

AMENDED IN ASSEMBLY APRIL 7, 1997

CALIFORNIA LEGISLATURE—1997–98 REGULAR SESSION

**ASSEMBLY BILL**

**No. 984**

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**Introduced by Assembly Member Davis**

February 27, 1997

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An act to add Section 53113.5 to the Government Code, to amend ~~Section 1363 of Sections 1363 and 1367 of~~, and to add *Section 1797.114 to*, the Health and Safety Code, and to add Section 10126.6 to the Insurance Code, relating to emergency “911” telephone systems.

LEGISLATIVE COUNSEL’S DIGEST

AB 984, as amended, Davis. “911” emergency response system: competing systems.

**Existing**

(1) *Existing* law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act), establishes the Emergency Medical Services Authority within the Health and Welfare Agency to administer the emergency medical services (EMS) system to coordinate and integrate effective and efficient emergency medical services throughout the 58 counties of the state. Existing law, the Warren-911-Emergency Assistance Act, establishes a statewide emergency telephone number by requiring every local public agency, as defined, to establish a “911” emergency response telephone system.

This bill would prohibit a person or agency from ~~operating, or from requiring or encouraging participation in, an~~

~~emergency telephone system other than the “911” emergency response system, and would grant a private civil cause of action for recovery of money damages by anyone injured thereby.~~

~~This bill would establish a reasonably prudent person standard for use of the “911” emergency response system, and would prohibit any person or agency from taking any action against, or refusing to pay for, for any otherwise covered health care benefit or service, based upon a reasonable, although mistaken, use of the “911” emergency response system of, a person requesting “911” assistance if the request was made based upon a medical emergency. The bill would provide that a medical emergency exists if a reasonably prudent similarly situated person would conclude that the situation requires an emergency response for a medical condition under the facts as they appeared to the person requesting “911” assistance at the time of the request for services. The bill would also prohibit basing the determination of whether a medical emergency exists upon a retrospective analysis of the level of care eventually provided to, or a final discharge diagnosis of, the person who received emergency assistance. The bill would provide that a medical emergency would be presumed to exist, but not be limited to, cases in which the emergency medical services personnel respond to a request for “911” assistance for a patient involving designated conditions.~~

**Existing**

(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Commissioner of Corporations, and requires the commissioner to require each plan to use disclosure materials that provide, among other things, a description of any limitations on the patients choice of primary care or specialty care provider. Willful violation of those provisions is a crime. Existing law also provides for the regulation of policies of disability insurance by the Insurance Commissioner.

Existing law requires that health care service plans and disability insurance policies provide coverage for certain services and treatments. Existing law requires a health care



*service plan, except a specialized health care service plan, to provide all basic health care services, defined to include, among other services, emergency health care services, including ambulance services and out-of-area coverage. The commissioner is authorized by rule to define the minimum scope of each basic health care service.*

This bill would require any plan contract and every disability insurance policy entered into, amended, renewed, or delivered in this state, after January 1, 1998, that provides hospital, medical, or surgical coverage *that includes emergency health care services*, to include full coverage for emergency response costs, including, but not limited to, costs associated with services dispatched pursuant to the “911” emergency response system whether or not the emergency provider has an arrangement with the plan or insurer or whether there was prior authorization. *It would provide that emergency response costs shall include the costs of responding to a request for “911” assistance that is based upon a medical emergency, as defined for purposes of (1) above and the costs of transporting a patient to the closest appropriate medical facility rather than a medical facility designated by the patient’s health care service plan for purposes of (3) below.*

This bill would require that enrollees and insureds be encouraged to appropriately use the “911” emergency response system in areas where the number is established and operating, and be informed that costs of the emergency response, including any costs associated with use of the “911” emergency response system, are covered under the plan contract or insurance policy. By changing the definition of an existing crime as regards health care service plans, this bill would impose a state-mandated local program.

