

# EMSAAC Legislative Report 3/7/2018

**[AB 238](#) (Steinorth R) Emergency response: trauma kits.**

**Last Amend:** 2/21/2018

**Status:** 2/26/2018-Re-referred to Com. on RLS. pursuant to Senate Rule 29.10(c).

**Location:** 2/26/2018-S. RLS.

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

**Summary:** Under existing law, a person 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 a 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 using 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. Existing law requires certain occupied structures that are not owned or operated by a local government entity and are constructed on or after January 1, 2017, to have an automated external defibrillator on the premises. This bill would require the entity responsible for managing the building, facility, and tenants of specified types of buildings, including, among others, educational buildings and mercantile buildings, constructed by the state or a local government entity after January 1, 2019, to acquire and place a trauma kit on the premises of the building. Because the bill would impose new duties on local government entities with respect to the placement of trauma kits, the bill would impose a state-mandated local program. The bill would require an entity responsible for managing the building, facility, and tenants of an occupied structure in which a trauma kit is placed to comply with certain requirements, such as periodically inspecting and replacing the contents of a trauma kit, restocking the trauma kit after each use, and notifying tenants of the building or structure of the location of the trauma kit. The bill would exempt a person or entity that acquires and places a trauma kit for emergency care from liability for civil damages resulting from an act or omission in the rendering of emergency care if those requirements have been met. This bill would authorize the California Building Standards Commission to research and collect public input for the purpose of determining if mandatory or voluntary building standards should be adopted regarding the placement of trauma kits in a public building constructed, or a public building that has an addition, significant repair, or alteration completed, on or after January 1, 2019. The bill would authorize the commission to adopt that standard. 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**

SIA

**Notes 1:** 2/27/18 - SIA (G&A; position from AB 909)

**[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.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conf. Conc.			

**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 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. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**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 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 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:** 2/5/2018

**Status:** 2/5/2018-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.

**Location:** 2/5/2018-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	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 to identify beds that are appropriate for the treatment of individuals and to include specified information, including, among other things, the contact information for the facility's designated employee and information on beds. 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 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 1747 (Rodriguez D) School safety plans.**

**Status:** 1/16/2018-Referred to Com. on ED.

**Location:** 1/16/2018-A. ED.

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

**Calendar:** 3/21/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY EDUCATION, O'DONNELL, Chair

**Summary:** (1) Existing law provides that school districts and county offices of education are responsible for the overall development of a comprehensive school safety plan for each of its schools, as provided. Existing law requires the schoolsite council of a school to write and develop the comprehensive school safety plan relevant to the needs and resources of that particular school. Existing law requires the schoolsite council to consult with a representative from a law enforcement agency in the writing and development of the comprehensive school safety plan. Existing law requires the comprehensive school safety plan to contain certain things including assessing the current status of school crime committed on school campuses. Existing law authorizes a school district or county office of education to, in consultation with law enforcement officials, elect to not have its schoolsite council develop and write those portions of its comprehensive school safety plan that include tactical responses to criminal incidents, as defined, that may result in death or serious bodily injury at the schoolsite. This bill would require the schoolsite council to additionally consult with other first responder entities in the writing and development of the comprehensive school safety plan and would require the comprehensive school safety plan and any updates made to the plan to be shared with the law enforcement agency and the other first responder entities. The bill would require tactical responses to criminal incidents to include procedures related to individuals with guns on school campuses and at school-related functions. By expanding the responsibility of a school district or county offices of education with respect to the development of a comprehensive school safety plan, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 1/10/18 - Watch

**AB 1751 (Low D) Controlled substances: CURES database.**

**Status:** 1/16/2018-Referred to Coms. on B. & P. and PUB. S.

**Location:** 1/16/2018-A. B.&P.

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

**Summary:** Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. This bill would authorize the Department of Justice to enter into an agreement with an entity operating an interstate data share hub for the purposes of participating in interjurisdictional information sharing between prescription drug monitoring programs across state lines. The bill would require any agreement entered into by the Department of Justice for those purposes to ensure that all access to data within CURES complies with California law and meets the same patient privacy and data security standards employed and required for direct access of CURES.

