Agenda

4:00 p.m.  1.  Introduction of Members and Guests
4:03    2.  Approval of Minutes from July 12, 2017
4:05    3.  Chair’s Report
Kacey Hansen, EMCC Chair
4:10    4.  Comments from the Public
Members of the public may speak up to 3 minutes each on matters either on or not on this agenda.
4:13    5.  Members’ Reports
4:16    6.  Recognition: Chief Stephen Healy, Moraga-Orinda Fire District
4:22    7.  Fire Chiefs’ Report
Fire Executive Chief Representative
4:30    8.  Quarterly Update on Alliance Ambulance Services
Rick Stephenson, EMS Chief, Contra Costa County Fire Protection District
4:45    9.  EMCC Officer Nominating Committee Discussion
2017-2019 Term
5:00   10.  EMS Medical Director’s Report
David Goldstein, MD, Contra Costa EMS Medical Director
5:10   11.  EMS Director’s Report including Ambulance Ordinance
Pat Frost, Contra Costa County EMS Director
5:25   12.  Agenda Items for next meeting: December 13, 2017
5:30   13.  Adjournment

Reasonable accommodations can be made for persons with disabilities planning to attend the EMCC Meeting by contacting EMS Staff at least 24 hours in advance at (925) 646-4690.

Any disclosable public records related to an item on a regular meeting agenda and distributed by the County to a majority of members of the Emergency Medical Care Committee less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 126, Martinez, during normal business hours.
MEETING MINUTES
July 12, 2017

Members Present Representing
Chair: Kacey Hansen Trauma Center (CC Contract)
Vice Chair: Gary Napper Public Managers’ Association
Executive Committee:
   Ellen Leng Alameda-Contra Costa Medical Association
   Ross Fay Air Medical Transportation Provider

   Terence Carey Ambulance Providers (CC Contract)
   Pat Frost EMS Agency Director
   David Goldstein EMS Agency Medical Director
   Derek Krause Contra Costa Fire Chiefs’ Association
   Lily Lidi District III
   Jon Michaelson Public Provider Field Paramedic
   Elaina Petrucci Gunn American Heart Association
   Anthony Rodigin Emergency Dept. Physicians (CC Receiving Hospital)
   David Samuelson Emergency Nurses Assoc. East Bay
   John Speakman District II
   Kelley Stieler District I
   Allan Tobias District IV
   Jason Vorhauer Contra Costa Office of the Sheriff

Staff Present
Mia Fairbanks Contra Costa County EMS
Rachel Morris Contra Costa County EMS
Craig Stroup Contra Costa County EMS
Michelle Voos Contra Costa County EMS

Others Present
Joanny All American Medical Response
BJ Bartleson Hospital Council of Northern and Central California
Jeff Carman Contra Costa County Fire Protection District
Brian Goldhammer Contra Costa California Highway Patrol
Harris Hennig NorCal Ambulance
Marcelle Indelicato CCC Office of Emergency Services
John LaBare Falck Ambulance
Jason Pilkerton John Muir Medical Center
Jill Ray District II
Rebecca Rozen Hospital Council of Northern and Central California
Richard Stephenson Contra Costa County Fire Protection District

Members Absent Representing
Cynthia Belon Contra Costa Behavioral Health
Jon King Police Chiefs’ Association
Denise Pangelinan Communications Center Managers’ Assoc.
Florence Raskin Hospital Council East Bay
Jason Wallace American Red Cross
Ross Wilson Private Provider Field Paramedic

Chair Hansen called the meeting to order at 4:06 p.m.

