgment of the transferring physician, may reasonably require the use of special equipment and the provision of Critical Care Interventions by a crew that includes personnel who possess skills in a medical specialty area such as nursing care, emergency medicine, respiratory care, or cardiovascular care; and

WHEREAS, the only ambulances that engage in the Interfacility Transportation of Critically Injured or Ill Patients are emergency ambulances; and

WHEREAS, SEMSC has, through a competitive process, awarded an exclusive agreement for all ALS ambulance services throughout an Exclusive Operating Area, including all 911 requests (but excluding those requests originating from within the City of Vacaville and Travis Air Force Base) and all ALS interfacility transport requests in Solano County and which prohibits any other person or entity from providing ALS ambulance service in the County, excluding critical care transports (“CCTs”); and

WHEREAS, as a condition precedent for the CCT of Critically Injured or Ill Patients, SEMSC, as the local EMS agency for Solano County, has the authority in exercising medical control of the EMS system in the County to require training and qualifications for the ambulance crew involved in a CCT for the use of drugs, devices and skills in such transports; and

WHEREAS, to facilitate its medical control of the EMS system in Solano County, SEMSC seeks to require all operators of emergency ambulances that intend to engage in the CCT of Critically Injured or Ill Patients originating in the County to secure a permit as a CCT provider from SEMSC; and

WHEREAS, SEMSC seeks to require all operators of emergency ambulances that intend to engage in the CCT of Critically Injured or Ill Patients that originate in Solano County to satisfy SEMSC’s medical control requirements as a condition to receive and maintain a permit to engage in CCTs originating in the County; and

WHEREAS, SEMSC has entered into agreements with ambulance providers, as set forth in Resolution 11-001, and seeks to protect the rights of those providers to operate in accordance with the provisions of Resolution 11-001 and consistent with this Resolution; and

WHEREAS, as SEMSC has entered into an agreement with an ambulance provider to serve as the exclusive provider of ALS interfacility transports in Solano County, and such agreement excludes CCTs, SEMSC seeks to define and regulate CCTs that originate in the County to ensure that the transports conducted pursuant to this Resolution do not interfere with the rights and responsibilities of that ambulance provider under that agreement or the benefits the County receives under that agreement.

NOW, THEREFORE, IT IS RESOLVED that:

1. **Definitions.** For purposes of this Resolution the following words and terms have the following meanings unless the context clearly indicates otherwise:

CCT-RN. A critical care transport registered nurse.

County. The County of Solano.

Critical Care Interventions. Interventions including but not limited to the use of medications and devices listed in Paragraph 2.B (as may later be amended in accordance with the provisions of Paragraph 2.C) attributable to high complexity decision making to assess, manipulate, and support vital system functions to treat single, or multiple, vital organ system failure; and/or to prevent further life-threatening deterioration of the patient’s condition. Examples of vital organ system failure include but are not limited to:

- (i) Central nervous system failure.
- (ii) Circulatory failure.
- (iii) Shock.
- (iv) Renal, hepatic, metabolic, or respiratory failure.

Critical Care Transportation (CCT). CCT is the Interfacility Transportation by ground ambulance vehicle, including the provision of medically necessary supplies and services, of a Critically Injured or Ill Patient who during transport requires, or in the judgment of the sending physician may reasonably require, Critical Care Interventions in a medical specialty area such as nursing care, emergency medicine, respiratory care, or cardiovascular care exceeding the scope of practice of an EMT-P. A CCT includes a “specialty care transport” as defined in 42 CFR § 414.605, whether or not it involves a Medicare beneficiary. A CCT does not include an interfacility transport begun by an air ambulance service but

that must be completed by ground ambulance due to mechanical issues, weather, or other factors which prohibit the completion of the transport by air.

Critically Injured or Ill Patient. A patient who has an injury or illness that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition, such that the failure to initiate Critical Care Interventions on an urgent basis would likely result in sudden, clinically significant or life-threatening deterioration of the patient's condition.

Interfacility Transportation. For purposes of a CCT, a transport between the following facilities only:

- (i) Cancer hospitals.
- (ii) Children's hospitals.
- (iii) Critical access hospitals.
- (iv) Inpatient acute care hospitals.
- (v) Rehabilitation hospitals.
- (vi) Sole community hospitals.
- (vii) Psychiatric hospitals.
- (viii) Skilled nursing facilities.

EMT-P. An emergency medical technician-paramedic.

