



**SAN BERNARDINO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE (EMCC)**

January 15, 2026

0900

**1425 South "D" Street
San Bernardino, CA 92508
Agenda**

AGENDA ITEM		PERSON(S)	DISCUSSION/ ACTION
I.	CALL TO ORDER	Dean Smith	
II.	APPROVAL OF MINUTES	Dean Smith	Action
III.	PRESENTATIONS		
	A. Extraordinary Performance in Care (EPIC)	Amber Anaya	Information
IV.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates	Daniel Muñoz	Information
	1. Critical Care Paramedic Program	Kenneth Fox	
	B. Set 2026 Goals	Dean Smith	Action
	C. First Reading Annual Report	Dean Smith	Information
V.	PUBLIC COMMENT		
VI.	REQUEST FOR AGENDA ITEMS		
VII.	NEXT MEETING DATE	March 19, 2026	
VIII.	ADJOURNMENT		

The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 1425 South "D" Street, San Bernardino, CA.



EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Thursday, November 20, 2025 – 9:00 a.m.

ICEMA – 1425 South “D” Street, San Bernardino, CA 92415

MINUTES

I. CALL TO ORDER – 9:00 a.m.

COMMITTEE MEMBERS:

Nathan Cooke, Emergency Medical Dispatch Representative
John Chapman, Hospital Administrator
John Gillison, City Manager Representative
Rich Sessler, Fire Chief
Daniel Muñoz, Interim EMS Administrator
Amber Anaya, Assistant EMS Administrator
Art Andres, Consumer Advocate
Brian Savino, Physician – Level I
Amanda Garcia, Air Ambulance Provider
David Olsen, EMT-P Training Program
Troy Pennington, Physician – Level II
Dean Smith, EMT/Paramedic – Public Sector

II. APPROVAL OF MINUTES

September 18, 2025, minutes were approved.

Motion to approve.

MSC: Dean Smith, David Olsen

APPROVED

Ayes: Art Andres, Nathan Cooke, John Chapman, John Gillison, Amanda Garcia, Ernie Perez, Brian Savino, Rich Sessler

Abstained: Troy Pennington

III. DISCUSSION / ACTION

A. ICEMA/County Updates – Daniel Muñoz

Hospital Preparedness Program (HPP): ICEMA previously received inconsistent guidance from federal and state partners regarding anticipated HPP funding reductions. Updated information indicates an approximate 4% reduction, equating to \$22,000–\$23,000. While ICEMA will continue to exercise fiscal caution, major program initiatives are expected to proceed. Daniel commended ICEMA staff for effective grant management and reported that a recent state audit resulted in a clean audit with no findings.

Policy Development and AB 40 Alignment: ICEMA continues to evaluate existing and proposed policies with a focus on ambulance patient offload delay (APOD) mitigation and appropriate diversion of ambulance traffic when clinically appropriate. Draft specialty care designation policies, including proposed language aligned with AB 40, were circulated to stakeholders in September 2025. ICEMA received substantive feedback from hospital partners. In response, ICEMA will convene a multidisciplinary stakeholder workgroup to further refine the draft language, assess operational feasibility, and pursue consensus prior to submission to the Medical Advisory Committee. ICEMA anticipates convening the workgroup in the coming weeks, with an update to EMCC anticipated in early 2026.

Specialty Care Designation Rate Modernization: ICEMA is initiating a modernization effort for specialty care designation fee structures, many of which have remained unchanged for more than a decade. The effort is intended as a cost-recovery mechanism to ensure ICEMA can continue to provide appropriate oversight, compliance monitoring, and program support. Hospitals with specialty designations will be formally notified in the coming weeks. The targeted implementation date is July 1, 2026, allowing sufficient time for stakeholder engagement and planning.

ePCR and Data Reporting Initiatives: ICEMA continues to advance multiple ePCR system updates, including state-mandated changes and enhancements related to transfer-of-care documentation and AB 40 requirements. ICEMA staff are also working closely with fire agencies to support compliance with NEMSIS reporting mandates. Daniel acknowledged feedback regarding communication gaps and advised that ICEMA is reviewing and updating distribution lists to ensure appropriate agency leadership receives timely notifications.

Interagency Collaboration: At the recommendation of the County Fire Chiefs Association, ICEMA will reconvene a standing workgroup composed of representatives from the County Fire Chiefs Association, County Administrative Office, and ICEMA. The workgroup will meet on a recurring basis to address high-level system challenges, coordination opportunities, and shared initiatives.