1. Introduction of Members and Guests
2. Approval of Minutes from March 8
   Chair Hansen motioned to approve the Minutes from March 8. Member Speakman moved to approve; Member Tobias seconded; none opposed. Motion passed. March minutes are approved.
3. Chair’s Report - Kacey Hansen, EMCC Chair
   No Report
4. Comments from the Public
   No Comments
5. Members’ Reports
   No Report
6. EMS System QI Report
   Staff Stroup gave a system and quality report for 2016. Stroup reported QI initiatives: A) patient off-load time reduction: started to review internally within agency. This initiative will most likely continue into 2017. B) high performance cardiac arrest resuscitation team – the team has been activated with the objective of contouring to sustain our gains and to further enhance and improve outcomes. Staff Fairbanks reported on Stroke and STEMI system performance: Contra Costa County has outstanding stroke prehospital care performance. STEMI - National goal is first medical contact to intervention within 90 minutes. This year achieved Mission Lifeline EMS Silver award. Member Petrucci Gunn from the American Heart Association presented Mission: Lifeline EMS – Silver awards to the Agency, AMR Concord, CCCFPD, ECCFPD, El Cerrito Fire, Moraga-Orinda Fire, Pinole Fire, Richmond Fire, Rodeo Hercules Fire, and San Ramon Valley Fire. For one full year Contra Costa County has met or exceeded standards of care. Providers in attendance received recognition plaques.
7. **Emergency Services Care Initiative (ESCI)**
   Guest Rozen introduced Guest Bartleson to talk about the Emergency Care Systems Initiative (ESCI). Bartleson works at the State level and sits on various state EMS committees as a representative of the California Hospital Association and acts to advocate at a State level. Bartleson went through a presentation - Many counties including Contra Costa County are seeing crowded emergency departments and an overburdened behavioral health system. - California Hospital Association is launching an initiative to transform California Emergency Systems to alleviate ED Crowding and achieve and accelerate an optimally healthy society. - Bartleson addressed the group as the initiative is seeking letters of support and contributions to support the initiative. Representatives are encouraged to contact her. - Plan is to have enough support to start work on the Initiative by January 2018. Member Fay asked how the Initiative intends to take a plan and move it to action? Bartleson responded that the Initiative will bring together stakeholders to come to recommend performance metrics across the state to support EMS System improvement through improved collaboration.

8. **Ambulance Transfer of Patient Care Delays at Hospitals**
   Guest Carman from Contra Costa County Fire Protection District (CCCFPD) addressed patient care delays in regards to patient transfer. He sees two things hindering ambulance performance - 1. S150 issue. 2. Ambulance Wall times. In March/April 2016, the Alliance invested one million dollars back into the system. The Alliance was looking at outliers (excessive ambulance delays) and finding that patients stacked up in emergency rooms are negatively affecting ambulance performance. Carman wants to engage the EMCC group and look for help on ways to improve the ambulance patient transfer of care times throughout the EMS system. Carman mentioned a penalty system for hospitals where they pay a penalty if they do not hit a specified metric - similar to ambulance transport penalty. He is here to entertain comments/questions. Providers are set up to exceed the number of never events if delays continue at the current rate that we have had over past 5 months. Member Frost echoed that we as a system continue to experience excessive delays and hospitals need to return ambulances to service. Field providers need to continue communicating with hospitals when they have a delay and the hospitals may need to do more. East Contra Costa County is of major concern due to the recent fire station closure in that area. The EMS Agency supports cost recovery for ambulance providers associated with excessive ambulance delays.

9. **Fire Chiefs’ Report**
   Member Krause from San Ramon Valley Fire Protection District reported that the fire chiefs have responded to a mutual aid request.

10. **Quarterly Update on Alliance Ambulance Services**
    Member Carey from Contra Costa County Fire Protection District referenced a handout showing Contra Costa 911 contract compliance (OPAP). Response rates need to be above 90% to be in compliance. He also addressed how to potentially increase fire truck capacity and not lower the quality of EMS service. They are working with medical directors to explore if bravo calls (lower acuity 9-1-1 medical calls) can be served with ambulance only. A large portion of the calls are psychiatric in nature which can take up a lot of time and resources, so the Alliance is working with the LEMSA to see if it may work to have those (lower acuity 9-1-1 medical calls) can be served with ambulance only. Member Krause from San Ramon Valley Fire Protection District reported that the fire chiefs have responded to a mutual aid request.

11. **EMCC Legislative Update**
    Member Samuelson reported on two items: an act that is an attempt on the Federal level so that EMS providers can use controlled substances on standing orders, and AB 583 regarding emergency medical air transportation. He will send documents to Staff Morris so that she can distribute to the group. Member Fay commented that while AB583 was indeed dead, the speaker of the Assembly had agreed to revive the initiative as AB 1410 with the provision that the bill will mandate a three year sunset of Emergency Medical Air Transport Act (EMATA) under its current form of funding from fines on traffic violations.

