

EMSAAC Legislative Report 6/27/2018

[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 |
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| 1st House | | | | 2nd House | | | | 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 |
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| 1st House | | | | 2nd House | | | | 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

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| 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

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| 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

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| 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 Pilot Program.

Last Amend: 5/15/2018

Status: 5/16/2018-Read second time. Ordered to third reading.

Location: 5/16/2018-S. THIRD READING

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| 1st House | | | | 2nd House | | | | | | | | |

Calendar: 6/28/2018 #81 SENATE SEN THIRD READING FILE - ASM BILLS

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. Existing law provides that a person has a privilege to refuse to disclose, and prevent another from disclosing, a confidential communication with specified persons, except in specified circumstances. This bill would, until January 1, 2024, create the Peer Support and Crisis Referral Services Pilot Program. The bill would, for purposes of the act, define a "peer support team" as a team composed of emergency service personnel, as defined, hospital staff, clergy, and educators who have been appointed to the team by a Peer Support Labor-Management Committee, as defined, and who have completed a peer support training course developed and delivered by 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 or a peer support team member while the peer support team member provides peer support services, as defined, is confidential and shall not be disclosed in a civil, administrative, or arbitration proceeding. Notwithstanding that prohibition, the bill would authorize the disclosure of that communication under limited circumstances, including, among others, when disclosure is reasonably believed to be necessary to prevent death, substantial bodily harm, or commission of a crime, or when disclosure is reasonably believed to be required pursuant to the peer support policy, as specified. The bill would also provide that, except for an action for medical malpractice, a peer support team member providing peer support services as a member of a peer support team is not liable for damages, as specified, relating to an act, error, or omission in performing peer support services, unless the act, error, or omission constitutes gross negligence or intentional misconduct. The bill would further 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, administrative, or arbitration proceeding, except as specified.

Position

Watch

Notes 1: 2/23/17 - Watch

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

Last Amend: 6/18/2018

Status: 6/18/2018-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 | |
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| 1st House | | | | 2nd House | | | | | | | | |

Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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, in consultation with specified entities, 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 the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes. 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 specified 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 | |
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| 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 | |
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| 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 |
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| 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.

Last Amend: 6/11/2018

Status: 6/26/2018-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (June 20).

Location: 6/20/2018-S. APPR.

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

Calendar: 6/28/2018 #23 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS

Summary: (1)Existing law provides that it is the intent of the Legislature that all public schools, in kindergarten, and grades 1 to 12, inclusive, operated by school districts, in cooperation with specified entities and individuals, develop a comprehensive school safety plan, as provided. 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. This bill would provide that it is the intent of the Legislature that all public schools, in kindergarten, and grades 1 to 12, inclusive, operated by school districts or charter schools, including in cooperation with classified employees, develop a comprehensive school safety plan, and that all school staff be trained on this plan. The bill, for purposes of the comprehensive school safety plan provisions, would define "school" to mean a school operated by a school district, a county office of education, or a charter school, "school district and county office of education" and "school district or county office of education" to mean a school district,

a county office of education, or the governing body of a charter school, and "schoolsite council" to include the governing body of a charter school. By extending the comprehensive school safety plan requirements to the charter schools, the bill would impose a state-mandated 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: 6/26/2018-Action From PUB. S.: Do pass as amended. To APPR..

Location: 6/26/2018-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 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.

Last Amend: 6/20/2018

Status: 6/26/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 1.) (June 26). Re-referred to Com. on APPR.

Location: 6/26/2018-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 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 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 additionally require the date of sale of the prescription, if applicable, to be reported.

Position

Watch

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

[AB 1753](#) (Low D) Controlled substances: CURES database.

Last Amend: 4/18/2018

Status: 6/26/2018-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (June 26). Re-referred to Com. on APPR.

Location: 6/26/2018-S. APPR.

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| 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 authorize the Department of Justice to reduce or 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 form, if applicable.

Position

Watch

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

AB 1776 (Steinorth R) Emergency medical transport of police dogs: pilot project.

Last Amend: 6/26/2018

Status: 6/26/2018-Read second time and amended. Ordered to consent calendar.