Permitted Critical Care Transportation (CCT) Provider. A ground ambulance provider with a current permit issued by SEMSC to conduct CCTs.

RN. A registered nurse.

SEMSC. The Solano County Emergency Medical Services Cooperative.

Scope of Practice of an EMT-Paramedic. The basic scope of practice of an EMT-P in Solano County as defined in Title 22, California Code of Regulations, § 100145(c)(1) or a superseding regulation.

2. **Performance of Critical Care Transports.**

- A. A CCT is appropriate when a Critically Injured or Ill Patient's condition requires, or, in the judgment of the sending physician may reasonably require, Critical Care Interventions during Interfacility Transportation that must be furnished by one or more health professionals in an appropriate specialty area, such as emergency or critical care nursing, emergency medicine, respiratory care or cardiovascular care.
- B. The Interfacility Transportation of a Critically Injured or Ill Patient is a CCT if the patient's condition during transport requires or may reasonably require the

use of any of the following procedures, devices or medications during the transport:

- 1) Intra-aortic balloon pump.
- 2) Swan-Ganz/Central Venous access or maintenance of infusions via central venous access.
- 3) Arterial line monitoring.
- 4) Transvenous pacing.
- 5) Extra corporeal membrane oxygenation.
- 6) High risk Labor and Delivery that may lead to Neonatal Critical Care.
- 7) Intracranial pressure monitoring devices.
- 8) Medications via infusion pump.
- 9) Parenteral administration of the following categories of agents, which may include::
 - a. Vasoactive agents (including anti-hypertensives and vasopressors)
 - Anti-hypertensives: e.g., labetalol, nitroprusside, nitroglycerin etc.
 - Vasopressors: e.g., dopamine, epinephrine, norepinephrine etc.
 - b. Neuromuscular blocking agents
 - e.g., succinylcholine, rocuronium, vecuronium etc.
 - c. Anti-fibrinolytic or anti-platelet agents
 - e.g. Tissue plasminogen activators (tPA, TNK), streptokinase, epitifibatide, etc.
 - d. Blood products
 - e.g. packed red blood, platelets, fresh frozen plasma etc.
 - e. Analgesics and sedative agents that are beyond paramedic scope of practice
 - e.g. propofol, meperidine, fentanyl
 - f. Anti-epileptic agents
 - e.g. phenytoin, valproate, phenobarbital etc.
 - g. Hypoglycemic agents
 - e.g. insulin etc.

- h. Diuretic agents that are beyond paramedic scope of practice
 - e.g. bumetanide, mannitol etc.
 - i. Total Parenteral Nutrition (TPN)
- C. The SEMSC Board of Directors delegates to the Medical Director and the EMS Agency Administrator the power to adopt regulations specifying procedures, devices and medications in addition to those listed in B.
- D. Except as provided in E, only a Permitted CCT Provider may conduct CCTs originating in the County. The performance of a CCT originating in the County other than by a Permitted CCT Provider or as provided in E is punishable under Resolution 11-001, Paragraph 9, or any successor thereto. The EMS Agency Administrator may in his discretion, upon written request, enter into a Memorandum of Understanding with an ambulance provider that is not a Permitted CCT Provider to perform certain types of specialty care transports, other than CCTs, if he finds that such transports are uniquely specialized and that compliance with the provisions of this Resolution would be unduly burdensome for the ambulance provider in the context of such specialty care transports. The decision of the EMS Agency Administrator on whether or not to enter into a Memorandum of Understanding is final and non-appealable.
- E. A CCT may be performed by an ambulance provider that is not a Permitted CCT Provider only if the transferring facility requests the non-permitted ambulance provider to conduct the CCT, the transferring facility informs the non-permitted ambulance provider that it could not obtain the services of a Permitted CCT Provider within the time needed for the CCT, and the transferring facility informs the non-permitted ambulance provider that the transferring facility assumes responsibility for ensuring, and supplying as needed, all of the health care professionals needed to provide the Critical Care Interventions required by the patient during the transport and for providing the equipment, supplies and medications needed for the Critical Care Interventions that are not already on the ambulance.
- F. A transferring facility may request an ambulance provider that is not a Permitted CCT Provider to conduct a CCT only after the facility has determined that a Permitted CCT Provider is not available to conduct the CCT within an acceptable period of time and that such transport by the non-permitted ambulance provider, prior to the availability of a Permitted CCT Provider, is urgently needed to treat the Critically Injured or Ill Patient's single, or multiple, vital organ system failure; and/or to prevent further life-threatening deterioration of the patient's condition. A transferring facility that requests a CCT pursuant to this provision shall also satisfy the following requirements:

- 1) The transferring facility shall determine the specific and anticipated needs of the patient during the CCT, and provide, as needed, health professionals who are qualified to provide Critical Care Interventions in the specialty area or areas for which the patient requires Critical Care Interventions during transport, provide all appropriate equipment and supplies for the CCT that are not available on the ambulance, and send to the receiving facility all medical records of the patient available at the time the CCT is conducted.
 - 2) The transferring facility shall furnish to the non-permitted ambulance provider and the Medical Director of SEMSC, within five (5) days after requesting the ambulance provider to conduct the CCT, a copy of the physician's order ordering the CCT and a written statement explaining why the CCT was necessary, what the facility determined to be an acceptable period of time to begin the CCT, how it determined the acceptable period of time and that a Permitted CCT Provider was not available to conduct the CCT within that period of time, and what was needed to meet the requirements of 1) and how it satisfied those requirements. The transferring facility and the non-permitted ambulance provider shall maintain a copy of the written statement for a minimum of one (1) year.
- G. Nothing in this Resolution shall be construed to prohibit a sending physician from ordering the Interfacility Transportation of a Critically Injured or Ill Patient by means other than CCT if the sending physician determines that transport by means other than CCT is appropriate based upon the patient's needs.

3. **Minimum Staffing Standards.**

- A. When conducting a CCT, the minimum staffing requirement for an ambulance of a Permitted CCT Provider is one (1) CCT-RN, one (1) health professional trained to operate in a CCT environment, and an ambulance driver. The "health professional trained to operate in a CCT environment" may be an EMT, EMT-paramedic, nurse or other licensed or certified health care professional deemed by the Permitted CCT Provider to be appropriate for the types of CCTs performed by that Permitted CCT Provider. The Permitted CCT Provider shall be responsible to provide the minimum staff set forth in this section when conducting a CCT. However, if the transferring physician determines that it is appropriate to send a particular health professional along with the patient during a CCT, the Permitted CCT Provider may utilize this health professional to satisfy its minimum staffing requirement under this section. In addition, nothing in this section shall in any way be construed to limit the judgment of the transferring physician to send any additional health professionals and/or additional equipment, above and beyond the minimum standards set forth in this Resolution, with the patient during the CCT. Furthermore, nothing in this Resolution shall in any way alter or limit the scope of practice of a licensed health professional accompanying the patient during a CCT.

- B. A CCT-RN is a registered nurse who satisfies the following qualifications:
- 1) Has a current California Registered Nurse license.
 - 2) Has at least two (2) years full-time experience in a critical care setting.
 - 3) Has current provider status in BLS, ACLS, and PALS.
 - 4) Has successfully completed training and education and passed a competency assessment provided by the medical director of the Permitted CCT Provider covering cardiovascular, respiratory, neurological, and neonatal/pediatric care, and has been assessed by the medical director of the Permitted CCT Provider within the last twelve (12) months as maintaining competency in these areas.
- C. A CCT-RN and another health professional trained to operate in a CCT environment shall remain with the patient during a CCT.
- D. The Permitted CCT provider shall maintain a current roster of all of its personnel that staff or are available to staff a CCT, and documentation demonstrating that each CCT-RN satisfies the requirements of B and each of the other health professionals has been trained to operate in a CCT environment.
4. **Minimum Equipment Requirements.** A Permitted CCT Provider shall, when conducting a CCT, adhere to the Minimum Equipment List for Permitted CCT Providers, as published from time to time jointly by the Medical Director of SEMSC and the EMS Agency Administrator.
5. **Medication Requirements.** A Permitted CCT Provider shall, when conducting a CCT, adhere to the Minimum Medication List for Permitted CCT Providers, as published from time to time jointly by the Medical Director of SEMSC and the EMS Agency Administrator.
6. **General operating standards.** A Permitted CCT provider shall satisfy the following operational requirements:
- A. Medical director requirements: A Permitted CCT Provider shall have a medical director who shall be a physician with at least five (5) years experience in critical care or qualifications that meet or exceed these standards as determined by SEMSC. The Medical Director shall be responsible for the following:
- 1) Ensuring that each CCT-RN and other health professional personnel of the Permitted CCT Provider who staff or may staff a CCT are familiar with this Resolution and regulations adopted pursuant to this Resolution, and SEMSC's and the Permitted CCT Provider's protocols.

