

EMSAAC Legislative Report 1/9/2018

[AB 263](#) (Rodriguez D) Emergency medical services workers: rights and working conditions.

Last Amend: 6/21/2017

Status: 9/1/2017-From committee: Do pass and re-refer to Com. on RLS. (Ayes 9. Noes 1.) (September 1). Re-referred to Com. on RLS.

Location: 9/1/2017-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical service systems and plans and establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services. Existing law provides that emergency medical personnel have specified due process rights when they are subject to suspension or termination for disciplinary cause or reason, as defined. This bill would require an employer that provides emergency medical services as part of an emergency medical services system or plan to authorize and permit its employees engaged in prehospital emergency services to take prescribed rest periods, including specifying grounds for interruption of a rest period and compensation for an interrupted rest period. The bill also would require the employer to provide these employees with prescribed meal periods, including specifying grounds for interruption of a meal period and compensation for an interrupted meal period. The bill would authorize an employer to require during rest and meal periods that employees monitor pagers, radios, station alert boxes, intercoms, cellular telephones, or other communication methods to provide for the public health and welfare. This bill contains other related provisions and other existing laws.

Position

O-1

Notes 1: 2/23/17 - WC

6/1/17 - O-2

6/2/17 - Opposition Letter to Author

6/15/17 - O-1

6/21/17 - Opposition Letter to Sen Labor & Industrial Relations

7/3/17 - Opposition Letter to Sen Appropriations

8/25/17 - Opposition Letter to Sen Appropriations Suspense File

[AB 387](#) (Thurmond D) Minimum wage: health professionals: interns.

Last Amend: 5/30/2017

Status: 6/2/2017-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 6/1/2017)(May be acted upon Jan 2018)

Location: 6/2/2017-A. 2 YEAR

Desk	Policy	Fiscal	2 year	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law requires the minimum wage for all industries to not be less than specified amounts to be increased from January 1, 2017, to January 1, 2022, inclusive, for employers employing 26 or more employees and from January 1, 2018, to January 1, 2023, inclusive, for employers employing 25 or fewer employees, except when the scheduled increases are temporarily suspended by the Governor, based on certain determinations. Existing law defines an employer for purposes of those provisions to mean a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of another person. Payment of less than the established minimum wage is a misdemeanor. This bill would expand the definition of "employer" for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience longer than 100 hours to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined. This bill contains other related provisions and other existing laws.

Position

O-2

Notes 1: 3/27/17 - Watch

[AB 437](#) (Rodriguez D) At-risk persons: first responders.

Last Amend: 4/26/2017

Status: 5/26/2017-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2017)(May be acted upon Jan 2018)

Location: 5/26/2017-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conf.			
								Conc.			

Summary: Existing law requires the Attorney General to establish and maintain the Violent Crime Information Center to assist in the identification and the apprehension of persons responsible for specific violent crimes and for the disappearance and exploitation of persons, particularly children and at-risk adults. This bill would require the Attorney General to establish and maintain within the center a Voluntary Online At-Risk Community Network for purposes of providing information to first responders in order to prevent harmful interactions between first responders and seniors or persons with disabilities, as defined. The bill would prescribe the information that a senior, a person with a disability, a person with a limited conservatorship of a person with a developmental or intellectual disability, as specified, or a parent or legal guardian of a minor child with a disability may voluntarily provide to the Attorney General for inclusion in the network, and prescribe how the network would be developed and communicated to the public, as specified. The bill would prohibit a conservator from submitting information on behalf of a conservatee if the conservatee directs the conservator not to submit information. The bill would require specified first responders to broadcast a "Be on the Lookout" bulletin within its jurisdiction under circumstances upon which a person in the network is missing or needs assistance. By imposing new duties on local entities under various provisions of the bill, the bill would create a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 2/23/17 - Watch

[AB 451](#)

(Arambula D) Health facilities: emergency services and care.

