EMS DIVISION SUBSIDIARY COMMITTEE MEETING

TUESDAY, JULY 14, 2026 – 1:00 PM

LOMA LINDA-EOC 25541 BARTON RD, LOMA LINDA

AGENDA

The CONFIRE EMS Division Subsidiary Committee Meeting is scheduled for Tuesday, July 14, 2026, in the Loma Linda Fire Department Emergency Operations Center, 25541 Barton Road, Loma Linda, California.

Reports and Documents relating to each agenda item are on file at CONFIRE and are available for public inspection during normal business hours.

The Public Comment portion of the agenda pertains to items NOT on the agenda and is limited to 3 minutes for each speaker. Pursuant to the Brown Act, no action may be taken by the EMS Division Subsidiary Committee at this time; however, the Committee may refer your comments/concerns to staff or request that the item be placed on a future agenda.

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact CONFIRE at (909) 356-2302. Notification 48 hours prior to the meeting will enable CONFIRE to make reasonable arrangements to ensure accessibility to this meeting. Later requests will be accommodated to the extent feasible.

A recess may be called at the discretion of the EMS Division Subsidiary Committee.

Liz Berry
1743 Miro Way, Rialto, CA 92376
909-356-2302
lberry@confire.org

CALL TO ORDER

a. Flag Salute
b. Roll call/Introductions

PUBLIC COMMENT

An opportunity provided for persons in the audience to make brief statements to the CONFIRE EMS Division Subsidiary Committee Meeting. (Limited to 3 minutes for each speaker)

INFORMATION RELATIVE TO POSSIBLE CONFLICT OF INTEREST

Agenda items may require committee member abstentions due to conflict of interests and financial interests. CONFIRE EMS Division Subsidiary Committee Meeting member abstentions shall be stated under this item for recordation on the appropriate item.

CONSENT ITEMS

The following items are considered routine and non-controversial and will be voted upon at one time by the EMS Division Subsidiary Committee. An item may be removed by a Committee Member or member of the public for discussion and appropriate action.

1. Approve EMS Division Subsidiary Committee Minutes of June 9, 2026.

CHAIR REPORT

OLD BUSINESS

-. Whole Blood Pilot Program - Chief Gerken - **DISCUSSION ITEM**

NEW BUSINESS

2. AB660 Data Sharing - Joe Barna - **DISCUSSION ITEM**

3. Public Agency PM Student Internships - Josh Stapleton - **DISCUSSION ITEM**

4. Mutual Aid RFQ Process - Joe Barna - **ACTION ITEM**

ROUND TABLE

CLOSED SESSION

5. Review and update existing Litigation - Government Code section 54956.9: AMR Lawsuit

ADJOURNMENT

Upcoming Meetings:

Next Regular Meeting: August 11, 2026.

POSTING:

This is to certify that on July 9, 2026, I posted a copy of the agenda:

- 1743 Miro Way, Rialto, CA
- on the Center's website which is www.confire.org
- 25541 Barton Rd., Loma Linda, CA

/s/ Liz Berry

Liz Berry
Clerk of the Board

EMS DIVISION SUBSIDIARY COMMITTEE MEETING

TUESDAY, JUNE 9, 2026 – 1:00 PM

LOMA LINDA EOC – 25541 BARTON RD. LOMA LINDA

MINUTES

EMS DIVISION SUBSIDIARY COMMITTEE MEMBERS:

Apple Valley Fire Protection District – B.C. Matthew Dowland
Chino Valley Independent Fire District – Leslie Parham
Colton Fire Department – D.C. Jon Boggs
Loma Linda Fire Department – B.C. Jeff Gillette - *Absent*
Montclair Fire Department – Chief Ryon Dierck - *Absent*
Ontario Fire Department – **Vice Chair**, Chief Mike Gerken
Rancho Cucamonga Fire District – Chief Augie Barreda
Redlands Fire Department – B.C. Nathan Bristol - *Absent*
Rialto Fire Department – D.C. Ryan Cathey
San Bernardino County Fire District – **Chair,** Chief Joe Barna
Victorville Fire Department – EMS Manager David Vega
City of Yucaipa – Chief Grant Malinowski

CALL TO ORDER

a. Flag Salute
b. Roll call/Introductions

PUBLIC COMMENT

An opportunity provided for persons in the audience to make brief statements to the EMS Division Subsidiary Committee. (Limited to 3 minutes for each speaker)
There were no requests to speak.