*(3) Existing law requires the authority, pursuant to the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, to develop planning and implementation guidelines for emergency medical services systems that address, among other components, transportation. Existing law requires the authority to establish regulations and make determinations that would permit a local EMS agency to implement a local plan. Existing law*



*prohibits the regulations, standards, and guidelines adopted by the authority and by local EMS agencies to prohibit a hospital that contracts with group practice prepayment health care service plans from providing necessary medical services for the members of the plan.*

*This bill would require that the rules and regulations of the authority include a requirement that a local EMS agency local plan require that in providing emergency medical transportation services to a patient that has a primary care facility designated by his or her health care service plan that (a) every effort be made to transport the patient to his or her designated primary care facility, only to the extent that quality patient care will not be compromised and (b) the patient be transported to the closest appropriate medical facility rather than the designated primary care facility if the emergency health care needs of the patient dictate this course of action.*

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, *including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.*

This bill would provide that *with regard to certain mandates* no reimbursement is required by this act for a specified reason.

*With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.*

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. Section 53113.5 is added to the~~  
 2 ~~Government Code, to read:~~



1 ~~53113.5. (a) The Legislature finds and declares all of~~  
2 ~~the following:~~

3 ~~(1) Systems that compete with emergency “911”~~  
4 ~~telephone systems established pursuant to this article are~~  
5 ~~likely to create confusion, cause delay in response time,~~  
6 ~~ultimately lead to increased fiscal and social costs, and~~  
7 ~~thereby constitute a danger to the public.~~

8 ~~(2) Competing systems create confusion because in a~~  
9 ~~time of emergency one should not have to second guess~~  
10 ~~what the correct emergency response number is, nor~~  
11 ~~should one have to spend time to ascertain the correct~~  
12 ~~number. The emergency response number should,~~  
13 ~~therefore be certain, uniform, and known to all.~~

14 ~~(3) Competing systems often cause delay because they~~  
15 ~~are generally designed around primary considerations~~  
16 ~~that are other than immediate activation of the closest~~  
17 ~~responder.~~

18 ~~(4) Competing systems therefore are dangerous~~  
19 ~~because the delay can result in otherwise avoidable injury~~  
20 ~~or loss of life.~~

21 ~~(5) One of the central reasons for the success of the~~  
22 ~~“911” system is the uniformity and certainty that it brings~~  
23 ~~to all emergency response settings covered by the system.~~  
24 ~~This uniformity and certainty has resulted in much~~  
25 ~~progress in the overall ability to respond to emergencies.~~  
26 ~~Competing or ancillary systems not contemplated by this~~  
27 ~~article result in confusion and thus pose a threat to that~~  
28 ~~progress.~~

29 ~~(6) Competing systems are against public policy~~  
30 ~~because they inject uncertainty into an otherwise stable~~  
31 ~~response system. This uncertainty may have~~  
32 ~~ramifications even beyond the population covered by the~~  
33 ~~particular competing system, and thus may diminish the~~  
34 ~~overall statewide effectiveness of the emergency~~  
35 ~~response system.~~

36 ~~(b) In areas that have an established and operating~~  
37 ~~“911” emergency response telephone system pursuant to~~  
38 ~~this article, no person or agency shall operate, or require~~  
39 ~~or encourage participation in, an emergency telephone~~



1 ~~system other than the “911” emergency response system~~  
2 ~~pursuant to this article.~~

3 ~~(c) For reasons that are similar to those set forth in~~  
4 ~~Section 1797.6 of the Health and Safety Code, it is the~~  
5 ~~intent of the Legislature in enacting this section to~~  
6 ~~prescribe and exercise the degree of state direction and~~  
7 ~~supervision over emergency telephone response systems~~  
8 ~~as will provide for state-action immunity under federal~~  
9 ~~antitrust laws for activities undertaken by local~~  
10 ~~government agencies and private persons or agencies in~~  
11 ~~carrying out their prescribed functions under this article.~~

12 ~~(d) Operation of an emergency telephone response~~  
13 ~~system not authorized or sanctioned by this article shall~~  
14 ~~result in civil liability to persons or agencies damaged as~~  
15 ~~a result. Any person or agency who suffers personal injury~~  
16 ~~or financial loss as a result of the operation of a competing~~  
17 ~~emergency telephone system in violation of this section~~  
18 ~~shall have a private right to commence a civil action~~  
19 ~~against the person or agency operating the competing~~  
20 ~~system in violation of this section for recovery of~~  
21 ~~compensatory and punitive money damages.~~