Last Amend: 7/5/2017

Status: 9/1/2017-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/21/2017)(May be acted upon Jan 2018)

Location: 9/1/2017-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conf.			
								Conc.			

Summary: (1) Existing law requires a health facility that maintains and operates an emergency department to provide emergency services and care to any person requesting the services or care for any condition in which the person is in danger of loss of life, or serious injury or illness, as specified. If a licensed health facility does not maintain an emergency department, its employees are nevertheless required to exercise reasonable care to determine whether an emergency exists and to direct the person seeking emergency care to a nearby facility that can render the needed services, as specified. Existing law makes a violation of these provisions a crime. This bill would specify that a psychiatric unit within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital, excluding certain state hospitals, regardless of whether it operates an emergency department, is required to provide emergency services and care to treat a person with a psychiatric emergency medical condition who has been accepted by the facility, as specified, if the facility has appropriate facilities and qualified personnel. The bill would make conforming changes to related provisions. The bill would also prohibit a general acute care hospital or an acute psychiatric hospital, as a condition to accepting a transfer of a patient from another health facility, from requiring that the patient be in custody as a result of a mental health disorder causing him or her to be a danger to others or himself or herself, or is gravely disabled. By expanding these duties, this bill would expand the scope of a crime, thereby imposing a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 2/23/17 - Watch

[AB 583](#)

(Wood D) Emergency medical air transportation.

Status: 5/26/2017-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2017)(May be acted upon Jan 2018)

Location: 5/26/2017-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conf.			
								Conc.			

Summary: Under existing law, the Emergency Medical Air Transportation Act, a penalty of \$4 is imposed upon every conviction for a violation of the Vehicle Code, or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. Existing law requires the county or the court that imposed the fine to transfer the moneys collected pursuant to this act to the Emergency Medical Air Transportation Act Fund. Under existing law, the assessment of these penalties will terminate on January 1, 2018, and any moneys unexpended and unencumbered in the Emergency Medical Air Transportation Act Fund on June 30, 2019, will transfer to the General Fund. Existing law repeals the Emergency Medical Air Transportation Act on January 1, 2020. This bill would extend the

dates of the Emergency Medical Air Transportation Act, so that the assessment of the penalties will terminate commencing January 1, 2028, and any moneys unexpended and unencumbered in the Emergency Medical Air Transportation Act Fund on June 30, 2029, will transfer to the General Fund. The bill would extend the operation of the Emergency Medical Air Transportation Act until January 1, 2030.

Position

Watch

Notes 1: 2/23/17 - Watch

[AB 697](#)

(Fong R) Tolls: exemption for privately owned emergency ambulances.

Last Amend: 6/12/2017

Status: 9/16/2017-Ordered to inactive file at the request of Senator McGuire.

Location: 9/16/2017-S. INACTIVE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the exemption of authorized emergency vehicles, as defined, from the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane and any related fines, when the authorized emergency vehicle is being driven under specified conditions, including, among others, the vehicle is displaying public agency identification and driven while responding to or returning from an urgent or emergency call. Existing law provides procedures for an operator of a toll facility and a public agency to resolve certain disputes relating to the nonpayment of tolls. Existing law allows for agreements between the owner or operator of a toll facility and a local emergency service provider that establish terms for the use of the toll facility by the emergency service provider. Existing law prohibits a person from operating a privately owned emergency ambulance unless licensed by the Department of the California Highway Patrol. This bill would generally modify the exemption to apply to the use of a toll facility, as defined, and would expand the exemption, dispute resolution procedures, and agreement provisions to include a privately owned emergency ambulance licensed by the Department of the California Highway Patrol. The bill would also make technical changes to these provisions.

Position

Watch

Notes 1: 2/23/17 - Watch

[AB 735](#)

(Maienschein R) Swimming pools: public safety.

