

AMENDED IN ASSEMBLY JUNE 1, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

AMENDED IN ASSEMBLY APRIL 4, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 210

Introduced by Assembly Member Solorio

January 31, 2011

An act to amend Sections 1797.224 and 1797.270 of, to add Sections 1797.95 and 1797.225 to, and to repeal Section 1797.201 of, the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 210, as amended, Solorio. Emergency medical services.

(1) Existing law establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, which governs local emergency medical service systems and establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services. The act requires a county to enter into a written agreement with a city or fire district that contracted for, or provided, as of June 1, 1980, prehospital emergency medical services regarding the provision of these services for the city or fire district, as specified. The act requires, until an agreement is reached, prehospital emergency medical services to be continued at not less than the existing level, unless reduced by the city council or the governing body of the fire district, as specified.

This bill would repeal these requirements.

(2) The act authorizes a local EMS agency to create one or more exclusive operating areas in the development of a local plan, as specified, and requires a local EMS agency that creates an exclusive operating area in its local plan to develop and submit the local EMS agency's competitive process for selecting providers and determining the scope of their operations to the authority.

This bill would require a local EMS agency to grant an exclusive operating area or authorization to provide the same prehospital emergency medical services to a city, county, fire district, or other governmental entity that has continuously contracted for, or provided, these services since June 1, 1980, if this prehospital EMS provider has not entered into an agreement with the local EMS agency to provide prehospital emergency medical services for a city, county, or fire district. It would require a prehospital EMS provider, as defined, granted an exclusive operating area or authorization to provide prehospital emergency medical services to enter into a written agreement with the local EMS agency by December 31, 2013. It would also require prehospital EMS providers to be subject to the medical control of the local EMS agency and comply with local EMS agency policies and procedures regarding administration of the local EMS system.

(3) The EMS act authorizes the establishment of an emergency medical care committee in each county and requires the committee to annually review ambulance services operating within the county, emergency medical care offered within the county, and first aid practices in the county. The act also requires the committee to report its observations and recommendations relative to this review to the authority and the local EMS agency.

This bill would require the membership of an emergency medical care committee in each county to be representative of the EMS system participants.

(4) By increasing the duties of local officials, this bill would impose a state-mandated local program.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
- 3 (a) Emergency medical services (EMS) system coordination
4 remains the key factor in efficiently delivering the highest level
5 of prehospital patient care and emergency transport.
- 6 (b) All providers and stakeholders in the EMS delivery system
7 must be guided by consistent, clear standards regarding their rights,
8 responsibilities, and duties arising out of the provision of
9 prehospital emergency medical care to their respective
10 communities.
- 11 (c) Agencies responsible for developing and maintaining a local
12 emergency medical services plan must be guided by and responsive
13 to reasonable and consistent standards for evaluating and
14 determining the scope, manner, and types of services provided
15 within their respective jurisdictions, particularly when making
16 determinations regarding exclusive operating areas and the
17 concomitant rights of cities and fire districts that have provided
18 prehospital emergency medical services at not less than the existing
19 level since June 1, 1980.
- 20 (d) As of January 1, 2012, all emergency medical services
21 personnel, regardless of local agency or private employer, are
22 subject to the same training, certification, and licensing standards,
23 and coordinate in the same manner with the base hospital in the
24 provision of prehospital EMS services.
- 25 (e) Cities, fire districts, private providers, and local EMS
26 agencies are vital partners in the delivery of prehospital EMS
27 services, partners that contribute to a rapid deployment of highly
28 trained EMS personnel.
- 29 (f) Cities and fire districts remain a fundamental partner in
30 assisting the county in its duty to provide emergency ambulance
31 services for all residents of that county.
- 32 (g) A city or fire district that retains and carries out prehospital
33 emergency medical service is a reflection of the will of that
34 jurisdiction's constituents, as it is the local taxpayers who must

1 pay to maintain the chosen level of service or any increase in the
2 level of that service.

3 (h) It is in the public interest to ensure that all agencies providing
4 prehospital EMS services do so within a coordinated EMS system
5 that provides clear standards for training, certification, and
6 licensure of personnel, as well as for medical control and clinical
7 oversight.

8 (i) Guided by findings of the courts over the past two decades,
9 without altering or otherwise affecting the ~~ordinances~~ *status* of a
10 city or fire district that has historically provided prehospital
11 emergency medical services, it is further the intent of the
12 Legislature to lend greater clarity to the rights and responsibilities
13 of a city, county, fire district, private provider, and local EMS
14 agency with respect to their respective emergency response duties
15 to their constituents.

16 (j) Establishing an agreement between a city or fire district and
17 its respective local EMS agency to codify the existing authority
18 of that city or fire district to continue the administration of its own
19 prehospital emergency medical services as part of a coordinated
20 EMS system, rather than relying on the absence of an agreement,
21 best serves all agencies that seek to work cooperatively to provide
22 quality patient care at the highest level.