22 ~~(e) The main focus and purpose of the “911”~~  
23 ~~emergency response system is to provide an important~~  
24 ~~tool for use by persons in need of emergency assistance.~~  
25 ~~Facilitating response by governmental and other~~  
26 ~~emergency responder agencies is a secondary purpose.~~  
27 ~~Therefore the appropriate standard to apply in~~  
28 ~~determining whether a given situation justifies use of the~~  
29 ~~“911” emergency response system is the reasonable~~  
30 ~~person standard. If a reasonably prudent similarly~~  
31 ~~situated person would conclude that the situation~~  
32 ~~requires emergency response under the facts as they~~  
33 ~~appear to the person at the time of the emergency, then~~  
34 ~~no person or agency shall take any action against the~~  
35 ~~person requesting the “911” assistance, nor shall they~~  
36 ~~refuse to pay for any otherwise covered service, based~~  
37 ~~upon that reasonable use of the “911” emergency~~  
38 ~~response system, even if hindsight demonstrates that the~~  
39 ~~conclusion was mistaken.~~



1 SECTION 1. Section 53113.5 is added to the  
2 Government Code, to read:

3 53113.5. (a) Notwithstanding any other law, no  
4 person or agency shall take any action against, or refuse  
5 to pay for any otherwise covered health care benefits or  
6 services of, a person requesting “911” assistance if the  
7 request was made based upon a medical emergency.

8 (b) (1) For purposes of this section, a “medical  
9 emergency” exists if a reasonably prudent similarly  
10 situated person would conclude that the situation  
11 requires an emergency response for a medical condition  
12 under the facts as they appeared to the person requesting  
13 “911” assistance at the time of the request for services.

14 (2) The determination of whether a “medical  
15 emergency” exists shall not be based upon a retrospective  
16 analysis of the level of care eventually provided to, or a  
17 final discharge diagnosis of, the person who received  
18 emergency assistance.

19 (3) A medical emergency shall be presumed to exist,  
20 but shall not be limited to, cases in which the emergency  
21 medical services personnel is responding to a request for  
22 “911” assistance for a patient for any of the following:

- 23 (A) Acute abdominal pain.
- 24 (B) Airway obstruction.
- 25 (C) Allergic reaction or anaphylaxis.
- 26 (D) Altered neurologic function (nontraumatic).
- 27 (E) Burns.
- 28 (F) Cardiac arrest.
- 29 (G) Chest pain of cardiac origin.
- 30 (H) Dysrhythmias (for example, emergencies related  
31 to defective cardiac rhythms).
- 32 (I) Envenomation injuries (for example, injuries from  
33 venom injected by a sting, spine, or bite).
- 34 (J) Near drowning.
- 35 (K) Obstetrical emergencies (for example,  
36 emergencies related to pregnancy and childbirth).
- 37 (L) Respiratory distress.
- 38 (M) Shock.
- 39 (N) Trauma.
- 40 (O) Poisoning or overdose.



1 SEC. 2. Section 1363 of the Health and Safety Code is  
2 amended to read:

3 1363. (a) The commissioner shall require the use by  
4 each plan of disclosure forms or materials containing  
5 information regarding the benefits, services, and terms of  
6 the plan contract as the commissioner may require, so as  
7 to afford the public, subscribers, and enrollees with a full  
8 and fair disclosure of the provisions of the plan in readily  
9 understood language and in a clearly organized manner.  
10 The commissioner may require that the materials be  
11 presented in a reasonably uniform manner so as to  
12 facilitate comparisons between plan contracts of the same  
13 or other types of plans. Nothing contained in this chapter  
14 shall preclude the commissioner from permitting the  
15 disclosure form to be included with the evidence of  
16 coverage or plan contract.