Last Amend: 5/26/2017

Status: 9/1/2017-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/17/2017)(May be acted upon Jan 2018)

Location: 9/1/2017-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the regulation of private swimming pools. Existing law also provides for the regulation of public swimming pools by the State Department of Public Health. Existing law requires the provision of lifeguard services at any public swimming pool that is of wholly artificial construction and for the use of which a direct fee, as defined, is imposed. A violation of those provisions is a crime. This bill would require those public swimming pools, as defined, that are required to provide lifeguard services and that charge a direct fee to additionally provide an Automated External Defibrillator (AED) during pool operations. Because the failure to comply with these provisions would be a crime, the bill would create a state-mandated local program. The bill would also require the State Department of Education, in consultation with the State Department of Public Health, to issue best practices guidelines related to pool safety at K-12 schools. This bill contains other existing laws.

Position

Watch

Notes 1: 2/23/17 - Watch

[AB 820](#)

(Gipson D) Emergency Medical Services: transportation alternatives.

Last Amend: 1/3/2018

Status: 1/4/2018-Re-referred to Com. on HEALTH.

Location: 4/18/2017-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. This bill would authorize a local emergency medical services agency to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital.

Position

Watch

Notes 1: 2/23/17 - Watch

AB 896 (Rodriguez D) Emergency services.

Status: 5/12/2017-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/16/2017) (May be acted upon Jan 2018)

Location: 5/12/2017-A. 2 YEAR

2 year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Emergency Services Act establishes the Office of Emergency Services and provides that the office is responsible for the state's emergency and disaster response services and serves as the State Disaster Council for the purposes of the California Disaster and Civil Defense Master Mutual Aid Agreement. The act authorizes state agencies to provide mutual aid, including personnel, equipment, and other available resources, to assist political subdivisions during a local emergency or in accordance with mutual aid agreements or at the direction of the Governor. This bill would state the intent of the Legislature to enact legislation relating to the inclusion of all California federally recognized tribes in California's emergency services and disaster preparedness agreements, including, but not limited to, state mutual aid agreements.

Position

Watch

Notes 1: 2/23/17 - Watch

AB 909 (Steinorth R) Emergency response: trauma kits.

Last Amend: 5/2/2017

Status: 5/26/2017-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2017)(May be acted upon Jan 2018)

Location: 5/26/2017-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under existing law, everyone is generally responsible, not only for the result of his or her willful acts, but also for an injury occasioned to another by his or her want of ordinary care or skill in the management of his or her property or person. Existing law exempts from civil liability any person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct. Existing law exempts public or private organizations that sponsor, authorize, support, finance, or supervise the training of people, or certifies those people in emergency medical services, from liability for civil damages alleged to result from those training programs. This bill would define "trauma kit" to mean a first aid response kit that contains specified items, including, among other things, at least 2 tourniquets. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use, installation, operation, training, and maintenance of the trauma kit. The bill would apply the provisions governing civil liability described above to a lay rescuer or person who renders emergency care or treatment by the use of a trauma kit and to a person or entity that provides training in the use of a trauma kit to provide emergency medical treatment, or certifies certain persons in the use of a trauma kit. This bill contains other related provisions and other existing laws.

Position

SIA

Notes 1: 2/23/17 - Watch
5/18/17 - Support if Amended (Reviewed by LC)

1/3/18 - Dan to draft joint EMDAC letter re: concerns over chest seals

AB 1116 (Grayson D) Peer Support and Crisis Referral Services Act.

Last Amend: 9/8/2017

Status: 9/11/2017-Read second time. Ordered to third reading. Ordered to inactive file at the request of Senator Atkins.

