Agenda

4:00 p.m. 1. Introduction of Members and Guests
4:03 2. Approval of Minutes from December 13, 2017
4:05 3. Recognition: Bruce Kenagy, Contra Costa EMS
4:10 4. Presentation: 2017 Survivors Reunion Video
4:15 5. Chair’s Report
   Kacey Hansen, EMCC Chair
4:20 6. Comments from the Public
   Members of the public may speak up to 3 minutes each on matters either on or not on this agenda.
4:23 7. Members’ Reports
4:26 8. Presentation: First Net
   David Nielson, Contra Costa County Office of the Sheriff
4:40 9. EMCC Legislative Report: ENA rep
4:45 10. Fire Chiefs’ Report
   Fire Executive Chief Representative
4:50 11. Quarterly Update on Alliance Ambulance Services
   Chief Terence Carey, Contra Costa County Fire Protection District
4:55 12. Medical Health Disaster Coalition Governance Proposal: Action Item
   Jesse Allured CCEMS Program Coordinator & Lisa Vagrt-Smith CCEMS Prehospital Care Coordinator
5:05 13. EMS Medical Director’s Report
   David Goldstein, MD, Contra Costa EMS Medical Director
   Pat Frost, Contra Costa County EMS Director
5:15 15. EMS Director’s Report including Ambulance Ordinance
   Pat Frost, Contra Costa County EMS Director
5:25 16. Agenda Items for next meeting: June 13, 2018
5:30 17. 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.
EMERGENCY MEDICAL CARE COMMITTEE  
CONTRA COSTA COUNTY

MEETING MINUTES  
December 13, 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  
   Terence Carey Ambulance Providers (CC Contract)  
   Pat Frost EMS Agency Director  
   David Goldstein EMS Agency Medical Director  
   Jon King Police Chiefs’ Association  
   Derek Krause Contra Costa Fire Chiefs’ Association  
   Jon Michaelson Public Provider Field Paramedic  
   Denise Pangelinan Communications Center Managers’ Assoc.  
   Florence Raskin Hospital Council East Bay  
   Anthony Rodigin Emergency Dept. Physicians (CC Receiving Hospital)  
   David Samuelson Emergency Nurses Assoc. East Bay  
   John Speakman District II  
   Jason Vorhauer Contra Costa Office of the Sheriff

STAFF PRESENT
   Jesse Allured Contra Costa County EMS  
   Rachel Morris Contra Costa County EMS

OTHERS PRESENT
   Enrico Aguilar American Medical Response  
   Joanny All American Medical Response  
   Alina Anderson American Medical Response  
   John Bettencourt Calstar  
   Nick Draper Alameda Contra Costa Medical Association  
   Chad Newland American Medical Response  
   Jill Ray District II  
   Rebecca Rozen Hospital Council of Northern and Central California

Members Absent Representing  
Executive Committee: Ross Fay Air Medical Transportation Provider

Cynthia Belon Contra Costa Behavioral Health  
Lily Lidji District III  
Elaina Petrucci Gunn American Heart Association  
Kelley Stieler District I  
Allan Tobias District IV  
Jason Wallace American Red Cross  
Ross Wilson Private Provider Field Paramedic

Chair Hansen called the meeting to order at 4:05 p.m.

1. Introduction of Members and Guests
2. Approval of Minutes from September 13
   Member Leng requested the minutes be updated to reflect her attendance at the September 13 meeting. Chair Hansen motioned to approve the Minutes from September 13. Member King moved to approve as corrected; Member Napper seconded; none opposed. Motion passed. September minutes are approved as corrected.
3. Chair’s Report - Kacey Hansen, EMCC Chair  
   No Report
4. Comments from the Public  
   No Comments
5. Members’ Reports  
   Member King presented the slate of officers for the 2017-2019 term as follows: Chair - Member Hansen; Vice Chair: Member Napper; Executive Committee: Members Leng and Fay. There were no other nominations made. Member King motioned to approve the nominations; seconded by Member Speakman; none opposed; motion passed.
6. EMCC Annual Report Action: Review/Approve for Submission to the Board of Supervisors – Rachel Morris EMCC Staff  
   The EMCC Annual Report 2017 draft was motioned to be approved. There was no discussion. Member Speakman moved for the report to be accepted; seconded by Member King; none opposed. Motion passed. Annual EMCC draft report approved and will be submitted to the BOS in January as a consent item.
7. **Sobering Center Update**  
Member Frost reported on the status of the proposed sobering center. The county has been working to find a site that all involved parties support. More information will be brought to the EMCC when available.

8. **Community Connect Presentation**  
Emily Parmenter, Program Manager for Community Connect, gave a presentation on the current program. The program focuses on whole person care and is administered through public health. The program is focused on frequent utilizers of the emergency department care. The presentation covered program enrollment, eligibility and core areas offered. Figured out who to enroll in the program (in building the risk models). What makes up for eligibility: social factors, demographics, disease, utilization. First round, focused on ED utilization. Can have 14,400 patients enrolled at any one time. 3 core areas offered-direct patient services, data sharing, sobering center (branded as a restoration center). Patients assigned to case managers; the bulk are community health workers. In process of hiring. Performs initial intake assessment and what they will work on with the patient. Goals-connect to PCP, help provide social needs and resources, legal aid support, financial management payee services, transportation vouchers for non-medical transport. Developing collaborations across internal system and with community partners. Data sharing-significant investment in increasing data sharing across the county to share information on these clients with improvements benefitting full system. Working on an app to provide resources. The program is currently at capacity. EMS will be more involved as the sobering center and new programs addressing 5150 populations are involved. Member Frost – This is the first time EMS has begun to be integrated into key initiatives. It is hoped with the EMS HIE project, there would be potential to work together on some of these initiatives. All work together-community wide on med health services. This is our first entry into this partnership that will evolve over time.

9. **Fire Chiefs’ Report**  
Member Krause reported that Chiefs Carman and Meyer representing the Contra Costa Fire Chiefs met with Rebecca Rozen and the Hospital Council of Northern and Central California on strategies to reduce wall times. There was good conversation and a positive way to move forward was identified. Rozen added they are looking at best practices and other potential ways to move forward. Member Frost added that the public can now access APOT data from the EMS web page, so instead of sending it out manually, the information is always available and continually updated. The Agency is planning to create more of these types of reports and welcomes feedback on how to improve report delivery in these early stages. Rozen stated that the push notification with the old report was helpful, so it could be helpful if there is a way to set up some sort of subscription to the automated reports so you would get an alert.

10. **Quarterly Update on Alliance Ambulance Services**  
No Report

11. **EMCC Legislative Update**  
Member Samuellson reported that Federal legislation passed which will allow EMS providers to continue the use of standing orders to administer controlled substances (such as midazolam and fentanyl). The FDA had hinted the agency would change this practice, but passage of this bill codifies the use of standing orders in the law.

12. **EMS Medical Director's Report - David Goldstein, MD, Contra Costa EMS Agency Medical Director**  
- Member Goldstein reported that stroke care is rapidly changing in Contra Costa County and will impact EMS. John Muir recently became a comprehensive stroke center. Field decisions about where a patient should go with what appears to be a large stroke may change in the future. Currently providers take people to the local stroke center. Contra Costa is involved in a grant to look at these issues. Other counties have more comprehensive stroke centers so their transfer times are not as long.  
- The Alliance is initiating a trial trying to improve the delivery and coordination of cardiac arrest care. Trialing it primarily in East County - going to do for six (6) months to see if we can get a better outcome.

13. **Finance Report Presentation for Measure H**  
Member Frost reported that the LEMSA was asked by the Board of Supervisors in May to come to the finance committee to give an update on Measure H. Measure H has provided a legacy of high value improvements to the EMS system including paramedic ambulances and first responders, EMS systems of care for Trauma, Stroke, Cardiac Arrest and EMSC, quality programs. It provides substantial support to the EMS agency needed to meet regulatory requirements. It is a capped amount of funding and on average is a little less than 4.6 million dollars per year. Provides support for fire agencies. Needs of the EMS system have grown in complexity and size. No COLA is attached to Measure H. The LEMSA was asked to come back to the finance committee in February with ideas and strategies on how to enhance the EMS system. The main objective is to build data infrastructure and exchange program. The goal is to find an annual source of income of $750,000 to sustain EMS systems of care. EMCC members are encouraged to suggest any ideas, grants, make us aware of opportunities to improve revenue for the benefit and sustainability of programs we currently support.

14. **EMS Director's Report - Pat Frost, Contra Costa EMS Agency Director**  
- Ambulance ordinance still with County Counsel- Early 2018 is the anticipated for the draft to be complete  
- Health Information Exchange (HIE) – there is a new MediCal EMS HIE grant to be offered to support bi-directional health information exchange between EMS and hospitals, POLST eRegistry, and PULSE. The model we are going for is to have non-emergency providers, air providers, and 9-1-1 providers all connecting to ReddiNet. The County will not to be able to improve
real patient care solutions until we can get data connected in a way that can be measured and used to enhance patient care.

The large CMS grant would be used to implementing the EMS to Hospital HIE structure and provides support funding annually for five (5) years. This is the first funding available and CCEMS is positioned to be successful with the application and will ask for approximately 2 million dollars in support. The grant will be available in early 2018.

-San Ramon RFP update – San Ramon Valley Fire Protection District (SRVFPD) approached the LEMSA in October to petition for 201/224 rights. The LEMSA has requested from EMSA a 12 month delay due to a need for legal review and a request for records back in November. We are expecting to hear something in January. The current contract expires on October 31, 2018. If an extension is not granted, the decision on how to move forward would need to go to the Board. There is currently a lawsuit going on right now in San Bernardino regarding 201 rights. Member Krause added that SRVFPD has been providing a continuous level of service to the community prior to 1987 and voluntarily started participating in the competitive process; the question is does that negate 201 rights.

-North Bay Fires – Member Frost thanked all stakeholders that were involved with the North Bay Fires and recognized the tremendous efforts that were made during the event.

-Survivors Reunion – the event on November 8 was a wonderful celebration and a huge success.

-Alta Bates update – there is not a lot of information at this time but the LEMSA is working with ALCO EMS and the city of Berkeley regarding community impacts.

15. Proposed agenda items for March 14, 2018: System Plan Smart Objectives Approval

16. Adjournment at 5:35pm
Subject: Med-Health Disaster Preparedness Coalition Governance and Reporting

Recommendation: To consider (at the request of the EMS Agency Director) approving the EMCC Advisory Committee to serve as the reporting and advisory entity for the Contra Costa Med-Health Coalition to comply with new Hospital Preparedness Program (HPP) program requirements.

Impact: If approved the EMCC would receive quarterly reports on Medical Health Coalition Activities and periodically provide input on Med-Health Disaster Preparedness Capability Building. This structure would greatly streamline Med-Health coalition reporting while having all appropriate stakeholders engaged in this leadership/advisory activity. If not approved the EMS Agency would need to create a separate governance structure which would limit HPP program productivity and Med-Health emergency preparedness collaboration.

The EMCC as Contra Costa County Board of Supervisor’s approved advisory committee is well positioned to fulfill Contra Costa Med-Health Preparedness Coalition (CCMHPC) governance requirements. The CCMHPC would like to leverage the governance structure of the Emergency Medical Care Committee (EMCC) to provide a more formalized structure to the coalition while not duplicating some of the existing efforts of the emergency response community and create a more streamlined approach to emergency preparedness activities of the medical-health community.

Currently, the CCMHPC is establishing a steering committee with representatives from hospitals, clinics, skilled nursing facilities and other providers. The volunteers for this position will provide more guidance and input on the annual deliverables of the HPP program. We envision the CCMHPC reporting to the EMCC concerning the activities of the ASPR guidelines and capability challenges facing the coalition. The CCMHPC would be presented to EMCC at each quarterly meeting. EMCC leadership would be supplied with greater med/health community situational awareness which will foster a greater level of collaboration.

Background/Reason for Recommendations:

The Hospital Preparedness Program (HPP) is a federally sponsored emergency preparedness and response program supported by the Pandemic and all Hazards Preparedness Act of 2006. Program priorities are aligned with the National Preparedness Goals and focus on:

- Interoperable communication;
- Medical surge capacity & resources;
- Response to hazardous materials incidents and highly infectious diseases; and
- Improvement of the medical/healthcare systems level of preparedness in an operational area through execution of drills, exercises and training.