**Position**

Watch

**Notes 1:** 1/16/18 - Pending  
1/25/18 - Watch (Reviewed by LC)

**AB 1752 (Low D) Controlled substances: CURES database.**

**Status:** 1/16/2018-Referred to Coms. on B. & P. and PUB. S.

**Location:** 1/16/2018-A. B.&P.

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

**Summary:** Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice as soon as reasonably possible, but not more than 7 days after the date a controlled substance is dispensed. This bill would add Schedule V controlled substances to the CURES database. The bill would additionally authorize the California State Board of Pharmacy, through regulation, to add additional medications to be tracked in the CURES database. The bill would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would change what information is required to be reported by deleting references to classification codes and adding the date of sale of the prescription.

**Position**

Watch

**Notes 1:** 1/16/18 - Pending  
1/25/18 - Watch (Reviewed by LC)

**AB 1753 (Low D) Controlled substances: CURES database.**

**Status:** 1/16/2018-Referred to Coms. on B. & P. and PUB. S.

**Location:** 1/16/2018-A. B.&P.

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

**Summary:** Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice, as specified. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice. This bill would, beginning January 1, 2020, require the Department of Justice to limit the number of approved printers to 3, as specified. The bill would require prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the Department of Justice, and would require a printer to submit specified information to the Department of Justice for all prescription forms delivered. The bill would require the information submitted by a dispensing pharmacy, clinic, or other dispenser to the Department of Justice to include the serial number for the corresponding prescription pad, if applicable.

**Position**

Watch

**Notes 1:** 1/16/18 - Pending  
1/25/18 - Watch (Reviewed by LC)

**AB 1776 (Steinorth R) Emergency medical transportation: transport of police dogs.**

**Status:** 3/5/2018-Coauthors revised.

**Location:** 1/22/2018-A. HEALTH

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

**Calendar:** 3/13/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

**Summary:** Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, among other things, to establish training standards for Emergency Medical Technicians (EMT) at various levels, including EMT-I, EMT-II, and EMT-P. Existing law makes a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse who renders emergency medical services at the scene of an emergency or during an emergency air or ground ambulance transport only liable in civil damages for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. Existing law exempts the public agency employer of the firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse from civil liability if the employee is not liable. This bill would authorize an EMT-I, EMT-II, or EMT-P to transport a police dog, as defined, injured in the line of duty to a facility that is capable of providing veterinary medical services to the injured police dog if there is not a person requiring medical attention or medical transportation at the time the decision is made to transport the police dog. The bill would also exempt an EMT-I, EMT-II, EMT-P who provides emergency medical transportation for a police dog, or the EMT's employer, from liability for civil damages resulting from an act or omission relating to the transport of the police dog, unless the act or omission constitutes gross negligence or is performed in bad faith.

**Position**

Watch

**Notes 1:** 1/10/18 - Watch

**AB 1795 (Gipson D) Emergency medical services: community care facilities.**

**Status:** 1/22/2018-Referred to Com. on HEALTH.

**Location:** 1/22/2018-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, 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 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. This bill contains other existing laws.

**Position**

S-1

**Notes 1:** 1/10/18 - Watch  
1/25/18 - S-1  
1/25/18 - Support Letter to Author (Joint Letter w/ EMDAC)

**AB 1877 (Limón D) Office of Emergency Services: communications: translation.**

**Last Amend:** 2/22/2018

**Status:** 2/26/2018-Re-referred to Com. on G.O.

**Location:** 1/29/2018-A. G.O.

Desk	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 within the Governor's office under the supervision of the Director of Emergency Services and makes the office responsible for the state's emergency and disaster response services for natural, technological, or

manmade disasters and emergencies. Existing law requires the Governor to coordinate a State Emergency Plan, which is in effect in each political subdivision of the state, and requires the governing body of each political subdivision, as defined, to take actions necessary to carry out the provisions of that plan. Existing law defines an "operational area" as an intermediate level of the state emergency services organization, consisting of a county and all political subdivisions within the county area. This bill would require the Office of Emergency Services and the governing body of each political subdivision, including each operational area, to translate any emergency communication into the most commonly spoken languages in the impacted county or counties. By imposing additional duties on local agencies, the bill would impose a state-mandated local program. This bill contains other existing laws.