INFORMATION RELATIVE TO POSSIBLE CONFLICT OF INTEREST

Agenda items may require committee member abstentions due to conflict of interests and financial interests. EMS Division Subsidiary Committee member abstentions shall be stated under this item for recordation on the appropriate item.
No conflicts were announced.

CONSENT ITEMS

The following items are considered routine and non-controversial and will be voted upon at one time by the EMS Division Subsidiary Committee. An item may be removed by a Committee Member or member of the public for discussion and appropriate action.

1. Approve EMS Division Subsidiary Committee Minutes of May 12, 2026.

   Motion to accept Consent item.

   Motion by: Chief Grant Malinowski
   Second by: D.C. Matthew Dowland
   Yes –9
   No – 0
   Abstain –0
   Absent – 3, Loma Linda, Montclair, and Redlands
   Motion Passed

NEW BUSINESS

2. Implementation Team – Chief Joe Barna – **DISCUSSION ITEM**
   Chief Barna gave an overview of where the implementation team sits at this time. Much of the work has already been done and the focus is currently on the Priority side. Joe Barna, Josh Stapleton, and Dean Smith will be leading the team, with Pam Martinez handling training oversite and B.C. Mark Walsh overseeing ambulance stock and oversight. Chief Barna foresees a seamless transition on October 1st.

   Priority's first operation center location is being secured this week and the Operations Manager has been hired. The first ambulances should arrive in the county next week, they are coming back fully outfitted, although inspections will still need to be performed. The team continues to meet with ICEMA weekly, the hope is that AMR will start attending meetings by August.

3. Ontario Loan Modification – Chief Joe Barna – **DISCUSSION ITEM**
   The loan terms were refreshed. The 1st draw will be July 1st and the 1st payment will be due April of 2027 (9 months). System revenue should start in January.

4. EMS Subcommittee Chair – Chief Joe Barna – **ACTION ITEM**
   Joe Barna is resigning his position as Chair for the EMS Subcommittee, furthermore Division Chief Mike O'Bier will be stepping up as the primary member representing San Bernardino County Fire, his alternate is yet to be named.

   After discussion, the group agreed that Chief Mike Gerkin would serve as Chair and Chief Augie Barreda would serve as Vice-Chair.

   Motion to appoint Chief Mike Gerkin as Chair to the CONFIRE EMS Division Subsidiary Committee and Chief Augie Barreda as Vice Chair.

   Motion by: Chief Grant Malinowski
   Second by: Leslie Parham

Yes –9
No –0
Abstain –0
Absent – 3, Loma Linda, Montclair, and Redlands
Motion Passed

ROUND TABLE

Executive Director Nathan Cooke invited all in attendance to the upcoming stakeholder meeting which will be held on Wednesday, June 10th @ at 10 a.m. at the Rancho Cucamonga Training Center.

CLOSED SESSION

**The EMS Subsidiary Committee entered Closed Session at 1:37 p.m.*

5. Review and update existing Litigation – Government Code section 54956.9: AMR Lawsuit

The EMS Subsidiary Committee came out of Closed Session at 2:08 p.m.

No reportable outcome from Closed Session.

ADJOURNMENT

Motion to adjourn the EMS Division Subsidiary Committee Meeting

The meeting adjourned at 2:09 p.m.

Upcoming Meetings:

Next Meeting: July 14, 2026.