Current HPP program benefits from limited funding that is dedicated in supporting countywide med-health preparedness activities e.g. annual statewide drill, ReddInet, training and exercises for operational area partners including Hospitals, Fire, EMS, Public Health, Medical Reserve Corp, Long Term Care Facilities. As of 2017 this program has been linked to the new Centers for Medicare and MediCaid Services (CMS) Emergency Preparedness Rule.

Med-Health Preparedness Coalition Background

Contra Costa County established the Med-Health Preparedness Coalition (CCMHPC) to provide an arena for interested individuals and agencies to discuss issues regarding hospital disaster preparedness. Since 2010, this group has evolved to include representation from all eight (8) hospitals, and more than 50 non-acute care facilities and organizations. This group meets quarterly to discuss topics and plan for disasters and other emergencies. These facilities network with each other to leverage resources, and conduct exercises to build capacity/capabilities identified by their facility hazard vulnerability assessments (as guided by the office of the Assistant Secretary of Preparedness – ASPR).
More recently, ASPR released the *2017-2022 Health Care Preparedness and Response Capabilities Guidelines*. This document outlines the high-level objectives that the nation’s health care delivery system (including health care coalitions and individual organizations), should undertake to prepare for, respond to, and recover from emergencies (ASPR, 2016). This new guidance shifted focus from the previous ten (10) capabilities into four (4) core capabilities:

- Foundation for Health Care and Medical Readiness;
- Health Care and Medical Response Coordination;
- Continuity of Health Care Service Delivery; and
- Medical Surge

The new approach to response capabilities places a heavy emphasis on developing and sustaining Health Care Coalitions (HCCs) in Operational Areas. The document identifies goals, objectives and activities each operational area should complete to build a health care coalition capable of an effective, coordinated emergency response at the end on the 5-year period.

Additionally, the Centers for Medicare and Medicaid Services (CMS – 2016) finalized the Emergency Preparedness Rule for participating providers and suppliers. The purpose of the rule is to establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems.

This requirement outlined in the rules applies to 17 provider types and must be in compliance with regulations to participate in Medicare or Medicaid programs. These requirements show an effort by CMS to connect the preparedness regulatory strategies with the Nation’s overall preparedness efforts managed by the Federal Emergency Management Agency (FEMA), the Center for Disease Control and Prevention (CDC) and ASPR. Much of the requirements of the CMS Emergency Preparedness (EP) rule overlap with the capabilities for the HPP.

Contra Costa County HPP program has established a robust healthcare collation that has more recently demonstrated its capabilities to assist emergency response efforts during the North Bay Fires in 2017.

![Evacuees displaced from the Northbay Fires return from Contra Costa to their home in Yountville, CA (Veterans’ Home) - Source: Napa Valley Register](image)
# 2017 Emergency Medical Services (EMS) System Plan

## System Plan SMART² Objectives

Progress from Last Reporting Period

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Meets State Standard</th>
<th>FY 2016–2017 Objectives</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.06</td>
<td>Annual system Plan Update</td>
<td>Yes</td>
<td>Annual EMS System Update to State EMS Authority (EMSA)</td>
<td>Progress to Date: In Progress to be submitted EMSA</td>
</tr>
<tr>
<td>1.07</td>
<td>Trauma Planning</td>
<td>Yes</td>
<td>Annual Trauma System Status Report</td>
<td>Progress to Date: Met Update due annually.</td>
</tr>
<tr>
<td>1.08</td>
<td>ALS Planning</td>
<td>Yes</td>
<td>EMS system integration of emergency ambulance services</td>
<td>Progress to Date: Met Update provided annually</td>
</tr>
<tr>
<td>1.10</td>
<td>Special Populations</td>
<td>Yes</td>
<td>Exploration of alternative delivery models to match patient need to resource.</td>
<td>Progress to Date: In Progress 1-5 years. Engaged with local Health System partners to explore opportunities.</td>
</tr>
<tr>
<td>1.11</td>
<td>System Participants</td>
<td>Yes</td>
<td>Stakeholder participation in update, approval and implementation of new ambulance ordinance</td>
<td>Progress to Date: In Progress Ordinance review by EMCC and BOS with implementation within next 12 months</td>
</tr>
<tr>
<td>1.13</td>
<td>Coordination</td>
<td>Yes</td>
<td>Exploration of coordination of EMS Dispatch Centers with Nurse Call centers to support appropriate use of 9-1-1 or specialty dispatch and triage call centers</td>
<td>Progress to Date: Not started Engage stakeholders within 1-5 years</td>
</tr>
</tbody>
</table>

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1 Approved by the EMCC on XXXX

2 SMART: Specific, Measurable, Achievable, Realistic and Timely
<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Meets State Standard</th>
<th>FY 2016-2017 Objectives</th>
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</thead>
<tbody>
<tr>
<td>1.16</td>
<td>System Finances</td>
<td>Yes</td>
<td>Annually review of costs and fees to support sustainable EMS System and EMS Agency oversight and operations.</td>
<td><strong>Progress to Date: Ongoing</strong> Monitor and manage current funding effectively to support sustainable programs and activities.</td>
</tr>
<tr>
<td>1.20</td>
<td>DNR (Do Not Resuscitate)</td>
<td>Yes</td>
<td>Pilot site for (POLST) registry with EMS System Stakeholders over 12 months.</td>
<td><strong>Progress to date: Ongoing</strong> Member of POLST Conversation Project within county. Pilot project site for POLST registry.</td>
</tr>
<tr>
<td>1.27</td>
<td>Pediatric Emergency Medical and Critical Care System</td>
<td>Yes</td>
<td>Pediatric EMS for Children (EMSC) System Program Plan update and regulation implementation within 1-5 years.</td>
<td><strong>Progress to date: In progress.</strong> State EMSC regulations not final. Active on EMSC Technically Advisory Committee. Complete update of EMSC Program within 24 months.</td>
</tr>
<tr>
<td>1.28</td>
<td>Exclusive Operating Area (EOA)</td>
<td>Yes</td>
<td>Update of county ambulance ordinance within 12-18 months. Review of EOA IV related to ambulance procurement.</td>
<td><strong>Progress to date: In progress.</strong> Update of ambulance response areas completed as part of ambulance EOA IV effective January 1, 2016. Ambulance ordinance update in progress.</td>
</tr>
<tr>
<td>2.01</td>
<td>Local EMS Agency Staffing and Assessment of Needs</td>
<td>Yes</td>
<td>EMS System Study and Modernization Project review of LEMSA staffing needs and workflows to support statutory requirements within 1-2 years.</td>
<td><strong>Progress to date: Ongoing.</strong> Re-align LEMSA staffing in line with required statutory functions, quality and medical oversight.</td>
</tr>
<tr>
<td>2.04</td>
<td>Dispatch Training</td>
<td>Yes</td>
<td>Promote support high quality Emergency Medical Dispatch (EMD) dispatcher training and performance consistent for Center of Excellence Accreditation within 3-5 years.</td>
<td><strong>Progress to date: In progress.</strong> Dispatch medical oversight policies consistent with Center of Excellence national standards. EMS procurement supports unified and accredited dispatch.</td>
</tr>
<tr>
<td>2.06</td>
<td>Response</td>
<td>Yes</td>
<td>Contra Costa EMS (CCEMS) continues ongoing evaluation of sustainability of EMS System partners based on safety, funding and opportunities for health care reimbursement.</td>
<td><strong>Progress to date: Ongoing</strong> Monitoring coordinated response of ambulance and first responders. Continuing to evaluate impacts to EMS associated with hospital and fire station closures.</td>
</tr>
<tr>
<td>2.12</td>
<td>Early Defibrillation</td>
<td>Yes</td>
<td>Continued expansion of public access Automated External Defibrillation (AED) and Law AED programs with integration into dispatch.</td>
<td><strong>Progress to Date: Ongoing.</strong> Continue to engage community first responders and citizen responders. Using CodeSTAT, CARES, AED registry, PAD and Public training.</td>
</tr>
<tr>
<td>No.</td>
<td>Standard</td>
<td>Meets Standard</td>
<td>FY 2016-2017 Objectives</td>
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<tr>
<td>5.06</td>
<td>Hospital Evacuation Plan</td>
<td>Yes</td>
<td>Update medical surge and transportation plans for hospitals incorporating standardized training with HICS for all hospital facilities with opportunities for integration of first responders with hospital leadership and incident commanders.</td>
<td>Progress to date: In progress Plan updates within 1-3 years. Update of MCI plan and Pediatric Surge Toolkit.</td>
</tr>
<tr>
<td>5.10</td>
<td>Pediatric Emergency and Critical Care System</td>
<td>Yes</td>
<td>Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.</td>
<td>Progress to date: Ongoing CCEMS and Alameda County (ALCO) EMS have collaborative program of active advocacy for emergency preparedness for children.</td>
</tr>
<tr>
<td>5.13</td>
<td>Specialty System Design</td>
<td>Yes</td>
<td>Annual Stroke, STEMI, Trauma and Cardiac Arrest System Evaluation. Exploring partnerships with Contra Costa Health services to reduce 5150 and support appropriate use of sobering centers.</td>
<td>Progress to date: Ongoing Continuous CQI program &amp; participation in California Stroke Registry, Cardiac Arrest Registry for Enhanced Survival (CARES), Trauma Registry and California EMS Information System (CEMSIS).</td>
</tr>
<tr>
<td>5.14</td>
<td>Public Input</td>
<td>Yes</td>
<td>Active program of engagement with public including quarterly Emergency Medical Care Committee (EMCC) meetings. EMCC bylaw update.</td>
<td>Progress to date: Ongoing. Public and EMCC comment to be included as part of ambulance ordinance review and update process.</td>
</tr>
<tr>
<td>6.01</td>
<td>QA/QI Program</td>
<td>Yes</td>
<td>Bi-annual public reporting EMS Hospital transfer of care never event monitoring. Implementation of Quality Review Team (QRT) for review of event reports concerning clinical care concerns.</td>
<td>Progress to date: Ongoing Hospitals public reporting continues. QRT implemented and reviewing cases for trends.</td>
</tr>
<tr>
<td>7.01</td>
<td>Public Education</td>
<td>Yes</td>
<td>Expansion of HeartSafe Communities to include support for CPR, Public Access Defibrillation (PAD), Heart Attack, Stroke and Healthy Lifestyle.</td>
<td>Progress to date: Ongoing continue countywide expansion of outreach in progress.</td>
</tr>
<tr>
<td>7.03</td>
<td>Disaster Preparedness Promotion</td>
<td>Yes</td>
<td>Annual advocacy and implementation of regional pediatric medical surge planning. Develop policies and work with stakeholders for implementation and use of BLS providers to backup 911 system in surge.</td>
<td>Progress to date: Ongoing CCEMS participating in National, regional and statewide efforts supporting Med/Health Preparedness.</td>
</tr>
<tr>
<td>No.</td>
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<td>Meets State Standard</td>
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<tr>
<td>8.13</td>
<td>Disaster Medical Response</td>
<td>Yes</td>
<td>Sustain Contra Costa Medical Reserve Corp and demonstrate effective deployment Medical Reserve Corps (MRC) for medical health response as needed.</td>
<td>Progress to date: Ongoing</td>
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<td>MRC coordinator in place to support training to enable effective deployment of MRC.</td>
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<tr>
<td>8.15</td>
<td>Interhospital Communications</td>
<td>Yes</td>
<td>Address ongoing gaps in emergency communications e.g. ReddiNet, evaluate emergency communication tools and apps. Identify and address gaps in East Bay Regional Communications System (EBRCS) hospital radio system.</td>
<td>Progress to date: Ongoing</td>
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<td></td>
<td>Annually monitor, exercise support and upgrade as fiscally able inter-hospital communications</td>
<td></td>
</tr>
<tr>
<td>8.18</td>
<td>Enhanced Level: Specialty Care Systems</td>
<td>Yes</td>
<td>Update of new state regulations for specialty care systems e.g. Trauma, ST Elevation Myocardial Infarction (STEMI), Stroke, EMSC.</td>
<td>Progress to date: Ongoing</td>
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<td></td>
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<td>Annually involved in the development through EMSAAC</td>
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</tbody>
</table>
## 2018 TIMELINE & ACTIONS TO BE ADDRESSED