**Position**

Watch

**Notes 1:** 1/24/18 - Pending  
1/25/18 - Watch (Reviewed by LC)

**AB 1973 (Quirk D) Reporting crimes.**

**Status:** 2/12/2018-Referred to Com. on PUB. S.

**Location:** 2/12/2018-A. PUB. S.

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

**Calendar:** 3/20/2018 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair

**Summary:** Existing law requires specified health practitioners who have knowledge of or observe a patient who the practitioner knows or reasonably suspects has suffered from a wound or injury inflicted by specified types of conduct to report to a law enforcement agency, as specified. A violation of these provisions is a crime. This bill would extend those reporting duties to emergency medical technicians and paramedics, as specified. 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:** 2/5/18 - Pending  
2/8/18 - Watch (Reviewed by LC)

**AB 2009 (Maienschein R) Interscholastic athletic programs: school districts: written emergency action plans: automated external defibrillator.**

**Status:** 2/12/2018-Referred to Coms. on ED. and JUD.

**Location:** 2/12/2018-A. ED.

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

**Calendar:** 3/21/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY EDUCATION, O'DONNELL, Chair

**Summary:** Existing law establishes a system of public elementary and secondary schools operated by local educational agencies throughout this state. Under existing law, public and private secondary schools participate in interscholastic sports, and are authorized to enter into associations or consortia to enact and enforce rules relating to eligibility for, and participation in, these activities. This bill contains other existing laws.

**Position**

Watch

**Notes 1:** 2/5/18 - Pending  
2/8/18 - Watch

**AB 2037 (Bonta D) Pharmacy: automated drug delivery systems.**

**Status:** 2/16/2018-Referred to Com. on B. & P.

**Location:** 2/16/2018-A. B.&P.

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

**Summary:** Existing law, the Pharmacy Law, the knowing violation of which is a crime, provides for the licensure and regulation of pharmacies, pharmacists, intern pharmacists, and pharmacy technicians by the California State Board of Pharmacy. The Pharmacy Law authorizes a pharmacy to provide pharmacy services to specified licensed health facilities through the use of an automated drug delivery system. Existing law, the Pharmacy Law, authorizes a licensed clinic to make use of an automated drug delivery system, operated under the authorization of a pharmacist, and under which the clinic is responsible for the safety and security of the drugs in the system. This bill would provide an alternative program to authorize a pharmacy to provide pharmacy services to covered entities, as defined, that are eligible for discount drug programs under federal law, as specified, through the use of an automated drug delivery system, as defined. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2089](#) (Mathis R) Volunteer firefighters: background checks.**

**Last Amend:** 2/26/2018

**Status:** 2/27/2018-Re-referred to Com. on L. GOV.

**Location:** 2/22/2018-A. L. GOV.

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

**Summary:** The Fire Protection District Law of 1987 provides for the formation and administration of fire protection districts. Under that law, district employees include volunteer firefighters. This bill would amend those provisions to require the chief of a fire protection district or a fire company to conduct background checks on applicants for volunteer firefighter status with the district or fire company, as prescribed, and would require the chief to identify an applicant who is determined by such a background check to be a registered sex offender or to have committed or been convicted of specific offenses. By imposing new duties on local officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/9/18 - Pending

2/15/18 - Watch

**[AB 2099](#) (Gloria D) Mental health: detention and evaluation.**

**Status:** 2/22/2018-Referred to Com. on HEALTH.

**Location:** 2/22/2018-A. HEALTH

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

**Summary:** Under existing law, when a person, as a result of mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under existing law, the facility accepting the person shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the official who took the person into custody. This bill would provide that a copy of that application shall be treated as the original for specified purposes and in specified proceedings.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2102](#) (Rodriguez D) State of emergency: out-of-state aid: reciprocity.**

**Status:** 2/22/2018-Referred to Com. on G.O.

**Location:** 2/22/2018-A. G.O.

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

**Summary:** The California Emergency Services Act authorizes the Governor to enter into reciprocal aid agreements or compacts, mutual aid plans, or other interstate arrangements for the protection of life and property with other states and the federal government, either on a statewide basis or a political subdivision basis. This bill would authorize a mutual aid agreement to provide for temporary training and licensing reciprocity for out-of-state fire and paramedic personnel who render aid in this state during a declared state of emergency.