- 2) Developing an educational, training and competency assessment program for the CCT-RN personnel of the Permitted CCT Provider covering and ensuring their competence to provide the cardiovascular, respiratory, neurological, and neonatal/pediatric care that may be required by a Critically Injured or Ill Patient during a CCT.
- 3) Overseeing the Permitted CCT Provider's standards of care, quality of care, educational, training and competency assessment programs, minimum competency requirements, and continuing education requirements.
- 4) Conducting an assessment of the competency of each CCT-RN of the Permitted CCT Provider within twelve (12) months following the last competency assessment of that CCT-RN, and documenting the assessment of their competency or lack of competency in the cardiovascular, respiratory, neurological, and neonatal/pediatric care that may be required by a Critically Injured or Ill Patient during a CCT.
- 5) Performing medical audits of CCTs conducted by the Permitted CCT Provider.
- 6) Preparing written quality assurance and improvement policies and protocols, and participating in and reviewing quality improvement and peer reviews of CCTs conducted by the Permitted CCT Provider.
- 7) Participating in the quality improvement activities of SEMSC.

B. Patient care reporting requirements: A Permitted CCT Provider shall maintain and employ an electronic patient care reporting system capable of tracking details of all CCTs, and shall complete an electronic patient care report for each CCT. The electronic patient care reporting system shall provide full access to SEMSC to retrieve patient care reports on a daily basis to facilitate its ability to generate quality assurance studies and reports. The EMS Agency Administrator may, at his discretion, waive the requirement for electronic patient care reporting and permit CCT patient care reports to be submitted by a Permitted CCT Provider in alternate formats acceptable to the EMS Agency Administrator.

C. Management and supervision requirements: A Permitted CCT Provider shall provide sufficient management and supervisory personnel to manage all aspects of CCTs, including administration, operations, EMS training, clinical quality improvement, recordkeeping and supervision.

D. Response time requirements: A Permitted CCT Provider shall arrive at a facility requesting a CCT as follows:

- 1) Within forty-five (45) minutes of receiving a request for an unscheduled CCT for 90% of responses, within one standard deviation of significance.
- 2) Within forty-five (45) minutes of the arrival time requested for a scheduled CCT for 90% of responses, within one standard deviation of significance.

E. Documentation requirements: A Permitted CCT Provider shall maintain a copy of the following:

- 1) The materials it uses to educate, train and assess the competence of its CCT-RNs to provide the cardiovascular, respiratory, neurological, and neonatal/pediatric care that may be required by a Critically Injured or Ill Patient during a CCT.
- 2) Its CCT clinical treatment and transportation protocols.
- 3) Its quality assurance and improvement policies and procedures.
- 4) Documentation by which it determined that its CCT-RNs satisfied the requirements of Paragraph 3.B and that its other health professionals who staff or may staff a CCT have been trained to operate in a CCT environment.
- 5) The written or electronic competency assessments of its CCT-RNs by its medical director over the preceding three (3) years.

F. Amendment filing requirements: A Permitted CCT Provider shall file with SEMSC any amendment to a document it was required to file with its application for its CCT provider permit within ten (10) days after the amendment.

G. Reporting requirements: Upon the request of SEMSC, a Permitted CCT Provider shall provide SEMSC with records and data related to its compliance with the requirements of this Resolution and the regulations adopted under this Resolution, including but not limited to its patient care reports, billing records and its CCT clinical protocols, and shall prepare and provide SEMSC with reports of data extracted from such records.

7. Applications and fees.

A. An ambulance provider that seeks a permit to operate as a Permitted CCT Provider shall submit to SEMSC an application for a CCT provider permit, with a fee of \$7,500.00. The application shall be made on a form or through an electronic process as prescribed and made available by SEMSC.