All State standards have been met. We plan to address or reassess the following SMART objectives.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Meets State Standard</th>
<th>2018 Objectives</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.06</td>
<td>Annual System Plan Update</td>
<td>Yes</td>
<td>Update Annually.</td>
<td>Annually</td>
</tr>
<tr>
<td>1.08</td>
<td>ALS Planning</td>
<td>Yes</td>
<td>Support successful ambulance provider transition and monitor for system gaps</td>
<td>Annually</td>
</tr>
<tr>
<td>1.10</td>
<td>Special Populations</td>
<td>Yes</td>
<td>Exploration of alternative delivery models to match patient need to resource.</td>
<td>Annually</td>
</tr>
<tr>
<td>1.11</td>
<td>System Participants</td>
<td>Yes</td>
<td>Stakeholder participation in implementation of ambulance ordinance.</td>
<td>1-2 years</td>
</tr>
<tr>
<td>1.13</td>
<td>Coordination</td>
<td>Yes</td>
<td>Exploration of EMS dispatch services, exploration of coordination with Nurse Call centers to support appropriate utilization of 9-1-1 services.</td>
<td>1-5 years</td>
</tr>
<tr>
<td>1.14</td>
<td>Policy and Procedure Manual</td>
<td>Yes</td>
<td>Update of prehospital care policies and procedures based on prehospital evidence-based care. Implementation of new American Heart Association Guidelines for ALS.</td>
<td>Annually</td>
</tr>
<tr>
<td>1.15</td>
<td>System Finances</td>
<td>Yes</td>
<td>Review of fees and costs to support sustainable delivery of EMS services.</td>
<td>Annually</td>
</tr>
<tr>
<td>1.16</td>
<td>Local EMS Agency Staffing and Assessment of Needs</td>
<td>Yes</td>
<td>Update of Pediatric EMSC plan and future implementation of State Pediatric EMSC System of Care regulations.</td>
<td>3 years</td>
</tr>
<tr>
<td>1.27</td>
<td>Pediatric Emergency Medical and Critical Care System</td>
<td>Yes</td>
<td>Re-evaluation EOA IV (San Ramon Fire Protection District) exclusivity.</td>
<td>1 year</td>
</tr>
<tr>
<td>2.01</td>
<td>Dispatch Training</td>
<td>Yes</td>
<td>Support high quality EMD and dispatcher training for Center of Excellence Accreditation.</td>
<td>Annually</td>
</tr>
<tr>
<td>2.04</td>
<td>Early Defibrillation</td>
<td>Yes</td>
<td>Expand and enhance Public Access AED and Law AED programs within fiscal resources</td>
<td>Annually</td>
</tr>
<tr>
<td>5.06</td>
<td>Hospital Evacuation Plan</td>
<td>Yes</td>
<td>Update of medical surge and transportation plans for hospitals.</td>
<td>1-3 years</td>
</tr>
<tr>
<td>5.08</td>
<td>Trauma Planning</td>
<td>Yes</td>
<td>Update of trauma plan.</td>
<td>Annually</td>
</tr>
<tr>
<td>5.10</td>
<td>Pediatric Emergency and Critical Care System</td>
<td>Yes</td>
<td>Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.</td>
<td>Annually</td>
</tr>
<tr>
<td>No.</td>
<td>Standard</td>
<td>Meets State Standard</td>
<td>2018 Objectives</td>
<td>Time Frame</td>
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<tr>
<td>5.13</td>
<td>Specialty System Design</td>
<td>Yes</td>
<td>Stroke, STEMI, Cardiac Arrest, Trauma, EMS for Children System Program Evaluation.</td>
<td>Annually</td>
</tr>
<tr>
<td>5.14</td>
<td>Public Input</td>
<td>Yes</td>
<td>Support EMCC engagement on EMS system issues</td>
<td>Annually</td>
</tr>
<tr>
<td>6.01</td>
<td>Quality Assurance (QA)/Quality Improvement (QI) Program</td>
<td>Yes</td>
<td>Evaluate EMS-Hospital data system integration supporting patient safety and prehospital care. Develop Health Information Exchange between EMS ePCR and EPIC (hospital medical record platform)</td>
<td>1-4 years</td>
</tr>
<tr>
<td>7.01</td>
<td>Public Education</td>
<td>Yes</td>
<td>Sustain HeartSafe Communities to include support for CPR, PAD, Heart Attack, Stroke and Healthy Lifestyle.</td>
<td>Annually</td>
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<tr>
<td>7.03</td>
<td>Disaster Preparedness Promotion</td>
<td>Yes</td>
<td>Continued advocacy and implementation of regional pediatric medical surge planning. Participation on statewide Pediatric Surge Plan Workgroup</td>
<td>1-2 yrs</td>
</tr>
<tr>
<td>8.13</td>
<td>Disaster Medical Response</td>
<td>Yes</td>
<td>Sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers. Effective MRC capability for medical health deployment as needed.</td>
<td>Annually</td>
</tr>
<tr>
<td>8.15</td>
<td>Interhospital Communications</td>
<td>Yes</td>
<td>Address ongoing gaps and improvement opportunities for ReddiNet platform to support reliable use by hospitals. Routinely exercise med/health emergency communications</td>
<td>Annually</td>
</tr>
<tr>
<td>8.18</td>
<td>Enhanced Level: Specialty Care Systems</td>
<td>Yes</td>
<td>Evaluate new regulations for specialty care system implementation when complete .e.g. STEMI, Stroke, EMS for Children.</td>
<td>1-2 years</td>
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EMSAAC Legislative Report
2/28/2018

**AB 238** (Steinorth R) Emergency response: trauma kits.

*Last Amend:* 2/21/2018

*Status:* 2/26/2018-Re-referred to Com. on RLS. pursuant to Senate Rule 29.10(c).

*Location:* 2/26/2018-S. RLS.

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**Summary:** Under existing law, a person is generally responsible, not only for the result of his or her willful acts, but also for an injury occasioned to another by his or her want of ordinary care or skill in the management of his or her property or person. Existing law exempts from civil liability a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct. Existing law exempts public or private organizations that sponsor, authorize, support, finance, or supervise the training of people, or certifies those people in emergency medical services, from liability for civil damages alleged to result from those training programs. This bill would define "trauma kit" to mean a first aid response kit that contains specified items, including, among other things, at least 2 tourniquets. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use, installation, operation, training, and maintenance of the trauma kit. The bill would apply the provisions governing civil liability described above to a lay rescuer or person who renders emergency care or treatment by using a trauma kit and to a person or entity that provides training in the use of a trauma kit to provide emergency medical treatment, or certifies certain persons in the use of a trauma kit. Existing law requires certain occupied structures that are not owned or operated by a local government entity and are constructed on or after January 1, 2017, to have an automated external defibrillator on the premises. This bill would require the entity responsible for managing the building, facility, and tenants of specified types of buildings, including, among others, educational buildings and mercantile buildings, constructed by the state or a local government entity after January 1, 2019, to acquire and place a trauma kit on the premises of the building. Because the bill would impose new duties on local government entities with respect to the placement of trauma kits, the bill would impose a state-mandated local program. The bill would require an entity responsible for managing the building, facility, and tenants of an occupied structure in which a trauma kit is placed to comply with certain requirements, such as periodically inspecting and replacing the contents of a trauma kit, restocking the trauma kit after each use, and notifying tenants of the building or structure of the location of the trauma kit. The bill would exempt a person or entity that acquires and places a trauma kit for emergency care from liability for civil damages resulting from an act or omission in the rendering of emergency care if those requirements have been met. This bill would authorize the California Building Standards Commission to research and collect public input for the purpose of determining if mandatory or voluntary building standards should be adopted regarding the placement of trauma kits in a public building constructed, or a public building that has an addition, significant repair, or alteration completed, on or after January 1, 2019. The bill would authorize the commission to adopt that standard. 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. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

**Position**

SIA

**Notes 1:** 2/27/18 - SIA (G&A; position from AB 909)

**AB 263** (Rodriguez D) Emergency medical services workers: rights and working conditions.

*Last Amend:* 6/21/2017

*Status:* 9/1/2017-From committee: Do pass and re-refer to Com. on RLS. (Ayes 9. Noes 1.) (September 1). Re-referred to Com. on RLS.

*Location:* 9/1/2017-S. RLS.

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**Summary:** Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical service systems and plans and establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services. Existing law provides that emergency medical personnel have specified due process rights when they are subject to suspension or termination for disciplinary cause or reason, as defined. This bill would require an employer that provides emergency medical services as part of an emergency medical services system or plan to authorize and permit its employees engaged in prehospital emergency services to take prescribed rest
periods, including specifying grounds for interruption of a rest period and compensation for an
interrupted rest period. The bill also would require the employer to provide these employees with
prescribed meal periods, including specifying grounds for interruption of a meal period and
compensation for an interrupted meal period. The bill would authorize an employer to require during
rest and meal periods that employees monitor pagers, radios, station alert boxes, intercoms, cellular
telephones, or other communication methods to provide for the public health and welfare.
This bill contains other related provisions and other existing laws.

**Position**

**O-1**

**Notes 1:**

- 2/23/17 - WC
- 6/1/17 - O-2
- 6/2/17 - Opposition Letter to Author
- 6/15/17 - O-1
- 6/21/17 - Opposition Letter to Sen Labor & Industrial Relations
- 7/3/17 - Opposition Letter to Sen Appropriations
- 8/25/17 - Opposition Letter to Sen Appropriations Suspense File

**AB 451**

(Arambula D) Health facilities: emergency services and care.

**Last Amend:** 7/5/2017

**Status:** 9/1/2017-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/21/2017)(May be acted upon Jan 2018)

**Location:** 9/1/2017-S. 2 YEAR

**Summary:**

(1) Existing law requires a health facility that maintains and operates an emergency
department to provide emergency services and care to any person requesting the services or care for
any condition in which the person is in danger of loss of life, or serious injury or illness, as specified. If
a licensed health facility does not maintain an emergency department, its employees are nevertheless
required to exercise reasonable care to determine whether an emergency exists and to direct
the person seeking emergency care to a nearby facility that can render the needed services, as specified.
Existing law makes a violation of these provisions a crime. This bill would specify that a psychiatric unit
within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital,
excluding certain state hospitals, regardless of whether it operates an emergency department, is
required to provide emergency services and care to treat a person with a psychiatric emergency
medical condition who has been accepted by the facility, as specified, if the facility has appropriate
facilities and qualified personnel. The bill would make conforming changes to related provisions. The bill
would also prohibit a general acute care hospital or an acute psychiatric hospital, as a condition to
accepting a transfer of a patient from another health facility, from requiring that the patient be in
custody as a result of a mental health disorder causing him or her to be a danger to others or himself
or herself, or is gravely disabled. By expanding these duties, this bill would expand the scope of a
crime, thereby imposing a state-mandated local program. This bill contains other related provisions and
other existing laws.

**Position**

Watch

**Notes 1:**

- 2/23/17 - Watch

**AB 697**

(Fong R) Tolls: exemption for privately owned emergency ambulances.

**Last Amend:** 6/12/2017

**Status:** 9/16/2017-Ordered to inactive file at the request of Senator McGuire.

**Location:** 9/16/2017-S. INACTIVE FILE

**Summary:**

Existing law provides for the exemption of authorized emergency vehicles, as defined, from
the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane
and any related fines, when the authorized emergency vehicle is being driven under specified
conditions, including, among others, the vehicle is displaying public agency identification and driven
while responding to or returning from an urgent or emergency call. Existing law provides procedures
for an operator of a toll facility and a public agency to resolve certain disputes relating to the
nonpayment of tolls. Existing law allows for agreements between the owner or operator of a toll
facility and a local emergency service provider that establish terms for the use of the toll facility by the
emergency service provider. Existing law prohibits a person from operating a privately owned
emergency ambulance unless licensed by the Department of the California Highway Patrol. This bill
would generally modify the exemption to apply to the use of a toll facility, as defined, and would
expand the exemption, dispute resolution procedures, and agreement provisions to include a privately
owned emergency ambulance licensed by the Department of the California Highway Patrol. The bill
would also make technical changes to these provisions.
**AB 735**

*(Maienschein R)*  **Swimming pools: public safety.**

**Last Amend:** 5/26/2017  
**Status:** 9/1/2017-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/17/2017)(May be acted upon Jan 2018)

**Location:** 9/1/2017-S. 2 YEAR

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**Summary:** Existing law provides for the regulation of private swimming pools. Existing law also provides for the regulation of public swimming pools by the State Department of Public Health. Existing law requires the provision of lifeguard services at any public swimming pool that is of wholly artificial construction and for the use of which a direct fee, as defined, is imposed. A violation of those provisions is a crime. This bill would require those public swimming pools, as defined, that are required to provide lifeguard services and that charge a direct fee to additionally provide an Automated External Defibrillator (AED) during pool operations. Because the failure to comply with these provisions would be a crime, the bill would create a state-mandated local program. The bill would also require the State Department of Education, in consultation with the State Department of Public Health, to issue best practices guidelines related to pool safety at K–12 schools. This bill contains other existing laws.