**Position**

WC

**Notes 1:** 2/15/18 - W/C

**[AB 2112](#) (Santiago D) Federal 21st Century Cures Act: community-based crisis response plan: grant.**

**Status:** 2/22/2018-Referred to Com. on HEALTH.

**Location:** 2/22/2018-A. HEALTH

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

**Summary:** Existing law establishes the State Department of Health Care Services within the California Health and Human Services Agency and sets forth the powers and duties of the department with regard to the administration and state oversight of mental health and substance use disorder functions and programs in this state, and the Medi-Cal program. Existing law authorizes the State

Department of Health Care Services to enter into exclusive or nonexclusive contracts, or to amend existing contracts, on a bid or negotiated basis for the purpose of administering or implementing any federal grant awarded pursuant to the federal 21st Century Cures Act. This bill would require the State Department of Health Care Services to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, a plan for specified objectives. The bill would require the department to confer with specified stakeholders in developing its grant proposal and application. The bill would require the department, if awarded a grant, to submit to the United States Secretary of Health and Human Services, at the time and in the manner, and containing the information, as the Secretary may reasonably require, a report, including an evaluation of the effect of that grant on, among other things, local crisis response services and measures for individuals receiving crisis planning and early intervention supports. The bill would also require the department to submit a copy of this report to the Legislature. This bill contains other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2118](#) (Cooley D) Medi-Cal: ground emergency medical transportation services.**

**Status:** 2/9/2018-From printer. May be heard in committee March 11.

**Location:** 2/8/2018-A. PRINT

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, and 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 authorizes certain ground emergency medical transportation providers to receive supplemental Medi-Cal reimbursement in addition to the rate of payment the provider would otherwise receive for those services. Existing law requires the department to develop a modified supplemental reimbursement program, with necessary federal approvals, that would seek to increase the reimbursement to certain ground emergency medical transportation providers, as specified. Existing law states the Legislature's intent in enacting these provisions to provide the supplemental reimbursement without any expenditure from the General Fund. This bill would make a technical, nonsubstantive change to the statement of the Legislature's intent.

**Position**

Watch

**Notes 1:** 2/9/18 - Pending

2/15/18 - Watch

**[AB 2136](#) (Bonta D) Domestic violence: lethality assessment program.**

**Status:** 2/26/2018-Referred to Com. on PUB. S.

**Location:** 2/26/2018-A. PUB. S.

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

**Calendar:** 3/20/2018 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair

**Summary:** Existing law requires each law enforcement agency in the state to develop, adopt, and implement written policies and standards for officers' responses to domestic violence calls. This bill would require the County of Alameda to develop a lethality assessment program to develop tools for first responders to assess the lethality of domestic violence perpetrators in order to inform the decisions made by those first responders. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2262](#) (Wood D) Coast Life Support District Act: urgent medical care services.**

**Status:** 3/1/2018-Referred to Coms. on HEALTH and L. GOV.

**Location:** 3/1/2018-A. HEALTH

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

**Calendar:** 3/20/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

**Summary:** Existing law establishes the Coast Life Support District and specifies the powers of the district. The district is authorized, among other things, to supply the inhabitants of the district emergency medical services, as specified. This bill would additionally authorize the district to provide urgent medical care services. This bill contains other related provisions.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2280](#) (Chen R) Medi-Cal: emergency medical transports: data.**

**Status:** 2/14/2018-From printer. May be heard in committee March 16.

**Location:** 2/13/2018-A. PRINT

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, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make technical, nonsubstantive changes to the provisions governing reports regarding emergency medical transports. This bill contains other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2293](#) (Reyes D) EMT certification: conservation camps.**

