

**Assembly Bill No. 503**

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Passed the Assembly August 31, 2015

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*Chief Clerk of the Assembly*

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Passed the Senate August 27, 2015

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2015, at \_\_\_\_\_ o'clock \_\_\_\_M.

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*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to add Section 1797.122 to the Health and Safety Code, relating to emergency medical services.

## LEGISLATIVE COUNSEL'S DIGEST

AB 503, Rodriguez. Emergency medical services.

Existing law requires the Emergency Medical Services Authority to develop planning and implementation guidelines for emergency medical services (EMS) systems that address several components, including, but not limited to, manpower and training, communications, transportation, and assessment of hospitals and critical care centers.

This bill would authorize a health facility, as defined, to release patient-identifiable medical information to a defined EMS provider, a local EMS agency, and the authority, to the extent specific data elements are requested for quality assessment and improvement purposes. The bill would also authorize the authority to develop minimum standards for the implementation of this data collection.

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

SECTION 1. It is the intent of the Legislature to encourage data sharing between emergency medical services providers and hospitals in order to improve system effectiveness, quality of care, and the impact of emergency medical services on death and disability.

SEC. 2. Section 1797.122 is added to the Health and Safety Code, to read:

1797.122. (a) Notwithstanding any other law, a health facility as defined in subdivision (a) or (b) of Section 1250 may release patient-identifiable medical information under the following circumstances:

(1) To an EMS provider, information regarding a patient who was treated, or transported to the hospital by, that EMS provider, to the extent that specific data elements are requested for quality assessment and improvement purposes.

(2) To the authority or the local EMS agency, to the extent that specific data elements are requested for quality assessment and improvement purposes.

(b) An EMS provider, local EMS agency, and the authority shall request only those data elements that are minimally necessary in compliance with Section 164.502 (b) and Section 164.514 (d) of Title 45 of the Code of Federal Regulations.

(c) The authority may develop minimum standards for the implementation of data collection for system operation, patient outcome, and performance quality improvement.

(d) For purposes of this section, “EMS provider” means an organization employing an Emergency Medical Technician-I, Advanced Emergency Medical Technician, Emergency Medical Technician-Paramedic, registered nurse, or physician for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during an interfacility transfer.

Approved \_\_\_\_\_, 2015

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*Governor*