- B. The application shall aver, and include such information and be accompanied by such documentation, including the materials specified in Paragraph 6.E, as required by SEMSC to establish that the applicant satisfies or, as appropriate, will satisfy, the operational requirements for a Permitted CCT Provider under Paragraph 6 and other applicable requirements of this Resolution and the regulations adopted under this Resolution.
 - C. SEMSC shall issue a CCT provider permit to the ambulance provider if the requirements of A and B are satisfied, the Medical Director of SEMSC approves the documents specified in B, and SEMSC, after conducting a background check and an on-site inspection, finds that the applicant can safely and effectively operate as a Permitted CCT Provider.
 - D. A CCT provider permit is valid for two (2) years. Thereafter, to continue to operate as a Permitted CCT Provider the ambulance provider shall apply for renewal of its permit to operate as a Permitted CCT Provider within thirty (30) days prior to the expiration of its current permit. The application shall be accompanied by a fee of \$7,500.00 and shall be submitted on a form or through an electronic process as prescribed and made available by SEMSC, which shall require such information and documentation as SEMSC determines is needed to verify that the Permitted CCT Provider continues to satisfy the operational requirements for a Permitted CCT Provider under Paragraph 6 and other applicable requirements of this Resolution and the regulations adopted under this Resolution.
 - E. All fees collected under this Resolution shall be used to compensate SEMSC for the administration of this Resolution and the regulations adopted under this Resolution. SEMSC may by resolution revise any or all of the fees specified in this Resolution, as appropriate, for that purpose.
 - F. A fee collected under this paragraph shall not be reimbursed if the application or other matter for which the fee was submitted is denied.
 - G. A Permitted CCT Provider shall be assessed a delinquent fee of \$2,500.00, in addition to the renewal fee, for a late filed application, if the Permitted CCT Provider does not submit an application to renew the permit within thirty (30) days prior to the expiration of the current permit and, if the late filing causes a new permit not to be issued before the current permit expires, shall cease operations as a Permitted CCT Provider until a new permit is issued.
 - H. No application for a permit or renewal of a permit shall be processed unless it is accompanied by the required fee, including a delinquent fee if applicable.
8. **Inspection and verification.** Authorized representatives of SEMSC, upon displaying appropriate credentials, may inspect a Permitted CCT Provider or audit a Permitted CCT Provider's performance and compliance with this Resolution and

the regulations adopted under this Resolution. The Permitted CCT Provider shall afford SEMSC unobstructed and reasonable access, with or without advance notice, to all aspects of the Permitted CCT Provider's operations and records relevant to its compliance with the requirements of this Resolution and the regulations adopted under this Resolution. A Permitted CCT Provider shall fully cooperate with the inspection or audit and shall produce in a timely fashion any records it maintains outside of Solano County that it is required to produce under this paragraph.

9. **Quality assurance and improvement.** A Permitted CCT Provider shall satisfy the following quality assurance and improvement requirements:
 - A. A Permitted CCT Provider shall establish and maintain a Quality Improvement Program and shall participate fully in the quality improvement activities of SEMSC. Participation in the quality improvement activities of SEMSC requires that the Permitted CCT Provider furnish SEMSC access to all of the Permitted CCT Provider's CCT patient care reports and supporting documentation, including the orders of the physician ordering the CCT.
 - B. A Permitted CCT Provider shall employ a Quality Improvement Coordinator who shall be a registered nurse, qualified EMT-P, or physician. The Quality Improvement Coordinator shall track the clinical performance of the Permitted CCT Provider's personnel involved in CCTs, conduct audits and investigations, and prepare quality improvement reports as may be required by SEMSC. The Quality Improvement Coordinator position need not be a full time position, and the person designated to serve as the Quality Improvement Coordinator may perform other duties for the Permitted CCT Provider.
10. **On-line medical direction.** A Permitted CCT Provider may seek on-line medical direction in the event the medical command instructions of a physician are required to care for the patient during a CCT. On-line medical direction may be sought from the sending physician, the receiving physician, or any hospital that furnishes on-line medical direction. A hospital with which SEMSC has entered into an Advanced Life Support Base Hospital Agreement shall provide on-line medical direction for any member of a CCT crew who contacts it for medical direction for a CCT that is in or originates in the County.
11. **Reports to SEMSC.** Whenever an ambulance provider that is not a Permitted CCT Provider is asked to conduct a CCT originating in the County, and conducts a transport of the patient which it believes does not satisfy the definition of a CCT, the provider shall submit a written report of that transport to SEMSC, within five (5) days after completing the transport, with an explanation of the circumstance under which it conducted the transport.
12. **Automatic suspension.** A CCT provider permit issued pursuant to this Resolution shall be automatically suspended if the Permitted CCT Provider's authorization as the operator of emergency ambulances in the County is suspended.