17 The disclosure form shall provide for at least the  
18 following information, in concise and specific terms,  
19 relative to the plan, together with additional information  
20 as may be required by the commissioner, in connection  
21 with the plan or plan contract:

22 (1) The principal benefits and coverage of the plan,  
23 including coverage for acute care and subacute care.

24 (2) The exceptions, reductions, and limitations that  
25 apply to the plan.

26 (3) The full premium cost of the plan.

27 (4) Any copayment, coinsurance, or deductible  
28 requirements that may be incurred by the member or the  
29 member's family in obtaining coverage under the plan.

30 (5) The terms under which the plan may be renewed  
31 by the plan member, including any reservation by the  
32 plan of any right to change premiums.

33 (6) A statement that the disclosure form is a summary  
34 only, and that the plan contract itself should be consulted  
35 to determine governing contractual provisions.

36 (7) A statement as to when benefits shall cease in the  
37 event of nonpayment of the prepaid or periodic charge  
38 and the effect of nonpayment upon an enrollee who is  
39 hospitalized or undergoing treatment for an ongoing  
40 condition.



1 (8) To the extent that the plan permits a free choice  
2 of provider to its subscribers and enrollees, the statement  
3 shall disclose the nature and extent of choice permitted  
4 and the financial liability which is, or may be, incurred by  
5 the subscriber, enrollee, or a third party by reason of the  
6 exercise of that choice.

7 (9) A summary of the provisions required by  
8 subdivision (g) of Section 1373, if applicable.

9 (10) If the plan utilizes arbitration to settle disputes, a  
10 statement of that fact.

11 (11) A summary of, and a notice of the availability of,  
12 the process the plan uses to authorize or deny health care  
13 services under the benefits provided by the plan,  
14 pursuant to Section 1363.5.

15 (12) A description of any limitations on the patient's  
16 choice of primary care or specialty care physician based  
17 on service area and limitations on the patient's choice of  
18 acute care hospital care, subacute or transitional  
19 inpatient care, or skilled nursing facility.

20 (13) General authorization requirements for referral  
21 by a primary care physician to a specialty care physician.

22 (14) Conditions and procedures for disenrollment.

23 (b) All plans, solicitors, and representatives of a plan  
24 shall, when presenting any plan contract for examination  
25 or sale to an individual prospective plan member, provide  
26 the individual with a properly completed disclosure form,  
27 as prescribed by the commissioner pursuant to this  
28 section for each plan so examined or sold.

29 (c) In the case of group contracts, the completed  
30 disclosure form and evidence of coverage shall be  
31 presented to the contractholder upon delivery of the  
32 completed health care service plan agreement.

33 (d) Group contractholders shall disseminate copies of  
34 the completed disclosure form to all persons eligible to be  
35 a subscriber under the group contract at the time those  
36 persons are offered the plan. Where the individual group  
37 members are offered a choice of plans, separate  
38 disclosure forms shall be supplied for each plan available.  
39 Each group contractholder shall also disseminate or cause



1 to be disseminated copies of the evidence of coverage to  
2 all subscribers enrolled under the group contract.

3 (e) In the case of conflicts between the group contract  
4 and the evidence of coverage, the provisions of the  
5 evidence of coverage shall be binding upon the plan  
6 notwithstanding any provisions in the group contract  
7 which may be less favorable to subscribers or enrollees.

8 (f) In addition to the other disclosures required by this  
9 section, every health care service plan and any agent or  
10 employee of the plan shall, when presenting a plan for  
11 examination or sale to any individual purchaser or the  
12 representative of a group consisting of 25 or fewer  
13 individuals, disclose in writing the ratio of premium costs  
14 to health services paid for plan contracts with individuals  
15 and with groups of the same or similar size for the plan's  
16 preceding fiscal year. A plan may report that information  
17 by geographic area, provided the plan identifies the  
18 geographic area and reports information applicable to  
19 that geographic area.