12. **EMS Medical Director’s Report - David Goldstein, MD, Contra Costa EMS Agency Medical Director**
    No Report

13. **EMS Director’s Report - Pat Frost, Contra Costa EMS Agency Director**
    - Save the date for the Survivor’s Reunion: November 8th. Handouts are available and more information will be shared by the Agency as we continue to get closer to the event date.
    - Data Infrastructure Integration and Pilot Projects: POLST Pilot site; APOT reporting to state in progress; EMS System data infrastructure ongoing.
    - East Contra Costa County Fire Station Closure July 1, 2107: the closure of the Knightsen station leaves three (3) stations for East County. There is an incident action plan in place. EMS ambulance response requirements remain the same. Ambulances are more likely to be the first medical response. The extra resources that the Alliance has put towards the situation are appreciated.
    - Ambulance Ordinance Update: review and update continues with County Counsel. Chair Hansen recommended and members approved the Agency drafting a letter to encourage the BOS to complete this update by the end of the year. Member Speakman motioned to approve, Member Michaelson seconded, all approved and the motion carried.
- Alta Bates Sutter Hospital Closure: the city of Berkeley has an active committee to address closure impacts. Reps from Contra Costa include Life Long, West County Cities City of El Cerrito, San Pablo and Richmond. Otherwise, there are no new updates but the Agency is continuing to monitor the situation.

- Local Concerns: HPP program transition to coalition model is in progress, and a funding decrease of ten (10) percent is anticipated for next year; ACA repeal and replace – there is a lot of uncertainty right now and there may be impacts to ambulance service (see payer mix report); San Ramon RFP is in development and the plan is to have a draft to the Board of Supervisors by September then submit to EMSA. It takes into account all input from the EMS Modernization study and will be consistent with the 2015 RFP; Marijuana ordinance – working with public health to try to determine EMS System impact projections; Regional Disaster Medical MOU has been signed and approved by the Board of Supervisors; EMS for Children System of Care is on hold until new regulations are approved; The annual 2016 report is in progress.

14. Proposed agenda items for September 13, 2017: None

15. Adjournment at 5:36pm
EMSAAC POSITION STATEMENT ON “GRANDFATHERING” AND EXCLUSIVITY UNDER SECTIONS 201 AND 224 OF THE EMS ACT
Issued August 14, 2017

City fire departments, fire districts, and private ambulance companies that provide emergency medical services (“EMS”) are governed by a comprehensive state law known as the EMS Act. Some of these providers are called “grandfathered” providers because of unique rights, obligations, and statuses they possess due to the years of service they have provided. This position statement provides a brief overview for these two distinct types of “grandfathering” and their relation to exclusivity of EMS services.

The EMS Act: A Brief Overview

Enacted in 1980, the EMS Act regulates all aspects of emergency medical care in California. The EMS Act governs emergency medical care from two levels. At the state level, the California Emergency Medical Services Authority (“EMSA”) establishes the standards of patient care and practice for emergency medical providers. At the local level, local emergency medical services agencies, usually called “LEMSAs,” apply these state standards to public and private ambulance and fire departments within a specific county or a region, which is a LEMSA formed by two or more counties. LEMSAs are headed by experienced emergency medical physicians who are required by state law to assert medical control throughout their local EMS systems.

An important LEMSA duty is to adopt a transportation plan, which prescribes how ambulance services will be provided. These plans ensure that all EMS providers within a local EMS system work in an integrated and coordinated manner to provide effective prehospital emergency care.

Section 201 Grandfathering

All EMS providers must follow the LEMSA’s transportation plan that establishes the roles and responsibilities of private and public ambulance providers. But certain cities and fire districts that had been providing EMS services before June 1, 1980 are considered to have “grandfathered” rights under “Section 201” of the EMS Act (Health & Safety Code § 1797.201). Section 201 allows eligible cities and fire districts to retain administration of their EMS services so long as they continue those services at the same or greater level they continuously provided prior to June 1, 1980. But these cities and fire districts, like all other EMS providers, are still subject to the LEMSA’s medical control over subjects such as, but not limited to, patient care, dispatch, and scene control. Eligible 201 cities and fire districts’ grandfathered rights include only the right to control administrative matters such as their staffing levels and where to station their EMS rolling stock and personnel.
Section 224 Grandfathering

Four years after the EMS Act was enacted, the Legislature added “Section 224” to the Act (Health & Safety Code § 1797.224) to address concerns about antitrust liability. Section 224 authorized the creation of “exclusive operating areas,” or “EOAs” for EMS providers, as a means of providing state-authorized antitrust immunity to comply with federal antitrust laws. Section 224 requires that EOAs must be created by the LEMSA and then approved by EMSA.