Location: 6/26/2018-S. CONSENT CALENDAR

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

Calendar: 6/28/2018 #188 SENATE CONSENT CALENDAR FIRST LEGISLATIVE DAY

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 requires each county that develops an emergency medical services program to designate a local emergency medical services agency to have primary responsibility for administration of emergency medical services in the county. This bill would authorize the County of San Bernardino to work with the Inland Counties Emergency Medical Agency to conduct a pilot project commencing January 1, 2019, that would authorize an emergency medical technician to provide emergency transportation for 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, as specified. The bill would require the Inland Counties Emergency Medical Agency to collect specified data about the pilot project and submit a report to the Legislature describing the data by January 1, 2022. The bill would repeal this authority on January 1, 2022. This bill contains other related provisions.

Position

Watch

Notes 1: 1/10/18 - Watch

AB 1812 (Committee on Budget) Public safety omnibus.

Last Amend: 6/12/2018

Status: 6/19/2018-Enrolled and presented to the Governor at 4:45 p.m.

Location: 6/19/2018-A. ENROLLED

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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Summary: (1) Existing law subjects a person under 18 years of age who commits a crime to the jurisdiction of the juvenile court, which may adjudge that person to be a ward of the court, except as specified. Existing law authorizes the court to order the minor to participate in a program of supervision, subject to specified requirements, and requires the court to order the petition dismissed upon the minor's successful completion of the program. Existing law authorizes the juvenile court to retain jurisdiction over a person who is found to be a ward or dependent child of the juvenile court until the ward or dependent child attains 21 years of age, or, if the person is found to have committed a specified serious or violent offense, after the expiration of a 2-year period of control or when the person attains 23 or 25 years of age, whichever occurs later, except as specified. This bill would establish the Youth Reinvestment Grant Program within the Board of State and Community Corrections to grant funds, upon appropriation, to local jurisdictions and Indian tribes for the purpose of implementing trauma-informed diversion programs for minors. The bill would require the board to be responsible for administration oversight and accountability of the grant program, in coordination with the California Health and Human Services Agency and the State Department of Education. The bill would require the board to perform specified duties relating to, among other things, guidance, data collection, and contracting with a research firm or university to conduct a statewide evaluation of the grant program and its outcomes, as specified. This bill contains other related provisions and other existing laws.

Position

Watch

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

Last Amend: 5/25/2018

Status: 6/26/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (June 26). Re-referred to Com. on APPR.

Location: 6/26/2018-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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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 to the public into the most commonly spoken language other than English in the impacted county or counties, or, at the option of a county, into one or more languages other than English spoken in the county pursuant to an individualized language assessment of that county. By imposing additional duties on local agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

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

AB 1973 (Quirk D) Reporting crimes.

Last Amend: 5/22/2018

Status: 6/26/2018-Read second time. Ordered to Consent Calendar.

Location: 6/26/2018-S. CONSENT CALENDAR

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Calendar: 6/28/2018 #196 SENATE CONSENT CALENDAR FIRST LEGISLATIVE DAY

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 health practitioners, as defined, employed by local government agencies, including, among others, emergency medical technicians and paramedics, as specified, and to employees of entities under contract with local government agencies to provide medical services. 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.

Last Amend: 6/13/2018

Status: 6/13/2018-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on JUD.

Location: 5/9/2018-S. JUD.

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Summary: Existing law authorizes school districts to provide specified medical services in connection with athletic events that are under the jurisdiction of, or sponsored or controlled by, school districts. These services include medical or hospital insurance for pupils injured while participating in athletic activities, and ambulance service for pupils, instructors, spectators, and other individuals in attendance at athletic activities. Existing law authorizes a public school to solicit and receive nonstate funds to acquire and maintain an automated external defibrillator (AED). Existing law provides that an employee of the school district is not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED, except as provided. Existing law provides that a public school or school district that complies with certain requirements related to an AED is not liable for any civil damages resulting from

any act or omission in the rendering of the emergency care or treatment, except as provided. If a school district or charter school elects to offer any interscholastic athletic program, this bill would require the school district or charter school to (1) ensure that there is a written emergency action plan in place, and posted as specified, that describes the location and procedures to be followed in the event of sudden cardiac arrest or other medical emergencies related to the athletic program's activities or events, (2) acquire, commencing July 1, 2019 at least one AED for each school within the school district or the charter school to be available on campus, (3) encourage that the AED or AEDs are available for the purpose of rendering emergency care or treatment, as specified, (4) ensure that the AED or AEDs are available to athletic trainers and coaches and authorized persons at the athletic program's on campus activities or events, and 5) ensure that the AED or AEDs are maintained and regularly tested, as specified. The bill would expressly state that an employee of a school district or charter school is not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED in the rendering of emergency care or treatment pursuant to the bill's provisions, except as provided.

