

ORDINANCE NO. _____

AN ORDINANCE RESCINDING AND REPLACING CHAPTER 5, AMBULANCES, OF THE SANTA BARBARA COUNTY CODE, TO ESTABLISH A NON-EXCLUSIVE SYSTEM TO REGULATE, SET RATES FOR, ISSUE PERMITS FOR, AND CONTRACT WITH AMBULANCE SERVICES

The Board of Supervisors of the County of Santa Barbara ordains as follows:

SECTION 1. Chapter 5, Ambulances, of the County Code is hereby rescinded and replaced to read as follows:

CHAPTER 5 AMBULANCES

Sec. 5-1. Legislative Intent and Purpose.

(A) The County of Santa Barbara, through its designated local EMS agency and as identified in its emergency medical service plan, has determined the need to enact local regulations consistent with, and which enhance the County's responsibilities under, the Emergency Medical Services System and the Prehospital Emergency Medical Act (Health and Safety Code Sections 1797, et seq.) and which further serve and protect the health and safety of medical patients in the county while being transported. It is the Board of Supervisors' intent in amending this Chapter to:

- (1) Define the process for which providers and provider ambulances are permitted to operate and maintain permission to operate within the County.
- (2) Undertake the prescribed functions and responsibilities of a county concerning medical transportation services as authorized by the state of California pursuant to, among other statutory authority, Government Code sections 54980, et seq., Health and Safety Code Sections 1443, 1797 et seq., 13800, et seq., Welfare and Institutions Code Sections 14136, 16817, 17000, 17001, Vehicle Code Section 2512, and case law.
- (3) Exercise the full extent of its discretion and authority under the laws of the state of California to create a non-exclusive system to regulate, set rates for, issue permits for, and contract with, Ambulance Services within the County. No Operating Area established by the Board of Supervisors shall be designated as an Exclusive Operating Area in the LEMSA's local EMS plan unless the LEMSA has completed the process to establish such Exclusive Operating Area under the EMS Act.

(B) The purposes of this Chapter are:

- (1) To enact policies and regulations which are necessary for the public health and safety regarding the dispatching and operation of ambulances;
- (2) To enact policies and regulations for permitting and regulating the provision of non-exclusive Ambulance Services within the County;

- (3) To protect the public from the unsafe and unsanitary operation of ambulances;
- (4) To allow for effective, cost-efficient, economically viable, and reliable Ambulance Services in all areas of the County; and
- (5) To allow for the orderly and lawful operation of the emergency medical services system pursuant to Health and Safety Code Section 1797, et seq.
- (6) Develop a performance-based ambulance permit system requiring permittees to comply with performance standards as outlined in this Chapter and within the Service Contracts with the County following the issuance of ambulance permits.

Sec. 5-2. Applicability.

- (A) Except where specifically exempted, all Ambulance Service providers operating within the emergency medical services program developed by the County, and as administered by the County’s designated LEMSA, pursuant to Health and Safety Code section 1797.200, must comply with the provisions of this Chapter and all regulations adopted to administer such provisions.
- (B) The provisions of this Chapter and regulations enacted pursuant this Chapter shall not apply:
 - (1) To Ambulances and Ambulance Services rendering medical transportation services during any “state of war emergency,” or a duly proclaimed “state of emergency,” or “local emergency” as defined in the California Emergency Services Act (Government Code § 8550 et seq.), at the request of the State Office of Emergency Services.
 - (2) During any period (not to exceed 30 consecutive days, but renewable every 30 days) when the LEMSA Medical Director or LEMSA Director has made written findings that medical transportation services are not available from existing permittees.

Sec. 5-3. Definitions.

Unless otherwise specifically provided or required by the context, the following terms have the meanings set forth in this Chapter. To the extent the following terms are defined by State law under Chapter 2, Division 2.5 of the Health and Safety Code, as amended, the following definitions are intended to affirm and supplement those statutory definitions, and any provision of State law that expressly conflicts with the following shall control.

“Advanced Life Support” or “ALS” means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital, as cited in 1797.52 of the Health and Safety Code.

“Air Ambulance” means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients.

“Ambulance” means any motor vehicle which meets the standards of Title 13 of the California Code of Regulations and is specifically constructed, modified or equipped, or arranged, used, licensed or operated for the purpose of transporting sick, injured, convalescent, infirmed, or otherwise incapacitated person(s) in need of medical care. The meaning includes, but is not limited to, privately or publicly owned ambulances operating within the county. “Ambulance” does not include a gurney van or a non-medical transport vehicle designed for the transportation of persons who are wheelchair users.

“Ambulance Provider” means a person, firm, partnership, corporation, municipality, government agency or other organization which furnishes or offers to furnish ambulance service to the public, its employees, visitors and/or residents of Santa Barbara County. “Ambulance Provider” includes all organizations that provide or operate an ambulance on private property whether or not required to do so by local, state or federal law and/or regulation.

“Ambulance Service” means the activity, business or service for hire, profit, or otherwise, of being prepared for, responding to requests for and/or transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public way or place in the unincorporated areas of the County. “Ambulance Service” includes all organizations that provide or operate an ambulance on private property whether or not required to do so by local, state or federal law and/or regulation. “Ambulance Service” also includes the use of Non-Ambulance Response Vehicles, used to support the overall delivery of ambulance care.

“Applicant” means an Ambulance Service seeking an initial or renewal permit issued pursuant to this Chapter.

“Basic Life Support” or “BLS” means those procedures and skills contained in the EMT scope of practice listed in California Code of Regulations, Title 22, Division 9, Chapter 2.

“Board” means the Santa Barbara County Board of Supervisors.

“County” means the County of Santa Barbara.

“Critical Care Transport” or “CCT” means the transport of a critical care patient between medical facilities where it has been determined by the patient's treating physician that such transport requires medical supervision by advanced life support providers (registered nurse or critical care paramedic) with critical care training or experience.

“Emergency Medical Care Committee (EMCC)” is a committee whose members are prescribed by the Board, whose duties include advising the LEMSA and Board on EMS matters, including but not limited to: Ambulance Service within the County; Emergency medical care offered within the County; and First aid practices in the County.

