Date of Hearing: May 1, 2019

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Lorena Gonzalez, Chair

AB 1544

(Gipson) – As Amended April 22, 2019

Policy Committee: Health Vote: 15 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill, until January 1, 2030, establishes state guidelines governing the implementation of community paramedicine programs (CPPs) or triage to alternate destination programs (triage programs) by local Emergency Medical Service agencies (LEMSAs) in California. Specifically, this bill:

1) Establishes allowable types of CPP specialties, including:

   a) Short-term hospital discharge follow-up.

   b) Directly observed therapy for tuberculosis

   c) Case management services to frequent emergency services users.

2) Establishes allowable types of triage to alternate destination programs, including:

   a) Providing care and comfort services to hospice patients in their homes in response to 911 calls prior to the arrival of a hospice provider.

   b) Advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, such as an authorized mental health facility or authorized sobering center.

3) Authorizes a LEMSA to develop programs consistent with this bill and EMSA regulations and requires a local advisory committee of specified composition.

4) Requires the Emergency Medical Services Authority (EMSA) to issue regulations that establish standards governing CPPs and triage programs, as specified, including training, scope of practice, paramedic certification, program approval, and the collection and submission of data.

5) Requires EMSA review and approve local CPPs and triage programs and submit annual reports.

6) Adds members to the EMS Commission.

7) Prohibits the application of triage or assessment protocols that are discriminatory in nature.

8) Establishes a number of requirements for CPPs, including that they give public agencies first right of refusal to provide the proposed specialties listed in 1), above, and allows the LEMSA to select other entities to deliver the programs if public agencies decline to provide any or all of the proposed specialties.

9) Allows currently operating pilots to continue the use of existing providers.

FISCAL EFFECT:

1) Staff costs of approximately $620,000 GF to EMSA in 2020-21 to promulgate regulations, design a data structure and data collection system, and transition current sites to new rules over the first one to two years. EMSA notes existing fee revenue will not support these costs.

2) Ongoing staff costs of approximately $800,000 GF, until the January 1, 2030, sunset, to review and approve programs, collect and review data, and develop annual reports, assuming 15 CPP programs. There could be additional cost pressure if a higher number of counties authorize and submit programs for EMSA review.

3) Minor and absorbable workload to OSHPD. The oversight activities for the community paramedicine programs would continue as part of OSHPD's current workload.

COMMENTS:

1) **Purpose**. According to the author, community paramedicine is a concept that aims to improve the efficiency and delivery of health care using trained paramedics and other health care providers to address local needs. The author notes that in November of 2014, the Office of Statewide Health Planning and Development approved an application by EMSA for the operation of specific paramedicine programs in various LEMSAs in the state. This bill will structure the implementation of local programs statewide.

2) **Background**. California's 33 LEMSAs provide or coordinate the provision of EMS services in their regions. EMSA oversees LEMSAs by reviewing and approving local EMS plans and provides guidance and leadership to ensure consistency and quality of EMS care statewide. Since 2015, EMSA has sponsored community paramedicine pilot projects in a dozen California communities. Community paramedicine is a fairly new and evolving health care field that allows paramedics to function outside their traditional emergency response and transport roles to facilitate appropriate use of emergency care while enhancing access to primary care for medically underserved populations. OSHPD Health Workforce Pilot Project Program, through which the community paramedicine projects were administered, allows for laws governing health care providers' scope of practice to be relaxed in order to test new health care concepts.

   The pilot has encompassed 18 projects in 13 communities across the state, testing seven different community paramedicine concepts. Twelve projects are currently enrolling patients. Five of the initial projects have closed for various reasons. One project suspended operations in December 2017 but plans to begin enrolling patients again in 2019. Independent evaluations conducted by the University of California, San Francisco, have found generally positive results from the pilots. For instance, the evaluation found no evidence of patient harm associated with implementation of the alternate destination pilot projects. Stanislaus' "alternate destination – mental health crisis center" project enrolled 251 persons between September 2015 and September 2017. Persons enrolled received care from a mental health

professional more quickly than persons with mental health needs who were not enrolled, because they did not have to first go to an emergency department (ED) for a medical evaluation and then be transported to a mental health crisis center. Very few enrollees (4%) had a secondary transfer to the emergency department, with no subsequent inpatient admissions.

3) **Prior Legislation**. AB 3115 (Gipson) was similar to this bill and was vetoed by Governor Brown, who expressed support for such innovative local efforts and a belief they should be expanded, but without the restrictions contained in the bill.

   AB 1795 (Gipson), of the 2017-18 Legislative Session, which was held on the Suspense File of this committee would have allowed specially trained paramedics to transport an individual to a designated behavioral health facility or sobering center instead of a hospital ED.

   AB 820 (Gipson), of the 2017-18 Legislative Session, would have allowed a LEMSA to transport specified patients to a community care facility, as defined, in lieu of transportation to a hospital. AB 820 was referred to the Assembly Health Committee and not heard.

   AB 1650 (Maienschein), of the 2017-18 Legislative Session, would have allowed created the community paramedicine program within EMSA and allowed EMSA to authorize LEMSAs to participate, as specified. AB 1650 was referred to Suspense File of this committee and was not heard.

4) **Support**. California Professional Firefighters (CPF) is a co-sponsor of this bill and states that community paramedicine can leverage a trusted community resource, firefighter paramedics, to deliver important services. CPF notes CPPs and triage programs will allow improved access to essential services.

   California Chapter of the American College of Emergency Physicians is also a co-sponsor, indicating the bill is well-crafted to meet important patient safety protections.

   The California Fire Chiefs Association and the Fire Districts Association of California support this bill, noting that community paramedicine has been piloted in several jurisdictions and has proven to provide improved services while concurrently reducing costs to local government.

5) **Opposition**. The California Nurses Association/National Nurses United (CNA) opposes this bill, expressing concerns of mission creep and that removing paramedics from the prehospital space is dangerous for patients. CNA contends EMSA and UCSF refuse to make raw data available, contending these entities may be hiding unfavorable data.

   EMS administrators, EMS medical directors and counties oppose this bill unless amended, arguing this bill will erode local medical control of the EMS systems and create unnecessary impediments for innovative solutions to the delivery of healthcare by counties and their local EMS agencies. Among their key policy concerns are expansion of the EMS Commission, creation of a triage to alternate destinations program (which they find more limiting than their existing authority), and preferential treatment of public agencies over private entities.

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