/s/ Liz Berry
Liz Berry
Clerk of the Board

CONFIRE

STAFF REPORT

DATE: July 07, 2026

FROM: Joe Barna
Interim Deputy Executive Director

TO: EMS Subcommittee

SUBJECT: AB660 DATA SHARING

RECOMMENDED ACTION

Receive an informational update regarding the California Data Exchange Framework Data Sharing Agreement requirement, actions already taken by CONFIRE, and the anticipated EMSA/HCAI pathway for EMS data exchange. No formal action is requested.

SUMMARY

This report provides an update on the California Data Exchange Framework Data Sharing Agreement requirement as it relates to CONFIRE and EMS providers, including ALS fire agencies.

After receiving information from ICEMA and reviewing the issue with legal counsel, CONFIRE moved forward with execution of the HCAI Data Sharing Agreement and notified the county fire/EMS group of the potential actions their agencies may need to take.

The purpose of this report is to summarize the requirement, the actions taken to date, and the State's anticipated EMSA/HCAI approach for EMS data exchange. This item is provided for information and discussion only.

BACKGROUND

The California Data Exchange Framework is a statewide initiative intended to improve the exchange of health and social services information among participating organizations. Senate Bill 660 expanded the framework to include emergency medical services entities.

For EMS agencies, the requirement has two components:
1. Execution of the HCAI Data Sharing Agreement, which is the administrative authorization step.
2. Ongoing EMS data exchange, which addresses how EMS data will ultimately be exchanged under the framework.

While agencies are expected to complete the Data Sharing Agreement, the longer-term EMS data exchange process is still being developed at the State level.

ACTIONS TAKEN

Following guidance received from ICEMA and review by legal counsel, CONFIRE completed the Data Sharing Agreement process.

CONFIRE also notified the County Fire Chiefs of the potential applicability of the requirement

and encouraged each agency to determine whether it applies to their organization and complete the DSA process, if appropriate.

The intent was to provide practical information and adequate notice, not to make a legal determination for individual agencies. Each agency remains responsible for confirming its own compliance obligations with ICEMA, HCAI, EMSA, or agency counsel, as appropriate.

CURRENT UNDERSTANDING

Based on the information currently available, ALS fire agencies may fall within the category of emergency medical services entities subject to the Data Sharing Agreement requirement, including non-transport ALS first-response agencies.

CONFIRE has proceeded under that understanding. The immediate requirement is the execution of the Data Sharing Agreement, while the technical data exchange process continues to be developed.

EMSA / HCAI DATA EXCHANGE PATHWAY

ICEMA has advised that EMSA and HCAI are working on an agreement that would allow EMSA to serve as an intermediary for EMS data already submitted through CEMSIS.

If implemented, this approach could allow EMS providers to continue using existing CEMSIS reporting rather than developing separate direct connections to HCAI. Staff will continue to monitor this effort and provide updates as additional guidance becomes available.

KEY POINTS FOR THE SUBCOMMITTEE

1. SB 660 expanded the California Data Exchange Framework to include EMS entities.
2. CONFIRE reviewed the requirement with legal counsel and completed the Data Sharing Agreement process.
3. County fire/EMS agencies were notified so they could evaluate whether the requirement applies to their organization.
4. The immediate requirement is execution of the Data Sharing Agreement.
5. The technical EMS data exchange process is still being developed by EMSA and HCAI.
6. The anticipated EMSA/CEMSIS intermediary pathway may reduce the technical burden on EMS providers.
7. This item is presented for information and discussion.

DISCUSSION

This report is intended to keep the EMS Subcommittee informed of the requirement, the actions already taken by CONFIRE, and the State's ongoing work to establish an EMSA intermediary pathway for EMS data exchange.

Staff will continue to monitor guidance from ICEMA, EMSA, and HCAI and will provide updates as implementation progresses.

STAFF RECOMMENDATION

Receive and file the report. No formal action is requested at this time.

