



August 26, 2020

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## SENATE FLOOR ALERT

### **AB 1544 (Gipson): Community Paramedicine or Triage to Alternate Destination Act As Amended August 25, 2020 – OPPOSE**

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EMSAAC represents the 33 local emergency medical services (EMS) agency administrators representing all of California's 58 counties. The mission of the Emergency Medical Services Medical Directors Association of California, Inc. (EMDAC) is to provide leadership and expert opinion in the medical oversight, direction and coordination of Emergency Medical Services for the people of the State of California. Unfortunately, despite recent amendments to alleviate some of our concerns, the Emergency Medical Services Administrators Association of California (EMSAAC) and the Emergency Medical Services Medical Directors Association of California (EMDAC) have taken an oppose position on AB 1544/Gipson which codifies community paramedicine programs.

As written, AB 1544 is unnecessary and simply erodes local medical control of EMS systems and creates unnecessary impediments for innovative solutions to the delivery of healthcare by counties and their local EMS agencies. Among these impediments are the creation of weighted Community Oversight Committees and the preferential treatment of public agencies over private entities.

Below are three key policy concerns EMSAAC and EMDAC have with AB 1544, which remain unaddressed in the recently amended version of the bill:

**Expansion of the EMS Commission.** AB 1544 permanently changes the balance of representation on the EMS Commission. Changing the membership and organization representation of the Commission is a separate policy issue from community paramedicine and triage to alternate destinations. As a matter of fairness, we believe that no organization should have the ability to recommend more than one member to a position on the Commission.

**Creation of a triage to alternate destination program.** Local EMS agencies have existing statutory authority to authorize basic life support (BLS) and advanced life support (ALS) personnel to transport patients not requiring ALS care and treatment to health facilities other than hospital emergency departments. The EMS Authority has taken a position supporting this existing LEMSAs authority. Los Angeles County recently submitted an EMS Plan creating an alternate destination program. If enacted, AB 1544 will prohibit Los Angeles County from enacting their innovative patient centered program negatively impacting patients requiring behavioral health treatment. Notably, it is these existing alternate destination programs previously implemented by LEMSAs under existing statutory authority that have proven to be safe, successful, and sustainable community paramedic programs through the pilot project.

**Requirement to grant first right of refusal to public agencies.** AB 1544 requires local EMS agencies to provide a first right of refusal to public agencies within their jurisdiction to provide community paramedicine and require local EMS agencies to use existing public agencies for triage and transport to alternate destination programs. These requirements impose unnecessary burdens on the efficient utilization of EMS resources that may be positioned and ready to implement the program without delay. By granting public safety agencies first right of refusal without limitations or otherwise requiring their use for alternate destination programs, local EMS agencies may be forced to authorize basic life support public safety agencies to advanced life support public safety agencies. Furthermore, AB 1544, as written, allows a public safety agency that opts to provide triage to alternate destination program services to impose conditions of subcontracting onto existing county transport providers to the benefit of the public agency. The imposition of extraneous third parties such as cities and fire districts into a County's plan to meet its mandate to ensure emergency ambulances services threatens the financial sustainability of these vital safety net services.

**Fragmentation of EMS Systems.** Finally, AB 1544, unnecessarily limits local EMS agencies from including community paramedicine and triage to alternate destination when establishing exclusive operating areas pursuant to Section 1797.224 of the Health and Safety Code. Exclusive operating area agreements are essential tools for designing integrated, holistic, and financially sustainable local EMS systems. By denying local EMS agencies the ability to create community paramedicine programs through competitively awarded exclusive operating area agreements many local EMS systems will simply be unable to overcome the costs associated with enacting community paramedicine programs that are in large measure intended to bring equity to underserved patient populations.

If you should have any questions, please contact EMSAAC's Legislative Chair Dan Burch at (209) 468-6818.

cc: The Honorable Mike Gipson, Member, California State Assembly  
The Honorable Todd Gloria, Member, California State Assembly  
Honorable Members, California State Senate  
Marjorie Swartz, Consultant, Office of Senate President pro Tempore Toni Atkins  
Eric Dang, Consultant, Office of Senate President pro Tempore Toni Atkins  
Joe Parra, Consultant, Senate Republican Caucus  
Tim Conaghan, Consultant, Senate Republican Caucus  
Morgan Branch, Consultant, Senate Republican Caucus