

Assembly Bill No. 1223

Passed the Assembly September 2, 2015

Chief Clerk of the Assembly

Passed the Senate August 31, 2015

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2015, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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, 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.

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

SECTION 1. Section 1797.120 is added to the Health and Safety Code, to read:

1797.120. (a) The authority shall develop, using input from stakeholders, including, but not limited to, hospitals, local EMS agencies, and public and private EMS providers, and, after approval by the commission pursuant to Section 1799.50, adopt a statewide

standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

(b) For the purposes of this section, “ambulance patient offload time” is defined as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient.

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

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

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

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

(2) Establish criteria for the reporting of, and quality assurance followup for, a nonstandard patient offload time, as defined in subdivision (c).

(c) (1) For the purposes of this section, a “nonstandard patient offload time” means that the ambulance patient offload time for a patient exceeds a period of time designated in the criteria established by the local EMS agency pursuant to paragraph (2) of subdivision (b).

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

Approved _____, 2015

Governor