



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: May 1, 2018

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

CONTACT PERSON: Robert Hernandez PHONE: 559-624-8000

SUBJECT: Approve the letter of support for the Assembly Bill 1795 (Gipson)

REQUEST(S):

That the Board of Supervisors:

1. Approve a letter of support for Assembly Bill 1795 (Gipson), as introduced January 9, 2018; and
2. Approve future letters of support subject to review by the Chairman, and his/her designee (Board representative) and/or County Counsel.

SUMMARY:

Assembly Bill (AB) 1795 would authorize the County's Emergency Medical Services (EMS) agency to submit, as part of its EMS plan, a plan to transport specifically identified patients to a community care facility in lieu of transportation to a busy hospital emergency department. The bill would direct the California EMS Authority to authorize the local EMS agency to add to its scope of practice, for specified emergency personnel, those activities necessary for the assessment, treatment, and transport of an individual to a community care facility.

Many times each day, ambulances respond to an individual that is not suffering from an acute physical health problem that requires transportation to a hospital emergency department, but instead to an individual that may need transportation to a crisis stabilization center or sobering center. This bill would greatly benefit the County by making a permanent change to California and EMS policy by allowing paramedic ambulances to transport individuals in mental health crisis to the more appropriate care facility.

SUBJECT: Approve the letter of support for the Assembly Bill 1795 (Gipson)
DATE: May 1, 2018

AB 1795 would allow the EMS agency to establish a plan to divert identified individuals to the appropriate care. The most important benefit of this bill is to the individual patient, as they would be immediately transported to a facility that can address their identified needs, such as a crisis stabilization center or sobering center, rather than a busy emergency department that has limited services.

Additionally, the letter asks that the Legislature address ambulance provider compensation issues associated with transport to community care facilities. Lacking a payment source, the full cost of transport is passed onto the patient who oftentimes lacks the resources to pay for services.

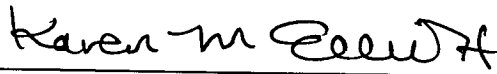
FISCAL IMPACT/FINANCING:

There is no net County cost to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year plan includes the Quality of Life initiative that promotes public health. This action ensures that there are sufficient resources that support the emergency medical services and the individuals that they serve in the County.

ADMINISTRATIVE SIGN-OFF:



Karen M. Elliott
Director of Public Health

cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachment(s) Letter of Support
AB 1795 Bill Language

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE THE)
LETTER OF SUPPORT FOR THE)
ASSEMBLY BILL 1795 (GIPSON))

) Resolution No. _____
) Agreement No. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Approved a letter of support for Assembly Bill 1795 (Gipson), as introduced January 9, 2018; and
2. Approved future letters of support subject to review by the Chairman, and his/her designee (Board representative) and/or County Counsel.

Date

The Honorable Mike A. Gipson
Assemblyman, 64th District
State Capitol, Room 3173
Sacramento, CA 95814

RE: AB 1795 (Gipson) - SUPPORT
Emergency medical services- community care facilities- As Introduced January 9, 2018

Dear Assembly Member Gipson:

The County of Tulare supports your Assembly Bill (AB) 1795, as introduced January 9, 2018, which would authorize a local emergency medical services agency to submit, as part of its emergency medical services (EMS) plan, a plan to transport specified patients to a community care facility in lieu of transportation to a general acute care hospital. AB 1795 would enable patients to be properly assessed, treated, and transported to a facility specifically designed to meet their individual needs. By allowing pre-hospital personnel to transport patients to the appropriate care facility the first time, AB 1795 has the added benefit of eliminating secondary transfers, reducing unnecessary and costly emergency department admissions, and increasing the availability of ambulances to respond to life-threatening emergencies.

Under the leadership and direction of local EMS agency physician medical directors, emergency medical personnel deliver patient care to critically ill and injured individuals at their most vulnerable moments. Clearly, these same trained professionals, under the direction of expert emergency medicine physicians, can safely and appropriately meet the special needs of patients best served by community care facilities.

EMS agencies, through their expert physician leadership and working with local community care facilities, can safely design EMS plans that meet the needs of individual patients and the communities they serve. AB 1795 would allow Tulare County to better utilize its local resources, which will provide patients with the right care when needed. It provides needed alternatives for patients instead of requiring, often unnecessarily, transportation to already overcrowded emergency departments.

While we support AB1795 as proposed, we believe the Legislature needs to consider payment to providers who transport to alternative destinations. This is important because, lacking a payment source, the full cost of transport is passed onto the patient who oftentimes lacks the resources to pay for services.

For these reasons, the County of Tulare strongly supports AB 1795. Should you have any questions or need further information, please contact Karen Elliott, Tulare County Public Health Director, at (559) 624-8481.