Location: 9/11/2017-S. INACTIVE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under existing law, the California Emergency Services Act, the Governor is authorized to proclaim a state of emergency, as defined, under specified circumstances. The California Emergency Services Act also authorizes the governing body of a city, county, city and county, or an official designated by ordinance adopted by that governing body, to proclaim a local emergency, as defined. This bill would create the Peer Support and Crisis Referral Services Act. The bill would, for purposes of the act, define a "peer support team" as a local critical incident response team composed of individuals from emergency services professions, emergency medical services, hospital staff, clergy,

and educators who have completed a peer support training course developed by the Office of Emergency Services, the California Firefighter Joint Apprenticeship Committee, or the Commission on Correctional Peace Officer Standards and Training, as specified. The bill would provide that a communication made by emergency service personnel to a peer support team member while the emergency service personnel receives peer support services, as defined, is confidential and shall not be disclosed in a civil or administrative proceeding, except as specified. The bill would also provide that, except for an action for medical malpractice, a peer support team or a peer support team member providing peer support services is not liable for damages, as specified, relating to the team's or team member's act, error, or omission in performing peer support services, unless the act, error, or omission constitutes gross negligence or intentional misconduct. The bill would provide that a communication made by emergency service personnel to a crisis hotline or crisis referral service, as defined, is confidential and shall not be disclosed in a civil or administrative proceeding, except as specified. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 2/23/17 - Watch

[AB 1136](#) (Eggman D) Health facilities: residential mental or substance use disorder treatment.

Last Amend: 5/26/2017

Status: 7/14/2017-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/14/2017)(May be acted upon Jan 2018)

Location: 7/14/2017-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	2 year	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under existing law, the State Department of Public Health licenses and regulates health facilities, defined to include, among others, acute psychiatric hospitals. A violation of these provisions is a crime. This bill would require the State Department of Public Health to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities. The bill would require a database created using grant funds received as a result of the submission of that proposal to have the capacity to collect data and enable a specified search and to include specified information, including, among other things, the contact information for the facility's designated employee. The bill would require the department to confer with stakeholders to inform the development of the proposal and to submit an evaluation to the federal Health and Human Services Secretary and to the Legislature. This bill contains other existing laws.

Position

Watch

[AB 1204](#) (Mayes R) Public health: emergency 2 year prescriptions.

Last Amend: 3/28/2017

Status: 5/12/2017-Failed Deadline pursuant to Rule 61(a)(3). (Last location was HEALTH on 3/27/2017) (May be acted upon Jan 2018)

Location: 5/12/2017-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law governs the practice of medicine and the issuance of prescription drugs. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, states that it is the policy of the State of California to ensure the provision of effective and efficient emergency medical care. This bill would authorize a licensed physician to prescribe a one-month supply of a life-saving medication, as described, to a patient to be stored for the use of that patient in case of a natural disaster or other emergency.

Position

Watch

Notes 1: 2/23/17 - Watch w/ Concerns
3/30/17 - Watch

[AB 1250](#) (Jones-Sawyer D) Counties: contracts for personal services.

Last Amend: 9/5/2017

Status: 9/5/2017-Read second time and amended. Re-referred to Com. on RLS.

Location: 9/5/2017-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law authorizes the board of supervisors of a county to contract for special services

on behalf of various public entities with persons who are specially trained, experienced, expert, and competent to perform the special services, as prescribed. These services include financial, economic, accounting, engineering, legal, and other specified services. This bill would establish specific standards for the use of personal services contracts by counties. The bill would allow a county or county agency to contract for personal services currently or customarily performed by employees, as applicable, when specified conditions are met. Among other things, the bill would require the county to clearly demonstrate that the proposed contract will result in actual overall costs savings to the county and also to show that the contract does not cause the displacement of county workers. The bill would exempt certain types of contracts from its provisions, and would exempt a city and county from its provisions. By placing new duties on local government agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

O-1

Notes 1: 6/15/17 - O-1

6/21/17 - Joint EMSAAC/EMDAC Opposition Letter to Author

6/28/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Gov & Fin Committee (Hearing Rescheduled)

7/5/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Gov & Fin Committee

8/14/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Appropriations

8/25/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Appropriations Suspense File

AB 1372 (Levine D) Crisis stabilization units: psychiatric patients.

Last Amend: 6/13/2017

Status: 9/6/2017-Ordered to inactive file at the request of Senator Newman.

