



2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
(877) 276-1410 / (916) 239-4095 / Fax - (916) 924-7323
www.the-caa.org / info@the-caa.org

The Honorable Mike A. Gipson, Assembly Member
Capitol Office, Room 3173
Sacramento, CA 94249

February 5, 2018

AB 1795 (Gipson) – SUPPORT, IF AMENDED

Dear Assembly Member Gipson:

The California Ambulance Association (CAA) represents providers of emergency and non-emergency medically necessary transportation services throughout the State of California. Since its founding in 1948, the objectives of the CAA have been to promote better patient care, develop the highest level of ambulance services, cooperate with organizations providing medical care to the citizens of California, seek to improve standards for personnel and equipment, and encourage the highest standards of ethics and conduct. It is with these values in mind that we support AB 1795, if amended. Several of our members' companies are directly involved in the delivery of community paramedic services through the pilot projects.

The concept of transporting a patient by ambulance to a psychiatric facility or sobering center that is best capable of meeting his/her medical needs, the first time, instead of always transporting to an acute care hospital emergency department is an important principle. Under strict and appropriate protocols, with destination decisions made by highly trained and skilled paramedics, in a program overseen with proper medical control by the local EMS medical director, the concept proposed by AB 1795 is worthy and sound. Medical care can be improved and simultaneously provided at less cost with the implementation of this bill, as confirmed by OSHPD's studies. However, the concept and implementation is not viable nor sustainable unless the bill addresses and specifically authorizes reimbursement for the paramedic and ambulance services being provided.

The CAA supports the programs to be authorized by this proposed law, but we can only support this bill if it is amended to include provisions for reimbursement of the services. Under existing law and regulations, ambulances must transport patients to acute care hospitals to qualify for payment for ambulance service. Transports to alternate destinations such as psychiatric facilities or sobering centers are typically not eligible for reimbursement. These transports being conducted as part of the pilot programs are generally conducted for free. This is not sustainable.

Therefore, the CAA supports AB 1795 contingent upon its amendment to address compensation for the services provided. In order to make the concept of alternate destinations viable and sustainable for the long-term, it must be made clear in this bill that ambulance transports to psychiatric facilities or sobering centers will be paid by State programs (i.e. Medi-Cal, workers compensation, prison contracts, etc.) and all insurance plans and managed care plans at the same rate paid for ambulance transport to an acute care hospital.

Sincerely,


Ross Elliott,
Executive Director

cc: Chris Micheli, Aprea & Micheli