**Status:** 3/1/2018-Referred to Com. on HEALTH.

**Location:** 3/1/2018-A. HEALTH

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

**Summary:** Existing law establishes the California Conservation Camp program, to provide for the training and use of inmates and wards for conservation projects, including, among other things, forest fire prevention and control. Existing law authorizes the Emergency Medical Services Authority to develop regulations for the issuance of EMT-I and EMT-II certificates and the disciplinary processes for EMT-I and EMT-II applicants and certificate holders that protect public health and safety. This bill would require the authority, in developing regulations for the issuance of EMT-I and EMT-II certificates, to ensure that conviction of an offense, except as specified, shall not be grounds for determining that public health and safety requires denial or revocation of an EMT-I or EMT-II certificate to an individual who is no longer incarcerated and, while incarcerated for that offense, completed a California Conservation Camp program.

**Position**

O-1

**Notes 1:** 2/15/18 - W/C  
2/22/18 - O-1

**[AB 2397](#) (Obernolte R) Health and human services: information sharing: administrative actions.**

**Status:** 3/1/2018-Referred to Coms. on HUM. S. and HEALTH.

**Location:** 3/1/2018-A. HUM. S.

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

**Calendar:** 3/20/2018 1:30 p.m. - State Capitol, Room 437 ASSEMBLY HUMAN SERVICES, RUBIO, Chair

**Summary:** Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care facilities, as defined, by the State Department of Social Services. Existing law, in order to protect the health and safety of persons receiving care or services from individuals or facilities licensed by the state or from individuals certified or approved by a foster family agency, authorizes the California Department of Aging, the State Department of Public Health, the State Department of Health Care Services, the State Department of Social Services, and the Emergency Medical Services Authority to share information with respect to applicants, licensees, certificate holders, or individuals who have been the subject of any administrative action, as defined, resulting in one of specified actions, including, among others, the denial of a license, permit, or certificate of approval. Existing law also authorizes, for the same purpose, the State Department of Social Services and county child welfare agencies to share those same types of information. This bill would instead require the above-described agencies to share the information relating to administrative actions under the 2 respective provisions. By creating new duties for county officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2436](#) (Mathis R) Medi-Cal: ground ambulance rates.**

**Status:** 3/5/2018-Referred to Com. on HEALTH.

**Location:** 3/5/2018-A. HEALTH

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 and under which qualified low-income persons receive health care services, including medical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing law and regulations prescribe various requirements governing payment policies and reimbursement rates for these services. This bill would require the State Department of Health Care Services to establish payment rates for ground ambulance services based on changes in the Consumer Price Index-Urban and the Geographic Practice Cost Index, and would require the department to designate a specified ambulance cost study conducted by the federal Government Accountability Office as the evidentiary base.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2593](#) (Grayson D) Medi-Cal: air ambulance services.**

**Status:** 3/5/2018-Referred to Com. on HEALTH.

**Location:** 3/5/2018-A. HEALTH

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 and 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 provides for the federal Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. This bill would require the department to maintain the Medi-Cal fee schedule for air ambulance services at a level equal to the rural Medicare rates for those services, only to the extent federal financial participation is available and only if any necessary federal approvals have been obtained.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2612](#) (Bigelow R) Office of Emergency Services.**

**Status:** 2/16/2018-From printer. May be heard in committee March 18.

**Location:** 2/15/2018-A. PRINT

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

**Summary:** The California Emergency Services Act, among other things, establishes the Office of Emergency Services for the purpose of mitigating the effects of natural, manmade, or war-caused emergencies and makes findings and declarations relating to ensuring that preparation within the state will be adequate to deal with those emergencies. This bill would make nonsubstantive changes to these provisions.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2933](#) (Medina D) Mental health services: involuntary detention.**

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

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

**Summary:** Existing law provides that each person who is involuntarily detained for evaluation or treatment, as specified, or admitted as a voluntary patient for psychiatric evaluation or treatment to a health facility, as specified, and each person who is committed to a state hospital, has certain rights, including the right to see visitors and the right to keep and use personal possessions. This bill would make technical, nonsubstantive changes to those provisions and correct an obsolete cross-reference.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2961](#) (O'Donnell D) Emergency medical services.**