**Position**

Watch

**Notes 1:** 2/23/17 - Watch

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**AB 1116**

*(Grayson D)*  **Peer Support and Crisis Referral Services Act.**

**Last Amend:** 9/8/2017  
**Status:** 9/11/2017-Read second time. Ordered to third reading. Ordered to inactive file at the request of Senator Atkins.

**Location:** 9/11/2017-S. INACTIVE FILE

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**Summary:** Under existing law, the California Emergency Services Act, the Governor is authorized to proclaim a state of emergency, as defined, under specified circumstances. The California Emergency Services Act also authorizes the governing body of a city, county, city and county, or an official designated by ordinance adopted by that governing body, to proclaim a local emergency, as defined. This bill would create the Peer Support and Crisis Referral Services Act. The bill would, for purposes of the act, define a “peer support team” as a local critical incident response team composed of individuals from emergency services professions, emergency medical services, hospital staff, clergy, and educators who have completed a peer support training course developed by the Office of Emergency Services, the California Firefighter Joint Apprenticeship Committee, or the Commission on Correctional Peace Officer Standards and Training, as specified. The bill would provide that a communication made by emergency service personnel to a peer support team member while the emergency service personnel receives peer support services, as defined, is confidential and shall not be disclosed in a civil or administrative proceeding, except as specified. The bill would also provide that, except for an action for medical malpractice, a peer support team or a peer support team member providing peer support services is not liable for damages, as specified, relating to the team’s or team member’s act, error, or omission in performing peer support services, unless the act, error, or omission constitutes gross negligence or intentional misconduct. The bill would provide that a communication made by emergency service personnel to a crisis hotline or crisis referral service, as defined, is confidential and shall not be disclosed in a civil or administrative proceeding, except as specified. This bill contains other related provisions and other existing laws.

**Position**

Watch

**Notes 1:** 2/23/17 - Watch

---

**AB 1136**

*(Eggman D)*  **Health facilities: residential mental or substance use disorder treatment.**

**Last Amend:** 2/5/2018  
**Status:** 2/5/2018-From committee chair, with author’s amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.

**Location:** 2/5/2018-S. HEALTH

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**Summary:** Under existing law, the State Department of Public Health licenses and regulates health facilities, defined to include, among others, acute psychiatric hospitals. A violation of these provisions is
This bill would require the State Department of Public Health to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities. The bill would require a database created using grant funds received as a result of the submission of that proposal to have the capacity to collect data and enable a specified search to identify beds that are appropriate for the treatment of individuals and to include specified information, including, among other things, the contact information for the facility’s designated employee and information on beds. The bill would require the department to confer with stakeholders to inform the development of the proposal and to submit an evaluation to the federal Health and Human Services Secretary and to the Legislature. This bill contains other existing laws.

**Position**

Watch

**AB 1250 (Jones-Sawyer D) Counties: contracts for personal services.**

**Last Amend:** 9/5/2017  
**Status:** 9/5/2017-Read second time and amended. Re-referred to Com. on RLS.  
**Location:** 9/5/2017-S. RLS.

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**Summary:** Existing law authorizes the board of supervisors of a county to contract for special services on behalf of various public entities with persons who are specially trained, experienced, expert, and competent to perform the special services, as prescribed. These services include financial, economic, accounting, engineering, legal, and other specified services. This bill would establish specific standards for the use of personal services contracts by counties. The bill would allow a county or county agency to contract for personal services currently or customarily performed by employees, as applicable, when specified conditions are met. Among other things, the bill would require the county to clearly demonstrate that the proposed contract will result in actual overall costs savings to the county and also to show that the contract does not cause the displacement of county workers. The bill would exempt certain types of contracts from its provisions, and would exempt a city and county from its provisions. By placing new duties on local government agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

O-1

**Notes 1:** 6/15/17 - O-1  
6/21/17 - Joint EMSAAC/EMDAC Opposition Letter to Author  
6/28/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Gov & Fin Committee (Hearing Rescheduled)  
7/5/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Gov & Fin Committee  
8/14/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Appropriations  
8/25/17 - Joint EMSAAC/EMDAC Opposition Letter to Sen Appropriations Suspense File

**AB 1372 (Levine D) Crisis stabilization units: psychiatric patients.**

**Last Amend:** 6/13/2017  
**Status:** 9/6/2017-Ordered to inactive file at the request of Senator Newman.  
**Location:** 9/6/2017-S. INACTIVE FILE

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**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the department and counties provide specialty mental health services for Medi-Cal beneficiaries through mental health managed care plans, as specified. Under existing law, these services may include crisis stabilization services and inpatient psychiatric care. This bill would authorize a certified crisis stabilization unit designated by a mental health managed care plan, at the discretion of the mental health managed care plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours in those cases in which the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. The bill would require a person who is placed under, or who is already under, a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit. The bill would require the department to amend its contract with a mental health plan to include a provision authorizing the provision of crisis stabilization services for more than 24 hours if the mental health plan elects to provide crisis stabilization services under these provisions. The bill would require the department to require these mental health plans to establish treatment protocols, documentation standards, and administrative procedures, consistent with best practices and other evidence-based medicine, to be followed by a certified crisis stabilization unit for appropriate treatment to individuals who are provided crisis stabilization services for more...
than 24 hours. The bill would require the department to seek any state plan amendments or waivers, or amendments to existing waivers, that are necessary to implement these provisions.

Position
Watch

Notes 1: 2/23/17 - Watch

AB 1603

Last Amend: 8/24/2017

Status: 9/16/2017-Ordered to inactive file at the request of Senator McGuire.

Location: 9/16/2017-S. INACTIVE FILE

Summary: Under the Meyers-Milias-Brown Act (MMBA), employees of local public agencies have the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on all matters of employer-employee relations. The MMBA authorizes a local public agency to adopt reasonable rules and regulations after consultation in good faith with representatives of a recognized employee organization or organizations for the administration of employer-employee relations under the act. The Public Employment Relations Board (PERB) has jurisdiction over certain disputes arising pursuant to the MMBA. The MMBA defines "public employee" to mean any person employed by a public agency, in addition to other specified employees. The MMBA rules and regulations may include exclusive recognition of employee organizations formally recognized pursuant to a vote of the employees of the agency or an appropriate unit thereof, subject to the right of an employee to represent himself or herself. This bill would revise the definition of "public employee" for the purpose of the act to also include persons jointly employed by a public agency and any other employer at specified clinics and hospitals. The bill instead would specify that those rules and regulations may provide for exclusive recognition of employee organizations formally recognized pursuant to a vote of the employees of the agency or an appropriate unit thereof, subject to the employee's right to represent himself or herself, and provided that determination of an otherwise appropriate unit of, or including, these jointly employed public employees is not contingent upon, and does not otherwise require the agency or joint employer's consent. This bill contains other related provisions and other existing laws.

Position
0-1

Notes 1: 8/3/17 - Pending LC Position
8/24/17 - O-1 (EMSAAC/EMDAC Joint Opposition Letter in Draft)
9/5/17 - Joint EMSAAC/EMDAC Opposition Floor Alert

AB 1747
(Rodriguez D)  School safety plans.

Status: 1/16/2018-Referred to Com. on ED.

Location: 1/16/2018-A. ED.

Calendar: 3/21/2018 1:30 p.m. - State Capitol, Room 4202  ASSEMBLY EDUCATION, O'DONNELL, Chair

Summary: (1) Existing law provides that school districts and county offices of education are responsible for the overall development of a comprehensive school safety plan for each of its schools, as provided. Existing law requires the schoolsite council of a school to write and develop the comprehensive school safety plan relevant to the needs and resources of that particular school. Existing law requires the schoolsite council to consult with a representative from a law enforcement agency in the writing and development of the comprehensive school safety plan. Existing law requires the comprehensive school safety plan to contain certain things including assessing the current status of school crime committed on school campuses. Existing law authorizes a school district or county office of education to, in consultation with law enforcement officials, elect to not have its schoolsite council develop and write those portions of its comprehensive school safety plan that include tactical responses to criminal incidents, as defined, that may result in death or serious bodily injury at the schoolsite. This bill would require the schoolsite council to additionally consult with other first responder entities in the writing and development of the comprehensive school safety plan and would require the comprehensive school safety plan and any updates made to the plan to be shared with the law enforcement agency and the other first responder entities. The bill would require tactical responses to criminal incidents to include procedures related to individuals with guns on school campuses and at school-related functions. By expanding the responsibility of a school district or county offices of education with respect to the development of a comprehensive school safety plan, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position
Watch

Notes 1: 1/10/18 - Watch
AB 1751  (Low D)  Controlled substances: CURES database.
Status: 1/16/2018-Referred to Coms. on B. & P. and PUB. S.
Location: 1/16/2018-A. B.&P.

Summary: Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. This bill would authorize the Department of Justice to enter into an agreement with an entity operating an interstate data share hub for the purposes of participating in interjurisdictional information sharing between prescription drug monitoring programs across state lines. The bill would require any agreement entered into by the Department of Justice for those purposes to ensure that all access to data within CURES complies with California law and meets the same patient privacy and data security standards employed and required for direct access of CURES.

Position
Watch

Notes 1: 1/16/18 - Pending
1/25/18 - Watch (Reviewed by LC)

AB 1752  (Low D)  Controlled substances: CURES database.
Status: 1/16/2018-Referred to Coms. on B. & P. and PUB. S.
Location: 1/16/2018-A. B.&P.

Summary: Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice as soon as reasonably possible, but not more than 7 days after the date a controlled substance is dispensed. This bill would add Schedule V controlled substances to the CURES database. The bill would additionally authorize the California State Board of Pharmacy, through regulation, to add additional medications to be tracked in the CURES database. The bill would require a dispensing pharmacy, clinic, or other dispenser to report information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would change what information is required to be reported by deleting references to classification codes and adding the date of sale of the prescription.

Position
Watch

Notes 1: 1/16/18 - Pending
1/25/18 - Watch (Reviewed by LC)

AB 1753  (Low D)  Controlled substances: CURES database.
Status: 1/16/2018-Referred to Coms. on B. & P. and PUB. S.
Location: 1/16/2018-A. B.&P.

Summary: Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice, as specified. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice. This bill would, beginning January 1, 2020, require the Department of Justice to limit the number of approved printers to 3, as specified. The bill would require prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the Department of Justice, and would require a printer to submit specified information to the Department of Justice for all prescription forms delivered. The bill would require the information submitted by a dispensing pharmacy, clinic, or other dispenser to the Department of Justice to include the serial number for the corresponding prescription pad, if applicable.
### AB 1776
**Status:** 1/22/2018- Referred to Coms. on HEALTH and JUD.
**Location:** 1/22/2018-A. HEALTH

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**Summary:** Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, among other things, to establish training standards for Emergency Medical Technicians (EMT) at various levels, including EMT-I, EMT-II, and EMT-P. Existing law makes a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse who renders emergency medical services at the scene of an emergency or during an emergency air or ground ambulance transportation only liable in civil damages for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. Existing law exempts the public agency employer of the firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse from civil liability if the employee is not liable. This bill would authorize an EMT-I, EMT-II, or EMT-P to transport a police dog, as defined, injured in the line of duty to a facility that is capable of providing veterinary medical services to the injured police dog if there is not a person requiring medical attention or medical transportation at the time the decision is made to transport the police dog. The bill would also exempt an EMT-I, EMT-II, EMT-P who provides emergency medical transportation for a police dog, or the EMT’s employer, from liability for civil damages resulting from an act or omission relating to the transport of the police dog, unless the act or omission constitutes gross negligence or is performed in bad faith.

### AB 1795
**(Gipson D)** Emergency medical services: community care facilities.
**Status:** 1/22/2018- Referred to Com. on HEALTH.
**Location:** 1/22/2018-A. HEALTH

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**Summary:** Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state agencies concerning emergency medical services. Among other duties, the authority is required to develop planning and implementation guidelines for emergency medical services systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems, and receive plans for the implementation of emergency medical services and trauma care systems from local EMS agencies. This bill would authorize a local emergency medical services agency to submit, as part of its emergency services plan, a plan to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided before and during transport to a community care facility, as specified. The bill would also direct the Emergency Medical Services Authority to authorize a local EMS agency to add to its scope of practice for specified emergency personnel those activities necessary for the assessment, treatment, and transport of a patient to a community care facility. This bill contains other existing laws.