Sincerely,

Tulare County Board of Supervisors

Steve Worthley, Chairman
Tulare County Board of Supervisors

Kuyler Crocker, Vice Chairman
Tulare County Board of Supervisors

Pete Vander Poel, District Two
Tulare County Board of Supervisors

Amy Shuklian, District Three
Tulare County Board of Supervisors

Michael Ennis, District Five
Tulare County Board of Supervisors

cc: Paul J. Yoder, State Legislative Advocate
California State Association of Counties

ASSEMBLY BILL

No. 1795

Introduced by Assembly Member Gipson

January 9, 2018

An act to amend Sections 1797.52, 1797.172, and 1797.218 of, and to add Sections 1797.98 and 1797.260 to, the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1795, as introduced, Gipson. Emergency medical services: community care facilities.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state agencies concerning emergency medical services. Among other duties, the authority is required to develop planning and implementation guidelines for emergency medical services systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems, and receive plans for the implementation of emergency medical services and trauma care systems from local EMS agencies.

The act also authorizes each county to develop an emergency medical services program and requires local EMS agencies to plan, implement, and evaluate an emergency medical services system. Existing law requires local EMS agencies to be responsible for the implementation of advanced life support systems, limited advanced life support systems, and for the monitoring of specified training programs for emergency personnel. Existing law defines advanced life support as special services

designed to provide definitive prehospital emergency medical care, as specified, 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 that hospital.

This bill would authorize a local emergency medical services agency to submit, as part of its emergency services plan, a plan to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided before and during, transport to a community care facility, as specified. The bill would also direct the Emergency Medical Services Authority to authorize a local EMS agency to add to its scope of practice for specified emergency personnel those activities necessary for the assessment, treatment, and transport of a patient to a community care facility.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1797.52 of the Health and Safety Code
 2 is amended to read:
 3 1797.52. “Advanced life support” means special services
 4 designed to provide definitive prehospital emergency medical care,
 5 including, but not limited to, cardiopulmonary resuscitation, cardiac
 6 monitoring, cardiac defibrillation, advanced airway management,
 7 intravenous therapy, administration of specified drugs and other
 8 medicinal preparations, and other specified techniques and
 9 procedures administered by authorized personnel under the direct
 10 supervision of a base hospital as part of a local EMS system at the
 11 scene of an emergency, during transport to an acute care hospital,
 12 during interfacility transfer, ~~and~~ while in the emergency department
 13 of an acute care hospital until responsibility is assumed by the
 14 emergency or other medical staff of that ~~hospital~~ *hospital, at the*
 15 *scene of an emergency for the purpose of determining transport*
 16 *to a community care facility or an acute care hospital, and during*
 17 *transport to a community care facility as part of an approved local*
 18 *EMS agency emergency medical services plan.*

1 SEC. 2. Section 1797.98 is added to the Health and Safety
2 Code, to read:

3 1797.98. "Community care facility" means a mental health
4 urgent care center or sobering center staffed with medical personnel
5 that is designated by a local EMS agency, as part of an approved
6 local emergency medical services plan.

7 SEC. 3. Section 1797.172 of the Health and Safety Code is
8 amended to read:

9 1797.172. (a) The authority shall develop and, after approval
10 by the commission pursuant to Section 1799.50, adopt minimum
11 standards for the training and scope of practice for EMT-P.

12 (b) The approval of the director, in consultation with a
13 committee of local EMS medical directors named by the EMS
14 Medical Directors Association of California, is required prior to
15 implementation of any addition to a local optional scope of practice
16 for EMT-Ps proposed by the medical director of a local EMS
17 agency.

18 (c) Notwithstanding any other ~~provision~~ of law, the authority
19 shall be the agency solely responsible for licensure and licensure
20 renewal of EMT-Ps who meet the standards and are not precluded
21 from licensure because of any of the reasons listed in subdivision
22 (d) of Section 1798.200. Each application for licensure or licensure
23 renewal shall require the applicant's social security number in
24 order to establish the identity of the applicant. The information
25 obtained as a result of a state and federal level criminal offender
26 record information search shall be used in accordance with Section
27 11105 of the Penal Code, and to determine whether the applicant
28 is subject to denial of licensure or licensure renewal pursuant to
29 this division. Submission of fingerprint images to the Department
30 of Justice may not be required for licensure renewal upon
31 determination by the authority that fingerprint images have
32 previously been submitted to the Department of Justice during
33 initial licensure, or a previous licensure renewal, provided that the
34 license has not lapsed and the applicant has resided continuously
35 in the state since the initial licensure.