Location: 9/6/2017-S. INACTIVE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the department and counties provide specialty mental health services for Medi-Cal beneficiaries through mental health managed care plans, as specified. Under existing law, these services may include crisis stabilization services and inpatient psychiatric care. This bill would authorize a certified crisis stabilization unit designated by a mental health managed care plan, at the discretion of the mental health managed care plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours in those cases in which the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. The bill would require a person who is placed under, or who is already under, a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit. The bill would require the department to amend its contract with a mental health plan to include a provision authorizing the provision of crisis stabilization services for more than 24 hours if the mental health plan elects to provide crisis stabilization services under these provisions. The bill would require the department to require these mental health plans to establish treatment protocols, documentation standards, and administrative procedures, consistent with best practices and other evidence-based medicine, to be followed by a certified crisis stabilization unit for appropriate treatment to individuals who are provided crisis stabilization services for more than 24 hours. The bill would require the department to seek any state plan amendments or waivers, or amendments to existing waivers, that are necessary to implement these provisions.

Position

Watch

Notes 1: 2/23/17 - Watch

AB 1603 (Ridley-Thomas D) Meyers-Milias-Brown Act: local public agencies.

Last Amend: 8/24/2017

Status: 9/16/2017-Ordered to inactive file at the request of Senator McGuire.

Location: 9/16/2017-S. INACTIVE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under the Meyers-Milias-Brown Act (MMBA), employees of local public agencies have the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations. The MMBA authorizes a local public agency to adopt reasonable rules and regulations after consultation in good faith with representatives of a recognized employee organization or organizations for the administration of employer-employee relations under the act. The Public Employment Relations Board (PERB) has jurisdiction over certain disputes arising pursuant to the MMBA. The MMBA defines "public employee" to mean any person employed by a public agency, in addition to other specified employees. The MMBA rules and regulations may include exclusive recognition of employee organizations formally recognized

pursuant to a vote of the employees of the agency or an appropriate unit thereof, subject to the right of an employee to represent himself or herself. This bill would revise the definition of "public employee" for the purpose of the act to also include persons jointly employed by a public agency and any other employer at specified clinics and hospitals. The bill instead would specify that those rules and regulations may provide for exclusive recognition of employee organizations formally recognized pursuant to a vote of the employees of the agency or an appropriate unit thereof, subject to the employee's right to represent himself or herself, and provided that determination of an otherwise appropriate unit of, or including, these jointly employed public employees is not contingent upon, and does not otherwise require the agency or joint employer's consent. This bill contains other related provisions and other existing laws.

Position

O-1

Notes 1: 8/3/17 - Pending LC Position
 8/24/17 - O-1 (EMSAAC/EMDAC Joint Opposition Letter in Draft)
 9/5/17 - Joint EMSAAC/EMDAC Opposition Floor Alert

AB 1650 (Maienschein R) Emergency medical services: community paramedicine.

Last Amend: 4/20/2017

Status: 5/26/2017-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2017)(May be acted upon Jan 2018)

Location: 5/26/2017-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The 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. This bill would, until January 1, 2022, create the Community Paramedic Program in the authority. The bill would authorize the authority to authorize a local EMS agency that opts to participate in the program to provide specified services, such as case management services and linkage to nonemergency services for frequent EMS system users, through a local community paramedic program. The bill would require the authority, in consultation with the Office of Statewide Health Planning and Development, to develop criteria to qualify services for participation in the program, develop an application and application process for local EMS agencies seeking to participate in the program, and to review and approve applications for participation in the program as a component of the local EMS agency's EMS plan. The bill would authorize a local EMS agency to opt to participate in the program if it meets the criteria established by the authority and completes the application process developed by the criteria. The bill would specify the necessary components of a community paramedic service plan to be included in the local EMS agency's application. The bill would require the medical director of the local EMS agency to oversee the local community paramedic program. The bill would require the authority to annually report specified information related to local community paramedic programs to the office, and require the office to publish the report on its Internet Web site.