CONFIRE

STAFF REPORT

DATE: July 07, 2026

FROM: Joe Barna
Interim Deputy Executive Director

TO: EMS Subcommittee

SUBJECT: MUTUAL AID RFQ

Recommendation

Recommend that the EMS Subcommittee recommend that the CONFIRE Board of Directors adopt the attached IFT/CCT Mutual Aid Partner Policy and authorize staff to develop the annual Request for Qualifications (RFQ) process for private ambulance providers seeking consideration as IFT/CCT mutual aid partners. The RFQ, including documentation requirements, evaluation criteria, renewal requirements, and review procedures, would be developed by the Executive Director, or designee, consistent with the policy. Any resulting mutual aid agreement would return to the Administrative Committee for approval before a provider is activated.

Background Information

CONFIRE has a need to preserve interfacility transport (IFT) and critical care transport (CCT) system resiliency while protecting the 911 system, CONFIRE's County ambulance service obligations, hospital relationships, and EMS system performance. Staff and legal counsel developed the attached policy to establish a formal process for identifying and approving private ambulance providers that may be eligible to provide IFT/CCT mutual aid support when appropriate.

The policy creates an annual RFQ process to determine whether interested private ambulance providers meet CONFIRE's qualifications for consideration as mutual aid partners. The RFQ will set forth the application requirements, documentation requirements, evaluation criteria, renewal requirements, and review procedures. The policy authorizes the Executive Director, or designee, to develop those RFQ requirements so CONFIRE can adjust them as system needs, regulatory requirements, and risk considerations change, without requiring a policy amendment.

Submission of an RFQ response would not make a provider an approved mutual aid partner. To be recognized under the policy, a provider must respond to CONFIRE's annual RFQ, meet the minimum qualifications and requirements set forth in the RFQ, and enter into a mutual aid agreement approved by the Administrative Committee. Use of any approved partner would remain an operational decision based on system need, provider availability, patient care needs, hospital throughput, contract compliance, and the best interest of the EMS system.

The policy also establishes clear limitations. Approval under the policy does not authorize 911 response, posting 911 ambulance resources, CONFIRE subcontractor status, dispatch priority, exclusivity, market share, guaranteed transports, or any right to receive CONFIRE call volume. The policy applies only to private ambulance providers seeking IFT/CCT mutual aid partner status and does not limit existing 911 mutual aid, public agency mutual aid, disaster mutual aid, MHOAC, ICEMA, EMSA, or other emergency management processes.

Fiscal Impact

There is no direct fiscal impact associated with the adoption of the policy or the development of the RFQ. The RFQ process does not create a contract award, guaranteed transport volume, dispatch obligation, or payment commitment. Any future fiscal impact would depend on the terms of individual mutual aid agreements and would return through CONFIRE's approval process before activation.

CONFIRE Administrative Policy

IFT/CCT Mutual Aid Partners

Purpose

The purpose of this policy is to establish a formal process for identifying and approving private ambulance providers for interfacility transport (IFT) and critical care transport (CCT) support.

This policy will support system resiliency – providing an avenue for CONFIRE to request support from approved mutual aid partners when appropriate, and approved partners may request support from CONFIRE when appropriate. The intent is a true mutual aid relationship, not a one-way transport referral arrangement.

Policy Statement

CONFIRE establishes an IFT/CCT Mutual Aid Partner Program for private ambulance providers that meet CONFIRE's qualifications and are approved to enter into a formal mutual aid agreement.

Use of any mutual aid partner remains an operational decision made by CONFIRE based on system need, provider availability, patient care needs, hospital throughput, contract compliance, and the best interest of the EMS system.

No provider shall be recognized as an approved mutual aid partner unless the provider responds to CONFIRE's annual Request for Qualifications ("RFQ"), as set forth below, meets the minimum qualifications/requirements set forth in the RFQ, and enters into a mutual aid agreement approved by the Administrative Committee.

Scope

This policy applies only to private ambulance providers seeking to be considered for IFT and CCT mutual aid partner status with CONFIRE.