“Emergency Medical Dispatching” or “EMD” means the reception, evaluation, processing, provision of dispatch life support, management of emergency calls, and participation in ongoing evaluation and improvement of the emergency medical dispatch process. This process includes identifying the nature of the request, prioritizing the severity of the request, dispatching the

necessary resources, providing medical aid and safety instructions to the callers and coordinating the responding resources as needed.

“EMD Agency” means any public safety agency that is a part of the County’s 911 system and provides 911 call processing services and EMD services, conducts the dispatch of emergency medical response resources, and is authorized by the local EMS Agency.

“Emergency Medical Service Call” means condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency.

“Emergency Medical Services” or “EMS” means the system of services needed to provide urgent medical care in a condition or situation in which an individual has a need for immediate medical attention or where the potential for such need is perceived.

“EMSA” shall mean the California Emergency Medical Services Authority as established in Health and Safety Code Division 2.5.

“The EMS Act” means the Emergency Medical Services System and Pre-hospital Emergency Care Personnel Act of 1980, Health & Safety Code section 1797, et seq.

“Exclusive Operating Area” means a geographical area defined by the local EMS plan as defined in Health and Safety Code Division 2.5.

“Inter-Facility Transportation” or “IFT” means any patient transport, after initial assessment from or to a licensed care facility as defined by the California Department of Public Health. Can include, but not limited to: hospital to hospital; clinic to hospital; hospital to home; home to dialysis care; hospital to long-term care; transport of mentally disordered persons.

“LEMSA” means the County's designated local EMS agency established pursuant to California Health and Safety Code Section 17997.200.

“Level of Service” means level of emergency medical services that may be provided by a permittee, and will be specified as Basic Life Support, Advanced Life Support, or Critical Care Transport.

“Local EMS Plan” means the plan for County’s EMS system developed by the EMS Agency pursuant to California Health and Safety Code Section 1797.250

“Mentally Disordered Persons Transportation” means the nonemergency transportation to a destination other than the most appropriate receiving facility of a patient, who: (a) is not experiencing an emergency medical condition; (b) does not require an immediate medical intervention and (c) is in the custody of the County pursuant to California Welfare and Institutions Code section 5150-5157.

“Mutual Aid/Mutual Assistance” means responses into Santa Barbara County from a ground transport provider outside the Santa Barbara County for the purpose of assisting the Contractors with emergency and/or non-emergency requests for service; responses by the Permittees to service areas outside the Santa Barbara County for the purpose of assisting the ground transport provider in an adjacent service area.

“Need and Necessity Assessment” means an evaluation of an identified problem and/or gap in ambulance service delivery. Such evaluation shall include verifiable statistics illustrating the need and necessity of additional ambulance service(s), to include but not limited to: response times, patient outcomes, available transport resources, or other criteria essential to the system.

“Non-Ambulance Response Vehicle” or “NARV” means a non-ambulance passenger vehicle (e.g. sport utility vehicle or pick-up truck), owned and/or operated by an Ambulance Provider, equipped to the ALS level, per LEMSA policy, and staffed with a minimum of one paramedic. These vehicles are typically used for (but not limited to) field supervision, mental health patient assessment and/or transport, or community paramedicine.

“Patient” means an individual as defined by LEMSA policy.

“Provider Permit” means an Ambulance Provider Permit issued pursuant to this Chapter.

“Permit Officer” means the LEMSA Director.

“Permit Type – Emergency Medical Service Call” means permit issued pursuant to this Chapter for the provision of ambulance service, and related support services, to respond to Emergency Medical Service Calls. The Permit may be issued for ALS or BLS, and may include NARVs. The permit shall be issued to allow for Emergency Medical Service Call response anywhere within the County.

“Permit Type – CCT” means permit issued pursuant to this chapter for provision of CCT ambulance service, and related support services, to respond to CCT requests within the County. The permit shall be issued to allow for CCT response anywhere within the County.

“Permit Type – IFT and Special Event Stand By” means permit issued pursuant to this chapter for provision of IFT ambulance service, and related support services, to respond to IFT requests within the County. The Permit may be issued for ALS or BLS, and may include NARVs. The permit shall be issued to allow for IFT response and Special Event Stand By anywhere within the County. IFT and Special Event Stand By permitted ambulances may be used to provide support to the 9-1-1 in a surge capacity.

“Permittee” means an Ambulance Service holding a current permit issued pursuant to this Chapter.

“Surge” means a sudden and unexpected increase in requests for ambulance services. This can include, but not limited to:

- The fastest, most appropriately permitted ambulance’s calculated response time exceeds the response time as established by the LEMSA
- Mass Casualty Incident as defined by LEMSA policy
- As requested by the LEMSA Director, or LEMSA Duty Officer

“Surge Capacity” means the support of a surge.

"Quality assurance" means the sum of all activities undertaken to assure that prehospital emergency medical transportation services and nonemergency medical transportation services maintain established standard by appropriate regulatory agencies.

"Quality improvement" means the evaluation of pre-hospital emergency medical services and non-emergency transportation services to identify where personnel performance or the system itself can be improved, the implementation of potential improvements, and their re-evaluation and refinement in a continuous cycle. While quality assurance traditionally focuses on the detection of defects, quality improvement strives to prevent them. Thus a quality improvement program must include, but not be limited to, quality assurance.

"Special Event Stand By" means any situation where a previously announced event places a grouping or gathering of people in one general locale sufficient in number that has the potential to exceed the normal and routine capacity of the EMS system, or subject to activity that creates the need to have one or more ambulances at the site, or such similar event where an ambulance (ALS or BLS) is requested, or any such similar event where ALS non-transport resources are requested.

"Type of Service" means the classification of emergency and nonemergency medical transportation services into following categories: (a) Emergency Medical Service Calls; (b) Inter-Facility Transportation and Special Event Stand By; (c) Critical Care Transport.

"Vehicle Permit" means a permit decal or certificate issued by the Permit Officer indicating that an ambulance or other permitted vehicle has passed inspection according to the standards established herein. This permit is required for each vehicle operated in addition to the ambulance operator's permit.

Sec. 5-4. Ambulance Provider Permit Requirement.