### AB 1877
**Last Amend:** 2/22/2018
**Status:** 2/26/2018-Re-referred to Com. on G.O.
**Location:** 1/29/2018-A. G.O.

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**Summary:** The California Emergency Services Act establishes the Office of Emergency Services within the Governor’s office under the supervision of the Director of Emergency Services and makes the office responsible for the state’s emergency and disaster response services for natural, technological, or
manmade disasters and emergencies. Existing law requires the Governor to coordinate a State Emergency Plan, which is in effect in each political subdivision of the state, and requires the governing body of each political subdivision, as defined, to take actions necessary to carry out the provisions of that plan. Existing law defines an "operational area" as an intermediate level of the state emergency services organization, consisting of a county and all political subdivisions within the county area. This bill would require the Office of Emergency Services and the governing body of each political subdivision, including each operational area, to translate any emergency communication into the most commonly spoken languages in the impacted county or counties. By imposing additional duties on local agencies, the bill would impose a state-mandated local program. This bill contains other existing laws.

Position
Watch
Notes 1: 1/24/18 - Pending
1/25/18 - Watch (Reviewed by LC)

**AB 1973**

(Quirk D) Reporting crimes.

Status: 2/12/2018-Referred to Com. on PUB. S.

Location: 2/12/2018-A. PUB. S.

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Summary: Existing law requires specified health practitioners who have knowledge of or observe a patient who the practitioner knows or reasonably suspects has suffered from a wound or injury inflicted by specified types of conduct to report to a law enforcement agency, as specified. A violation of these provisions is a crime. This bill would extend those reporting duties to emergency medical technicians and paramedics, as specified. By expanding the scope of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position
Watch
Notes 1: 2/5/18 - Pending
2/8/18 - Watch (Reviewed by LC)

**AB 2009**

(Maienschein R) Interscholastic athletic programs: school districts: written emergency action plans: automated external defibrillator.

Status: 2/12/2018-Referred to Coms. on ED. and JUD.

Location: 2/12/2018-A. ED.

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Calendar: 3/21/2018 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY EDUCATION, O’DONNELL, Chair

Summary: Existing law establishes a system of public elementary and secondary schools operated by local educational agencies throughout this state. Under existing law, public and private secondary schools participate in interscholastic sports, and are authorized to enter into associations or consortia to enact and enforce rules relating to eligibility for, and participation in, these activities. This bill contains other existing laws.

Position
Watch
Notes 1: 2/5/18 - Pending
2/8/18 - Watch

**AB 2037**

(Bonta D) Pharmacy: automated drug delivery systems.

Status: 2/16/2018-Referred to Com. on B. & P.

Location: 2/16/2018-A. B.&P.

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Summary: Existing law, the Pharmacy Law, the knowing violation of which is a crime, provides for the licensure and regulation of pharmacies, pharmacists, intern pharmacists, and pharmacy technicians by the California State Board of Pharmacy. The Pharmacy Law authorizes a pharmacy to provide pharmacy services to specified licensed health facilities through the use of an automated drug delivery system. Existing law, the Pharmacy Law, authorizes a licensed clinic to make use of an automated drug delivery system, operated under the authorization of a pharmacist, and under which the clinic is responsible for the safety and security of the drugs in the system. This bill would provide an alternative program to authorize a pharmacy to provide pharmacy services to covered entities, as defined, that are eligible for discount drug programs under federal law, as specified, through the use of an automated drug delivery system, as defined. This bill contains other related provisions and other existing laws.

Position
Watch
**AB 2089**  
**Mathis R**  
Volunteer firefighters: background checks.  
Last Amend: 2/26/2018  
Status: 2/27/2018-Referred to Com. on L. GOV.  
Location: 2/22/2018-A. L. GOV.  

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Summary: The Fire Protection District Law of 1987 provides for the formation and administration of fire protection districts. Under that law, district employees include volunteer firefighters. This bill would amend those provisions to require the chief of a fire protection district or a fire company to conduct background checks on applicants for volunteer firefighter status with the district or fire company, as prescribed, and would require the chief to identify an applicant who is determined by such a background check to be a registered sex offender or to have committed or been convicted of specific offenses. By imposing new duties on local officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position  
Watch

Notes 1: 2/9/18 - Pending  
2/15/18 - Watch

**AB 2099**  
**Gloria D**  
Mental health: detention and evaluation.  
Status: 2/22/2018-Referred to Com. on HEALTH.  
Location: 2/22/2018-A. HEALTH  

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Summary: Under existing law, when a person, as a result of mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under existing law, the facility accepting the person shall require an application in writing stating the circumstances under which the person’s condition was called to the attention of the official who took the person into custody. This bill would provide that a copy of that application shall be treated as the original for specified purposes and in specified proceedings.

Position  
Watch

Notes 1: 2/22/18 - Watch

**AB 2102**  
**Rodriguez D**  
Status: 2/22/2018-Referred to Com. on G.O.  
Location: 2/22/2018-A. G.O.  

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Summary: The California Emergency Services Act authorizes the Governor to enter into reciprocal aid agreements or compacts, mutual aid plans, or other interstate arrangements for the protection of life and property with other states and the federal government, either on a statewide basis or a political subdivision basis. This bill would authorize a mutual aid agreement to provide for temporary training and licensing reciprocity for out-of-state fire and paramedic personnel who render aid in this state during a declared state of emergency.

Position  
WC

Notes 1: 2/15/18 - W/C

**AB 2112**  
**Santiago D**  
Status: 2/22/2018-Referred to Com. on HEALTH.  
Location: 2/22/2018-A. HEALTH  

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Summary: Existing law establishes the State Department of Health Care Services within the California Health and Human Services Agency and sets forth the powers and duties of the department with regard to the administration and state oversight of mental health and substance use disorder functions and programs in this state, and the Medi-Cal program. Existing law authorizes the State Department of Health Care Services to enter into exclusive or nonexclusive contracts, or to amend existing contracts, on a bid or negotiated basis for the purpose of administering or implementing any
federal grant awarded pursuant to the federal 21st Century Cures Act. This bill would require the State Department of Health Care Services to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, a plan for specified objectives. The bill would require the department to confer with specified stakeholders in developing its grant proposal and application. The bill would require the department, if awarded a grant, to submit to the United States Secretary of Health and Human Services, at the time and in the manner, and containing the information, as the Secretary may reasonably require, a report, including an evaluation of the effect of that grant on, among other things, local crisis response services and measures for individuals receiving crisis planning and early intervention supports. The bill would also require the department to submit a copy of this report to the Legislature. This bill contains other existing laws.

**Position**
Watch

**Notes 1:**
2/22/18 - Watch

**AB 2118**

(Cooley D) Medi-Cal: ground emergency medical transportation services.

**Status:** 2/9/2018-From printer. May be heard in committee March 11.

**Location:** 2/8/2018-A. PRINT

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**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law authorizes certain ground emergency medical transportation providers to receive supplemental Medi-Cal reimbursement in addition to the rate of payment the provider would otherwise receive for those services. Existing law requires the department to develop a modified supplemental reimbursement program, with necessary federal approvals, that would seek to increase the reimbursement to certain ground emergency medical transportation providers, as specified. Existing law states the Legislature’s intent in enacting these provisions to provide the supplemental reimbursement without any expenditure from the General Fund. This bill would make a technical, nonsubstantive change to the statement of the Legislature’s intent.

**Position**
Watch

**Notes 1:**
2/9/18 - Pending
2/15/18 - Watch

**AB 2136**

(Bonta D) Domestic violence: lethality assessment program.

**Status:** 2/26/2018-Referred to Com. on PUB. S.

**Location:** 2/26/2018-A. PUB. S.

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**Summary:** Existing law requires each law enforcement agency in the state to develop, adopt, and implement written policies and standards for officers’ responses to domestic violence calls. This bill would require the County of Alameda to develop a lethality assessment program to develop tools for first responders to assess the lethality of domestic violence perpetrators in order to inform the decisions made by those first responders. This bill contains other related provisions and other existing laws.

**Position**
Watch

**Notes 1:**
2/22/18 - Watch

**AB 2262**

(Wood D) Coast Life Support District Act: urgent medical care services.

**Status:** 2/14/2018-From printer. May be heard in committee March 16.

**Location:** 2/13/2018-A. PRINT

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**Summary:** Existing law establishes the Coast Life Support District and specifies the powers of the district. The district is authorized, among other things, to supply the inhabitants of the district emergency medical services, as specified. This bill would additionally authorize the district to provide urgent medical care services. This bill contains other related provisions.

**Position**
Watch

**Notes 1:**
2/22/18 - Watch

**AB 2280**

(Chen R) Medi-Cal: emergency medical transports: data.
**AB 2293**  
**Reyes D**  
**EMT certification: conservation camps.**  
**Status:** 2/14/2018-From printer. May be heard in committee March 16.  
**Location:** 2/13/2018-A. PRINT  
**Summary:** Existing law establishes the California Conservation Camp program, to provide for the training and use of inmates and wards for conservation projects, including, among other things, forest fire prevention and control. Existing law authorizes the Emergency Medical Services Authority to develop regulations for the issuance of EMT-I and EMT-II certificates and the disciplinary processes for EMT-I and EMT-II applicants and certificate holders that protect public health and safety. This bill would require the authority, in developing regulations for the issuance of EMT-I and EMT-II certificates, to ensure that conviction of an offense, except as specified, shall not be grounds for determining that public health and safety requires denial or revocation of an EMT-I or EMT-II certificate to an individual who is no longer incarcerated and, while incarcerated for that offense, completed a California Conservation Camp program.  
**Position**  
Watch  
**Notes 1:** 2/22/18 - Watch

**AB 2397**  
**Obernolte R**  
**Health and human services: information sharing: administrative actions.**  
**Status:** 2/15/2018-From printer. May be heard in committee March 17.  
**Location:** 2/14/2018-A. PRINT  
**Summary:** Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care facilities, as defined, by the State Department of Social Services. Existing law, in order to protect the health and safety of persons receiving care or services from individuals or facilities licensed by the state or from individuals certified or approved by a foster family agency, authorizes the California Department of Aging, the State Department of Public Health, the State Department of Health Care Services, the State Department of Social Services, and the Emergency Medical Services Authority to share information with respect to applicants, licensees, certificate holders, or individuals who have been the subject of any administrative action, as defined, resulting in one of specified actions, including, among others, the denial of a license, permit, or certificate of approval. Existing law also authorizes, for the same purpose, the State Department of Social Services and county child welfare agencies to share those same types of information. This bill would instead require the above-described agencies to share the information relating to administrative actions under the 2 respective provisions. By creating new duties for county officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.  
**Position**  
Watch  
**Notes 1:** 2/22/18 - Watch

**AB 2436**  
**Mathis R**  
**Medi-Cal: ground ambulance rates.**  
**Status:** 2/15/2018-From printer. May be heard in committee March 17.  
**Location:** 2/14/2018-A. PRINT  
**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care services, including medical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law and regulations prescribe various requirements
governing payment policies and reimbursement rates for these services. This bill would require the State Department of Health Care Services to establish payment rates for ground ambulance services based on changes in the Consumer Price Index-Urban and the Geographic Practice Cost Index, and would require the department to designate a specified ambulance cost study conducted by the federal Government Accountability Office as the evidentiary base.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

**AB 2593**  
(Grayson D) Medi-Cal: air ambulance services.

**Status:** 2/16/2018-From printer. May be heard in committee March 18.

**Location:** 2/15/2018-A. PRINT

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**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides for the federal Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. This bill would require the department to maintain the Medi-Cal fee schedule for air ambulance services at a level equal to the rural Medicare rates for those services, only to the extent federal financial participation is available and only if any necessary federal approvals have been obtained.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

**AB 2612**  
(Bigelow R) Office of Emergency Services.

**Status:** 2/16/2018-From printer. May be heard in committee March 18.

**Location:** 2/15/2018-A. PRINT

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**Summary:** The California Emergency Services Act, among other things, establishes the Office of Emergency Services for the purpose of mitigating the effects of natural, manmade, or war-caused emergencies and makes findings and declarations relating to ensuring that preparation within the state will be adequate to deal with those emergencies. This bill would make nonsubstantive changes to these provisions.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

**AB 2933**  
(Medina D) Mental health services: involuntary detention.

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

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**Summary:** Existing law provides that each person who is involuntarily detained for evaluation or treatment, as specified, or admitted as a voluntary patient for psychiatric evaluation or treatment to a health facility, as specified, and each person who is committed to a state hospital, has certain rights, including the right to see visitors and the right to keep and use personal possessions. This bill would make technical, nonsubstantive changes to those provisions and correct an obsolete cross-reference.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

**AB 2961**  
(O'Donnell D) Emergency medical services.

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

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**Summary:** Existing law requires the Emergency Medical Services Authority to develop a statewide standard methodology for the calculation and reporting of ambulance patient offload time, as defined, by a local emergency medical services (EMS) agency. Existing law authorizes a local EMS agency to adopt policies and procedures to calculate and report ambulance patient offload time. This bill would
make technical, nonsubstantive changes to that provision.