There are two types of EOAs that a LEMSA may create. EOAs can be “competitive.” For these, which are based on a bidding process, the selected provider is awarded the exclusive right to serve a specific EMS area or subarea (often referred to as a zone) for designated intervals, such as five years. LEMSA may also create non-competitive EOAs using an eligible “grandfathered” provider. This type of EOA is permissible only if an EMS provider has continuously provided an eligible service without interruption and in the same “manner and scope” since January 1981.

Understanding the Differences Between Sections 201 and 224

Sections 201 and 224 provide different types of “grandfathering” to qualified EMS providers. Some of the key differences between the two types of “grandfathering” are:

- Only a city or a fire district may qualify for Section 201 grandfathering. Section 201 does not apply to state agencies or departments, counties, or community services districts.
- The LEMSA may create an EOA “grandfathering” private and public providers under Section 224, awarding exclusive rights to provide emergency ambulance service, or advanced life support, or limited advanced life support, in a geographic area defined by the LEMSA.
- Section 201 “grandfathering” is automatic for a qualified city or fire district; LEMSAs must recognize the “grandfathered” status of qualified cities or fire districts. In contrast, LEMSAs have discretion to approve or deny “grandfathering” under Section 224.
- Section 201 does not provide cities and fire districts with exclusive rights to provide services nor does it allow a city or fire district to create exclusivity for other providers of service.
- Section 201 “grandfathering” can end only if the provider requests to or has entered into an agreement with its LEMSA. Section 224 “grandfathering” is approved for a specific duration (e.g. five years, with a right to extend for one additional five-year period) and must be reapproved by the LEMSA to continue.

Emergency Medical Services Administrators Association of California

EMSAAC represents the 33 local emergency medical services (EMS) agency administrators representing all of California’s 58 counties. EMSAAC’s mission is to strengthen and promote local EMS systems to benefit the public.
The California Fire Chiefs Association (CalChiefs) is appreciative of EMSAAC’s efforts to provide insight on the two referenced sections of the EMS Act. As stated, the Position Statement is a brief overview to its membership and, though co-authored by a law firm, is not a published legal opinion and should not be relied upon as such relative to EMS delivery decisions. CalChiefs review the EMSAAC Position Paper dated August 14, 2017 is that most of the document is accurate, except for some obvious errors in law or fact. Namely:

1. Page 1, second paragraph, “The EMS Act: A Brief Overview”: EMSAAC asserts that EMSA establishes “state standards,” which the local EMS agency then applies to local providers. It is well known that EMSA has yet to establish “interpreting regulations” governing the application of “state standards” directly concerning the subject matter that this Position Statement speaks to; and to correct or clarify erroneous “standards” previously adopted. Moreover, the “standards” EMSAAC likely speaks to are not regulations, but merely “guidelines.” Guidelines are generally discretionary.

2. Page 1, last sentence, last paragraph, “Section 201 Grandfathering: “Eligible 201 cities and fire districts grandfathered rights include only the right to control administrative matters such as their staffing levels and where to station their EMS rolling stock and personnel.”
   a. This limitation on administrative authority is not supported by statute or case law. To the extent that EMSAAC asserts otherwise, this is a misstatement of existing law.