- (A) No person, either as owner, agent, subcontractor, or otherwise, shall provide, furnish, operate, conduct, advertise or engage in or profess to be engaged in the business of, medical transportation services upon the streets or any public way or place in the unincorporated territory of the County, except in conformance with a valid Permit to do so issued by the Permit Officer pursuant to this Chapter.
- (B) Provider Permits are available on a non-exclusive basis for each Type(s) of Service to be provided by the Provider of each Permit Type throughout the entire County, except for the excluded areas identified in subsection (C):
 - (1) Provider Permit Type – Emergency Medical Call;
 - (2) Provider Permit Type – IFT and Special Event Stand By;
 - (3) Provider Permit Type – CCT;
- (C) Exclusions. Provider Permits are not required for Ambulance Services:
 - (1) Provided within Vandenberg Space Force Base, unless the jurisdiction over the Base is revised to authorize County regulation in this area; or
 - (2) Authorized by, and subject to the exclusive jurisdiction of, federal, state, or tribal governments.
- (D) Exceptions. All standards specified in this Chapter shall apply to all Ambulance Services; however, the permitting requirements shall not apply to:
 - (1) A nonpermitted ALS, BLS, or CCT ambulance service provider may operate in the

county for the limited purpose of transporting patients to or through the county if the transportation of the patient was initiated outside the county; or

- (2) A nonpermitted ALS, BLS, or CCT ambulance service provider may operate in the county for the limited purpose of transporting IFT patients originating in the County with a destination outside of the County; or
- (3) A nonpermitted ALS, BLS, or CCT ambulance service provider operating under a predefined mutual-aid agreement to routinely provide ambulance service within the County, including but not limited to the Highway 166 corridor; or
- (4) Ambulance Services that operate only Air Ambulances; if an Ambulance Service operates both Ambulances and Air Ambulances, the permitting requirements shall not apply to the Air Ambulance operations.

Sec. 5-5. Initial Application for Provider Permit.

(A) To obtain the issuance of a Permit, an applicant shall submit to the Permit Officer an electronic or written application in a form to be furnished by the Permit Officer. The application shall provide the following information:

- (1) Name and description of applicant;
- (2) Business address and residence address of record of the applicant;
- (3) Trade or firm name, or DBA as recorded;
- (4) If a corporation, the names of corporate directors, officers, and controlling shareholders, their permanent addresses, and their percentage of shares of the business.
- (5) If a limited liability company, partnership, or limited partnership, the names of all members or partners, managers, and their percentage of participation in the business
- (6) If a joint venture or joint powers authority (JPA), the names of all entities in the venture or JPA, and all information required for that type of entity.
- (7) An organizational chart, including the applicant's parent or subsidiary entities or agencies, if any.
- (8) Identification of the Type(s) of Service and Level(s) of Service, for which the applicant proposes to be permitted.
- (9) Whether and to what extent the Applicant proposes to subcontract with any other party to provide Ambulance Services.
- (10) For applications submitted on or after March 1, 2024 that propose new or expanded permit operations, a Need and Necessity Assessment outlining the need for additional ambulance service.
 - (a) A proposal as to how the number of ambulances, the Type(s) of Service and Level(s) of Service the applicant proposes to be permitted will address the issues identified in the Need and Necessity Assessment;
 - (b) Feasibility and economic analyses of the applicant's proposed Ambulance

Services, including anticipated revenues, costs, and profits, and the impact, if any, to existing Ambulance Services at the Type(s) of Service and Level(s) of Service for which the applicant proposes to be permitted;

- (11) A description of each vehicle proposed to be operated by the applicant, including the patient capacity thereof, including an affirmation that each permitted vehicle and its appurtenances conform or will conform prior to operation under the Permit to all applicable provisions of this Chapter, the California Vehicle Code, the California Code of Regulations, and any other applicable State or local directives, including applicable requirements of the LEMSA;
 - (a) If the applicant has an existing fleet of vehicles, the applicant shall submit a detailed list of the vehicles, including, but not limited to:
 - i. Vehicle Identification Number
 - ii. Vehicle mileage and service history
 - iii. Vehicle VIN, purchase and usage history
 - iv. Vehicle Ambulance type (Type I, II, or III)
 - v. Photocopies of each ambulance California Highway Patrol permit
- (12) A statement signed by the applicant that as a condition of the County's issuing a Permit, applicant agrees to appear and defend all actions against the County arising out of the exercise of said Permit, and shall indemnify, defend, and save the County, its officers, employees and agents harmless of and from all claims, demands, actions, or causes of actions of every kind and description resulting directly or indirectly and arising out of, or in any way connected with exercise of this Permit.
- (13) Evidence that the applicant shall obtain and keep in force during the term of said permit comprehensive general liability insurance issued by a company authorized to do business in the State of California, insuring the owner, and also naming the County as an additional insured of such insurance against loss by reason of injury or damage that may result to persons or property from negligent operation or defective maintenance of such ambulance, or from violation of this Chapter or LEMSA policies or of any other law of the State of California or the United States. Said policy shall be in a sum determined annually by County Risk Management. Workers' Compensation insurance shall be carried covering all employees of the permit holder. Copies of the policies or certificates evidencing such policies shall be filed with the LEMSA. All policies shall contain a provision requiring a 30-day notice be given to the LEMSA prior to cancellation, modification, or reduction in limits.
- (14) An affirmation for initial applications that none of the circumstances identified in Section 5-10 or Section 5-22 exist.
- (15) An affirmation that during the term of the Permit, the applicant shall comply with all applicable federal, state, and local laws, as well as, all provisions of this Chapter and all LEMSA policies and procedures.
- (16) The applicant or permittee shall report to the Permit Officer any change in the information in a pending application within ten days of the effective date of the

change.

- (17) A description of and information supporting that the minimum qualifications in Section 5-6 are met, including by any subcontractors, if proposed.
 - (18) A description of and information supporting that the additional permit criteria in Section 5-7 are met, including by any subcontractors, if proposed.
 - (19) Payment of the Provider Permit Application fee.
 - (20) Other such other facts or information as the Permit Officer may require.
- (B) For renewal applications for the same Type(s) and Level(s) of Service specified in the prior Permit:
- (1) An affirmation that there has been no change to the applicant's Ambulance Service as authorized under the applicant's existing Permit; or
 - (2) A description of any changes to the applicant's Ambulance Service since the issuance of the applicant's existing Permit, and/or a description of any proposed minor changes to the applicant's ambulance service operations as authorized under the applicant's existing Permit.

Sec. 5-6. Minimum Qualifications.