This policy does not apply to:

1. CONFIRE's primary ambulance subcontractor;
2. Public agencies providing ambulance services under their own legal authority;
3. Public or private ambulance providers currently operating as 911 EOA providers under separate ICEMA, County, EOA, or local EMS authority;

4. Public agency mutual aid, automatic aid, disaster mutual aid, MHOAC requests, ICEMA requests, EMSA requests, or other emergency management mutual aid systems;

5. 911 mutual aid requests between CONFIRE and existing public or private 911 providers when those requests are made under separate legal, regulatory, contractual, ICEMA, EOA, or emergency management authority.

Nothing in this policy limits CONFIRE's ability to request or provide 911 mutual aid through existing ICEMA, EOA, public agency, regional, state, federal, MHOAC, or emergency management processes.

Nothing in this policy authorizes an IFT/CCT mutual aid partner to respond to 911 calls, operate as a 911 ambulance provider, serve as a CONFIRE subcontractor, or perform CONFIRE's primary emergency ambulance obligations.

Definitions

- **Mutual Aid Partner** means a private ambulance provider that has successfully completed the RFQ process and met the minimum qualifications/requirements.
- **IFT** means a non-911 interfacility transport between healthcare facilities or another authorized destination, consistent with applicable law, ICEMA authorization, and provider scope.
- **CCT** means a critical care transport requiring appropriate personnel, equipment, clinical oversight, and authorization consistent with applicable law, ICEMA requirements, and provider scope.
- **Activation** means CONFIRE's operational decision to request IFT or CCT support from an approved mutual aid partner.
- **Subcontractor** means a provider formally engaged by CONFIRE through a subcontract or other contractual mechanism to perform services under CONFIRE's ambulance service obligations. A mutual aid partner is not a subcontractor unless expressly approved through the appropriate legal, contractual, and Board-approved process.
- **911 EOA Provider** means a public or private ambulance provider authorized to provide 911 ambulance response within an exclusive operating area or assigned 911 service area under separate legal, regulatory, contractual, or local EMS authority.

Guiding Principles

CONFIRE's Mutual Aid Partner Program shall be guided by the following principles:

1. Patient care comes first.
2. The 911 system must be protected.
3. IFT and CCT mutual aid should support hospital throughput and system resiliency.
4. Mutual aid should be available in both directions when appropriate.
5. Approved partners are independent providers and are not CONFIRE subcontractors.
6. Approval does not create exclusivity, call volume, dispatch priority, or market share.
7. Mutual aid activation remains an operational decision of CONFIRE.
8. CONFIRE may deny, suspend, or remove a provider when necessary to protect patient care, hospital relationships, contract compliance, public trust, or system performance.

Annual RFQ

CONFIRE shall annually publicize a Request for Qualifications for IFT/CCT Mutual Aid Partner(s). The Executive Director, or designee, is authorized to develop the RFQ, documentation requirements, evaluation criteria, renewal requirements, and review procedures consistent with this policy.

The minimum qualifications identified in the RFQ shall include the requirements and guiding principles set forth in this Policy, which include but are not limited to:

1. A completed application;
2. Valid ICEMA transport agreement and all other legally required authorizations;
3. Ability to support IFT and CCT needs without creating operational, customer service, hospital, regulatory, or contract risk;
4. Possess staffing, equipment, vehicle and clinical readiness;
5. Compliance with applicable laws, regulations, ICEMA policies, and EMS standards;
6. Professional conduct and complaint response;

7. Billing compliance and financial responsibility;
8. Past performance, business reliability, and compliance history sufficient to protect CONFIRE's contract, reputation, hospital relationships, 911 system performance, and public trust; and

CONFIRE may deny or defer a RFQ submission if the provider does not meet minimum qualifications, lacks required authorization, fails to provide requested information, presents operational or reputational concerns, or is otherwise not a good fit for CONFIRE's EMS system.

Authorized Use and 911 Limitations

Approved mutual aid partners remain independent ambulance providers and may only be used for IFT and CCT. Approval does not authorize a provider to respond to 911 calls, post 911 ambulance resources, operate as a CONFIRE 911 provider, serve as a CONFIRE subcontractor, or perform CONFIRE's primary emergency ambulance obligations.

