

AMENDED IN SENATE JUNE 30, 2015

AMENDED IN ASSEMBLY MAY 14, 2015

AMENDED IN ASSEMBLY MAY 5, 2015

AMENDED IN ASSEMBLY APRIL 14, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1223

Introduced by Assembly Member O'Donnell

February 27, 2015

An act to add Sections 1797.120 and 1797.225 to the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1223, as amended, O'Donnell. Emergency medical services: ambulance transportation.

Existing law establishes the Emergency Medical Services Authority, and requires it to adopt regulations that further the purpose of establishing a statewide system for emergency medical services. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to develop an emergency medical services program. The act further authorizes a local emergency medical services (EMS) agency to develop and submit a plan to the Emergency Medical Services Authority for an emergency medical services system, and requires the local EMS agency, using state minimum standards, to establish policies and procedures to assure medical control of the emergency medical services system that may require basic life support emergency medical transportation services to meet any medical control requirements, including dispatch, patient

destination policies, patient care guidelines, and quality assurance requirements.

This bill would authorize a local EMS agency to adopt policies and procedures relating to ambulance patient offload time, as defined. The bill would require the authority to develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

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 1797.120 is added to the Health and
2 Safety Code, to read:

3 1797.120. (a) The authority shall develop, using input from
4 stakeholders, including, but not limited to, hospitals, local EMS
5 agencies, and public and private EMS providers, and, after approval
6 by the commission pursuant to Section 1799.50, adopt a statewide
7 standard methodology for the calculation and reporting by a local
8 EMS agency of ambulance patient offload time.

9 (b) For the purposes of this section, “ambulance patient offload
10 time” is defined as the interval between the arrival of an ambulance
11 patient ~~transported by a local EMS agency~~ at an emergency
12 department and the time that the ~~emergency department assumes~~
13 ~~responsibility for care of the patient following the transfer of the~~
14 ~~patient to a stretcher utilized by the emergency department.~~ *patient*
15 *is transferred to an emergency department gurney, bed, chair, or*
16 *other acceptable location and the emergency department assumes*
17 *responsibility for care of the patient.*

18 SEC. 2. Section 1797.225 is added to the Health and Safety
19 Code, to read:

20 1797.225. (a) A local EMS agency may adopt policies and
21 procedures for calculating and reporting ambulance patient offload
22 time, as defined in subdivision (b) of Section 1797.120.

23 (b) A local EMS agency that adopts policies and procedures for
24 calculating and reporting ambulance patient offload time pursuant
25 to subdivision (a) shall do all of the following:

26 (1) Use the statewide standard methodology for calculating and
27 reporting ambulance patient offload time developed by the
28 authority pursuant to Section 1797.120.

1 (2) Establish criteria for the reporting of, and quality assurance
2 followup for, a ~~“never event,”~~ *nonstandard patient offload time*,
3 as defined in subdivision (c).

4 (c) (1) For the purposes of this section, a ~~“never event”~~ occurs
5 ~~when~~ *“nonstandard patient offload time”* means that the
6 ambulance patient offload time for a patient exceeds a period of
7 time designated in the criteria established by the local EMS agency
8 pursuant to paragraph (2) of subdivision (b).

9 (2) *“Nonstandard patient offload time”* does not include
10 instances in which the ambulance patient offload time exceeds the
11 period set by the local EMS agency due to acts of God, natural
12 disasters, or manmade disasters.