20 ~~(g) Any contract entered into, amended, renewed, or~~  
21 ~~delivered in this state, after January 1, 1998, for any plan~~  
22 ~~that provides hospital, medical, or surgical coverage, shall~~  
23 ~~include full coverage for emergency response costs,~~  
24 ~~including, but not limited to, costs associated with~~  
25 ~~services dispatched pursuant to the "911" emergency~~  
26 ~~response system pursuant to the Warren-911-Emergency~~  
27 ~~Assistance Act (Article 6 (commencing with Section~~  
28 ~~53100) of Chapter 1 of Part 1 of Division 2 of Title 5 of the~~  
29 ~~Government Code). This coverage shall be provided~~  
30 ~~without regard to whether the emergency provider has~~  
31 ~~an arrangement with the plan or whether there was prior~~  
32 ~~authorization. For contracts covered by this subdivision,~~

33 *(g) For any plan that is required to provide full*  
34 *coverage for emergency response costs pursuant to*  
35 *paragraph (2) of subdivision (i) of Section 1367, the*  
36 *disclosure form pursuant to subdivision (a) shall state that*  
37 *enrollees are encouraged to appropriately use the "911"*  
38 *emergency response system in areas where the system is*  
39 *established and operating, and that costs of the*  
40 *emergency response, including any costs associated with*



1 use of the “911” emergency response system, are covered  
2 under the plan contract.

3 SEC. 3. *Section 1367 of the Health and Safety Code is*  
4 *amended to read:*

5 1367. Each health care service plan, and where  
6 applicable, each specialized health care service plan, shall  
7 meet the following requirements:

8 (a) All facilities located in this state including, but not  
9 limited to, clinics, hospitals, and skilled nursing facilities  
10 to be utilized by the plan shall be licensed by the State  
11 Department of Health Services, where licensure is  
12 required by law. Facilities not located in this state shall  
13 conform to all licensing and other requirements of the  
14 jurisdiction in which they are located.

15 (b) All personnel employed by or under contract to  
16 the plan shall be licensed or certified by their respective  
17 board or agency, where licensure or certification is  
18 required by law.

19 (c) All equipment required to be licensed or  
20 registered by law shall be so licensed or registered and the  
21 operating personnel for that equipment shall be licensed  
22 or certified as required by law.

23 (d) The plan shall furnish services in a manner  
24 providing continuity of care and ready referral of patients  
25 to other providers at times as may be appropriate  
26 consistent with good professional practice.

27 (e) (1) All services shall be readily available at  
28 reasonable times to all enrollees. To the extent feasible,  
29 the plan shall make all services readily accessible to all  
30 enrollees.

31 (2) To the extent that telemedicine services are  
32 appropriately provided through telemedicine, as defined  
33 in subdivision (a) of Section 2290.5 of the Business and  
34 Professions Code, these services shall be considered in  
35 determining compliance with Section 1300.67.2 of Title 10  
36 of the California Code of Regulations.

37 (f) The plan shall employ and utilize allied health  
38 manpower for the furnishing of services to the extent  
39 permitted by law and consistent with good medical  
40 practice.



1 (g) The plan shall have the organizational and  
2 administrative capacity to provide services to subscribers  
3 and enrollees. The plan shall be able to demonstrate to  
4 the department that medical decisions are rendered by  
5 qualified medical providers, unhindered by fiscal and  
6 administrative management.

7 (h) All contracts with subscribers and enrollees,  
8 including group contracts, and all contracts with  
9 providers, and other persons furnishing services,  
10 equipment, or facilities to or in connection with the plan,  
11 shall be fair, reasonable, and consistent with the  
12 objectives of this chapter. All contracts with providers  
13 shall contain provisions requiring a dispute resolution  
14 mechanism under which providers may submit disputes  
15 to the plan, and requiring the plan to inform its providers  
16 upon contracting with the plan, or upon change to these  
17 provisions, of the procedures for processing and resolving  
18 disputes, including the location and telephone number  
19 where information regarding disputes may be submitted.