3. Page 2, first bullet point, “Understanding the Difference Between Sections 201 and 204”: “Only a city or fire district may qualify for Section 1797.201 grandfathering. Section 1797.201 does not apply to state agencies or departments, counties or community services districts.”
   a. This statement is completely erroneous:
      i. Any special district, that is organized under the Fire Protection Law of 1987 is a “fire district” under Section 1797.201. Accordingly, it may include counties, county water districts, municipal water districts, community service districts and several other types of special districts. If this were not the case, the special district would have no authority to provide EMS in the first instance. To the extent that EMSAAC asserts otherwise, this is a misstatement of existing law.
      ii. Assuming arguendo, that a State agency cannot possess .201 rights and duties because it not organized under the Fire Protection Law of 1987; state law expressly empowers and authorizes a state agency to contract with a city or special district that does. It is the underlying entity that possesses Section 201 duties and responsibilities. To the extent that EMSAAC asserts otherwise, this is a misstatement of existing law.

4. Page 2, fourth bullet, “Understanding the Difference Between Sections 201 and 204”: “Section 201 does not provide the cities and fire districts with exclusive rights to provide services nor does it allow a city or fire district to create exclusivity for others.”
a. This statement is not supported by any case law whatsoever.

b. To the extent that this statement merely implies that cities or fire districts (or anyone but the LEMSA for that matter) can create an administrative EOA pursuant to Section 1797.224, then this statement is accurate.

c. To the extent that this statement’s limitation is meant to apply to local governments generally or Section 201 cities and fire districts; state and federal law indicates otherwise.

5. Page 2, fifth bullet: “Section 1797.201 “grandfathering” can only end if the provider requests or entered into an agreement with its LEMSA. Section 224 “grandfathering” is approved for a specific duration (e.g. five years, with a right to extend for one-additional five year period) and must be approved by the LEMSA to continue.”

a. Concerning historical recognition, this statement is incomplete and incorrect. First, a grandfathered EOA created and assigned using historical recognition is a REVOCABLE PERMIT, conferring no vested property interest to the holder unless expressly created by contract. The LEMSA or County, if County is the LEMSA, may revoke this EOA without cause or by going to competitive bid (e.g., language such as “either party may terminate this agreement….”). A LEMSA may, and should, supplement an EOA assignment using a renewable five-year contract (again, revocable at-will); but many contracts exist with significantly differing terms.

b. Second, and notably, this document does not talk about “abandonment” and the two-part test for “acquiescence”; which are other mechanisms for transferring the .201 duty to the County.

c. Third, EMSAACC also fails to mention the duties that .201 imposes, a condition precedent to exercising any .201 rights or responsibilities. Those duties being, “Upon the request of a city or fire district that contracted for or provided, as of June 1, 1980, prehospital emergency medical services, a county shall enter into a written agreement with the city or fire district regarding the provision of prehospital emergency medical services for that city or fire district. Until such time that an agreement is reached, prehospital emergency medical services shall be continued at not less than the existing level, and the administration of prehospital EMS by cities and fire districts presently providing such services shall be retained by those cities and fire districts, except the level of prehospital EMS may be reduced where the city council, or the governing body of a fire district, pursuant to a public hearing, determines that the reduction is necessary.”

Sincerely,

Michael DuRee, President
California Fire Chiefs Association
# Contra Costa County APOT

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<td>01:13:43</td>
<td>37</td>
<td>23</td>
<td>60.00%</td>
<td>13</td>
<td>40.00%</td>
<td>1</td>
<td>20.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Contra Costa EMS</td>
<td>00:33:00</td>
<td>51,111</td>
<td>38,543</td>
<td>76.83%</td>
<td>11,963</td>
<td>23.17%</td>
<td>542</td>
<td>1.52%</td>
<td>39</td>
<td>0.75%</td>
<td>24</td>
<td>0.07%</td>
</tr>
</tbody>
</table>
## Contra Costa County APOT