23 (k) ~~It is imperative that those cities and fire districts providing,
24 as of January 1, 2012, emergency medical dispatch, first responder,
25 or transport services at a level not less than what they provided
26 continuously since June 1, 1980, be recognized through a written
27 agreement with the local emergency medical services agency
28 (LEMSA) as an authorized service provider within the local EMS
29 system. These services need to be acknowledged as part of any
30 agreement with the LEMSA. This authorization also needs to be
31 established in perpetuity and not be subject to a competitive bidding
32 process that would otherwise have an impact that reduces or
33 increases the recognized service area. Recognized providers need
34 to participate in medical control and adhere to standardized
35 licensure, certification, and training standards, while also serving
36 as EMS system participants working in a coordinated manner as
37 part of the EMS plan. *as of January 1, 2012, services in the
38 categories of dispatch of their own resources, first responder, or
39 transport at a level not less than what they provided continuously
40 within the same category since June 1, 1980, be recognized through*~~

1 *a written agreement with the local emergency medical services*
2 *agency (LEMSA) as an authorized service provider within the*
3 *local EMS system.*

4 (I) Over 20 years of litigation magnifies the need for further
5 statutory guidance to ensure that the California EMS community
6 continues its focus on its primary mission, providing excellent care
7 to the citizens they serve.

8 SEC. 2. Section 1797.95 is added to the Health and Safety
9 Code, to read:

10 1797.95. “Prehospital EMS provider” means a city, county,
11 fire district, or other governmental entity or private entity that
12 provides first response services at the limited advanced life support
13 or advanced life support level or provides emergency ambulance
14 services or dispatches EMS resources.

15 SEC. 3. Section 1797.201 of the Health and Safety Code is
16 repealed.

17 SEC. 4. Section 1797.224 of the Health and Safety Code is
18 amended to read:

19 1797.224. A local EMS agency may create one or more
20 exclusive operating areas in the development of a local plan, if a
21 competitive process is utilized to select the provider or providers
22 of the services pursuant to the plan. No competitive process is
23 required if the local EMS agency develops or implements a local
24 plan that continues the use of existing providers operating within
25 a local EMS area in the manner and scope in which the services
26 have been provided without interruption since January 1, 1981. A
27 local EMS agency which elects to create one or more exclusive
28 operating areas in the development of a local plan shall develop
29 and submit for approval to the authority, as part of the local EMS
30 plan, its competitive process for selecting providers and
31 determining the scope of their operations. This plan shall include
32 provisions for a competitive process held at periodic intervals.

33 SEC. 5. Section 1797.225 is added to the Health and Safety
34 Code, to read:

35 1797.225. (a) A local EMS agency shall grant to a city, county,
36 fire district, or other governmental entity that has continuously
37 contracted for, or provided prehospital emergency medical services
38 since June 1, 1980, an exclusive operating area or authorization
39 to provide the same prehospital emergency medical services if this
40 prehospital EMS provider has not already entered into an

1 agreement with the local EMS agency to provide prehospital
 2 emergency medical services for a city, county, or fire district. The
 3 prehospital EMS provider granted an exclusive operating area or
 4 authorization to provide prehospital emergency medical services
 5 shall enter into a written agreement with the local EMS agency by
 6 December 31, 2013.

7 (b) A local EMS agency shall include all prehospital EMS
 8 providers in its local emergency medical services plans.

9 (c) Prehospital EMS providers shall be subject to medical control
 10 by the local EMS agency, including, but not limited to, pursuant
 11 to Chapter 5 (commencing with Section 1798), and shall comply
 12 with local EMS agency policies and procedures regarding the
 13 administration of the local EMS system.

14 SEC. 6. Section 1797.270 of the Health and Safety Code is
 15 amended to read:

16 1797.270. An emergency medical care committee may be
 17 established in each county in this state. The committee membership
 18 shall be representative of the EMS system participants. Nothing
 19 in this division should be construed to prevent two or more adjacent
 20 counties from establishing a single committee for review of
 21 emergency medical care in these counties.

22 SEC. 7. This act, which adds Section 1797.225 to, and repeals
 23 Section 1797.201 of, the Health and Safety Code, shall not be
 24 construed to affect, limit, or otherwise invalidate any decision by
 25 a court of competent jurisdiction that interprets and applies Section
 26 1797.201 of the Health and Safety Code, as that section read on
 27 December 31, 2011.

28 SEC. 8. If the Commission on State Mandates determines that
 29 this act contains costs mandated by the state, reimbursement to
 30 local agencies and school districts for those costs shall be made
 31 pursuant to Part 7 (commencing with Section 17500) of Division
 32 4 of Title 2 of the Government Code.