



September 2, 2020

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Central California  
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Contra Costa  
El Dorado  
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Inland Counties  
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Merced  
Monterey  
Mountain-Valley  
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North Coast  
Northern California  
Orange  
Riverside  
Sacramento  
San Benito  
San Diego  
San Francisco  
San Joaquin  
San Luis Obispo  
San Mateo  
Santa Barbara  
Santa Clara  
Santa Cruz  
Sierra-Sac Valley  
Solano  
Tuolumne  
Ventura  
Yolo

The Honorable Gavin Newsom  
Governor, State of California  
State Capitol, First Floor  
Sacramento, CA 95814

RE: AB 1544 (Gipson): Community Paramedicine or Triage to Alternate Destination Act  
To Enrollment September 1, 2020 – REQUEST FOR VETO

Dear Governor Newsom:

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 last-minute amendments that alleviated some of our concerns, the Emergency Medical Services Administrators Association of California (EMSAAC) and the Emergency Medical Services Medical Directors Association of California (EMDAC) regretfully must request a veto 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 four 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 LEMSA authority. Los Angeles County recently submitted an EMS Plan creating an alternate destination program. If enacted, AB 1544 will prohibit Los Angeles County, Orange County and other local EMS systems from enacting their innovative patient centered programs thereby negatively impacting patients requiring behavioral health treatment. Notably, it existing alternate destination programs such as the City and County of

San Francisco and Fresno County initiated by LEMSAs under existing statutory authority prior to the OSHPD pilot projects that have proven to be safe, successful, and sustainable.

**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.

For these reasons, we respectfully request that you veto AB 1544.

If you should have any questions, please contact EMSAAC's Legislative Chair Dan Burch at (209) 468-6818. Thank you for your consideration of our veto request.

Respectfully,



Kristin Weivoda  
EMSAAC President



David Ghilarducci, MD  
EMDAC President

cc: The Honorable Mike Gipson, Member, California State Assembly  
The Honorable Todd Gloria, Member, California State Assembly  
Tam Ma, Deputy Legislative Secretary, Office of Governor Newsom