Position

Watch

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

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

Last Amend: 5/25/2018

Status: 6/26/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (June 25). Re-referred to Com. on APPR.

Location: 6/25/2018-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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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 owned and operated by the pharmacy that need not be located at the same location as the pharmacy. The Pharmacy Law also authorizes specified licensed health clinics, including nonprofit and free clinics, to use 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: 4/26/2018

Status: 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/9/2018)

Location: 5/25/2018-A. DEAD

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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 authorize 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, if such a background check is conducted, would require the chief to identify an applicant who is determined to be a registered sex offender or to have committed or been convicted of specific offenses. This bill contains other existing laws.

Position

Watch

Notes 1: 2/9/18 - Pending
2/15/18 - Watch

AB 2099 (Gloria D) Mental health: detention and evaluation.

Last Amend: 5/25/2018

Status: 6/14/2018-Read second time. Ordered to Consent Calendar. From Consent Calendar. Ordered to third reading.

Location: 6/14/2018-S. THIRD READING

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Calendar: 6/28/2018 #112 SENATE SEN THIRD READING FILE - ASM BILLS

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 require a copy of that application to be treated as the original.

Position

Watch

Notes 1: 2/22/18 - Watch

AB 2102

(Rodriguez D) State of emergency: out-of-state aid: reciprocity.

Last Amend: 6/18/2018

Status: 6/18/2018-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: 5/30/2018-S. HEALTH

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Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority and provides for the certification of emergency medical personnel, as specified. The authority is responsible for the coordination and integration of all statewide activities concerning emergency medical services. Existing law, the California Emergency Services Act establishes the Office of Emergency Services and directs the office to serve 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 require the authority to establish training standards and licensing reciprocity procedures for out-of-state paramedic personnel who are requested through the California Disaster and Civil Defense Master Mutual Aid Agreement to render aid in this state during a declared state of emergency.

Position

Watch

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

3/8/18 - O-1

3/20/18 - Joint EMSAAC/EMDAC opposition letter sent to author

4/16/18 - Watch

4/17/18 - Joint EMSAAC/EMDAC opposition removal letter sent to author

AB 2112

(Santiago D) Federal 21st Century Cures Act: community-based crisis response plan: grant.

Last Amend: 5/25/2018

Status: 6/13/2018-Referred to Com. on HEALTH.

Location: 6/13/2018-S. HEALTH

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Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

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 department 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 department 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, and consistent with federal grant application requirements, 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: emergency medical transportation services.

Last Amend: 6/18/2018

Status: 6/18/2018-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/18/2018-S. APPR.

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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 a Medi-Cal provider of ground emergency medical transportation services, that is owned or operated by the state, a city, county, city and county, fire protection district, special district, community services district, health care district, or a federally recognized Indian tribe, 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 an eligible provider, as specified. Existing law requires the nonfederal share of any supplemental reimbursement provided under the modified program to be derived from voluntary intergovernmental transfers of local funds. 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 exempt the above-described providers owned or operated by the specified governmental entities from the Medi-Cal Emergency Medical Transportation Reimbursement Act and the quality assurance fee requirements.

Position

Watch

Notes 1: 2/9/18 - Pending
2/15/18 - Watch

AB 2256 (Santiago D) Law enforcement agencies: opioid antagonist.

Last Amend: 6/6/2018

Status: 6/20/2018-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (June 19). Re-referred to Com. on APPR.

Location: 6/20/2018-S. APPR.