20 (i) (1) Each health care service plan contract shall  
21 provide to subscribers and enrollees all of the basic health  
22 care services included in subdivision (b) of Section 1345,  
23 except that the commissioner may, for good cause, by rule  
24 or order exempt a plan contract or any class of plan  
25 contracts from that requirement. The commissioner shall  
26 by rule define the scope of each basic health care service  
27 which health care service plans shall be required to  
28 provide as a minimum for licensure under this chapter.  
29 Nothing in this chapter shall prohibit a health care service  
30 plan from charging subscribers or enrollees a copayment  
31 or a deductible for a basic health care service or from  
32 setting forth, by contract, limitations on maximum  
33 coverage of basic health care services, provided that the  
34 copayments, deductibles, or limitations are reported to,  
35 and held unobjectionable by, the commissioner and set  
36 forth to the subscriber or enrollee pursuant to the  
37 disclosure provisions of Section 1363.

38 ~~Nothing~~

39 (2) (A) *Notwithstanding any rule of the*  
40 *commissioner established pursuant to paragraph (1)*



1 *defining the scope of basic health care services, any*  
2 *contract entered into, amended, renewed, or delivered in*  
3 *this state, after January 1, 1998, for any plan that provides*  
4 *hospital, medical, and surgical coverage that is required*  
5 *to provide basic health care services pursuant to this*  
6 *section, including, emergency health care services*  
7 *referred to in subdivision (b) of Section 1345, shall*  
8 *include full coverage for emergency response costs. This*  
9 *coverage shall be provided without regard to whether the*  
10 *emergency provider has an arrangement with the plan or*  
11 *whether there was prior authorization.*

12 *(B) For purposes of this paragraph, emergency*  
13 *response costs shall include, but not be limited to, costs*  
14 *associated with services dispatched pursuant to the “911”*  
15 *emergency response system pursuant to the*  
16 *Warren-911-Emergency Assistance Act (Article 6*  
17 *(commencing with Section 53100) of Chapter 1 of Part 1*  
18 *of Division 2 of Title 5 of the Government Code). These*  
19 *costs shall include, at a minimum, both of the following:*

20 *(i) Costs of responding to a request for “911” assistance*  
21 *that is based upon a medical emergency, as defined in*  
22 *Section 53113.5 of the Government Code.*

23 *(ii) Costs of emergency medical transportation*  
24 *services to a patient that has a primary care facility*  
25 *designated by his or her health care service plan who is*  
26 *transported to the closest appropriate medical facility*  
27 *rather than the designated primary care facility in*  
28 *conformity with regulations established for purposes of*  
29 *Section 1798.114 by the authority and a local EMS agency.*

30 *(j) (1) Nothing in this section shall be construed to*  
31 *permit the commissioner to establish the rates charged*  
32 *subscribers and enrollees for contractual health care*  
33 *services.*

34 ~~The~~

35 *(2) The commissioner’s enforcement of Article 3.1*  
36 *(commencing with Section 1357) shall not be deemed to*  
37 *establish the rates charged subscribers and enrollees for*  
38 *contractual health care services.*

39 *SEC. 4. Section 1797.114 is added to the Health and*  
40 *Safety Code, to read:*



1 1797.114. *The rules and regulations of the authority*  
2 *established pursuant to Section 1797.107 shall include a*  
3 *requirement that a local EMS agency local plan*  
4 *developed pursuant to this division shall require that in*  
5 *providing emergency medical transportation services to*  
6 *a patient that has a primary care facility designated by his*  
7 *or her health care service plan, the following shall apply:*

8 (a) *Every effort shall be made to transport the patient*  
9 *to his or her designated primary care facility, only to the*  
10 *extent that quality patient care will not be compromised.*

11 (b) *The patient shall be transported to the closest*  
12 *appropriate medical facility rather than the designated*  
13 *primary care facility if the emergency health care needs*  
14 *of the patient dictate this course of action. Emergency*  
15 *health care need shall be determined by the prehospita*  
16 *emergency medical care personnel under the direction*  
17 *of a base hospital physician or in conformance with the*  
18 *regulations of the authority adopted pursuant to Section*  
19 *1797.107.*