Date Range: 01/01/2016 to 12/31/2016

<table>
<thead>
<tr>
<th>Destination</th>
<th>90th %</th>
<th>Total Transports</th>
<th>&lt;= 19.59</th>
<th>&lt;= 19.59 %</th>
<th>Total Between 20:00 - 59:59</th>
<th>% Between 20:00 - 59:59</th>
<th>Total Between 1:00:00 - 15:59:59</th>
<th>% Between 1:00:00 - 15:59:59</th>
<th>Total Between 2:00:00 - 2:59:59</th>
<th>% Between 2:00:00 - 2:59:59</th>
<th>% Over 3:00:00</th>
<th>Total Over 3:00:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Medical Center</td>
<td>00:33:54</td>
<td>132</td>
<td>69</td>
<td>86.67%</td>
<td>56</td>
<td>33.33%</td>
<td>7</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Alta Bates</td>
<td>00:58:42</td>
<td>2,630</td>
<td>1,281</td>
<td>46.58%</td>
<td>1,242</td>
<td>44.29%</td>
<td>95</td>
<td>8.22%</td>
<td>12</td>
<td>0.91%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Childrens Oakland</td>
<td>00:20:30</td>
<td>378</td>
<td>327</td>
<td>86.82%</td>
<td>46</td>
<td>11.76%</td>
<td>5</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Contra Costa Regional</td>
<td>00:32:00</td>
<td>13,544</td>
<td>9,478</td>
<td>70.56%</td>
<td>3,902</td>
<td>24.56%</td>
<td>146</td>
<td>0.71%</td>
<td>11</td>
<td>0.09%</td>
<td>7.09%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Eden</td>
<td>00:27:36</td>
<td>29</td>
<td>9</td>
<td>33.33%</td>
<td>19</td>
<td>66.67%</td>
<td>1</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>John Muir - Concord</td>
<td>00:15:41</td>
<td>9,927</td>
<td>9,104</td>
<td>90.21%</td>
<td>701</td>
<td>4.68%</td>
<td>14</td>
<td>0.11%</td>
<td>1</td>
<td>0.00%</td>
<td>7.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>John Muir - Walnut Creek</td>
<td>00:20:00</td>
<td>10,529</td>
<td>9,115</td>
<td>90.56%</td>
<td>1,375</td>
<td>9.21%</td>
<td>31</td>
<td>0.22%</td>
<td>3</td>
<td>0.00%</td>
<td>2.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Kaiser Antioch</td>
<td>00:23:27</td>
<td>6,458</td>
<td>6,323</td>
<td>98.67%</td>
<td>1,095</td>
<td>15.14%</td>
<td>35</td>
<td>0.19%</td>
<td>1</td>
<td>0.00%</td>
<td>4.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Kaiser Oakland</td>
<td>00:54:55</td>
<td>666</td>
<td>332</td>
<td>53.66%</td>
<td>328</td>
<td>49.02%</td>
<td>32</td>
<td>7.32%</td>
<td>4</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Kaiser Richmond</td>
<td>00:24:27</td>
<td>10,273</td>
<td>8,065</td>
<td>84.57%</td>
<td>2,083</td>
<td>14.04%</td>
<td>114</td>
<td>1.28%</td>
<td>5</td>
<td>0.11%</td>
<td>6.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Kaiser Vallejo</td>
<td>00:29:25</td>
<td>918</td>
<td>707</td>
<td>74.24%</td>
<td>209</td>
<td>25.76%</td>
<td>1</td>
<td>0.00%</td>
<td>1</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Kaiser Walnut Creek</td>
<td>00:25:56</td>
<td>8,194</td>
<td>5,619</td>
<td>60.35%</td>
<td>2,338</td>
<td>19.36%</td>
<td>31</td>
<td>0.29%</td>
<td>3</td>
<td>0.00%</td>
<td>3.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Marin General</td>
<td>00:13:47</td>
<td>69</td>
<td>47</td>
<td>100.00%</td>
<td>13</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other - Out of County</td>
<td>00:22:42</td>
<td>58</td>
<td>51</td>
<td>75.00%</td>
<td>7</td>
<td>25.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>San Ramon Regional</td>
<td>00:27:07</td>
<td>2,112</td>
<td>1,561</td>
<td>75.13%</td>
<td>542</td>
<td>24.87%</td>
<td>8</td>
<td>0.00%</td>
<td>1</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Summit</td>
<td>00:37:15</td>
<td>503</td>
<td>297</td>
<td>54.05%</td>
<td>195</td>
<td>43.24%</td>
<td>11</td>
<td>2.70%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sutter Delta</td>
<td>00:42:13</td>
<td>9,804</td>
<td>7,296</td>
<td>72.83%</td>
<td>2,332</td>
<td>26.09%</td>
<td>166</td>
<td>3.36%</td>
<td>13</td>
<td>0.72%</td>
<td>6.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sutter Solano</td>
<td>00:30:31</td>
<td>171</td>
<td>123</td>
<td>69.23%</td>
<td>48</td>
<td>30.77%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Valley Care</td>
<td>00:32:46</td>
<td>63</td>
<td>17</td>
<td>22.22%</td>
<td>46</td>
<td>77.78%</td>
<td>1</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Contra Costa EMS</td>
<td>00:28:44</td>
<td>76,376</td>
<td>59,021</td>
<td>78.03%</td>
<td>16,567</td>
<td>16.31%</td>
<td>696</td>
<td>1.16%</td>
<td>55</td>
<td>0.15%</td>
<td>35.02%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
A new study indicates that expanded coverage under the Affordable Care Act (ACA) added strain on emergency medical services, resulting in slower ambulance response times.