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

<b>Desk</b>	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law requires the Emergency Medical Services Authority to develop a statewide standard methodology for the calculation and reporting of ambulance patient offload time, as defined, by a local emergency medical services (EMS) agency. Existing law authorizes a local EMS agency to adopt policies and procedures to calculate and report ambulance patient offload time. This bill would make technical, nonsubstantive changes to that provision.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 2983](#) (Arambula D) Health care facilities: voluntary psychiatric care.**

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

<b>Desk</b>	Policy	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 general acute care hospitals and acute psychiatric hospitals by the State Department of Public Health. Existing law requires emergency services and care, including screening, examination, and evaluation to determine if a psychiatric emergency medical condition exists and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, to be provided to any person requesting the services or care. Existing law regulates the transfer of a person from one hospital to another. Violation of these provisions is a crime. This bill would prohibit a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person. By creating a new crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[AB 3174](#) (Eggman D) Cities: fire departments.**

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

<b>Desk</b>	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

**Summary:** Existing law requires the legislative body of a general law city to establish a fire department for the city, as specified. This bill would additionally apply these provisions to charter cities by increasing the duties of cities, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

WC

**Notes 1:** 2/22/18 - W/C

**[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

<b>Desk</b>	Policy	Fiscal	Floor	Desk	Policy	<b>2 year</b>	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 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**

Watch

**Notes 1:** 9/8/17 - Pending LC Position (Gut & Amend)  
9/13/17 - Watch

**SB 821 (Jackson D) Emergency notification: Office of Emergency Services: county jurisdictions.**

**Status:** 1/16/2018-Referred to Com. on RLS.

**Location:** 1/3/2018-S. RLS.

Desk	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 in the office of the Governor and provides that the office is responsible for the state’s emergency and disaster response services for natural, technological, or manmade disasters and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would specify that the Office of Emergency Services may assist county jurisdictions in developing effective public emergency warning systems.

**Position**

Watch

**Notes 1:** 1/10/18 - Watch

**SB 833 (McGuire D) Emergency alerts: evacuation orders: operators.**

**Status:** 1/16/2018-Referred to Com. on G.O.

**Location:** 1/16/2018-S. G.O.

Desk	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 (OES) in the office of the Governor and provides that OES is responsible for the state’s emergency and disaster response services for natural, technological, or manmade disasters and emergencies. The act also provides for systems for the public dissemination of alerts regarding missing children, attacks upon law enforcement officers, and missing persons who are 65 years of age or older, among others, and requires the Department of the California Highway Patrol to activate these systems and issue alerts upon the request of a law enforcement agency if certain conditions are met.This bill would provide for a red alert system designed to issue and coordinate alerts following an evacuation order, as specified.

The bill would require the red alert system to incorporate a variety of notification resources and developing technologies that may be tailored to the circumstances and geography of the underlying evacuation, as appropriate. The bill would require a local government agency or state agency that uses the federal Wireless Emergency Alert (WEA) system to alert a specified area of an evacuation order to use the term "red alert" in the alert and notify OES of the alert. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 1/10/18 - Watch

**[SB 944](#)**

**(Hertzberg D) Community paramedicine programs: guidelines.**

**Status:** 2/8/2018-Referred to Com. on RLS.

**Location:** 1/29/2018-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 services (EMS) systems. The act establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of 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 declare the intent of the Legislature to enact legislation that establishes statewide guidelines for, and authorizes the implementation of, community paramedicine programs in California, as specified.