**AB 2983**
(Arambula D) **Health care facilities: voluntary psychiatric care.**

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

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**Summary:** Existing law provides for the licensure and regulation of general acute care hospitals and acute psychiatric hospitals by the State Department of Public Health. Existing law requires emergency services and care, including screening, examination, and evaluation to determine if a psychiatric emergency medical condition exists and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, to be provided to any person requesting the services or care. Existing law regulates the transfer of a person from one hospital to another. Violation of these provisions is a crime. This bill would prohibit a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person. By creating a new crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

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**AB 3174**
(Eggman D) **Cities: fire departments.**

**Status:** 2/17/2018-From printer. May be heard in committee March 19.

**Location:** 2/16/2018-A. PRINT

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**Summary:** Existing law requires the legislative body of a general law city to establish a fire department for the city, as specified. This bill would additionally apply these provisions to charter cities by increasing the duties of cities; this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**
WC

**Notes 1:** 2/22/18 - W/C

---

**SB 185**
(Hertzberg D) **Crimes: infractions.**

**Last Amend:** 5/26/2017

**Status:** 9/1/2017-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/23/2017)(May be acted upon Jan 2018)

**Location:** 9/1/2017-A. 2 YEAR

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**Summary:** Under existing law, a judgment that a person convicted of an infraction be punished by a fine may also provide for the payment to be made within a specified time or in specified installments. Existing law requires a court, in any case when a person appears before a traffic referee or judge of the superior court for adjudication of a violation of the Vehicle Code, upon request of the defendant, to consider the defendant’s ability to pay, as specified. This bill would require the court, in any case involving an infraction filed with the court, to determine whether the defendant is indigent for purposes of determining what portion of the statutory amount of any associated fine, fee, assessment, or other financial penalties the person can afford to pay. The bill would provide that the defendant can demonstrate that he or she is indigent by providing specified information, including attesting to his or her indigent status under penalty of perjury. Because a violation thereof would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**
WC

**Notes 1:** 2/23/17 - Watch
6/1/17 - OUA
6/21/17 - OUA Letter to Author
6/29/17 - Watch w/ Concerns (OUA rescinded by LC)
7/5/17 - Concerns Letter to Author
**SB 502**

**Portantino D**  Public rail systems: availability of automated external defibrillators.

Last Amend: 9/7/2017

Location: 9/11/2017-A. RLS.

Summary: (1) Existing law exempts from civil liability any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an automated external defibrillator (AED) at the scene of an emergency, except in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment. Existing law also exempts from civil liability a person or entity that acquires an AED for emergency use, a physician who is involved with the placement of the AED, and any person or entity responsible for the site where the AED is located if specified conditions are met, including maintenance and regular testing of the AED and having a written plan that describes the procedures to be followed in case of an emergency that may involve the use of the AED. This bill would require a public entity that operates a rail transit system or a commuter train system to ensure that each train has an automated external defibrillator (AED) as part of its safety equipment subject to specified requirements. The bill would exempt a public entity that acquires an AED for emergency care from liability for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of the AED if the public entity has complied with certain requirements. (2) By imposing new duties on local public officials, the bill would create a state-mandated local program. 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. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

**Notes 1:** 9/8/17 - Pending LC Position (Gut & Amend)

9/13/17 - Watch

**Position**

Watch

**SB 821**

**Jackson D**  Emergency notification: Office of Emergency Services: county jurisdictions.

Location: 1/3/2018-S. RLS.

Summary: The California Emergency Services Act establishes the Office of Emergency Services in the office of the Governor and provides that the office is responsible for the state’s emergency and disaster response services for natural, technological, or manmade disasters and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would specify that the Office of Emergency Services may assist county jurisdictions in developing effective public emergency warning systems.

**Notes 1:** 1/10/18 - Watch

**Position**

Watch

**SB 833**

**McGuire D**  Emergency alerts: evacuation orders: operators.

Location: 1/16/2018-S. G.O.

Summary: The California Emergency Services Act establishes the Office of Emergency Services (OES) in the office of the Governor and provides that OES is responsible for the state’s emergency and disaster response services for natural, technological, or manmade disasters and emergencies. The act also provides for systems for the public dissemination of alerts regarding missing children, attacks upon law enforcement officers, and missing persons who are 65 years of age or older, among others, and requires the Department of the California Highway Patrol to activate these systems and issue alerts upon the request of a law enforcement agency if certain conditions are met. This bill would provide for a red alert system designed to issue and coordinate alerts following an evacuation order, as specified. The bill would require the red alert system to incorporate a variety of notification resources and developing technologies that may be tailored to the circumstances and geography of the underlying evacuation, as appropriate. The bill would require a local government agency or state agency that uses the federal Wireless Emergency Alert (WEA) system to alert a specified area of an evacuation order to use the term "red alert" in the alert and notify OES of the alert. This bill contains other related provisions and other existing laws.
Position
Watch
Notes 1: 1/10/18 - Watch

**SB 944**

**Hertzberg D** Community paramedicine programs: guidelines.

Status: 2/8/2018-Referred to Com. on RLS.

Location: 1/29/2018-S. RLS.

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Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The act establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of emergency medical services. Among other duties, the authority is required to develop planning and implementation guidelines for emergency medical services systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems, and receive plans for the implementation of emergency medical services and trauma care systems from local EMS agencies. This bill would declare the intent of the Legislature to enact legislation that establishes statewide guidelines for, and authorizes the implementation of, community paramedicine programs in California, as specified.

Position
Watch
Notes 1: 1/30/18 - Pending
2/1/18 - Watch (Reviewed by LC)

**SB 1086**

**Atkins D** Workers’ compensation: firefighters and peace officers.

Status: 2/22/2018-Referred to Coms. on L. & I.R. and APPR.

Location: 2/22/2018-S. L. & I.R.

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Summary: Existing law specifies the time period within which various proceedings may be commenced under provisions of law relating to workers’ compensation. With certain exceptions, a proceeding to collect death benefits is required to be commenced within one year from several circumstances, including, but not limited to, from the date of death if it occurs within one year from the date of injury. Existing law prohibits proceedings from being commenced more than one year after the date of death, and generally not more than 240 weeks from the date of injury. Existing law, for specified deceased members, including peace officers and active firefighting members, extends until January 1, 2019, the time period to commence proceedings to collect death benefits, if the proceedings are brought by, or on behalf of, a person who was a dependent on the date of death, from 240 weeks from the date of injury to no later than 420 weeks from the date of injury, not to exceed one year after the date of death for certain injuries, as specified. This bill would delete the January 1, 2019, date of repeal operation of the above-referenced extension indefinitely.

Position
Watch
Notes 1: 2/22/18 - Watch

**SB 1305**

**Glazer D** Emergency preveterinary services: immunity.

Status: 2/20/2018-From printer. May be acted upon on or after March 22.

Location: 2/16/2018-S. RLS.

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Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (the act), establishes the Emergency Medical Services Authority to coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. The act provides a qualified immunity for public entities and emergency rescue personnel providing emergency services. The act provides other exemptions from liability for specified professionals rendering emergency medical services. This bill would authorize an emergency medical services provider, as defined, to provide preveterinary emergency care, as defined, to a dog or cat, to the extent the provider has received commensurate training and is authorized by the employer to provide that care. The bill would exempt that provider and his or her employer from liability for civil damages, and would exempt the provider from other disciplinary action, for providing that care, except as specified. The definition of “preveterinary emergency care” for purposes of these provisions would specifically include, among other acts, administering oxygen, immobilizing fractures, and bandaging. The bill would also exempt a licensed veterinarian who acts in good faith from liability for an act or omission authorized by the bill, as specified. This bill contains other existing laws.
**SB 1372** (Pan D) Medi-Cal: emergency medical transport providers.

**Status:** 2/20/2018-From printer. May be acted upon on or after March 22.

**Location:** 2/16/2018-S. RLS.

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires an emergency medical transport provider to report data to the department on the number of actual emergency medical transports by payer type and on gross receipts, as defined, in accordance with a specified timeline in a manner and form prescribed by the department. Existing law authorizes the department to require a certification by an emergency medical transport provider, under penalty of perjury, of the truth of these data reports. This bill would make technical, nonsubstantive changes to these provisions.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

**SB 1447** (Hernandez D) Pharmacy: automated drug delivery systems: licensing.

**Status:** 2/20/2018-From printer. May be acted upon on or after March 22.

**Location:** 2/16/2018-S. RLS.

**Summary:** Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy, within the Department of Consumer Affairs, to license and regulate the practice of pharmacy. Existing law makes any violation of the Pharmacy Law punishable as a crime. This bill would repeal the general ADDS provisions. The bill instead would prohibit an ADDS unit from being installed or operated in the state unless specified requirements are met, including a license for the ADDS unit issued by the board to the holder of a current, valid, and active pharmacy license, and would require the pharmacy holding the license to complete periodic self-assessments. The bill would limit the placement and operation of an ADDS unit to specified locations, including a licensed pharmacy, a licensed health facility, a licensed clinic, or a specified medical office. The bill would require the pharmacy holding the ADDS license to own the drugs and devices located within the ADDS unit and would prescribe specified stocking and transfer requirements for those drugs and devices. The bill would require additional conditions for automated patient dispensing systems, as defined. The bill would also authorize a pharmacy inspector employed by the board to enter the location, or proposed location, of an ADDS unit to inspect the location pursuant to these provisions. Because a violation of the Pharmacy Law is punishable as a crime, the bill would expand the scope of an existing crime, thereby imposing a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**
Watch

**Notes 1:** 2/22/18 - Watch

**SR 75** (Morrell R) Relative to First Responder Day.

**Status:** 2/20/2018-Ordered to inactive file on request of Senator Morrell.

**Location:** 2/20/2018-S. INACTIVE FILE

**Summary:** This bill would resolve that the Senate declares September 23, 2018, as First Responder Day, in honor of the contributions and dedication of first responders.

**Position**
Watch

**Notes 1:** 1/24/18 - Pending
1/25/18 - Watch (Reviewed by LC)

Total Measures: 47
Total Tracking Forms: 47
DATE: December 20, 2017

To: Contra Costa County EMS System Stakeholders

From: Patricia Frost, EMS Director

Subject: Update on POLST eRegistry Pilot in Contra Costa County

The California POLST eRegistry Pilot is underway in Contra Costa County and in the next few months will be ready to be tested by AMR 9-1-1 EMS ambulance personnel. The pilot was authorized by California Senate Bill 19, and funded by the California Health Care Foundation with Contra Costa and San Diego Counties as the two pilot sites. The project is a joint effort of the California Emergency Medical Services Authority (EMSA), the California Health Care Foundation, and the Coalition for Compassionate Care of California (CCCC).

POLST stands for Provider Orders for Life-Sustaining Treatment. The form is a legal document typically used for people with advanced, progressive or terminal illnesses and specifies the type of care a person would like in an emergency medical situation. To learn more about EMS responsibilities associated with POLST see Contra Costa EMS County Policy # 1003 at http://cchealth.org/ems/pdf/policy1003.pdf

Pilot Status Update: What You Need To Know...

Who is involved in the Contra Costa County Pilot? The Alameda-Contra Costa Medical Association (ACCMA) is the project manager working with the Contra Costa EMS Agency, Contra Costa County Fire Protection District (CCFPD) and American Medical Response (AMR)-Contra Costa to pilot the POLST eRegistry. Vynca, Inc is the POLST eRegistry technology partner.