Position

SIA

Notes 1: 2/23/17 - Watch
 4/27/17 - OUA
 CAA Sponsored Bill

1/3/18 - SIA

SB 185 (Hertzberg D) Crimes: infractions.

Last Amend: 5/26/2017

Status: 9/1/2017-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/23/2017)(May be acted upon Jan 2018)

Location: 9/1/2017-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under existing law, a judgment that a person convicted of an infraction be punished by a fine may also provide for the payment to be made within a specified time or in specified installments. Existing law requires a court, in any case when a person appears before a traffic referee or judge of the superior court for adjudication of a violation of the Vehicle Code, upon request of the defendant, to consider the defendant's ability to pay, as specified. This bill would require the court, in any case

involving an infraction filed with the court, to determine whether the defendant is indigent for purposes of determining what portion of the statutory amount of any associated fine, fee, assessment, or other financial penalties the person can afford to pay. The bill would provide that the defendant can demonstrate that he or she is indigent by providing specified information, including attesting to his or her indigent status under penalty of perjury. Because a violation thereof would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

WC

Notes 1: 2/23/17 - Watch
 6/1/17 - OUA
 6/21/17 - OUA Letter to Author
 6/29/17 - Watch w/ Concerns (OUA rescinded by LC)
 7/5/17 - Concerns Letter to Author

SB 359

(Galgiani D) Professions and vocations: military medical personnel.

Status: 5/12/2017-Failed Deadline pursuant to Rule 61(a)(3). (Last location was RLS. on 2/14/2017) (May be acted upon Jan 2018)

Location: 5/12/2017-S. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. This bill would state the intent of the Legislature to enact legislation that would promote and pursue programmatic changes to nursing and paramedic licensure requirements for California’s military medical personnel in order to recognize the talent, skills, and training of these military medical personnel.

Position

Watch

Notes 1: 2/23/17 - Watch

SB 432

(Pan D) Emergency medical services.

Last Amend: 9/8/2017

Status: 10/2/2017-Approved by the Governor. Chaptered by Secretary of State. Chapter 426, Statutes of 2017.

Location: 10/2/2017-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority. The authority is responsible for the coordination and integration of all statewide activities concerning emergency medical services. The act requires all health facilities to notify prehospital emergency medical care personnel who have provided emergency medical or rescue services and have been exposed to a person afflicted with a reportable disease or condition that they have been exposed and should contact the county health officer under specified conditions. The act also requires a county health officer to immediately notify prehospital emergency medical care personnel that they have been exposed to a reportable disease or condition that the county health officer determines can be transmitted through oral contact or bodily secretions. This bill would require the health facility infection control officer to give that notice immediately to a designated officer, as defined, upon determining, among other things, that the person to whom the prehospital emergency medical care personnel provided emergency medical or rescue services is diagnosed as being afflicted with a reportable communicable disease or condition, as specified, and to give notice to the county health officer with the name and telephone number of the prehospital emergency medical care personnel. The bill would then require the designated officer to notify the prehospital emergency medical care personnel of the exposure immediately or as otherwise specified. The bill would alternatively require the health facility infection control officer, if the names and telephone numbers of the prehospital emergency care personnel have not been provided to the facility, as specified, to notify the designated officer, as defined, of the employer of the prehospital emergency care personnel and the county health officer, and would require the designated officer to notify the prehospital emergency care personnel, if specified criteria are met. The bill would require a county health officer to notify prehospital emergency care personnel immediately if, in addition to existing requirements, the disease or condition has an urgency reporting requirement or the exposure may have included direct contact, as specified, with an infected person’s blood. This bill contains other existing laws.

