

AMENDED IN SENATE JULY 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 704

Introduced by Assembly ~~Member~~ *Members Blumenfield and Fong*

February 21, 2013

An act to amend Sections 1797.170, 1797.171, and 1797.172 of the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 704, as amended, Blumenfield. Emergency medical services: military experience.

Under the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for an emergency medical technician (EMT-I), an advanced emergency medical technician (EMT-II), and an emergency medical technician-paramedic (EMT-P) certified or licensed, as applicable, under the act.

This bill would require the authority to develop and adopt regulations to, upon presentation of satisfactory evidence, accept the education, training, and practical experience completed by an applicant with military experience toward the qualifications and requirements for EMT-I certification, EMT-II certification, or EMT-P licensure, as specified.

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

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

1 SECTION 1. Section 1797.170 of the Health and Safety Code
2 is amended to read:

3 1797.170. (a) The authority shall develop and, after approval
4 by the commission pursuant to Section 1799.50, adopt regulations
5 for the training and scope of practice for EMT-I certification.

6 (b) No later than January 1, 2015, the authority shall develop
7 and, after approval by the commission pursuant to Section 1799.50,
8 adopt regulations to, upon presentation of satisfactory evidence
9 by an applicant for certification, accept the education, training,
10 and practical experience completed by an applicant as a member
11 of the United States Armed Forces, the United States Military
12 Reserve, the National Guard of any state, or the Naval Militia of
13 any state toward the qualifications and requirements for EMT-I
14 certification.

15 (c) Any individual certified as an EMT-I pursuant to this division
16 shall be recognized as an EMT-I on a statewide basis, and
17 recertification shall be based on statewide standards. Effective
18 July 1, 1990, any individual certified as an EMT-I pursuant to this
19 act shall complete a course of training on the nature of sudden
20 infant death syndrome which is developed by the California SIDS
21 program in the State Department of Public Health in consultation
22 with experts in the field of sudden infant death syndrome.

23 SEC. 2. Section 1797.171 of the Health and Safety Code is
24 amended to read:

25 1797.171. (a) The authority shall develop, and after approval
26 of the commission pursuant to Section 1799.50, shall adopt,
27 minimum standards for the training and scope of practice for
28 EMT-II.

29 (b) No later than January 1, 2015, the authority shall develop
30 and, after approval by the commission pursuant to Section 1799.50,
31 adopt regulations to, upon presentation of satisfactory evidence
32 by an applicant for certification, accept the education, training,
33 and practical experience completed by an applicant as a member
34 of the United States Armed Forces, the United States Military
35 Reserve, the National Guard of any state, or the Naval Militia of
36 any state toward the qualifications and requirements for EMT-II
37 certification. In developing the regulations pursuant to this
38 subdivision, the authority shall deem an applicant for EMT-II

1 certification with military experience equivalent to EMT-I
2 certification requirements as certified as an EMT-I unless the
3 authority determines that the education, training, or practical
4 experience is not sufficiently comparable to existing standards.

5 (c) An EMT-II shall complete a course of training on the nature
6 of sudden infant death syndrome in accordance with subdivision
7 (b) of Section 1797.170.

8 (d) (1) In rural or remote areas of the state where patient
9 transport times are particularly long and where local resources are
10 inadequate to support an EMT-P program for EMS responses, the
11 director may approve additions to the scope of practice of EMT-IIs
12 serving the local system, if requested by the medical director of
13 the local EMS agency, and if the EMT-II has received training
14 equivalent to that of an EMT-P. The approval of the director, in
15 consultation with a committee of local EMS medical directors
16 named by the Emergency Medical Directors Association of
17 California, is required prior to implementation of any addition to
18 a local optional scope of practice for EMT-IIs proposed by the
19 medical director of a local EMS agency. No drug or procedure
20 that is not part of the basic EMT-P scope of practice, including,
21 but not limited to, any approved local options, shall be added to
22 any EMT-II scope of practice pursuant to this subdivision.

23 **Approval**

24 (2) Approval of additions to the scope of practices pursuant to
25 this subdivision may be given only for EMT-II programs in effect
26 on January 1, 1994.

27 SEC. 3. Section 1797.172 of the Health and Safety Code is
28 amended to read:

29 1797.172. (a) The authority shall develop and, after approval
30 by the commission pursuant to Section 1799.50, adopt minimum
31 standards for the training and scope of practice for EMT-P.