Why is it important for EMS and Emergency Department personnel to have access to POLST information? Having this information allows EMS professionals to deliver the level of care patients wish to receive in circumstances where the patient elects to limit medical treatments or procedures.

How will EMS use this information? EMS ambulance personnel will use the information in the same manner as if a hardcopy POLST form was presented on scene in compliance with Policy # 1003. The pilot is designed to test if the eRegistry helps prehospital personnel find a patient’s POLST form.

Who will be participating in the EMS field testing? During the pilot period field testing will be limited to AMR ambulance field personnel (EMT and paramedic). Depending on the success of the pilot the project may expand countywide. During the pilot the POLST eRegistry lookup will also be available to all hospitals participating in the eRegistry project.
How will field personnel access the POLST eRegistry? AMR personnel will have access to the POLST eRegistry using the MEDS prehospital electronic health care record (EHR). The EHR integration has been designed by the project technology partner Vynca Inc.

For the purposes of the POLST eRegistry Pilot...will EMS personnel be required to perform the look-up for every patient? A standard operating procedure (SOP) will be created prior to the launch of the POLST eRegistry pilot. The SOP will describe when and for whom a POLST eRegistry lookup should be performed. After the SOP is developed training will begin.

What information will be needed to perform a POLST eRegistry lookup? Patient identification information such as name, address, date of birth and social security number may be used to query the POLST registry. A standard operating procedure associated with how to do the lookup will be part of training.

When will POLST eRegistry EMS provider training begin? Training materials for the pilot will be developed in partnership with AMR, Vynca and the EMS Agency. Training is expected to begin in early 2018 and will be accompanied with EMS Agency standard operating procedure and guidelines for utilization. Pilot workflows and protocols will need to be established prior to field training.

Is there a way for the field to provide feedback on the pilot? Yes, feedback from the field is vital to evaluating the technology and making sure the eRegistry works for both patients and providers. At various phases in the pilot implementation there will be data collected from the field users on the project. In addition EMS providers can report issues associated with patient care during the pilot using EMS event reporting at http://cchealth.org/ems/event-reporting/.

I work for AMR and have seen the eRegistry search tab in the MEDS program. Does it work now? The first phase of the eRegistry pilot requires hospitals, skilled nursing facilities and health professionals to upload POLST forms that can then be searched. Phase one is still in progress. During this phase MEDS switched over to the POLST eRegistry on December 5, 2017 for preliminary testing. That is why the tab shows up. However there are less than 200 forms in the eRegistry so the pilot has not started yet. If providers click the “POLST link” now they are “likely” not to find POLST forms. However Phase II of the pilot (EMS field implementation) will begin in early 2018 after Sutter Health and other facilities add a large number of forms to the POLST eRegistry. Training of AMR ambulance personnel will occur at that time.

How are hospitals participating in the POLST pilot? Hospitals, health care providers in clinics, skilled nursing facilities and other settings are responsible for populating the eRegistry (uploading the POLST forms). At the same time ACCMA is working with local hospitals to implement an eRegistry lookup capability as part of each hospital’s electronic patient care record.

So what is next? The EMS Agency will provide updates as we get closer to testing the EMS field portion of the pilot. A date for the official launch will be determined and remember for the pilot only AMR personnel will be participating.

Where can I learn more? EMS System stakeholders are encouraged to use the POLST eRegistry Pilot Toolkit to learn more about the eRegistry Pilot at http://capolst.org/eregistry-pilot/toolkit/. The toolkit is still under development and is updated periodically.

Questions concerning this pilot should be referred to Patricia Frost, EMS Administrator at (925) 646-4690.
For many people, the only thing worse than having to go to the doctor is figuring out how to get to and from the doctor’s office. Uber thinks it has something that can make that experience a little bit easier.
On Thursday, Uber announced Uber Health, a new service that will let doctors and patients schedule rides for appointments and return trips home. Uber said it hopes Uber Health will alleviate the matter of 3.6 million Americans missing their appointments each year due to inadequate transportation.

“While transportation barriers are common across the general population, these barriers are greatest for vulnerable populations, including patients with the highest burden of chronic disease,” said Chris Weber, general manager of Uber Health, in a statement announcing the service.

How Uber Health works will differ somewhat from Uber’s traditional app-based ride-hailing service. Instead of an app, patients and healthcare providers will use a special text-message platform to communicate and arrange rides. Uber said it has worked with Clearwater Compliance to ensure that the Uber Health platform meets the Health Insurance Portability and Accountability Act of 1996 law—better known as HIPAA—to ensure patient privacy while using Uber Health.

*Get tech news in your inbox weekday mornings.* Sign up for the free Good Morning Silicon Valley newsletter.

The cost of the rides will be covered by healthcare providers.

Uber said more than 100 healthcare organization in the United States have been using Uber Health in a beta program and that the full service goes live on Thursday.

**Tags:** SiliconBeat, Uber

Rex Crum

Rex Crum is the senior web editor for the business section for The Mercury News and Bay Area News Group. He also writes about business and technology for the publications’ print and web editions, and has covered business and technology for nearly two decades. A native of Seattle, he remains a diehard Seahawks and Mariners fan and is imparting his fandom to his Oakland-native wife and two young daughters.
February 2018

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NASEMSO NEWS

1. What Are You Waiting For?

Online registration is now available for the 2018 NASEMSO Annual Meeting May 21-24 in Providence, RI. Plan now to attend:

- **Sunday:** Resources for the State EMS Official (seminar for new state officials)
- **Monday:** Council and Committee Meetings
- **Monday Evening:** Optional Outing (TBD)
- **Tuesday:** Council and Committee Meetings
- **Wednesday:** Regional Meetings, General Sessions, and Board Meeting
- **Wednesday at Noon:** Hexagon Event and Abstract Awards
- **Thursday:** Breakout Sessions, General Sessions, Founders Luncheon, and Annual Business Meeting

The hotel rate is available until April 26 or until the block sells out. Read more, including the preliminary schedule of topics and the call for abstracts, [here](#).

2. NASEMSO Member Appointed to DHS FRRG Steering Committee

Dr. Carol Cunningham, OH state EMS medical director, has been selected to serve on the FRRG’s Steering Committee for a 3-year term. The U.S. Department of Homeland Security (DHS) Science and Technology
Directorate (S&T) relies on experienced emergency response and preparedness professionals to guide its research and development efforts. The First Responder Resource Group (FRRG) fills that role. Comprised of 120 active and retired first responders, the FRRG is an all-volunteer working group that helps S&T maintain focus on the top-priority needs of responders in the field. The members are drawn from a broad range of disciplines, including law enforcement, fire service, emergency medical services, and emergency management; sectors, including local, state, tribal, and federal government, as well as professional associations and the private sector; and all regions of the country. NASEMSO congratulates Dr. Cunningham for this important achievement!

AIR MEDICAL

3. ND Law Requires Written Disclosures for Non-Emergency Air Ambulance Transports

North Dakota Senate Bill 2231 regulating how health insurance companies pay out-of-network air ambulance claims became effective Jan. 1, 2018. The law, signed by Governor Doug Burgum in April 2017, is designed to protect consumers from massive, unexpected air ambulance bills.

Air ambulances are being used more frequently as a mode of transport for individuals needing medical care. These patients often receive massive and unexpected bills for the full cost of the flight or the balance left after a partial payment is made by the patient’s insurer, a practice known as “balance billing.” Insurance does not cover the full cost of an air ambulance when the air ambulance provider does not have a contract with the patient’s health plan. Air ambulance services are also used for inter-hospital transfers when a patient requires treatment at a different facility. Consequently, state law requires hospitals to notify patients in non-emergency situations which air ambulance providers have a contract with the patient’s health insurance company.

As this portion of the law took effect on Aug. 1, 2017, the Department created a one-page document illustrating which air ambulance providers are in-network with the three health insurance carriers in North Dakota. This information is available to consumers and health care providers and must be made available to patients prior to being transported by air ambulance in a non-emergency situation. Read more.

COMMUNICATIONS

4. 9-1-1 System Law Enacted

On February 16th, the 50th anniversary of the first 9-1-1 call in the US, H.R. 582, known as "Kari's Law," was signed
into United States law.

HR 582, Public Law No: 115-127, mandates that multi-line telephone systems (MLTS) enable callers to dial 9-1-1 without requiring a prefix number to reach a line outside the MLTS (for example "9--9-1-1", where "9" must be entered before getting an outside line to make any call). After February 16, 2020, all MLTS installations must allow direct outside line calling to 9-1-1.

The law is named for a woman whose husband killed her while her young daughter futilely dialed 9-1-1 on an MLTS system. Her family has been strongly promoting this legislation at the state and federal levels. Some states have already enacted this language as result. Read more.

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**HEALTH AND MEDICAL PREPAREDNESS**

5. LVMPD Offers Insight in Preliminary Report about Deadly Shooting

The Las Vegas Metropolitan Police Department (LVMPD) has released a preliminary report on the 2017 mass shooting at the Mandalay Bay Resort and Casino. According to the report,

"It is not standard practice for the LVMPD to issue an investigative overview related to an open case. Due to the magnitude of this investigative response and the number of victims associated with this incident, Sheriff Joseph Lombardo felt it was important to author an overview of all investigative work accomplished in the aftermath of 1 October. This report is not intended to be a comprehensive and final account of the facts and evidence gathered but rather an overview of the investigation. The investigation into this incident is on-going and a full comprehensive report will be released upon its completion."

Read more.

6. DHS Reorganization Merges OHA into New WMD Office

US Department of Homeland Security Secretary Kirstjen Nielsen established the Countering Weapons of Mass Destruction (CWMD) Office in December 2017 by consolidating the Domestic Nuclear Detection Office and most of the Office of Health Affairs, as well as other DHS elements. The CWMD Office is a support component within the Department of Homeland Security. The mission of the Countering Weapons of Mass Destruction (CWMD) Office is to counter attempts by terrorists or other threat actors to attack the United States or its interests using a weapon of mass destruction. Read more.

7. Real ID Act Enforcement Begins
Beginning February 5, 2018, the Department of Homeland Security (DHS) began enforcing compliance with the Real ID Act to better protect the American people. Fifty-five out of fifty-six states and territories are compliant or have received an extension. Passengers who have licenses issued by a state or territory that is compliant or has an extension to become compliant with REAL ID requirements may continue to use their licenses as usual.

As of today, American Samoa (AS) is the only territory that has not reached compliance or received an extension. This means that AS residents will not be able to use AS-issued driver’s licenses or identification cards to fly domestically or access nuclear power plants or federal facilities, including military bases.

The current round of extensions expires October 10, 2018. Extensions are renewable at the Secretary’s discretion if the state has provided adequate justification for continued noncompliance. Renewals are not automatic—extensions will be renewed only if the state demonstrates continuing progress in meeting the REAL ID standards. Read more.

8. New NASEM Report Highlights Health Security

On March 8-9, 2017, the National Academies of Sciences, Engineering, and Medicine’s Forum on Medical and Public Health Preparedness for Disasters and Emergencies hosted a two-day public workshop to acknowledge persistent issues in health security; to evaluate past, and perhaps inadequate, approaches to addressing them; and to discuss intentional and innovative new solutions.

Health security is the collective effort to prevent, protect against, mitigate, respond to, and recover from the health consequences of natural, man-made, and technological disasters. As the United States adapts to a more digital, mobile, and interconnected world, health care and public health professionals have sought to prepare for and respond to long-standing and emerging threats to the nation’s health security. Although health care, public health systems, and capacities to handle health security threats have improved in the past 15 years, many complex challenges persist, and often the nation’s preparedness efforts are not sufficient. View a summary of the presentations and discussions from the workshop here.

9. Disaster Information Management Research Center Posts New EMS Resources

The Disaster Information Management Research Center (DIMRC) recently posted the following EMS Resources:

- **Budgeting for Medical Countermeasures: An Ongoing Need for Preparedness** This 16-page report summarizes the progress in procuring medical countermeasures and prior Congressional funding mechanisms for Project BioShield; discusses ways to restore the program’s original multi-year funding structure for medical countermeasures so that the existing public-private partnership can thrive; and reviews the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and future considerations for chemical, biological, radiological, and nuclear threats.