Position

Watch

Notes 1: 2/23/17 - Watch

[SB 443](#)**(Hernandez D) Pharmacy: emergency medical services automated drug delivery system.****Last Amend:** 9/5/2017**Status:** 10/10/2017-Approved by the Governor. Chaptered by Secretary of State. Chapter 647, Statutes of 2017.**Location:** 10/10/2017-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Pharmacy Law, provides for the licensing and regulation of the practice of pharmacy by the California State Board of Pharmacy, which is within the Department of Consumer Affairs, and makes any violation of the Pharmacy Law punishable as a crime. Existing law authorizes a pharmacy to furnish a dangerous drug or a dangerous device to a licensed health care facility for storage in a secured emergency pharmaceutical supplies container maintained within the facility or to an approved service provider within an emergency medical services system for storage in a secured emergency pharmaceutical supplies container if certain policies and procedures are met. This bill would authorize a pharmacy or licensed wholesaler that is also an emergency medical services provider agency to restock dangerous drugs or dangerous devices into an emergency medical services automated drug delivery system, as defined, that is licensed by the board if specified conditions are met, including that the emergency medical services provider agency obtain a license from the board to operate the system, and requires dangerous drugs and dangerous devices stored or maintained in an emergency medical services automated drug delivery system to be used for the sole purpose of restocking a secured emergency pharmaceutical supplies container. The bill would provide that only a medical director, a pharmacist, or a licensed designated paramedic is authorized to restock an emergency medical services automated drug delivery system. The bill would provide that a violation of these provisions constitutes unprofessional conduct and would authorize the board to take action against the license of the fire department. By expanding the scope of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 2/23/17 - Watch[SB 502](#)**(Portantino D) Public rail systems: availability of automated external defibrillators.****Last Amend:** 9/7/2017**Status:** 9/11/2017-Re-referred to Com. on RLS. pursuant to Assembly Rule 96.**Location:** 9/11/2017-A. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: (1)Existing law exempts from civil liability any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an automated external defibrillator (AED) at the scene of an emergency, except in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment. Existing law also exempts from civil liability a person or entity that acquires an AED for emergency use, a physician who is involved with the placement of the AED, and any person or entity responsible for the site where the AED is located if specified conditions are met, including maintenance and regular testing of the AED and having a written plan that describes the procedures to be followed in case of an emergency that may involve the use of the AED. This bill would require a public entity that operates a rail transit system or a commuter train system to ensure that each train has an automated external defibrillator (AED) as part of its safety equipment subject to specified requirements. The bill would exempt a public entity that acquires an AED for emergency care from liability for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of the AED if the public entity has complied with certain requirements. (2)By imposing new duties on local public officials, the bill would create a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Position

Pending

Notes 1: 9/8/17 - Pending LC Position (Gut & Amend)[SB 523](#)**(Hernandez D) Medi-Cal: emergency medical transport providers: quality assurance fee.****Last Amend:** 8/22/2017**Status:** 10/13/2017-Approved by the Governor. Chaptered by Secretary of State. Chapter 773, Statutes of 2017.**Location:** 10/13/2017-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a quality assurance fee program for skilled nursing and intermediate care facilities, as prescribed. This bill, commencing July 1, 2018, and subject to federal approval and the availability of federal financial participation, would impose a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider, as defined, subject to the quality assurance fee in accordance with a prescribed methodology. The bill would authorize the Director of Health Care Services to exempt categories of emergency medical transport providers from the quality assurance fee if necessary to obtain federal approval. The bill would require the Director of Health Care Services to deposit the collected quality assurance fee into the Medi-Cal Emergency Medical Transport Fund, which the bill would create in the State Treasury, to be continuously appropriated, thereby making an appropriation, to the department to be used exclusively in a specified order of priority to enhance federal financial participation for ambulance services under the Medi-Cal program, and to provide additional reimbursement to, and to support quality improvement efforts of, emergency medical transport providers, to pay for state administrative costs, and to provide funding for health care coverage for Californians. The bill would require each emergency medical transport provider to report to the department data on the number of actual emergency medical transports by payer type and on gross receipts, as defined, in accordance with a specified timeline in a manner and form prescribed by the department. The bill would authorize the department to establish an Internet Web site for the submission of these data reports. The bill would authorize the department to require a certification by each emergency medical transport provider, under penalty of perjury, of the truth of these data reports. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill would authorize the department, upon written notice to the emergency medical transport provider, to impose a \$100 per day penalty, to be deposited into the Medi-Cal Emergency Medical Transport Fund, against the provider for each day that the provider fails to make a report within 5 business days of the date upon which the data report was due. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 4/3/17 - Watch

SB 566

(McGuire D) Telecommunications: Warren-911-Emergency Assistance Act: notification of rural outages.

