EMSAAC
EMERGENCY MEDICAL SERVICES ADMINISTRATORS' ASSOCIATION OF CALIFORNIA

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April 19, 2022

The Honorable Freddie Rodriguez
California State Assembly
1021 O Street, Suite 5240
Sacramento, CA 95814

RE: AB 1770 (Rodriguez) – Ambulance Patient Offload Time (APOT)
As Amended March 24, 2022 – CONCERNS
Set for hearing April 26, 2022 – Assembly Health Committee

Dear Assembly Member Rodriguez:

The Emergency Medical Services Administrators Association of California (EMSAAC) appreciates your intent to reduce ambulance patient offload delays. However, while we agree that public education campaigns could be beneficial, EMSAAC must convey our concerns with other provisions of your AB 1770.

EMSAAC agrees that development and implementation of public education campaigns to communicate with and educate the public on the appropriate use of the emergency medical services (EMS) system could be a productive effort. We believe the Emergency Medical Services Authority and the California Department of Public Health would be well suited to lead such efforts and our local EMS agencies would be interested in working alongside those departments to craft this important messaging.

While we understand the urgency in addressing ambulance patient offload delays, EMSAAC encourages your office to await the recommendations of the ambulance patient offload times (APOT) advisory committee before moving forward with other provisions of this bill. The California Emergency Medical Services Authority (EMSA) convened an advisory committee for ambulance patient offload time (APOT) comprised of broad stakeholder representation, which includes local EMS administrators, EMS medical directors, emergency room physicians, emergency nurses, fire, hospitals, and ambulance providers. The mission of the advisory committee is to develop recommendations, including legislative or regulatory changes, if necessary. We understand the workgroup will conclude no later than June 30, 2022. Recommendations from this workgroup should be considered prior to implementing legislative changes.

In addition, EMSAAC believes AB 1770 does not incorporate the existing medical mutual aid system and governance of the emergency medical services system. As a result, our concerns include the following:

Operating outside of the existing governance of the EMS system. Local Emergency Medical Services Agencies (LEMSAs) are responsible for planning, implementing, and evaluating the EMS system, including coordinating and providing oversight to the prehospital medical care delivered by fire departments and public and private EMS providers.

Existing statutory standards vest Medical Control of the emergency medical services system in the Medical Director of the LEMSA who is required to be a physician and surgeon with substantial experience in the practice of emergency medicine. The LEMSA Medical Director is charged with developing and implementing the policies, procedures, and protocols that govern out of-hospital medical care. This assures a coordinated systems approach to the delivery of emergency medical services for the people of California in their most vulnerable moments. Fire departments continue to be included by LEMSAs in the planning for and provision of mobile integrated health services in EMS systems statewide as this new level of prehospital service evolves.

LEMSAs also hold the statutory and regulatory authority to designate receiving facilities for prehospital patients. It is critical that any urgent care overflow facilities be geographically positioned in locations that enable the provision of services which will do the greatest good for the greatest number of patients. The selection of such locations must consider the needs, structure, and resources of the local EMS system(s) into which such facilities would be integrated, including but not limited to the totality of resource types and capacities which already exist, travel times for transportation resources to and from such facilities, as well as the training provided, protocols and oversight applied to prehospital personnel who would triage patients to these facilities.

Lack of Adherence to the Medical Mutual Aid System. In- and out-of-county medical health mutual aid is facilitated via existing Medical Health Operational Area Coordinator (MHOAC) programs. Pursuant to the Health and Safety Code, the MHOAC is the point of contact in each operational area for coordination with the Regional Disaster Medical Health Coordinator (RDMHC), CalOES, the State Department of Public Health, and EMSA. Fire department resources can be accessed by the MHOAC through the existing disaster services system. For many years, the MHOAC system has effectively coordinated medical health disaster response locally and in conjunction with regional and state coordinating entities, including to wildfires, earthquakes and most recently the COVID 19 pandemic. Fire department resources have been leveraged and have provided substantial surge capacity in these responses, both voluntary and per existing pre-existing response plans and obligations.

Patient safety. Patient and provider safety are of paramount importance. Modifications to EMS provider to patient ratios should be limited to dire disaster related circumstances for a limited time.

Thank you for the continued opportunity to engage with your office regarding these and other matters of critical importance to the health and wellbeing of Californians involving the EMS system. We look forward to ongoing engagement in the interest of assuring equitable access to and the delivery of high quality and compassionate care and service.

Respectfully,

Travis Kusman, MPH, NRP
EMSAAC President

cc: Honorable Members, Assembly Health Committee
Lara Flynn, Consultant, Assembly Health Committee
Gino Folchi, Consultant, Assembly Republican Caucus