

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

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

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

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

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

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

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

(a) Criteria for designating a facility as a community care facility, including appropriate medical staffing and administrative 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.