- (A) Demonstrable experience in managing an Ambulance Service for the Type(s) of Service and Level(s) of Service for which the applicant proposes to be permitted. If the applicant does not have such experience, it shall provide information that positively demonstrates the requisite capability to competently implement and manage such a system.
- (B) Demonstrable experience in complying with ambulance service response times for the Type(s) of Service and Level(s) of Service for which the applicant proposes to be permitted. If the Applicant does not have such experience, it shall provide information that positively demonstrates the requisite capability to competently implement and manage such a system. At a minimum, applicant shall present evidence of:
 - (1) Previous history of response time compliance in a geographically sized region serving a similar size population.
 - (2) If no experience exists, applicant shall present a verifiable plan as to how they plan to meet the LEMSA's response time requirements.
- (C) Applicant shall demonstrate how they plan to comply with the LEMSA's response time requirements by including:
 - (1) A deployment plan based on the LEMSA's existing System Status Plan
 - (2) Proposed or existing ambulance station locations
 - (3) The total number of proposed or existing ambulance fleet, to include (at a minimum):
 - (a) Number should equal 130% of required ambulances based on the applicant's deployment plan
 - (b) Type(s) of ambulances (Type I, II, or III)
 - (c) Level of ambulances (ALS or BLS)

- (d) Fleet maintenance program description
- (e) For new fleets (not currently in service), provide:
 - i. Proof of purchase, an agreement to purchase, or a quote obtained within 60 calendar days prior to application that contains, at a minimum:
 - a. Number of ambulances being purchased
 - b. Type of ambulances being purchased (Type I, II, or III)
 - c. Estimated arrival date of purchased ambulances
 - d. Expected in-service date of ambulances (stocked and marked per LEMSA policy, CHP inspection complete, etc.)
- (4) Demand analysis demonstrating the applicant’s deployment plan will meet the system demand
- (D) Applicant shall demonstrate it has or can recruit the workforce required to establish and maintain safe and effective ambulance service within the County. Applicant shall include at a minimum:
 - (1) Staff schedule
 - (2) Staff names, credentials, and current employment status. If no staff exist, or staff composition is incomplete, applicant shall provide
 - (a) Recruitment plan and timeline
 - (b) Alternate staffing plans should the provider not be fully staffed by March 1, 2024.
 - (3) Staff training and credential management plan outlining the applicant’s plan for maintaining the required number of appropriately trained staff.
 - (4) Statement acknowledging the applicant, should a permit be issued, will utilize the LEMSAs approved training platform, and provide the needed access for the LEMSA to distribute training to the provider(s).
- (E) Applicant shall demonstrate the capacity to manage clinical performance of field providers. Applicant shall provide, at a minimum:
 - (1) Clinical Quality Improvement plan executive summary which demonstrates compliance with the LEMSA’s current State approved CQI plan and LEMSA CQI policy.
 - (2) Internal policies and procedures to validate a just culture approach in clinical QI/QA
 - (3) Internal policies and procedures that demonstrate the applicant’s commitment to a “Just Culture” approach to clinical case review and quality improvement and assurance.
- (F) Demonstrable evidence of how the applicant is currently and plans to maintain the requisite financial depth and stability. The applicant shall include:
 - (1) Copies of audited financial statements for the applicant and any parent or subsidiary entities for the past three (3) years;

- (2) If the applicant is a government entity it must also comply with the provisions of the Provision for Fairness in Government/Private Competition.
- (3) A proposed schedule of any special rates to be charged by the permittee for medical transportation service, not to exceed the current Ambulance Service rates set by the Board.
- (4) For each type of permit to be applied for, the applicant shall provide a financial feasibility assessment outlining the minimum percentage of call volume required to be financially viable/stable. If applying for multiple permit types, the applicant shall do the same for all permit types, as well as, providing an assessment for the minimum percentage of calls required in each category, should all the permit types be awarded.

Sec. 5-7. Additional Permit Criteria.

- (A) In evaluating permit applications, the Board of Supervisors shall consider the totality of the circumstances including public health, safety, welfare, convenience, and necessity, prior to approval. In order to approve a Provider Permit, the Board of Supervisors shall make all of the following findings:
 - (1) The applicant's experience, qualifications, and fitness to provide medical transportation services support approval;
 - (2) The feasibility and economic viability of the applicant's proposed services are sustainable as proposed;
 - (3) The applicant's proposal demonstrates a community benefit through innovative service delivery, local reinvestment and reasonably assures an integrated public safety response to time sensitive EMS needs;
 - (4) For applications submitted on or after March 1, 2024 that propose new or expanded permit operations:
 - (a) The need and necessity assessment support a need for the additional ambulance service; and
 - (b) The feasibility and economic analysis support a need for the additional ambulance service; and
 - (c) There are benefits to the County from issuance of the permit.

Sec. 5-8. Applications for Renewal of Provider Permit.

- (A) An application for renewal of a provider permit shall be submitted to the permit officer at least sixty (60) days prior to the expiration of the provider permit to be renewed.
- (B) Renewals may be approved if:
 - (1) The permittee has during the period of the expiring Permit operated in conformity with the terms and conditions of expiring Permit and the permittee's Provider Agreement with the County, the provisions of this Chapter, and the policies, procedures, and protocols of the LEMSA; and

- (2) The permittee is capable of continuing operation in conformity with the terms and conditions of expiring Permit and the permittee's Provider Agreement with the County, the provisions of this Chapter, and the policies, procedures, and protocols of the LEMSA.
 - (3) The permittee does not seek a substantial change in the permit and there does not exist grounds for denial for renewal of the permit as specified in Section 5-10. For the purpose of this subsection, a "substantial change in the permit" means a change in the level, scope or manner of service permitted under the permit holder's current or previous provider permit or such condition as may be determined by the permit officer.
- (C) If a permittee proposes substantial changes to the terms and conditions of the expiring Permit, as determined by the Permit Officer, the review and approval process shall be the same as an initial Permit.

Sec. 5-9. Decision-Maker on Provider Permit.