32 (b) No later than January 1, 2015, the authority shall develop
33 and, after approval by the commission pursuant to Section 1799.50,
34 adopt regulations to, upon presentation of satisfactory evidence
35 by an applicant for EMT-P licensure, accept the education, training,
36 and practical experience completed by an applicant as a member
37 of the United States Armed Forces, the United States Military
38 Reserve, the National Guard of any state, or the Naval Militia of
39 any state toward the qualifications and requirements for EMT-P
40 licensure. In developing the regulations pursuant to this

1 subdivision, the authority shall not require an applicant for EMT-P
2 licensure with military experience equivalent to relevant
3 coursework to complete duplicative requirements unless the
4 authority determines that the education, training, or practical
5 experience is not sufficiently comparable to existing standards.

6 (c) The approval of the director, in consultation with a
7 committee of local EMS medical directors named by the EMS
8 Medical Directors Association of California, is required prior to
9 implementation of any addition to a local optional scope of practice
10 for EMT-Ps proposed by the medical director of a local EMS
11 agency.

12 (d) Notwithstanding any other provision of law, the authority
13 shall be the agency solely responsible for licensure and licensure
14 renewal of EMT-Ps who meet the standards and are not precluded
15 from licensure because of any of the reasons listed in subdivision
16 (d) of Section 1798.200. Each application for licensure or licensure
17 renewal shall require the applicant's social security number in
18 order to establish the identity of the applicant. The information
19 obtained as a result of a state and federal level criminal offender
20 record information search shall be used in accordance with Section
21 11105 of the Penal Code, and to determine whether the applicant
22 is subject to denial of licensure or licensure renewal pursuant to
23 this division. Submission of fingerprint images to the Department
24 of Justice may not be required for licensure renewal upon
25 determination by the authority that fingerprint images have
26 previously been submitted to the Department of Justice during
27 initial licensure, or a previous licensure renewal, provided that the
28 license has not lapsed and the applicant has resided continuously
29 in the state since the initial licensure.

30 (e) The authority shall charge fees for the licensure and licensure
31 renewal of EMT-Ps in an amount sufficient to support the
32 authority's licensure program at a level that ensures the
33 qualifications of the individuals licensed to provide quality care.
34 The basic fee for licensure or licensure renewal of an EMT-P shall
35 not exceed one hundred twenty-five dollars (\$125) until the
36 adoption of regulations that specify a different amount that does
37 not exceed the authority's EMT-P licensure, license renewal, and
38 enforcement programs. The authority shall annually evaluate fees
39 to determine if the fee is sufficient to fund the actual costs of the
40 authority's licensure, licensure renewal, and enforcement programs.

1 If the evaluation shows that the fees are excessive or are insufficient
2 to fund the actual costs of the authority's EMT-P licensure,
3 licensure renewal, and enforcement programs, then the fees shall
4 be adjusted accordingly through the rulemaking process described
5 in the Administrative Procedure Act (Chapter 3.5 (commencing
6 with Section 11340) of Part 1 of Division 3 of Title 2 of the
7 Government Code). Separate additional fees may be charged, at
8 the option of the authority, for services that are not shared by all
9 applicants for licensure and licensure renewal, including, but not
10 limited to, any of the following services:

- 11 (1) Initial application for licensure as an EMT-P.
- 12 (2) Competency testing, the fee for which shall not exceed thirty
13 dollars (\$30), except that an additional fee may be charged for the
14 cost of any services that provide enhanced availability of the exam
15 for the convenience of the EMT-P, such as on-demand electronic
16 testing.
- 17 (3) Fingerprint and criminal record check. The applicant shall,
18 if applicable according to subdivision ~~(e)~~, (d), submit fingerprint
19 images and related information for criminal offender record
20 information searches with the Department of Justice and the
21 Federal Bureau of Investigation.
- 22 (4) Out-of-state training equivalency determination.
- 23 (5) Verification of continuing education for a lapse in licensure.
- 24 (6) Replacement of a lost licensure card. The fees charged for
25 individual services shall be set so that the total fees charged to
26 EMT-Ps shall not exceed the authority's actual total cost for the
27 EMT-P licensure program.
- 28 (f) The authority may provide nonconfidential, nonpersonal
29 information relating to EMS programs to interested persons upon
30 request, and may establish and assess fees for the provision of this
31 information. These fees shall not exceed the costs of providing the
32 information.
- 33 (g) At the option of the authority, fees may be collected for the
34 authority by an entity that contracts with the authority to provide
35 any of the services associated with the EMT-P program. All fees
36 collected for the authority in a calendar month by any entity
37 designated by the authority pursuant to this section to collect fees
38 for the authority shall be transmitted to the authority for deposit
39 into the Emergency Medical Services Personnel Fund within 30
40 calendar days following the last day of the calendar month in which

- 1 the fees were received by the designated entity, unless the contract
- 2 between the entity and the authority specifies a different timeframe.

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