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EMERGENCY MEDICAL SERVICES ADMINISTRATORS' ASSOCIATION OF CALIFORNIA

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Date: June 16, 2023

To: The Honorable, Freddie Rodriguez
Assemblymember
53rd Assembly District
1021 O Street, Suite 5250
Sacramento, CA 95814

RE: AB 379 (Rodriguez) Letter of Concerns

The Emergency Medical Services Administrators Association of California (EMSAAC), representing the interests of all 34 California Local EMS Agencies (LEMSAs) covering all 58 California counties have the following concerns related to AB 379:

- **Proposed Bill Language:**
  - **1797.225**
    (3) Establish a process for hospitals and ambulance providers to review and validate the reported data, including arrival, transfer of care, and ambulance back-in-service times, and to dispute the reported data as well as a process to correct this data within 30 days.

- **EMSAAC Concerns:**
  - The proposed language implies that this data is inaccurate to the extent that it requires regular correction from entities (hospitals) not involved in the legally required documentation of such data. EMSAAC disagrees with this implication. While there may be infrequent/minor data errors due to unintentional documentation mistakes, these errors have been significantly reduced with the integration of computer aided dispatch (CAD) systems and EMS electronic patient care report (ePCR) systems. These CAD/ePCR integrations, used in nearly all California EMS systems, utilize an automated process to populate these ePCR data fields with data directly from a legal CAD record. Even in systems that do not currently utilize CAD/ePCR integrations (primarily due to cost), these errors do not have a statistically relevant impact on the calculation and reporting of ambulance patient offload times.
  - The referenced data elements are documented in a legal ePCR medical record, that is required to be completed solely by EMS personnel. Any changes to this data would require the subsequent alteration of the legal medical record. EMS personnel are required by current policies, statutes, and regulations to accurately document all sections of the ePCR. There is no incentive, and in fact significant disincentive for EMS personnel to provide inaccurate/falsified ePCR documentation.

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- In most EMS systems, ePCR submission standards exceed the State Statutory requirements of submission within 72 hours of the patient encounter into the California Emergency Medical Services Information System (CEMSIS). This data is utilized for EMS system monitoring, reporting, and quality assurance/improvement purposes on a more frequent basis than the 30-day correction period referenced in this bill. The data correction process mentioned in this bill would be significantly burdensome on EMS system participants, difficult to implement/ manage, and likely result in the public reporting of inaccurate data.
- There is no adjudication process included to address a continued disagreement between the hospital and the EMS provider related to the referenced data elements. If both entities maintain their disagreement on one or more of the data elements for a specific record (which has in fact occurred on previous occasions), do the initial EMS documented times remain unchanged or does a hospital have the right to require an EMS provider to alter a legal ePCR medical record that they were not involved in creating? This type of process is unprecedented in the healthcare setting and is likely in conflict with other applicable federal statutes/regulations. It should further be noted that hospital personnel do not routinely monitor, and in most cases have no ability to accurately verify two (2) of the referenced data elements (ambulance hospital arrival time and ambulance back in service time).
- The bill language referenced above is redundant and unnecessary based on the following provisions contained in AB 40 (Rodriguez): ***1797.120.5.***
  (a) (1) The authority shall develop a California Emergency Medical Services Information System requirement for an electronic signature for use between the emergency department medical personnel at a ***receiving hospital and*** *the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Emergency Medical Technician-Paramedic (EMT-P) that captures the points in time when the hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time, as defined by Section 1797.120.*

- **Proposed Bill Language:**
  - **1797.254**
    (a) Local EMS agencies shall annually submit an emergency medical services plan, that includes the local EMS agency's annual budget and the explanations or reasons for failing to meet 911 response times in the previous calendar year, for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority.

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(b) (1) Each local EMS agency shall make the plan accessible on the agency's internet website within 30 days of approval by the authority.
(2) The authority shall make each local EMS agency plan submitted to them accessible on the authority's internet website within 30 days of approval by the authority.
(c) The EMS Systems, Standards, and Guidelines shall include a standardized list of explanations or reasons for failing to meet a 911 response time.
(d) The explanations or reasons described in subdivision (a) shall conform to the standardized list described in subdivision (c) once the authority has established a standardized list.

- **EMSAAC Concerns:**
  - The requirements related to the reporting of the explanations or reasons for failing to meet 911 response times in the previous calendar year are problematic for the following reasons:
    - As written, the bill requires the reporting of all calls by all EMS system participants that failed to meet 911 response times, including both first responders (non-transport fire departments) and ambulance transport providers. LEMSAs, unless specifically allowed as part of an EOA agreement, do not have the legal ability to dictate/ establish 911 response times for non-transport first responder agencies and therefore do not currently track/report on incidents where a non-transport first responder agency fails to meet their internally established 911 response time standards. Further, the internal establishment of these 911 response time standards by non-transport first responder agencies are usually guidelines with no specific consequence for failure to comply with them.
    - Some LEMSAs/areas do not have established 911 response time criteria. This is applicable to both public and private ambulance transport providers in various LEMSAs/areas throughout California.
    - Ambulance transport EOA agreements, which have already been reviewed and approved by the California EMS Authority during the initial RFP process, include multiple different area specific (rural, suburban, urban, extreme weather areas, etc.) valid exemptions for failing to meet established 911 ambulance response time standards. Further, since no scientific evidence currently exists to support the establishment of any specific 911 response time standards, many EOA agreements allow providers to offset response time standards/penalties if they are compliant with other established clinical care quality measures.

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- Because the specific reasons for failing to meet 911 response time standards are unique to each LEMSA, and again have previously been approved by the California EMS Authority during the RFP process, the development of a standardized list would be difficult, likely result in inaccurate/unusable reporting, and conflict with multiple established/executed legal EOA agreements.
- As is currently the practice, the monitoring, tracking and public reporting of this data is best done at the local (LEMSA) level, where appropriate additional explanation and context can be provided and discussed.

EMSAAC respectfully requests that you consider the removal of the above referenced problematic language/requirements from AB 379, for the reasons stated in this document. Should you have any additional questions, please feel free to contact me at (530) 906-0079 or john.poland@ssvems.com.

Respectfully,

John Poland, Paramedic
EMSAAC Legislative Chair

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