- (A) **Permit applications submitted prior to March 1, 2024.** Upon the effective date of this Ordinance, the initial period to submit applications will open for twenty-one (21) calendar days, closing at 5:00 p.m. on the twenty-first day, or next business day should the twenty-first day fall on a weekend or County holiday. Upon receipt of a complete initial application, the Permit Officer shall conduct an evaluation of the application in consultation with the LEMSA's medical director and staff, and with the advice of professional outside consultants, as needed, to determine if the application meets the minimum qualifications, additional permit criteria, and all other requirements of this Chapter. The Permit Officer shall bring the application(s) and an assessment based on the evaluation to the Board of Supervisors. The Board of Supervisors may approve, approve with conditions, or deny the Permit(s).
- (B) **New or expanded permit applications submitted on or after March 1, 2024.** Upon receipt of a complete application, the Permit Officer shall conduct an evaluation of the application in consultation with the LEMSA's medical director and staff, and with the advice of professional outside consultants, as needed, to determine if the application meets the minimum qualifications, additional permit criteria, and all other requirements of this Chapter. The Permit Officer shall bring the application(s) and an assessment based on the evaluation to the EMCC for review and approval. EMCC shall bring findings and recommendations to the Board of Supervisors. The Board of Supervisors may approve, approve with conditions, or deny the Permit(s).
- (C) **Renewal Provider Permits.** Upon receipt of a complete renewal application of an existing Provider Permit, the Permit Officer shall evaluate the renewal application in consultation with the LEMSA's medical director and staff, and with the advice of professional outside consultants, as needed, to determine if the application meets the requirements of Section 5-8. If approved, that determination shall be final without rights of administrative review. If denied, the applicant has ten calendar days after the Permit Officer's decision to submit a written appeal. The appeal and permit are to be considered de novo by the EMCC and the decision of the EMCC is final without rights of administrative review.

- (D) **Temporary Permit.** The Permit Officer may issue a provider permit as authorized by this chapter on a temporary basis which shall not exceed an initial period of sixty (60) days in response to extraordinary conditions where the Permit Officer determines that the public health and safety necessitates the issuance of such a temporary permit and that the proposed temporary permitholder possesses the minimum standards as prescribed by this chapter. Temporary Provider Permits may be extended for thirty (30) days periods, not to exceed a total period of twelve (12) months. Provider permits issued under this subsection may be revoked on such grounds specified in Section 5-12 on twenty-four (24) hour notice to the permit holder. The decision of the Permit Officer to approve or terminate a temporary provider permit issued under this section shall be final without rights of administrative review.
- (E) **Changes to an Approved Permit.** Changes to an approved permit proposed at the time of renewal shall be processed according to Section 5-8 and Subsection (C) of this Section. Any request to modify an approved permit beyond a temporary variance outside of the permit renewal process shall be subject to the following process and requirements, depending on the proposed change an amendment to the Provider Agreement may also be required.
- (1) **Minor Changes.** Minor Changes may be approved by the Permit Officer provided: a written application is submitted; the Permit Officer determines the change is in substantial conformity with the approved permit, meaning there is no change in the level, scope or manner of service permitted; there is no change to the Type(s) or Level(s) of Service; there is no change to the minimum number of Ambulance unit hours for the Type(s) of Service and the Level(s) of Service; and the minor change does not result in a change to the prior conclusions that the application met the Minimum Qualifications in Section 5-6 and the Additional Permit Criteria in Section 5-7. If the Permit Officer is unable to determine the above requirements are met, the request will be processed as an Amendment, discussed below.
 - (2) **Amendment.** If the Permit Officer is unable to determine that the Minor Change criteria are met, a modification to an approved permit is subject to the review and approval of the original decision-maker on the permit. The decision-maker may approve an Amendment to the permit if the Amendment does not result in a change to the prior conclusions that the application met the Minimum Qualifications in Section 5-6 and the Additional Permit Criteria in Section 5-7. If the Amendment is requested after March 1, 2024 and proposes new or expanded operations, the decision-maker shall determine whether the criteria in Section 5-7(A)(4) are satisfied.

Sec. 5-10. Denial of Provider Permit.

- (A) The following may be grounds for the denial if the applicant or any director, officer, controlling shareholder, partner, member, manager, or venturer thereof:
- (1) Was previously the holder of a Permit issued pursuant to this Chapter which Permit has been revoked or suspended and the terms or conditions of the suspension have not been fulfilled or corrected;
 - (2) Based on substantial evidence, is committing any act, which, if committed by any

permittee, would be grounds for the suspension or revocation of a Permit issued pursuant to this Chapter;

- (3) Has provided Ambulance Service under this Chapter without having a Permit therefor;
- (4) Is in default of the fees, penalties, or other monies due to the County.
- (5) Has entered a plea of guilty to, or been found guilty of, or been convicted of a felony, or a crime involving moral turpitude, and the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal, irrespective of an order granting probation following such conviction suspending the imposition of sentence, or of a subsequent order under the provisions of Penal Code § 1203.4 allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the plea or verdict of guilty, or dismissing the accusation of information.
- (6) Has been debarred, suspended, or otherwise excluded from participation in any state or federal healthcare program, including but not limited to Medicare or Medi-Cal.
- (7) Has furnished materially false or misleading information in the application for, or during the process for obtaining a, Permit under this Chapter.
- (8) Fails to satisfy the Additional Permit Criteria in Section 5-7.

Sec. 5-11. Content of Provider Permit.

- (A) The Provider Permit Type – Emergency Medical Calls shall specify:
 - (1) The dates of issuance and of expiration;
 - (2) The Type(s) of Service to be provided by the permittee;
 - (3) The Level(s) of Service to be provided by the permittee;
 - (4) The minimum number of Ambulance unit hours for the Type(s) of Service and the Level(s) of Service to be provided by the permittee;
 - (5) Any special conditions regarding communications, equipment, personnel, special rates, or waiver of requirements required by the Permit Officer or decision-maker.
- (B) The Provider Permit Type – IFT and Special Event Stand By shall specify:
 - (1) The dates of issuance and of expiration;
 - (2) The Type(s) of Service to be provided by the permittee;
 - (3) The Level(s) of Service to be provided by the permittee;
 - (4) The minimum number of Ambulance unit hours for the Type(s) of Service and the Level(s) of Service to be provided by the permittee;
 - (5) Any special conditions regarding communications, equipment, personnel, special rates, or waiver of requirements required by the Permit Officer or decision-maker.
- (C) The Provider Permit Type – CCT shall specify:

- (1) The dates of issuance and of expiration;
- (2) The Type(s) of Service to be provided by the permittee;
- (3) If the allowance of CCT Paramedics are permitted and the conditions there within;
- (4) The Level(s) of Service to be provided by the permittee;
- (5) The minimum number of Ambulance unit hours for the Type(s) of Service and the Level(s) of Service to be provided by the permittee;
- (6) Any special conditions regarding communications, equipment, personnel, special rates, or waiver of requirements required by the Permit Officer or decision-maker.