20 SEC. 5. Section 10126.6 is added to the Insurance  
21 Code, to read:

22 10126.6. (a) *Every policy of disability insurance that*  
23 *provides hospital, medical, or surgical coverage that*  
24 *provides any emergency health care services, that is*  
25 *issued, amended, delivered, or renewed in this state on or*  
26 *after January 1, 1998, shall include full coverage for*  
27 ~~*emergency response costs including, but not limited to,*~~  
28 ~~*costs emergency response costs.*~~ *This coverage shall be*  
29 *provided without regard to whether the emergency*  
30 *provider has an arrangement with the plan or whether*  
31 *there was prior authorization.*

32 (b) *For purposes of this section, emergency response*  
33 *costs shall include, but not be limited to costs associated*  
34 *with services dispatched pursuant to the “911”*  
35 *emergency response system pursuant to the*  
36 *Warren-911-Emergency Assistance Act (Article 6*  
37 *of Division 2 of Title 5 of the Government Code). This*  
38 ~~*coverage shall be provided without regard to whether the*~~  
39 ~~*emergency provider has an arrangement with the insurer*~~  
40



1 ~~or whether there was prior authorization. For policies~~  
2 *These costs shall include, at a minimum, both of the*  
3 *following:*

4 *(1) Costs of responding to a request for “911”*  
5 *assistance that is based upon a medical emergency, as*  
6 *defined in Section 53113.5 of the Government Code.*

7 *(2) Costs of emergency medical transportation*  
8 *services to a patient that has a primary care facility*  
9 *designated by his or her health care service plan who is*  
10 *transported to the closest appropriate medical facility*  
11 *rather than the designated primary care facility in*  
12 *conformity with regulations established for purposes of*  
13 *Section 1797.114 by the authority and a local EMS agency.*

14 *(c) For policies covered by this section, the insurer*  
15 *shall encourage its insureds to appropriately use the “911”*  
16 *emergency response system in areas where the system is*  
17 *established and operating, and shall inform insureds that*  
18 *costs of the emergency response, including any costs*  
19 *associated with use of the “911” emergency response*  
20 *system, are covered under the policy of coverage.*

21 ~~SEC. 4. No reimbursement is required by this act~~  
22 ~~pursuant to Section 6 of Article XIII B of the California~~  
23 ~~Constitution because the only costs that may be incurred~~  
24 ~~by a local agency or school district will be incurred~~  
25 ~~because this act creates a new crime or infraction,~~  
26 ~~eliminates a crime or infraction, or changes the penalty~~  
27 ~~for a crime or infraction, within the meaning of Section~~  
28 ~~17556 of the Government Code, or changes the definition~~  
29 ~~of a crime within the meaning of Section 6 of Article~~  
30 ~~XIII B of the California Constitution.~~

31 ~~Notwithstanding Section 17580 of the Government~~  
32 ~~Code, unless otherwise specified, the provisions of this act~~  
33 ~~shall become operative on the same date that the act~~  
34 ~~takes effect pursuant to the California Constitution.~~

35 *SEC. 6. No reimbursement is required by this act*  
36 *pursuant to Section 6 of Article XIII B of the California*  
37 *Constitution for certain costs that may be incurred by a*  
38 *local agency or school district because in that regard this*  
39 *act creates a new crime or infraction, eliminates a crime*  
40 *or infraction, or changes the penalty for a crime or*



1 *infraction, within the meaning of Section 17556 of the*  
2 *Government Code, or changes the definition of a crime*  
3 *within the meaning of Section 6 of Article XIII B of the*  
4 *California Constitution.*

5 *However, notwithstanding Section 17610 of the*  
6 *Government Code, if the Commission on State Mandates*  
7 *determines that this act contains other costs mandated by*  
8 *the state, reimbursement to local agencies and school*  
9 *districts for those costs shall be made pursuant to Part 7*  
10 *(commencing with Section 17500) of Division 4 of Title*  
11 *2 of the Government Code. If the statewide cost of the*  
12 *claim for reimbursement does not exceed one million*  
13 *dollars (\$1,000,000), reimbursement shall be made from*  
14 *the State Mandates Claims Fund.*

15 *Notwithstanding Section 17580 of the Government*  
16 *Code, unless otherwise specified, the provisions of this act*  
17 *shall become operative on the same date that the act*  
18 *takes effect pursuant to the California Constitution.*