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Calendar: 7/2/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacies and wholesalers by the California State Board of Pharmacy within the Department of Consumer Affairs. Existing law also regulates manufacturers. Existing law authorizes a pharmacy to furnish naloxone hydrochloride or other opioid antagonists to a school district, county office of education, or charter school if specified criteria are met. This bill would authorize a pharmacy, wholesaler, or manufacturer to furnish naloxone hydrochloride or other opioid antagonists to a law enforcement agency, as provided.

Position

Watch

Notes 1: 4/26/18 - Watch

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

Last Amend: 4/16/2018

Status: 6/13/2018-From committee: Do pass and re-refer to Com. on HEALTH with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (June 13). Re-referred to Com. on HEALTH.

Location: 6/13/2018-S. HEALTH

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Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair

Summary: Existing law, the Coast Life Support District Act, 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 and other existing laws.

Position

Watch

Notes 1: 2/22/18 - Watch

AB 2280 (Chen R) Emergency medical services: nonstandard patient offload time.

Last Amend: 3/15/2018

Status: 4/27/2018-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/15/2018)

Location: 4/27/2018-A. DEAD

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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. Existing law requires a local EMS agency that adopts policies and procedures for calculating and reporting ambulance patient offload time to establish criteria for the reporting of, and quality assurance followup for, a nonstandard patient offload time, as defined. This bill would require the authority, on or before July 1, 2020, and annually thereafter, to report to the Legislature the information reported by the local EMS agencies regarding nonstandard patient offload times. The bill would require the report to include any local EMS associated costs attributed to the nonstandard patient offload times.

Position

Watch

Notes 1: 2/22/18 - Watch

AB 2293 (Reyes D) Emergency medical services: licensure.

Last Amend: 5/25/2018

Status: 6/13/2018-Referred to Com. on HEALTH.

Location: 6/13/2018-S. HEALTH

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| 1st House | | | | 2nd House | | | | | | | |

Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair
Summary: Under existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority (authority) is responsible for establishing training, scope of practice, and continuing education for emergency medical technicians and other prehospital personnel, including Emergency Medical Technician-I (EMT-I), Emergency Medical Technician-II (EMT-II), and Emergency Medical Technician-Paramedic (EMT-P). Existing law authorizes the authority to, among other things, deny, suspend, or revoke an EMT-P license for specified conduct to protect the public health and safety. This bill would allow the authority to deny an application submitted by an individual for an EMT-I or EMT-II license and would establish the criteria related to conduct that the authority may consider in denying the application, as specified, and would permit the authority to consider whether an applicant demonstrates substantial rehabilitation, as defined. The bill would allow an applicant 30 days to respond to a denied EMT-I or EMT-II application.

Position

O-1

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

2/22/18 - O-1

3/21/18 - Joint EMSAAC/EMDAC opposition letter sent to author

4/9/18 - Asm Health opposition letter sent (joint letter w/ EMDAC)

4/17/18 - Asm Health opposition letter sent (joint letter w/ EMDAC)

5/4/18 - Asm Appr opposition letter sent (joint letter w/ EMDAC) (hearing set 5/4/18)

5/21/18 - Asm Appr Suspense File opposition letter sent (joint letter w/ EMDAC)

5/30/18 - Asm Floor Alert sent (joint w/ EMDAC)

6/19/18 - Sen Health opposition letter sent (joint letter w/ EMDAC)

AB 2397 (Oberholte R) Health and human services: information sharing: administrative actions.

Status: 6/21/2018-In committee: Hearing postponed by committee.

Location: 6/13/2018-S. APPR.

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Calendar: 7/2/2018 10 a.m. - John L. Burton Hearing Room (4203)

SENATE APPROPRIATIONS, PORTANTINO, 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 2409](#) (Kiley R) Professions and vocations: occupational regulations.

Last Amend: 4/16/2018

Status: 4/27/2018-Failed Deadline pursuant to Rule 61(b)(5). (Last location was B.&P. on 4/17/2018)

Location: 4/27/2018-A. DEAD

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Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides that those boards are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law authorizes a board to deny a license if an applicant has been convicted of a crime, done any act involving dishonesty, fraud, or deceit with intent to substantially benefit himself or herself or another or substantially injure another, or does any act that, if done by a licentiate of the business or profession, would be grounds for suspension or revocation. This bill would establish that a person has a right to engage in a lawful profession or vocation without being subject to an occupational regulation, as defined, that imposes a substantial burden on that right, and would require each occupational regulation to be limited to what is demonstrably necessary and narrowly tailored to fulfill a legitimate public health, safety, or welfare objective. The bill would include within this the right of a person with a criminal record to not have the person's criminal record used by a board as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation, except as specified, and the right of a person who is behind on his or her taxes or student loan payments to not have a board use that fact as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation. This bill contains other related provisions.