Sec. 5-12. Term and Transferability of Provider Permits.

- (A) The term of each initial Permit issued pursuant to this Chapter shall be one (1) year. Upon renewal, each Permit shall be valid for two (2) years.
- (B) The transfer of a provider permit from a permit holder to another person or entity shall be prohibited. The transfer of a permit holder's ownership interest in part or whole in a permitted provider shall require the filing of an initial application for a provider permit by the person or entity to whom ownership will be transferred.

Sec. 5-13. Suspension and Revocation of Permits.

- (A) Other than immediate suspension as addressed in subsection (E) below, Permits issued pursuant to this Chapter may be suspended or revoked when it has been found after investigation that the permittee or any director, officer, controlling shareholder, partner, member, manager, or venturer thereof:
 - (1) Violates any section of this Chapter, the County's regulations implementing this Chapter, the EMS Act, Titles 13 and 22 of the California Code of Regulations, or any policies, procedures, and protocols of the LEMSA, which relate to permitted activities;
 - (2) Is convicted of any felony;
 - (3) Is convicted of any misdemeanor involving moral turpitude;
 - (4) Is convicted of any offense relating to the use, sale, possession, or transportation of narcotics, dangerous drugs, or controlled substances;
 - (5) Commits any act that would constitute a ground for the Board of Supervisors to deny a Permit application under Section 5-10;
 - (6) Commits any of the prohibited acts in Section 5-22;
 - (7) Is not in compliance with the terms and conditions specified in the Permit;
 - (8) Aids or abets an unlicensed or uncertified person to evade or violate the provisions all applicable federal, state, and local laws, as well as, all provisions of this Chapter and all LEMSA policies and procedures.;
 - (9) Fails to make and keep records required by contract, this Chapter, or other applicable law or regulation, or fails to have such records available for inspection

by the Permit Officer for a period of not less than three years after completion of any transaction to which the records refer, or refuses to comply with a written request of the Permit Officer to make such record available for inspection;

- (10) Fails to pay required fees or penalties.
- (B) Should an investigation result in a determination that any of the above have occurred, a notice of intention to suspend or revoke the permit shall be served on the permittee in writing and shall either be delivered by (i) personal delivery, (ii) certified U.S. mail, postage prepaid, return receipt requested, or (iii) first class mail which shall be deemed to be received (also referred to as date of service) five calendar days following deposit in the U.S. mail.
- (C) The notice of intention shall include the grounds for the suspension or revocation, any action necessary to abate the violation (if applicable), the time limit for compliance/abatement, and the right to a hearing. The notice of intention shall notify the permittee of the opportunity to request a hearing before an administrative hearing officer to present evidence why the permit should not be suspended or revoked and that the permittee has ten calendar days to submit a written request for a hearing to the Permit Officer. Failing to submit a written request for a hearing shall be deemed a waiver of the right to challenge the suspension or revocation of the Permit and a failure to exhaust administrative remedies. If a hearing is not timely requested, and the violation is not abated, the permit will be suspended or revoked in accordance with the notice of intention.
- (D) If a request for a hearing is timely submitted, a hearing by an administrative hearing officer shall be conducted within 60 days.
 - (1) The hearing officer is authorized to conduct hearings, receive evidence, rule on questions of law and the admissibility of evidence, prepare a record of the proceedings, and render decisions on the denial of an application or suspension or revocation of the permit. The formal rules of evidence shall not apply to these hearings, and there shall be no right to depose witnesses or make other pre-hearing motions, except for a motion for continuance, as may be appropriate.
 - (2) In any proceeding before a hearing officer, oral testimony offered as evidence shall be taken only on oath or affirmation, and the hearing officer, his/her clerk, or other designee shall have the power to administer oaths and affirmations and to certify official acts. The standard of proof shall be a preponderance of the evidence.
 - (3) If neither permittee, nor their authorized representatives, appear at the noticed hearing, such failure to appear shall constitute an abandonment of the hearing request and a failure to exhaust administrative remedies.
 - (4) Within thirty calendar days after the close of the hearing, the hearing officer shall issue a written decision to the Permit Officer, including a statement of the basis for the decision. The hearing officer's written decision shall constitute the final administrative decision of the county.
- (E) Immediate Suspension.

- (1) The Permit Officer shall immediately suspend a Permit upon written findings that such action is necessary because the continued operation of the permitted provider causes, or threatens to cause, harm to the health and safety of the public. Permittee has ten (10) calendar days to submit a written request to the Permit Officer for an appeal before an administrative hearing officer to reinstate the suspended permit. Failing to submit a written request for a hearing shall be deemed a waiver of the right to challenge the suspension of the Permit and a failure to exhaust administrative remedies, and shall result in the revocation of the permit.
- (2) The Permit Officer may, in their discretion, rescind the immediate suspension of a Permit prior to a requested administrative hearing, if the permittee demonstrates that it has remedied, or proposed a suitable plan for remedying within 10 days of the findings made for the immediate suspension.

Sec. 5-14. Service Interruptions and Temporary Variances.

- (A) In the event of any anticipated interruption of service of more than 24 hours duration, or any substantial change in the Ambulance Service, which causes, or threatens to cause, the Ambulance Service to be carried out different from that specified in the current Permit, the permittee shall notify the Permit Officer immediately in writing prior to the interruption, stating the facts of such change.
- (B) Upon written request by the permittee, the Permit Officer may grant a temporary variance not to exceed 120 days in writing from the conditions specified in the Permit if the Permit Officer finds that such change is in substantial compliance with the provisions of this Chapter.

Sec. 5-15. Service Requirements.

