



June 26, 2019

Alameda
Central California
Coastal Valleys
Contra Costa
El Dorado
Imperial
Inland Counties
Kern
Los Angeles
Marin
Merced
Monterey
Mountain-Valley
Napa
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 Richard Pan
Chair, Senate Health Committee
State Capitol, Room 5114
Sacramento, CA 95814

RE: AB 1544/Gipson – Community Paramedicine or Triage to Alternate Destination Act
As Amended June 25, 2019 – OPPOSE UNLESS AMENDED
Set for Hearing on July 3, 2019 – Senate Health Committee

Dear Senator Pan:

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.

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

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 issued draft regulations 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 existing 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 and transport 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. The imposition of an 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. 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.

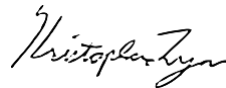
Restricting Treatment of Hospice Patients: AB 1544 restricts the ability of 911 prehospital care personnel from "providing care" to hospice patients unless that care is provided by an alternate destination paramedic. Currently, paramedics and EMTs throughout California respond to, treat, and care for hospice patients and their families on a daily basis. If this provision remains local EMS agencies will be force local EMS agencies to require all 911 responses to hospice patients result in transport to an emergency department or force local EMS agencies to enact alternate destination programs to prevent such a calamity. The absurd restriction on the ability of prehospital care personnel to treat hospice patients in their homes appears to be the byproduct of including all of the activities of OSHPD Workforce Pilot Project 173 regardless of the individual project's goals or efficacy.

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

cc: The Honorable Mike Gipson, Member, California State Assembly
The Honorable Todd Gloria, Member, California State Assembly
Honorable Members, Senate Health Committee
Vincent Marchand, Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus
Tim Conaghan, Consultant, Senate Republican Caucus