Position

Watch

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

Last Amend: 4/9/2018

Status: 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/2/2018)

Location: 5/25/2018-A. DEAD

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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.

Position

Watch

Notes 1: 2/22/18 - Watch

[AB 2593](#) (Grayson D) Air ambulance services.

Last Amend: 6/18/2018

Status: 6/18/2018-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: 6/13/2018-S. HEALTH

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| 1st House | | | | 2nd House | | | | | | | |

Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair
Summary: (1)Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plans and health insurance policies, as specified, provide coverage for certain services and treatments, including emergency medical transportation services. This bill would provide that an enrollee, subscriber, or insured shall not be liable for the cost of emergency transportation by an air ambulance service, except for applicable cost-sharing amounts, including, but not limited to, a copayment, coinsurance, or a deductible. The bill would require a health care service plan contract or health insurer to reimburse providers for air ambulance services either a reasonable and customary value, as defined, or an amount otherwise negotiated, among other things. The bill would authorize a health care service plan, health insurer, or provider to seek relief in any court for the purpose of resolving a payment dispute. The bill would make these provisions severable. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the 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 2612 (Bigelow R) Office of Emergency Services.

Status: 5/11/2018-Failed Deadline pursuant to Rule 61(b)(6). (Last location was A. PRINT on 2/15/2018)

Location: 5/11/2018-A. DEAD

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| 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 2874 (Thurmond D) Health facilities: notice: Attorney General.

Last Amend: 4/18/2018

Status: 6/1/2018-Failed Deadline pursuant to Rule 61(b)(11). (Last location was A. THIRD READING on 5/25/2018)

Location: 6/1/2018-A. DEAD

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

Summary: (1)Existing law requires the State Department of Public Health to inspect and license health facilities, as specified. Existing law requires a hospital that provides emergency medical services to, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the department, other specified entities, and the public. Existing law requires a health facility implementing a downgrade or change to make reasonable efforts to ensure that the community it serves is informed of the downgrade or closure. Existing law also requires a health facility to provide public notice, as specified, not less than 30 days prior to closing the facility, eliminating a supplemental service, as defined, or relocating the provision of supplemental services to a different campus. This bill would require a hospital that provides emergency medical services or a health facility to provide notice, as specified, at least 180 days before making the changes described above. The bill would also require a hospital that provides emergency medical services to additionally provide notice to the Attorney General before a planned reduction or elimination of the level of emergency medical services. This bill contains other related provisions and other existing laws.

Position

Watch

AB 2961 (O'Donnell D) Emergency medical services.

Last Amend: 5/25/2018

Status: 6/13/2018-Referred to Com. on HEALTH.

Location: 6/13/2018-S. HEALTH

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

Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair
Summary: Existing law creates the Commission on Emergency Medical Services, within the California Health and Human Services Agency, to, among other things, advise the Emergency Medical Services Authority on the development of an emergency medical data collection system. 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 county to develop an emergency medical services program, and authorizes a local EMS agency to adopt policies and procedures to calculate and report ambulance patient offload time. This bill would require a local EMS agency to submit quarterly data to the authority that, among other things, is sufficient for the authority to calculate the average ambulance patient offload time by local EMS agency jurisdiction and by each facility in a local EMS agency jurisdiction. The bill would require the authority to calculate those averages and report them twice per year to the Commission on Emergency Medical Services. The bill would also require the authority, on or before December 1, 2020, to submit a report to the Legislature on the average ambulance patient offload time and recommendations to reduce or eliminate ambulance patient offload time.

Position

Watch

Notes 1: 2/22/18 - Watch

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

Status: 5/24/2018-Referred to Com. on HEALTH.

Location: 5/24/2018-S. HEALTH

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

Calendar: 6/27/2018 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair
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 3069](#) (Cooper D) Cannabis: informational, educational, or training events.