This policy does not limit CONFIRE's ability to request or provide 911 mutual aid with existing public or private 911 providers through separate ICEMA, EOA, public agency, regional, state, federal, MHOAC, or emergency management processes. Those relationships remain outside the scope of this policy.

Any provider that represents approval under this policy as authorization to provide 911 ambulance response may be suspended or removed from the approved mutual aid partner list. This policy shall not be interpreted to create a second 911 ambulance provider pool, an alternate 911 response system, or a parallel ambulance subcontractor structure.

Activation and Requests for Assistance

The Executive Director, or designee, shall retain authority to determine when mutual aid support is needed and which approved partner, if any, is appropriate.

CONFIRE may consider patient care needs, hospital needs, transport category, provider availability, geography, estimated response time, ICEMA authorization, provider capability, prior performance, customer service history, hospital impact, system status, and CONFIRE's need to preserve 911 resources.

CONFIRE may use the partner that is operationally best suited for the specific need.

An approved partner is not required to accept every request for assistance if doing so would impair its own system responsibilities.

Performance Monitoring

CONFIRE may monitor the performance of approved mutual aid partners.

Monitoring may include transport reliability, hospital interactions, transfer-of-care practices, documentation, clinical concerns, complaints, professional conduct, regulatory compliance, customer service, and any issue that may affect CONFIRE's contract performance, hospital relationships, public trust, or EMS system reliability.

CONFIRE may require performance information, incident reports, corrective action plans, or other documentation necessary to evaluate continued eligibility.

Suspension, Removal, or Denial

CONFIRE may deny, suspend, or remove a provider from the approved mutual aid partner list if CONFIRE determines that the provider:

1. Fails to meet minimum qualifications;
2. Fails to maintain required licenses, permits, certifications, insurance, transport agreements, or ICEMA authorization;
3. Fails to comply with CONFIRE policies, procedures, agreement terms, or operational direction;
4. Provides false, misleading, or incomplete information;
5. Demonstrates poor performance or unresolved compliance concerns;
6. Creates negative patient, hospital, public safety, regulatory, reputational, political, or contract risk;
7. Represents itself as a CONFIRE subcontractor or 911 provider without authorization;
8. Uses the mutual aid process as a claim to market access, transport volume, or preferred status;
9. Acts inconsistently with the best interests of CONFIRE's EMS system.

The Executive Director, or designee, may immediately suspend a provider from eligibility or activation when continued use may present a risk to patient care, system reliability, contract compliance, hospital coordination, public trust, or CONFIRE's operational integrity.

Renewal and Continuing Eligibility

Approved partners may be required to renew eligibility periodically.

CONFIRE may require updated documentation, proof of continuing ICEMA authorization, updated insurance, updated staffing or vehicle information, updated compliance disclosures, and any other information necessary to verify continuing eligibility.

Failure to renew or provide requested documentation may result in suspension or removal from the approved partner list.

Public Records and Confidentiality

RFQ submissions and related materials may be subject to disclosure under the California Public Records Act unless exempt from disclosure under applicable law.

Nondiscrimination & Neutrality

The mutual aid partner process shall be administered in a manner that supports fairness, transparency, operational integrity, and public trust.

All qualified, eligible private ambulance providers may apply; all applicants will be evaluated under the same standards, any resulting agreement must be approved through CONFIRE's governance process, and no provider will be granted exclusive or preferred status through informal advocacy or political pressure.

Authority

The Board authorizes the Executive Director, or designee, to implement this policy, develop application materials, establish review procedures, evaluate providers, approve or deny applications, develop mutual aid agreements, present proposed agreements to the Administrative Committee, activate approved partners, suspend or remove providers, and take actions necessary to protect CONFIRE's ambulance system, contract obligations, hospital relationships, operational integrity, and public trust.

The Executive Director may consult with legal counsel, risk management, operations, EMS leadership, ICEMA, hospitals, or other stakeholders as necessary to administer this policy.

Effective Date

This policy shall become effective upon adoption by the CONFIRE Board of Directors.