36 (d) The authority shall charge fees for the licensure and licensure
37 renewal of EMT-Ps in an amount sufficient to support the
38 authority's licensure program at a level that ensures the
39 qualifications of the individuals licensed to provide quality care.
40 The basic fee for licensure or licensure renewal of an EMT-P shall

1 not exceed one hundred twenty-five dollars (\$125) until the
2 adoption of regulations that specify a different amount that does
3 not exceed the authority's EMT-P licensure, license renewal, and
4 enforcement programs. The authority shall annually evaluate fees
5 to determine if the fee is sufficient to fund the actual costs of the
6 authority's licensure, licensure renewal, and enforcement programs.
7 If the evaluation shows that the fees are excessive or are insufficient
8 to fund the actual costs of the authority's EMT-P licensure,
9 licensure renewal, and enforcement programs, then the fees shall
10 be adjusted accordingly through the rulemaking process described
11 in the Administrative Procedure Act (Chapter 3.5 (commencing
12 with Section 11340) of Part 1 of Division 3 of Title 2 of the
13 Government Code). Separate additional fees may be charged, at
14 the option of the authority, for services that are not shared by all
15 applicants for licensure and licensure renewal, including, but not
16 limited to, any of the following services:

- 17 (1) Initial application for licensure as an EMT-P.
- 18 (2) Competency testing, the fee for which shall not exceed thirty
19 dollars (\$30), except that an additional fee may be charged for the
20 cost of any services that provide enhanced availability of the exam
21 for the convenience of the EMT-P, such as on-demand electronic
22 testing.
- 23 (3) Fingerprint and criminal record check. The applicant shall,
24 if applicable according to subdivision (c), submit fingerprint images
25 and related information for criminal offender record information
26 searches with the Department of Justice and the Federal Bureau
27 of Investigation.
- 28 (4) Out-of-state training equivalency determination.
- 29 (5) Verification of continuing education for a lapse in licensure.
- 30 (6) Replacement of a lost licensure card. The fees charged for
31 individual services shall be set so that the total fees charged to
32 EMT-Ps shall not exceed the authority's actual total cost for the
33 EMT-P licensure program.
- 34 (e) The authority may provide nonconfidential, nonpersonal
35 information relating to EMS programs to interested persons upon
36 request, and may establish and assess fees for the provision of this
37 information. These fees shall not exceed the costs of providing the
38 information.
- 39 (f) At the option of the authority, fees may be collected for the
40 authority by an entity that contracts with the authority to provide

1 any of the services associated with the EMT-P program. All fees
2 collected for the authority in a calendar month by any entity
3 designated by the authority pursuant to this section to collect fees
4 for the authority shall be transmitted to the authority for deposit
5 into the Emergency Medical Services Personnel Fund within 30
6 calendar days following the last day of the calendar month in which
7 the fees were received by the designated entity, unless the contract
8 between the entity and the authority specifies a different timeframe.

9 *(g) Upon approval of a plan to transport patients to a community
10 care facility submitted pursuant to Section 1797.260, the authority
11 shall authorize a local EMS agency to add to its scope of practice
12 for an EMT-P those activities necessary for the assessment,
13 treatment, and transport of a patient to a community care facility.*

14 SEC. 4. Section 1797.218 of the Health and Safety Code is
15 amended to read:

16 1797.218. Any local EMS agency may authorize an advanced
17 life support or limited advanced life support program which
18 provides services utilizing EMT-II or EMT-P, or both, for the
19 delivery of emergency medical care to the sick and injured at the
20 scene of an emergency, during transport to a general acute care
21 hospital, during interfacility transfer, while in the emergency
22 department of a general acute care hospital until care responsibility
23 is assumed by the regular staff of that hospital, ~~and during training
24 within the facilities of a participating general acute care hospital.~~
25 *hospital, at the scene of an emergency for the purpose of
26 determining transport to a community care facility or an acute
27 care hospital, and during transport to a community care facility
28 as part of an approved local EMS agency emergency medical
29 services plan.*

30 SEC. 5. Section 1797.260 is added to the Health and Safety
31 Code, to read:

32 1797.260. A local EMS agency may submit, as part of its
33 emergency services plan, a plan to transport patients to a
34 community care facility that is not a general acute care hospital
35 based on a determination that there is no need for emergency health
36 care. This plan shall include, without limitation, all of the
37 following:

38 (a) Criteria for designating a facility as a community care
39 facility, including appropriate medical staffing and administrative
40 medical oversight such as a medical director.

- 1 (b) One or more policies for prompt evaluation and treatment
- 2 of patients within a facility.
- 3 (c) A communication plan between prehospital medical
- 4 personnel.
- 5 (d) A secondary transport plan to include criteria for contacting
- 6 the jurisdictional prehospital provider for transport to an emergency
- 7 department of an acute care hospital.
- 8 (e) Medical equipment and monitoring protocols.
- 9 (f) Required submission of a quality improvement plan and
- 10 patient outcome data to the local EMS agency.
- 11 (g) Additional education requirements for paramedics.
- 12 (h) Protocols for handling patient destination considerations
- 13 including requests by patients.

O