

From: [Schneider, Maia](#)
To: [BOS-Clerk of the Board](#)
Subject: Meeting 4/7/26 Agenda Item 26-0563
Date: Friday, April 3, 2026 3:51:46 PM
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[Letter of support IFT Ambulance ordinance 4.26.pdf](#)

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Dear Kim:

Attached please find a letter in support of ordinance amendments in agenda item 26-0563. I will attend the meeting via Zoom for public comment as well.

Thank you, and have a great holiday weekend -

Maia



Maia Schneider

Executive Director, Business and Strategy Development

Phone: 530-344-5429

marshallmedical.org



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April 3, 2026

El Dorado County Board of Supervisors
330 Fair Lane, Bldg. A
Placerville, CA 95667

Subject: Ambulance Ordinance IFT Language Modifications, Item 26-0563

Dear Honorable Chair Laine and Supervisors:

I am writing to express our support for proposed updates to the Ambulance Ordinance to streamline operations and protect patient safety.

At Marshall, we work closely with our ambulance partners to support efficient patient movement and appropriate utilization of EMS resources. Over the past several years, these efforts, particularly the implementation of rapid BLS discharge transport, have contributed to reducing emergency department wall times, improving throughput, and allowing 9-1-1 fire resources to return to service more quickly. These improvements are critical to maintaining access to care and ensuring timely treatment for our community.

It has come to my attention that the existing ordinance contains conflicting language that may require paramedic staffing on non-emergency BLS interfacility transport units. From a hospital operations standpoint, such a requirement raises significant concerns. Requiring paramedic-level staffing for routine BLS transports could create unnecessary barriers to timely discharges and transfers, potentially leading to delays in bed availability, increased emergency department boarding, and reduced overall patient flow.

Additionally, shifting paramedic resources toward non-emergent transports may reduce the availability of ALS coverage for true emergencies in the community. This has direct implications for emergency response readiness and, ultimately, for the patients we serve. From a clinical and regulatory perspective, there also appears to be no clear medical necessity to support billing CMS for this higher level of service in these cases.

We support proposed amendments to the current ordinance and urge its timely adoption. Thank you.

Sincerely,

Siri Nelson

President and C.E.O., Marshall