Last Amend: 5/14/2018

Status: 6/26/2018-From committee: Amend, and do pass as amended. (Ayes 9. Noes 0.) (June 25).

Location: 5/30/2018-S. B., P. & E.D.

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

Calendar: 6/28/2018 #6 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS
Summary: The Control, Regulate and Tax Adult Use of Marijuana Act of 2016 (AUMA), an initiative measure approved as Proposition 64 at the November 8, 2016, statewide general election, authorizes a person who obtains a state license under AUMA to engage in commercial adult-use cannabis activity pursuant to that license and applicable local ordinances. The Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities. MAUCRSA authorizes an applicant to apply to all applicable state licensing authorities to obtain a state license to engage in commercial adult-use cannabis activity, except as specified, and requires the applicant to obtain a separate license for each location where the applicant engages in commercial cannabis activity. This bill would authorize a cannabis informational, educational, or training event to be held for state and local government officials, including, but not limited to, legislators, city council members, law enforcement organizations, emergency medical services staff, firefighters, child protective services, and social workers, subject to specified requirements. If the event complies with the bill's requirements, it would not require a cannabis event organizer license or a temporary cannabis event license. The bill would authorize the display of cannabis products at an event held at an unlicensed location only if the general public does not have access to the event and would prohibit onsite consumption, sampling, or sale of cannabis during the event. The bill would specify that licensed cannabis retailers and manufacturers transporting cannabis products between their licensed premises and event venues must use a

distributor licensee. This bill contains other related provisions and other existing laws.

Position

Watch

AB 3174 (Eggman D) Cities: fire departments.

Status: 4/27/2018-Failed Deadline pursuant to Rule 61(b)(5). (Last location was L. GOV. on 3/12/2018)

Location: 4/27/2018-A. DEAD

| Desk | Dead | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 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

| Desk | Policy | Fiscal | Floor | Desk | Policy | 2 year | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 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) Commuter rail systems: availability of automated external defibrillators.

Last Amend: 6/20/2018

Status: 6/20/2018-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/20/2018-A. APPR.

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

Calendar: 6/27/2018 9 a.m. - State Capitol, Room 4202 ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

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 and a health care professional who is involved with the selection, placement, or installation of the AED, as specified. This bill would require a public entity that operates, or contracts for the operation of, a commuter rail system, by July 1, 2020, to ensure that each train has an AED as part of its safety equipment subject to specified requirements, except as specified, and to transmit confirmation of its compliance in writing to the Transportation Agency. The bill would exempt an affected 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. This bill contains other related provisions and

other existing laws.

Position

Watch

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

SB 821 (Jackson D) Emergency notification: county jurisdictions.

Last Amend: 6/25/2018

Status: 6/26/2018-Read second time. Ordered to third reading.

Location: 6/26/2018-A. THIRD READING

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| 1st House | | | | 2nd House | | | | | | | | |

Calendar: 6/28/2018 #59 ASSEMBLY THIRD READING FILE - SENATE BILLS

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 authorize each county, including a city and county, to enter into an agreement to access the contact information of resident accountholders through the records of a public utility or other agency responsible for water service, waste and recycling services, or other property-related services for the sole purpose of enrolling county residents in a county-operated public emergency warning system. The bill would specify that any county that enters into such an agreement would be required to include procedures to enable any resident to opt out of the warning system and a process to terminate the receiving agency’s access to the resident’s contact information. The bill would prohibit the use of the information gathered for any purpose other than for emergency notification. This bill contains other existing laws.

Position

Watch

Notes 1: 1/10/18 - Watch

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

Last Amend: 6/21/2018

Status: 6/21/2018-From committee with author's amendments. Read second time and amended. Re-referred to Com. on G.O.

Location: 6/4/2018-A. G.O.

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

Calendar: 6/28/2018 Upon adjournment of Session - State Capitol, Room 4202
ASSEMBLY GOVERNMENTAL ORGANIZATION, GRAY, Chair

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 require that mass notifications and the communication of protective actions be conveyed broadly or to a targeted population based on the conditions and risk assessment of the responsible local government and specify options for notification. The bill would further require, on or before January 1, 2019, OES to establish guidelines and best practices for public alerts and warnings and the use of mass notification systems, as provided. On or before July 1, 2019, the bill would require OES to both ensure that each emergency management office within a county or city shall become a registered IPAWS WEA operator and has up-to-date IPAWS software and equipment. The bill also would require OES to ensure that emergency management personnel trained on the WEA system receive yearly training in IPAWS and WEA software and equipment operation. This bill contains other related provisions and other existing laws.