- (A) Permittees shall provide continuous ambulance and requisite support operations pursuant to this Chapter and provisions of their approved Permit(s).
- (B) Emergency Medical Service Call permittee requirements (in addition to the requirements of this Chapter):
 - (1) Enter into a service agreement with the LEMSA
 - (2) Enter into a dispatch agreement with the County Public Safety Dispatch Center and Regional Fire Communications Center (RFCC)
 - (3) Enter into mutual-aid agreements, as requested by the LEMSA
 - (4) Enter into agreements for first response reimbursement.
 - (5) Respond to all calls for service as directed by the RFCC
 - (6) Be limited to responding to requests for Emergency Medical Service Calls as defined by this Chapter
 - (7) Comply with a LEMSA approved deployment plan, providing no less than the required number of units and unit hours to meet the EMS System's demand
 - (8) Approved provider vehicle permits and stickers to be affixed to each ambulance approved with the application for the Type(s) and Level(s) each vehicle is approved for

- (9) Upon development, partner with the LEMSA for the provision of a community paramedicine program at the provider's cost
- (C) IFT and Special Event Stand By permittee requirements (in addition to the requirements of this Chapter):
 - (1) Enter into a service agreement with the LEMSA
 - (2) Enter into a dispatch agreement with the County Public Safety Dispatch Center and Regional Fire Communications Center (RFCC)
 - (3) Enter into mutual-aid agreements, as requested by the LEMSA
 - (4) Respond to all calls for service as directed by the RFCC, including responses to provide surge capacity in the 9-1-1 system.
 - (5) Be limited to responding to requests for IFTs and Special Event Stand By as defined by this Chapter and within the limits of their permit at pre-scheduled Special Events
 - (6) Respond to Emergency Medical Service Calls, in a surge capacity, when directed to do by the RFCC
 - (7) Approved provider vehicle permits and stickers to be affixed to each ambulance approved with the application for the Type(s) and Level(s) each vehicle is approved for
 - (8) Report special events to the Permit Officer, in a manner prescribed by the Permit Officer, no less than seven (7) days of the event
- (D) CCT permittee requirements (in addition to the requirements of this Chapter):
 - (1) Enter into a service agreement with the LEMSA
 - (2) Be limited to responding to requests for CCTs as defined by this Chapter
 - (3) Approved provider vehicle permits and stickers to be affixed to each ambulance approved with the application for the Type(s) and Level(s) each vehicle is approved for
- (E) Prior to the start of ambulance service operations, the Permittee shall provide a photocopy or electronic copy of the license(s) issued by the Commissioner of the California Highway Patrol (in accordance with Vehicle Code § 2501 and Titles 13 and 22 of the California Code of Regulations) to the Permit Officer.

Sec. 5-16. Ambulance Rates.

- (A) The Board of Supervisors shall establish, by resolution, maximum allowable rates permittees may charge for Type(s) of Service.
- (B) The Permit Officer, shall review and recommend to the Board of Supervisors adjustments to the maximum allowable rates for permittees from time to time and not less than every five (5) years.
- (C) Under no circumstances shall ambulance personnel dispatched to a call attempt to collect for services provided prior to the delivery of the patient at an appropriate medical facility.

- (D) The ambulance rates established under this Section shall apply to all providers issued a provider permit under this ordinance.
- (E) The current rates may be adjusted, upon written request from any Permittee, in an amount necessary to properly compensate ambulance providers for changes (increases or decreases) in their direct and indirect costs based on the change in the Consumer Price Index (CPI) as set forth herein. The adjustments shall be made on July 1 of each year based upon the change in the CPI from January 1 of the preceding year to January 1 of the adjustment year. The first rate adjustment shall be made effective July 1, 2024 based on the change of CPI from January 1, 2023, to January 1, 2024. The CPI adjustment shall be determined by:
- (1) The percentage increase in the average CPI of the following Consumer Price Index factors for All Urban General Consumers (CPI-U) and the Medical Care Services of the Commodities and Services Group on the Consumers Price Index for All Urban Users, Los Angeles, Orange, and Riverside counties index, as compiled and reported by the Bureau of Labor Statistics for the previous 12-month period last for which published figures are then available:
 - (a) 50 percent of the CPI – Medical Care Index; and
 - (b) 50 percent of the CPI – All Urban General Consumers (CPI-U)
 - (2) To address operational expenses beyond the reasonable control of the providers, the permit officer, at their discretion, can approve a rate increase of the CPI-U (as described) or the CPI-U multiplied by 1.75. Rate adjustments shall increase by a minimum of 3.25% and a maximum of 5%.
 - (a) The CPI adjustment shall be calculated by April 15 of each year. The CPI adjustment shall be effective as of the first day of July of each year.
 - (b) If the selected CPI is discontinued or revised, such other government index or computation with which it is replaced shall be used in order to obtain substantially the same result as would be obtained if the CPI had not been discontinued or revised.
 - (c) In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' extraordinary increases or decreases in their cost of operations may also be granted. The permit officer shall determine the application process for such extraordinary cost increases or decreases. Such extraordinary cost increases or decreases shall be subject to Board approval. Any rate adjustment due to extraordinary circumstances shall be effective ten days after having been published in a newspaper of general circulation within the effective service area, once a week for two weeks. This procedure may also be used to obtain rate adjustments due to changes in the CPI that are greater than the five percent cap under the yearly CPI adjustment, above.
 - (d) The permit officer at the time of any extraordinary adjustment under Subdivision (E)(2)(c) above, may request an audit of books and records of a permittee for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Such an audit shall

be carried out by a person selected by the permittee and approved by the permit officer. If the permit officer and permittee cannot agree on a person to perform the audit, then the audit shall be carried out by a Certified Public Accountant selected by the permit officer. If there is any charge, cost or fee for such an audit, such shall be paid by the permittee. The permit officer may deny any adjustment if an audit is requested and not produced. Every audit shall be done promptly, and within 30 days of the time it is requested so that there should be no undue delay.

Sec. 5-17. Provider Agreement Requirement.

- (A) In addition to the permit requirements, each Ambulance Service operating in the County shall enter into a Provider Agreement with the County before providing medical transportation services, as required in Sec 5-18. Provider Agreements shall provide terms and conditions that are necessary for the operation of Ambulance Services within the County, as determined by the Board of Supervisors.
- (B) Ambulance Services authorized by, and subject to the exclusive jurisdiction of federal, state, or tribal governments are exempt from the Provider Agreement requirement. The LEMSA shall enter into other agreements with such Ambulance Services as may be needed to integrate them into the County EMS system.

Sec. 5-18. Provider Agreement Terms and Conditions.