The working paper, published by the National Bureau of Economic Research, points out that the ACA aimed to expand healthcare coverage in both public and private markets through mechanisms like widened Medicaid eligibility, preexisting condition protections, and subsidies for consumers. Numerous studies have demonstrated that the ACA has indeed increased health insurance coverage, especially in states that have expanded Medicaid.

According to economic theory, this growing number of insured Americans should result in more demand for medical care as services become affordable for more consumers. The current study examines the supply-side effects of insurance expansion as it relates to ambulance response times, or the time between notification and the first ambulance arriving on the scene of a motor vehicle accident.

Using data from the federal Fatality Analysis Reporting System from 2010 to 2015, researchers found that full implementation of the ACA (with Medicaid expansion) was associated with a 1 minute, 53 second increase in ambulance response times, which is nearly 19% higher relative to the mean. For each percentage-point increase in insurance coverage in a given county, ambulance response times were slowed by 22.8 seconds.

Their analysis also showed that the ACA was associated with higher likelihood that an ambulance would not arrive within certain time cutoffs: a 21% increase in the probability of not arriving within 8 minutes, a 43% increase within 13 minutes, and a 58% increase within 20 minutes. It did not have a significant impact on the likelihood that an ambulance would arrive within 4 minutes.
Further analyses indicated that the relationship between the ACA’s implementation and longer ambulance response times was not attributable to traffic congestion or local economic conditions. Although the effect of the ACA on ambulance wait times was more significant in more populous, urban counties, the relationship was “positive and significant” across samples excluding differing amounts of small counties.

Although the study did not assess patient survival rates, the researchers suggested that the observed slowdowns in ambulance response times “may have had a profound impact on patient outcomes” considering the importance of rapid response in reducing mortality risk for emergencies.

Still, the study authors noted that their findings “provide only one piece of a much larger puzzle with regard to evaluating the costs and benefits of the ACA.” The increased ambulance wait times must be weighed against the benefits of expanded coverage as well as the monetary costs of the law’s implementation, they wrote.

“Moreover, it is possible that the increase in wait times could prove to be transitory, as adjusting the quantity of medical services provided may be more feasible in the long run than the short run,” the study authors acknowledged.
July 24, 2017

Honorable Board of Supervisors  
County of Contra Costa  
651 Pine Street, 1st Floor  
Martinez, CA 94553

Re: Update of County Ambulance Ordinance

Dear Chair Glover and County Supervisors:

The Emergency Medical Care Committee (EMCC) sent a letter to the Board on July 6, 2016 regarding the update of the County Ambulance Ordinance. The EMCC members were advised in July 2016 that the draft ordinance was with county counsel and would be available to the public by the end of that year. An entire year later the EMCC is still awaiting completion of the draft ambulance ordinance and is hopeful that the draft will be completed by the end of this month.

In preparation for the Board’s public comment process, the EMCC supports the EMS Agency recommendation to host a special EMCC meeting to discuss the changes associated with the draft ambulance ordinance. The date for that informational session is pending county counsel release of the draft ordinance.

The EMCC believes the informational session will help encourage informed stakeholder participation when the draft ambulance ordinance comes before the Board for consideration. We look forward to providing further input to the Board to assist them in evaluating the proposed updates to the ordinance for approval later this year.

Respectfully,

Kacey Hansen  
Chairperson, EMCC

cc: EMCC Committee Members  
   Dr. William Walker, Health Officer  
   Patricia Frost, EMS Director