Position

Watch

Notes 1: 1/10/18 - Watch

SB 944 (Hertzberg D) Community Paramedicine Act of 2018.

Last Amend: 5/25/2018

Status: 6/26/2018-VOTE: Do pass and be re-referred to the Committee on [Appropriations]

Location: 6/26/2018-A. APPR.

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

Summary: (1)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. A violation of the act or regulations adopted pursuant to the act is punishable as a misdemeanor. This bill would create the Community Paramedicine Act of 2018. The bill would, until January 1, 2025, authorize a local EMS agency to develop a community paramedicine program, as defined, to provide specified community paramedic services. The bill would require the authority to review a local EMS agency's proposed community paramedicine program and approve, approve with conditions, or deny the proposed program within 6 months after it is submitted by the local EMS agency. The bill would require a local EMS agency that opts to develop a community paramedicine program to, among other things, integrate the proposed program into the local EMS agency's emergency medical services plan, enter into an agreement with a community paramedicine provider for the delivery of community paramedic services within the local EMS agency's jurisdiction that is consistent with the proposed program, establish a process for training and certifying community paramedics, and facilitate and participate in any discussion between a community paramedicine provider and public or private health system participants to provide funding to support implementation of the proposed program. This bill contains other related provisions and other existing laws.

Position

O-1

Notes 1: 1/30/18 - Pending
 2/1/18 - Watch (Reviewed by LC)
 5/29/18 - O-1
 6/19/18 - Asm Health oppose letter sent (joint letter w/ EMDAC)

SB 1086

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

Status: 6/20/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (June 20). Re-referred to Com. on APPR.

Location: 6/20/2018-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 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 medical services providers: dogs and cats.

Last Amend: 6/20/2018

Status: 6/26/2018-From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (June 26).

Location: 6/26/2018-A. APPR.

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

Calendar: 6/28/2018 #14 ASSEMBLY SECOND READING FILE -- SENATE BILLS

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 basic first aid to dogs and cats, as defined, to the extent that the provision of that care is not prohibited by the provider's employer. 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 "basic first aid to dogs and cats" for purposes of these provisions would specifically include, among other acts, administering oxygen and bandaging for the purpose of stopping bleeding. This bill contains other existing laws.

Position

Watch

Notes 1: 2/22/18 - Watch

SB 1447 (Hernandez D) Pharmacy: automated drug delivery systems.

Last Amend: 6/20/2018

Status: 6/26/2018-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Location: 6/26/2018-A. APPR.

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| 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, beginning on July 1, 2019, would repeal the general ADDS provisions and the additional conditions for an ADDS located in a health facility. The bill instead would require an ADDS, as defined, to meet specified requirements in order to be installed, leased, owned, or operated in the state, including a license for the ADDS issued by the board to the holder of a current, valid, and active pharmacy license. The bill would limit the placement and operation of an ADDS to specified locations, including the licensed pharmacy holding that ADDS license, a licensed health facility, a licensed clinic, or a specified medical office if the ADDS is an automated patient dispensing system, as defined. The bill would require the pharmacy holding the ADDS license to own the ADDS and the drugs and devices located within it, and would require that pharmacy to supervise the operation of the ADDS. The bill would prescribe specified stocking and transfer requirements for those drugs and devices. The bill would require the pharmacy holding the ADDS license to provide training on the operation and use of that ADDS to specified individuals and would require the pharmacy to complete periodic self-assessments. 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 to inspect the ADDS or the location pursuant to these provisions. The bill would repeal these provisions on January 1, 2021. 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.

Last Amend: 5/3/2018

Status: 5/17/2018-Read. Adopted. (Ayes 38. Noes 0.)

Location: 5/17/2018-S. ADOPTED

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

Summary: This measure 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)

Total Measures: 48
Total Tracking Forms: 48