- **Social Media Analysis During Disasters** This course from the National Library of Medicine Disaster Information Management Research Center helps users to develop and implement a plan that will help effectively monitor and analyze disaster information on social media. It details how to develop a plan for monitoring social media for disaster information, monitor social media for actionable information during disasters, choose reliable social media sources and use a checklist to verify content, and practice techniques to lessen uncertainty and information overload.
PEDIATRIC EMERGENCY CARE

10. Unintentional Suffocation in Infants on the Rise

The rate of infant mortality due to unintentional suffocation more than doubled in the U.S. from 1999 to 2015, according to a research letter in JAMA Pediatrics. Using CDC data, researchers found that infant mortality caused by unintentional suffocation increased from 12 to 28 per 100,000 people during that period. Increases were observed in all demographic groups. The increase was driven by a growing number of suffocations and strangulations in bed. The authors conclude,

"The observed increase is likely associated with multiple factors, including use of unsafe products and improved differentiation between suffocation and sudden infant death syndrome in death certificate
reporting. Regardless of the cause, our data indicate more than 1100 preventable infant deaths occurred in 2015, a statistic that warrants attention and action."

Read more.

11. Intentional Exposures Among Teens to Single-Load Laundry Packets Continue to Rise

The American Association of Poison Control Centers (AAPCC) expresses continued concern over the improper use of single-load laundry detergent packets as the number of intentional exposures among teenagers rises. AAPCC reported that during the first two weeks of 2018, the country's poison control centers handled thirty-nine intentional exposures cases among thirteen to nineteen year olds. That number has increased to eighty-six intentional cases among the same age demographic during the first three weeks of 2018. AAPCC supports rigorous safety efforts pertaining to single-load liquid laundry packets through packaging, labeling, product design, information dissemination, storing, handling, and public education. Read more.

Read more.

TRAUMA

12. FDA Approves Blood Test to Evaluate TBI

The U.S. Food and Drug Administration has permitted marketing of the first blood test to evaluate mild traumatic brain injury (mTBI), commonly referred to as concussion, in adults. The FDA reviewed and authorized for marketing the Banyan Brain Trauma Indicator in fewer than 6 months as part of its Breakthrough Devices Program.

Most patients with a suspected head injury are examined using a neurological scale, called the 15-point Glasgow Coma Scale, followed by a computed tomography or CT scan of the head to detect brain tissue damage, or intracranial lesions, that may require treatment; however, most patients evaluated for mTBI/concussion do not have detectable intracranial lesions after having a CT scan. The blood test for concussion will help health care professionals determine the need for a CT scan in patients suspected of having mTBI and help prevent unnecessary neuroimaging and associated radiation exposure to patients.

The Brain Trauma Indicator works by measuring levels of proteins, known as UCH-L1 and GFAP, that are released from the brain into blood and measured within 12 hours of head injury. Levels of these blood proteins after mTBI/concussion can help predict which patients may have intracranial lesions visible by CT scan. Being able to predict if patients have a low probability of intracranial lesions can help health care professionals in their management of patients and the decision to perform a CT scan. Test results can be available within 3 to 4 hours. Read more.
13. National Institute for Occupational Safety and Health Releases Infographic to Help EMS Providers Stay Safe on the Job

The National Institute for Occupational Safety and Health (NIOSH) just released an infographic that aims to prevent injuries and exposures to protect EMS providers, so they can help keep the public safe. EMS providers are critical to public health and safety. They are also at high risk for injuries at work, especially sprains, strains, falls, and exposures to body fluids.

"Thousands of EMS providers visit emergency departments or occupational health clinics each year for work related events. It is critical that we all take the necessary steps to ensure their health and safety, so they can perform their job when the public needs them," says Jon R. Krohmer, MD, Director of NHTSA Office of EMS.

The infographic is available here.

14. FDA Continues to Work with Manufacturers to Resolve Drug Shortages

Resources are available to evaluate current drug shortages and discontinuations reported to the Food and Drug Administration (FDA) here.

15. NIOSH Presents a Webinar on Linking Research to Healthier Workplace Practices

NIOSH TWH Webinar Series: Numbers to Know How: Linking Research to Healthier Workplace Practices

On March 21, an expert panel of speakers will discuss challenges facing today's workplaces and the role of health survey data to inform Total Worker Health interventions. Speakers will discuss results from the Workplace Health in America Survey, the National Health Interview Survey, and the National Occupational Mortality Surveillance System.

Featured presenters include L. Casey Chosewood, MD, MPH, Director of the NIOSH Office for Total Worker Health; Laura Linnan, ScD, Research Program Director of the Carolina Collaborative for Research on Work and Health at UNC Gillings School of Public Health; and, Sara Luckhaupt, MD, MPH, Medical Epidemiologist in the NIOSH Division of Surveillance, Health Evaluations and Field Studies.

Registration is available here for “Numbers to Know How: Linking Research to Healthier Workplace Practices” from 1:00 PM to 2:30 PM EST on March 21. This webinar installment is a featured preview topic for the 2nd International Symposium to Advance Total Worker Health. Free Continuing Education credits are pending.
16. Call for Volunteers for the CAAS Standards Revision Committee

CAAS is now preparing to review and revise the existing CAAS Accreditation Standards and is seeking applications from individuals willing to participate on the CAAS Standards Revision Committee. The Commission on Accreditation of Ambulance Services (CAAS) is an independent, not for profit accrediting organization that exists to encourage and promote the highest standards for medical transportation systems. The objective of the CAAS Standards Revision Committee is to review the existing CAAS Accreditation Standards Version 3.0, and to develop proposed revisions or additions to the standards as necessary. If you are interested in participating, please complete the online application form by Mar. 9, 2018.

17. NREMT Announces Team-Focused Organization Structure

The National Registry of Emergency Medical Technicians (NREMT) recently announced a streamlined organizational structure. The National Registry is now organized in four teams: Certification and Policy, Finance and Administration, Operations and Stakeholder Relations, and Science and Examinations. The focus of the new structure is improved customer relationships, communications and accountability. Read more.

18. NREMT Retires I-99 Exam

The NREMT has announced it will no longer offer the I-99 examination after December 31, 2019. Candidates will not be able to take the I-99 exam after December 31, 2019, including retesting. NREMT staff has developed a transition plan for the retirement of the examination for the states that still utilize this examination. Individual I-99s are encouraged to contact their state EMS office with questions. Read the NREMT Board Meeting Action Summary describing the motion.

19. JEMS Cover Story Highlights Dangers of EMS Fatigue

The Journal of Emergency Medical Services (JEMS) offers a look at EMS fatigue in its February cover story, Dead Tired. The overview, written by Dr. P. Daniel Patterson, also highlights new Fatigue Risk Management Guidelines for EMS. Read more.
INTERESTING ABSTRACTS

20. External Validation of the Air Medical Prehospital Triage Score for Trauma

The Journal of Trauma and Acute Care Surgery published this study by Brown, Gestring, Guyette, and others to externally validate the AMPT score, demonstrating the ability of this tool to reliably identify trauma patients most likely to benefit from HEMS transport.

The Air Medical Prehospital Triage (AMPT) score was developed to identify injured patients who may benefit from scene helicopter emergency medical services (HEMS) transport. External validation using a different dataset is essential to ensure reliable performance, and this study is the first to do so.

The study objective was to validate the effectiveness of the AMPT score to identify patients with a survival benefit from HEMS using the Pennsylvania Trauma Outcomes Study (PTOS) registry. The AMPT score should be considered when protocols for HEMS scene transport are developed and reviewed. Read it for free here.

21. Patients Benefit from Direct Transfer to PCI Center Following OHCA

This study by Cournoyer and others seeks to determine the association between being transported to a percutaneous coronary intervention (PCI)-capable hospital and survival to discharge for patients with out-of-hospital cardiac arrest (OHCA).

Patients suffering from OHCA are frequently transported to the closest hospital. PCI is often indicated following OHCA. The additional delay to hospital arrival, which could offset a potential increase in survival associated with being transported to a PCI-capable center, was also evaluated. The authors conclude “it could be advantageous to redirect patients suffering from OHCA patients to PCI-capable centers if the resulting expected delay is of less than 14 min.” Read more.

22. New Transillumination Technique Makes Flexible Tracheal Intubation Easier

The addition of the Infrared Red Intubation System (IRRIS) technique to intubation with flexible videoscopes may be a tool that will make intubation of the most difficult airways easier and may be of special help to the clinician who only rarely uses flexible videoscopes for tracheal intubation. Read Biro, Fried, Schlaepfer, and Kristensen’s article here.

23. Study Looks at High Dose Insulin for Beta-Blocker and Calcium Channel-Blocker Poisoning
In the American Journal of Emergency Medicine, Cole and others state,

"High dose insulin (HDI) is a standard therapy for beta-blocker (BB) and calcium channel-blocker (CCB) poisoning, however human case experience is rare. Our poison center routinely recommends HDI for shock from BBs or CCBs started at 1 U/kg/h and titrated to 10 U/kg/h. The study objective was to describe clinical characteristics and adverse events associated with HDI."

The authors conclude “HDI, initiated by emergency physicians in consultation with a poison center, was feasible and safe in this large series. Metabolic abnormalities were common, highlighting the need for close monitoring. Hypoglycemia was more common when less concentrated dextrose maintenance infusions were utilized.” Read more.

24. National Systematic Legal Review of State Policies on EMS Licensure Levels' Authority to Administer Opioid Antagonists

Given the continued increase in the number of opioid-related overdoses and deaths, many states have changed their policies to authorize EMTs and EMRs to administer opioid antagonists. The goal of this study, a collaborative effort between NHTSA's Office of EMS and NASEMSO, is to provide an updated description of policy on EMS licensure levels' authority to administer opioid antagonists for all 50 US states, the District of Columbia (DC), and the Commonwealth of Puerto Rico (PR). Read more.

UPCOMING EVENTS

Send calendar events to krobinson@asmii.net

Please use these links to access monthly course schedules and registration info related to:

- NAEMSE Instructor Course Level 1
- NAEMSE Instructor Course Level 2
- CAAHEP Accreditation Update & Evaluating Student Competency Workshops
- NAEMSE/NREMT Regional Scenario Development Workshops

National Conferences and Special Meetings

18th Annual Templeton Pediatric Trauma Symposium

March 2-3, 2018 in Philadelphia, PA
EMS State of the Science 2018: Gathering of Eagles
March 2-3, 2018 in Dallas, TX

ACRP Insight Event: Airport Roles in Reducing Transmission of Communicable Diseases
March 6-7, 2018 at National Academies of Sciences in Washington, DC

American College of Surgeons COT Meeting
March 6-10, 2018 in San Antonio, TX

Society of Trauma Nurses Annual Meeting
March 21-23, 2018 in Portland, OR

American Academy of Emergency Medicine Annual Meeting
April 7-11, 2018 in San Diego, CA

Critical Care Transport Medicine Conference
April 9-11, 2018 in San Antonio, TX

FDIC International
April 23-28, 2018 in Indianapolis, IN

National Rural EMS and Care Conference
April 24-25, 2018 in Tucson, AZ

5th Annual EMS Medical Directors Conference
April 27, 2018 Carmel, IN. For more info contact indianatrama@isdh.in.gov.

Society for Academic Emergency Medicine Annual Meeting
May 15-18, 2018 in Indianapolis, IN

EMS Week
May 20-26, 2018. Read more via ACEP and NAEMT.

National Association of State EMS Officials Annual Meeting
May 21-24, 2018 in Providence, RI

Fire Rescue Med (IAFC EMS Section Annual Meeting)
June 11-13, 2018, 2017 in Henderson, NV

NFPA Annual Conference
June 11-14, 2018 in Las Vegas, NV

Pinnacle 2018
July 23-27, 2018 in Phoenix, AZ
National Association of EMS Educators Annual Meeting
July 30 – August 4, 2018 in Washington, DC

IAFC Annual Conference (Fire-Rescue International)
August 8-11, 2018 in Dallas, TX

National EMS Safety Summit
August 20-23, 2018 in Denver, CO

American Ambulance Association Annual Meeting
September 6-8, 2018 in Las Vegas, NV

Emergency Nurses Association Annual Meeting
September 26-29, 2018 in Pittsburgh, PA

American College of Emergency Physicians Annual Meeting
October 1-4, 2018 in San Diego, CA

American College of Surgeons Clinical Congress
October 21-25, 2018 in Boston, MA

IAEM Annual Conference and EMEX 2018
October 21-24, 2018 in Grand Rapids, MI

Air Medical Transport Conference
October 22-24, 2018 in Phoenix, AZ

EMS World Expo
October 29 - Nov 2, 2018 in Nashville, TN

See more EMS Events on the NASEMSO Calendar.
Your input to Washington Update is welcome and can be sent directly to our Editor:

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