Data Transparency and Reporting: ICEMA continues to enhance data transparency through the development of improved dashboards and public-facing reports, including APOD performance and exemption data. ICEMA staff are evaluating correlations between APOD performance, exemption frequency, and exemption duration. Expanded public data release is anticipated in the first half of 2026.

Exemption Process Education: ICEMA is finalizing an educational video describing the exemption process, intended to promote transparency, consistency, and stakeholder understanding. The video will supplement existing processes and will be distributed upon completion.

1. Hospital Association of Southern California – Megan Barajas

Megan Barajas, representing the Hospital Association of Southern California (HASC), delivered a detailed presentation outlining anticipated impacts of federal healthcare

funding reductions associated with the One Big Beautiful Bill Act (OB3):

Hospital Funding Overview: Ms. Barajas reviewed hospital reimbursement structures, emphasizing that Medi-Cal and Medicare reimbursements do not cover the full cost of care. Medi-Cal currently reimburses approximately \$0.80 per dollar of care, with the potential to decline to approximately \$0.45 per dollar should state-directed payments and provider tax mechanisms be restricted.

Federal and State Policy Impacts: OB3 is expected to restrict provider taxes and state-directed payments, limiting California's ability to draw down federal matching funds. This would result in substantial financial losses for hospitals that have already contributed funding into these programs.

Regional Impact: The Inland Empire is expected to experience disproportionate impacts due to a high proportion of Medi-Cal and Medicare patients. IEHP estimates a reduction of approximately 300,000 Medi-Cal enrollees across Riverside and San Bernardino Counties due to eligibility redeterminations and policy changes, resulting in increased uninsured populations.

Emergency Department and EMS Implications: As coverage declines, emergency departments will increasingly serve as the healthcare safety net under EMTALA requirements, contributing to increased ED utilization, longer ambulance offload times, increased 911 demand, and uncompensated care.

Operational Consequences: Ms. Barajas reported that hospitals are already experiencing service line closures, particularly in maternity and behavioral health services, as well as workforce reductions. Additional closures, bankruptcies, and job losses are anticipated without intervention.

Regional Collaboration: Discussion followed regarding the formation of a regional task force or subcommittee to monitor system impacts, analyze data trends, identify triggers for action, and coordinate advocacy efforts at local, state, and federal levels.

2. Arrowhead Regional Medical Center – Troy Pennington

Approval received from CDPH for new adolescent inpatient psychiatric licensure. Twenty adolescent inpatient psychiatric beds are scheduled to open December 1, 2025, in addition to existing adult inpatient beds.

3. Loma Linda University Behavioral Health – Edward Field

Announced receipt of a \$6 million state grant to develop an EMPATH (Emergency Psychiatric Assessment, Treatment, and Healing) unit. EMPATH unit will support rapid psychiatric assessment and stabilization (up to 23 hours), serving both adults and youth (24 chairs total). Construction is underway with anticipated opening in late April/early May 2026 following licensure. Plans to add 48 additional inpatient behavioral health beds, with projected opening in 2027.

B. 2026 EMCC Meeting Dates – John Gillison

Motion to Approve – Nathan Cooke

MSC – Art Andres
Approved Unanimously.

C. Appointment of New Chair- John Gillison

Chair John Gillison announced the conclusion of his term. Art Andres nominated Dean Smith to serve as EMCC Chair, citing his extensive experience in prehospital care, system operations, and stakeholder collaboration. The nomination was seconded by John Gillison. Committee members expressed appreciation for Chair Gillison's leadership, service, and contributions to EMCC and regional EMS system collaboration.

Motion to Approve- Art Andres
MSC- John Gillison

Art Andres spoke on behalf of EMCC/ICEMA and presented a plaque to John Gillison in recognition of his 10 years of service on the Emergency Medical Care Committee, including his time as Chair. He thanked Mr. Gillison for his leadership and commitment to the County, noting that his steady guidance during challenging times has been truly inspirational.

IV. PUBLIC COMMENTS

No comments were received.

V. REQUEST FOR AGENDA ITEMS

1. Critical Care Paramedic Program (CCP PROGRAM) Presentation
2. 2026 Goals
3. EMCC Annual Report (first reading)
4. Reminder of Committee Member Position Renewals
5. Hospital Designation Update

VI. NEXT MEETING DATE

January 15, 2026

VII. ADJOURNMENT

10:21 a.m.

VIII. CLOSED SESSION

No closed session was held.