**Position**

Watch

**Notes 1:** 1/30/18 - Pending  
2/1/18 - Watch (Reviewed by LC)

**[SB 1086](#)**

**(Atkins D) Workers' compensation: firefighters and peace officers.**

**Status:** 2/22/2018-Referred to Coms. on L. & I.R. and APPR.

**Location:** 2/22/2018-S. L. & I.R.

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

**Summary:** Existing law specifies the time period within which various proceedings may be commenced under provisions of law relating to workers' compensation. With certain exceptions, a proceeding to collect death benefits is required to be commenced within one year from several circumstances, including, but not limited to, from the date of death if it occurs within one year from the date of injury. Existing law prohibits proceedings from being commenced more than one year after the date of death, and generally not more than 240 weeks from the date of injury. Existing law, for specified deceased members, including peace officers and active firefighting members, extends until January 1, 2019, the time period to commence proceedings to collect death benefits, if the proceedings are brought by, or on behalf of, a person who was a dependent on the date of death, from 240 weeks from the date of injury to no later than 420 weeks from the date of injury, not to exceed one year after the date of death for certain injuries, as specified. This bill would delete the January 1, 2019, date of repeal operation of the above-referenced extension indefinitely.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[SB 1305](#)**

**(Glazer D) Emergency preveterinary services: immunity.**

**Status:** 3/1/2018-Referred to Coms. on HEALTH, B., P. & E.D., and JUD.

**Location:** 3/1/2018-S. 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 (the act), establishes the Emergency Medical Services Authority to coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. The act provides a qualified immunity for public entities and emergency rescue personnel providing emergency services. The act provides other exemptions from liability for specified professionals rendering emergency medical services. This bill would authorize an emergency medical services provider, as defined, to provide preveterinary emergency care, as defined, to a dog or cat, to the extent the provider has received commensurate training and is authorized by the employer to provide that care.

The bill would exempt that provider and his or her employer from liability for civil damages, and would exempt the provider from other disciplinary action, for providing that care, except as specified. The definition of "preveterinary emergency care" for purposes of these provisions would specifically include, among other acts, administering oxygen, immobilizing fractures, and bandaging. The bill would also exempt a licensed veterinarian who acts in good faith from liability for an act or omission authorized by the bill, as specified. This bill contains other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[SB 1372](#)**

**(Pan D) Medi-Cal: emergency medical transport providers.**

**Status:** 2/20/2018-From printer. May be acted upon on or after March 22.

**Location:** 2/16/2018-S. RLS.

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 requires an emergency medical transport provider to report data to the department 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. Existing law authorizes the department to require a certification by an emergency medical transport provider, under penalty of perjury, of the truth of these data reports. This bill would make technical, nonsubstantive changes to these provisions.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[SB 1447](#)**

**(Hernandez D) Pharmacy: automated drug delivery systems: licensing.**

**Status:** 2/20/2018-From printer. May be acted upon on or after March 22.

**Location:** 2/16/2018-S. RLS.

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

**Summary:** Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy, within the Department of Consumer Affairs, to license and regulate the practice of pharmacy. Existing law makes any violation of the Pharmacy Law punishable as a crime. This bill would repeal the general ADDS provisions. The bill instead would prohibit an ADDS unit from being installed or operated in the state unless specified requirements are met, including a license for the ADDS unit issued by the board to the holder of a current, valid, and active pharmacy license, and would require the pharmacy holding the license to complete periodic self-assessments. The bill would limit the placement and operation of an ADDS unit to specified locations, including a licensed pharmacy, a licensed health facility, a licensed clinic, or a specified medical office. The bill would require the pharmacy holding the ADDS license to own the drugs and devices located within the ADDS unit and would prescribe specified stocking and transfer requirements for those drugs and devices. The bill would require additional conditions for automated patient dispensing systems, as defined. The bill would also authorize a pharmacy inspector employed by the board to enter the location, or proposed location, of an ADDS unit to inspect the location pursuant to these provisions. Because a violation of the Pharmacy Law is punishable as a crime, the bill would expand the scope of an existing crime, thereby imposing a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/22/18 - Watch

**[SR 75](#)**

**(Morrell R) Relative to First Responder Day.**

**Status:** 2/20/2018-Ordered to inactive file on request of Senator Morrell.

**Location:** 2/20/2018-S. INACTIVE FILE

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

**Summary:** This bill would resolve that the Senate declares September 23, 2018, as First Responder Day, in honor of the contributions and dedication of first responders.

**Position**

Watch

**Notes 1:** 1/24/18 - Pending  
1/25/18 - Watch (Reviewed by LC)

