



April 2, 2019

Alameda Central California Coastal Valleys Contra Costa El Dorado Imperial **Inland Counties** Kern Los Angeles Marin Merced Monterev Mountain-Valley North Coast Northern California Orange Riverside Sacramento

San Benito San Diego

San Francisco

San Luis Obispo San Mateo

Santa Barbara

Santa Clara Santa Cruz Sierra-Sac Valley

Solano

Yolo

Tuolumne Ventura

San Joaquin

The Honorable Jim Wood Chair, Assembly Health Committee State Capitol, Room 6005 Sacramento, CA 95814

RE: AB 1544/Gipson – Community Paramedicine or Triage to Alternate Destination Act As Introduced February 22, 2019 – OPPOSE UNLESS AMENDED

Dear Assembly Member Wood:

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, the Emergency Medical Services Administrators Association of California (EMSAAC) and the Emergency Medical Services Medical Directors Association of California (EMDAC) have taken an oppose unless amended 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.

We are in the process of preparing a comprehensive list of recommended revisions addressing many of the problematic and technical provisions of AB 1544; however, below is an overview of the three key policy concerns EMSAAC and EMDAC have with AB 1544:

Expansion of the EMS Commission. AB 1544 permanently changes the balance of representation on the EMS Commission. Changing the balance of the Commission is a separate policy issue from community paramedicine and triage to alternate transport. We recommend the Commission maintain a majority of physicians to provide appropriate medical oversight.

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 informed the Commission on EMS that EMSA will be releasing proposed revisions to the paramedic regulations in April 2019 that would clarify this existing LEMSA authority. Many LEMSAs including Fresno County and the City and County of San Francisco had safely and efficiently implemented alternate destination protocols under the medical control oversight of the local EMS agency medical director years before the implementation of the OSHPD Workforce Pilot

Project 173. 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 or triage to alternate destination programs. This requirement imposes 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, local EMS agencies may be forced to upgrade 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. Finally, AB 1544, erroneously associates community paramedicine and triage to alternate destination with Sections 1797.201 and Section 1797.224 of the Health and Safety Code that only applies to services provided as of June 1, 1980, and January 1, 1981, respectively.

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

Sincerely,

Tammi McConnell EMSAAC President Kris Lyon, MD EMDAC President

Mitoplan Lyn

cc: The Honorable Mike Gipson

Manuell In

The Honorable Todd Gloria

Honorable Members, Assembly Health Committee Lara Flynn, Consultant, Assembly Health Committee Alex Khan, Consultant, Assembly Republican Caucus