Status: 4/28/2017-Failed Deadline pursuant to Rule 61(a)(2). (Last location was E. U., & C. on 3/2/2017)(May be acted upon Jan 2018)

Location: 4/28/2017-S. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing provisions of the Warren-911-Emergency Assistance Act establish the calling number "911" as the primary emergency telephone number for use in the state and require the providing of enhanced service capable of selective routing, automatic number identification, or automatic location identification. The act requires a telephone corporation serving rural telephone areas that cannot provide enhanced 911 emergency telephone service capable of selective routing, automatic number identification, or automatic location identification to present to the Office of Emergency Services a comprehensive plan detailing a schedule by which their facilities will be converted to be compatible with the enhanced emergency telephone system. This bill would require a facilities-based provider of telecommunications services that the Federal Communications Commission requires to provide access to 911 service to provide responder outage notification by email to the Office of Emergency Services whenever there is a rural outage, as defined, within 60 minutes of discovering the rural outage. The bill would make the Office of Emergency Services responsible for notifying any applicable county office of emergency services and the sheriff of any county affected by the outage. The bill would require the responder outage notification to the Office of Emergency Services to include the telecommunications provider's contact name and calling number and a description of the estimated area affected by the outage. The bill would require the telecommunications services provider to notify the Office of Emergency Services of the estimated time to repair the outage and when service is restored. The bill would require that the telecommunications service provider ensure that the calling number provided to the Office of Emergency Services with the responder outage notification is staffed by the indicated contact person, or by a person qualified to respond to inquiries about the outage, at all times until the provider notifies the office that service has been restored.

Position

Watch

Notes 1: 2/23/17 - Watch

(Skinner D) Health facilities: emergency services: Attorney General.

Last Amend: 9/7/2017

Status: 10/14/2017-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

Location: 10/14/2017-S. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 1/12/2018 #27 SENATE SEN GOVERNOR'S VETOES

Summary: Existing law requires any nonprofit corporation, as defined, that operates or controls a health facility or operates or controls a facility that provides similar health care, to provide written notice to, and obtain the written consent of, the Attorney General prior to agreeing to sell or otherwise dispose of a material amount of its assets to a for-profit corporation or entity, a mutual benefit corporation or entity, or another nonprofit corporation or entity. Existing law authorizes the Attorney General to consider, before consenting to an agreement to sell or dispose of assets to these corporations or entities, whether the terms and conditions of the agreement or transaction are fair and reasonable to the corporation, and whether the agreement or transaction is at a fair market value, as specified. This bill would apply the above notice and consent requirements to such a nonprofit corporation, without regard to whether it is currently operating or providing health care services or has a suspended license, prior to agreeing to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the assets resulting from the reduction or elimination of emergency medical services provided at a licensed emergency center after the Attorney General gives a specified consent or conditional consent. The bill would require the Attorney General to review and consent to the sale, transfer, lease, exchange, option, conveyance, or disposal of any assets resulting from a qualifying nonprofit corporation's reduction or elimination of emergency medical services that occurred on or after January 1, 2016, if the Attorney General did not already consent to the transfer, lease, exchange, option, conveyance, or disposal of those assets pursuant to specified law and those assets remain under the control of the qualifying nonprofit corporation and notwithstanding the fact that the Attorney General did not review or consent to the closure or reduction. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 4/13/17 - Watch

Total Measures: 25

Total Tracking Forms: 25