- (A) Agreements shall include provisions as necessary to establish provider performance standards and ensure compliance with this Chapter and all other required laws, including but not limited to the following:
 - (1) The provision of ambulance services and medical care to all residents and visitors of the County, regardless of their ability to pay;
 - (2) The adoption and maintenance of humane billing and collection practices;
 - (3) Employment retention requirements for the employees of the incumbent ambulance service in the event of a transition to a new ambulance service provider;
 - (4) Disaster response and preparedness, requiring the development of an internal disaster response plan;
 - (5) Diversity, equity, and inclusion efforts addressing the unique needs of vulnerable, underserved, and under-resourced populations in the service area;
 - (6) Financial requirements, including, but not limited to, insurance requirements and the provision of performance security;
 - (7) Cost recovery mechanism for reasonable costs associated with planning, implementing, and evaluating an ambulance provider within the emergency medical services system;
 - (8) Ambulance Services performance standards, mechanisms to evaluate compliance with said standards, defined and transparent processes for the Ambulance Service to claim exemptions/exceptions from such standards;
 - (9) Innovation and integration requirements to ensure the efficient delivery of and

advancement of pre-hospital medical care;

- (10) Emergency takeover/replacement provisions in the event of a major breach in the agreement;
- (11) Minimum community education and outreach requirements;
- (12) Routine reporting & transparency requirements, including but not limited to reports to external bodies such as the Board or EMCC: contractual performance, financial performance, and community outreach.
- (13) Compliance with LEMSA policies and contract standards.
- (14) A local manned telephone number for complaints, including billing.
- (15) Submission of a list, amended as required during the year for any changed, substituted, loaned, or leased vehicles, giving a complete description of each ambulance vehicle operated by the applicant, including the patient capacity thereof, and a copy of the most recent Ambulance Inspection Report issued by the California Highway Patrol for each vehicle;
- (16) Submission of a list, amended as required during the year for any EMS personnel changes, identifying the training and credentialing for such personnel, and a copy of each certificate, license, or accreditation establishing the qualifications of such personnel.
- (17) The State EMS will review the EMS Plan Update that includes reference to this ordinance which may result in subsequent required modifications to the ordinance which may affect permit holders.

Sec. 5-19. Approval of LEMSA Plans.

- (A) The EMCC shall review and provide to the Board of Supervisors reports and recommendations on all LEMSA plans for the County's EMS system, including the local EMS plan, annual updates to the local EMS plan, a trauma care system plan, a ST-Elevation Myocardial Infarction (STEMI) critical care system plan, a stroke critical care system plan, an emergency medical services for children (EMSC) program plan, community paramedicine program plans, and triage to alternate destination program, prior to implementation of such plans.

Sec. 5-20. LEMSA Functions.

- (A) Nothing in this Chapter shall be construed to modify, alter, enlarge, or impair the statutory functions of the LEMSA or the medical control of the LEMSA's medical director under the EMS Act.
- (B) Notwithstanding the foregoing, the Board of Supervisors reiterates that it and its designated officers shall exercise all powers of the County regarding EMS and medical transportation services and supervise the official conduct of the LEMSA and the LEMSA's medical director.
- (C) The EMS agency shall be responsible for the administration of this ordinance, including, but not limited to, promulgating such policies, protocols, and regulations as expressly

required in this chapter or as may be necessary to effectuate other provisions of this chapter subject to the approval of the permit officer and, where appropriate, the medical director.

- (D) This ordinance shall not limit or prohibit the EMS Agency from conducting its duties as defined in State Statutes and Regulations.

Sec. 5-21. Cost Recovery. The Board of Supervisors may establish provider permit application fees.

Sec. 5-22. Prohibited Acts.

- (A) This chapter and policies, protocols and regulations established pursuant to it shall be enforced by the Permit Officer.
- (B) No Ambulance Provider Permittee shall:
 - (1) Fail to dispatch or dispatch within a reasonable time an ambulance in response to an emergency call unless the EMD Agency for that geographical area is immediately advised of the failure to respond or a delay in responding to the call;
 - (2) Fail, neglect, or refuse to disclose to any entity requesting an emergency response that an ambulance is not available to respond, if ambulance or appropriate EMS personnel are not then available;
 - (3) Fail, neglect, or delay to provide transportation of the patient in an emergency case to the most accessible and appropriate medical facility in accordance with state law, this Chapter, and LEMSA policies, procedures, or protocols;
 - (4) Use a scanner or radio monitoring device for the purpose of responding to an emergency call when not authorized or requested to respond to that call by the Regional Fire Communications Center;
 - (5) Permit the operation of an ambulance in any manner contrary to the provisions of all applicable federal, state, and local laws, as well as, all provisions of this Chapter and all LEMSA policies and procedures.;
 - (6) Perform any services other than permitted unless the Permittee has first been approved for the provision of such services by the LEMSA or pursuant to statute;

Sec. 5-23. Severability.

If any section, subsection, sentence, clause, phrase or portion of this Chapter or the reasonable regulations are for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and shall not affect the validity of the remaining portions hereof.

SECTION 2. Except as amended by this Ordinance the Santa Barbara County Code shall remain unchanged and shall continue in full force and effect.

SECTION 3. If any section, subsection, sentence, clause or phrase of this Ordinance is for any reason held to be invalid, such decision shall not affect the validity of the remaining portions of this Ordinance. The Board of Supervisors hereby declares that it would have passed this Ordinance and each section, subsection, sentence, clause and phrase thereof, irrespective of the fact that any one or more sections, subsections, sentences, clauses, or phrases be declared invalid.

SECTION 4. This ordinance shall take effect and be in full force 30 days from the date of its passage and shall remain in effect and operative according to the time periods set forth in the ordinance. Before the expiration of 15 days after passage of this urgency ordinance, a summary of it shall be published once together with the names of the members of the Board of Supervisors voting for and against the same in the *Santa Barbara News-Press*, a newspaper of general circulation published in the County of Santa Barbara in compliance with Government Code Section 25124.

PASSED, APPROVED, AND ADOPTED by the Board of Supervisors of the County of Santa Barbara, State of California, this _____ day of _____, 2023, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

DAS WILLIAMS
CHAIR
BOARD OF SUPERVISORS
COUNTY OF SANTA BARBARA

ATTEST:
MONA MIYASATO, COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By _____
Deputy Clerk

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

By _____
Deputy County Counsel