13. **Discipline.**

- A. SEMSC may discipline a Permitted CCT Provider or an applicant for a CCT provider permit or renewal of a CCT provider permit for violating a requirement of this Resolution or a regulation adopted under this Resolution, or for any of the following reasons:
 - 1) Engaging in fraud or deceit in obtaining or attempting to obtain or renew a permit as a CCT provider.
 - 2) Violating an order previously issued by SEMSC.
 - 3) Repeated failure to accept CCT requests or a pattern of failure to respond to CCT requests within the response time standards set forth in this Resolution.
- B. SEMSC may discipline an ambulance provider that is not a Permitted CCT Provider if it engages in any activities that would violate this Resolution if done by a Permitted CCT Provider, and for performing CCTs originating in Solano County outside of the provisions of Paragraph 2.E of this Resolution.
- C. If disciplinary action is appropriate under this Resolution, SEMSC shall administer the Administrative Infraction and Clinical/Systems progressive discipline set forth in Resolution 11-001, Paragraph 9, to the CCT provider permit. SEMSC may also, or alternatively, apply that progressive discipline to the Permitted CCT Provider's authorization as the operator of emergency ambulances in the County.

14. **Appeals by CCT providers and applicants.** A Permitted CCT Provider or an applicant for a CCT provider permit aggrieved by a decision under Paragraph 13.C, or denied approval of the educational, training and testing program for its CCT-RN personnel, may appeal that decision as set forth in Resolution 11-001, Paragraph 10.

15. **Transferring facility fines and appeals.**

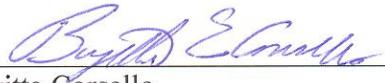
- A. After reviewing a report filed under Paragraph 2.F.2) and/or Paragraph 11, or otherwise receiving information that a transferring facility arranged for a CCT that did not qualify as a CCT, or requested an ambulance provider that was not a Permitted CCT Provider to conduct a CCT, and conducting further investigation as needed, the SEMSC Medical Director determines that the interfacility transport occurred in such manner without just cause, the SEMSC Medical Director may impose a fine of up to \$1,500 upon the transferring facility for each violation.

- B. A transferring facility may appeal the decision and fine to the Public Health Officer by filing a notice of appeal with the EMS Agency, on an appeal form provided by SEMSC, within fifteen (15) days after notice of the decision.
 - C. The decision of the SEMSC Medical Director will be provided to the transferring facility by electronic mail as well as US Postal Service, Certified Mail, Return Receipt Requested. Notice of the decision occurs when the transferring facility receives the decision by electronic mail or US Postal Service, whichever occurs first, or if neither is successful, when the transferring facility is otherwise served with the decision under California law.
 - D. Except as otherwise provided in this paragraph, the appeal procedures set forth in Resolution 11-001, Paragraph 10, shall apply.
 - E. Any decision not timely appealed is final.
16. **Regulations.** The SEMSC Board of Directors delegates to its Medical Director and the EMS Agency Administrator the power and authority to make rules and regulations consistent with this Resolution for the purpose of facilitating the regulation of CCTs originating within the County.
17. **Savings clause.** If any paragraph, subparagraph, sentence, clause, phrase or word of this Resolution is held to be invalid for any reason, such decision shall not affect the validity of the remainder of the Resolution. The SEMSC Board of Directors hereby declares that it would have passed the Resolution, and each paragraph, subparagraph, sentence, clause, phrase or word of this Resolution other than the one or more paragraphs, subparagraphs, sentences, clauses, phrases or words declared to be invalid.
18. **Indigent care.** For CCTs rendered to an uninsured patient, or to an insured patient who owes an uninsured balance, including a copayment, coinsurance or deductible, and who documents that they qualify under five (5) times the HHS Poverty Guidelines in effect on the date of transport, as published periodically by the United States Department of Health and Human Services, the ambulance provider shall charge the patient no more than the amounts approved by the Centers for Medicare and Medicaid Services for HCPCS codes A0434 and A0425 on the date of transport under the Medicare Ambulance Fee Schedule applicable to the ZIP Code corresponding to the point of patient pickup. Nothing in this paragraph shall be deemed to regulate the amount of the charge for CCTs to any insurer or third party payer.
19. **Resolution 11-001.** The provisions of Resolution 11-001 shall be applicable to all CCTs performed pursuant to this Resolution. Resolution 11-001 and this Resolution shall be read *in pari materia* so as to give full force and effect to the provisions of both.

20. **Effective date.** This Resolution shall become effective on April 12, 2013.

Passed and adopted by the Board of Directors of the Solano County Emergency Medical Services Cooperative on 10/11/12, by the following vote:

AYES: 6
NOES: 0
ABSENT: 1
ABSTAIN: 0



Birgitta Corsello
Chair of the SEMSC Board of Directors

Attest:



Jan Homer
SEMSC Secretary