

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – August 12th, 2021
4:00 P.M.

Location: [Click here to join the meeting](#)

[https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F %23%2F%2Fmeetup-join%2F19%3Ameeting_NmYwZGE0MzltNzlwYi00OWZILWE1YWItZWm4OGFiNjk5YmRm%40thred.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522e0f2e4b5-0515-4028-99f2-2e7a43fe5379%2522%252c%2522Oid%2522%253a%252269ff2d1f-5a50-42d5-bafd-40fe97d00922%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=7cba680e-626045a7b405997dbd839e28&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true](https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F%20%23%2F%2Fmeetup-join%2F19%3Ameeting_NmYwZGE0MzltNzlwYi00OWZILWE1YWItZWm4OGFiNjk5YmRm%40thred.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522e0f2e4b5-0515-4028-99f2-2e7a43fe5379%2522%252c%2522Oid%2522%253a%252269ff2d1f-5a50-42d5-bafd-40fe97d00922%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=7cba680e-626045a7b405997dbd839e28&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true)

[+1 831-296-3421,300800814#](tel:+18312963421300800814) United States,
Phone Conference ID: 300 800 814#

- I. **Call to Order**
- II. **Flag Salute**
- III. **Roll Call**
- IV. **Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

- V. **(CA) Approval of Minutes: EMCAB Meeting May 13th, 2021– approve**
- VI. **Subcommittee Reports:**
APOT Task Force – Jeff Fariss
- VII. **Public Comments:**
This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

VIII. Public Requests:
None

IX. Unfinished Business:
None

X. New Business:
a) (CA) Maddy Fund Quarterly Report – receive and file
b) (CA) Legislation Report – receive and file
c) (CA) Quarterly APOT Report – receive and file
d) (CA) Narcan Leave Behind Policy - approve

XI. Manager’s Report: - Receive and File

XII. Miscellaneous Documents for Information:
None

XIII. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.]

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, November 11th, 2021, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, October 28th, 2021, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

**EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster**

<i>Name and Address</i>	<i>Representing</i>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Member <u>Vacant</u>	Fire Chief's Association
<u>Alternate</u> <u>Vacant</u>	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> Vacant	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	
Orchel Krier Mayor Pro Tem, City of Taft 209 E. Kern Street Taft, CA 93268 661-763-1222	City Selection Committee

Alternate

Cathy Prout
Councilmember, City of Shafter
435 Maple Street
Shafter, CA 93263
(661) 746-6409

Vacant

Kern Mayors and City Managers Group

Alternate

Greg Garrett
City of Tehachapi
115 S. Robinson Street
Tehachapi, CA 93561

Earl Canson, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Kern County Medical Society

Alternate

Nadeem Goraya, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Bruce Peters, Chief Executive Officer
Mercy and Mercy Southwest Hospitals
2215 Truxtun Avenue
P.O. Box 119
Bakersfield, CA 93302
(661) 632-5000

Kern County Hospital Administrators

Alternate

John Surface
Hall Ambulance Inc.
1001 21st Street
Bakersfield, CA 93301
(661) 322-8741

Kern County Ambulance Association

Alternate

Aaron Moses
Delano Ambulance Service
P.O. Box 280
Delano, CA 93216
(661) 725-3499

Kristopher Lyon, M.D.
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Medical Director

Support Staff

Jeff Fariss, EMS Program Manager
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Division

Gurujodha Khalsa, Chief Deputy
1115 Truxtun Avenue, 4th Floor
Bakersfield, CA 93301
(661) 868-3800

County Counsel

Joseph Arriola
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3132

County Administrative Office

V. Approval of Minutes

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – May 13th, 2021
4:00 P.M.

Location: [Click here to join the meeting](#)

- I. **Call to Order – Chairman Maggard**
- II. **Flag Salute**
- III. **Roll Call – Jeff Fariss – Attendees = Sheriff Youngblood, Chris Miller, Dr. Lyon, John Surface, Chairman Maggard, Leslie Wilmer, Dr. Canson - Quorum**
- IV. **Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

No Discussion – Motion – Youngblood, Second – Miller – Dr. Lyon, John Surface, Chairman Maggard, Leslie Wilmer, Dr. Canson – All Ayes

- V. **(CA) Approval of Minutes: EMCAB Meeting February 11th, 2021– approve**

- VI. **Subcommittee Reports:**

APOT Task Force – Jeff Fariss – **Motion to receive and file – Canson – Second – Lyon – Youngblood, Miller, Lyon, Surface, Maggard, Wilmer – All Ayes**

- VII. **Public Comments:**

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- VIII. **Public Requests:**

None

- IX. **Unfinished Business:**

None

- X. **New Business:**

- a) **(CA) Maddy Fund Annual Report – receive and file**

- b) (CA) Legislation Report – receive and file
- c) (CA) Annual Core Measure and APOT Report – receive and file
- d) (CA) EMCAB Agenda Summary for 2020 – receive and file
- e) (CA) Annual OA Reports for 2020 – receive and file
- f) (CA) Annual EMS System Report for 2020 – receive and file
- g) (CA) Accreditation Policy Update – approve
- h) (CA) EMCAB Member Update – received and file
- i) Release of Maddy Fund Request – **No Public Comment – No Board Comments – Motion John Surface, GK agrees – Second Youngblood – Miller, Lyon, Maggard, Wilmer, Canson – All Ayes**

XI. Manager’s Report: - Receive and File – No Comments – Motion – Miller – Second Wilmer, Youngblood, Lyon, Surface, Maggard, Canson – All Ayes

XII. Miscellaneous Documents for Information:
None

XIII. Board Member Announcements or Reports: John Surface announces beginning of national EMS Week – Recognize First Responders – Mr. Maggard appreciates EMCAB Board.

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.]

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- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, July 29th, 2021, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

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X. New Business

a. Maddy Funds Quarterly Report

**EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND**

FISCAL YEAR 2020-21 ACTIVITY

	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	EMCAAB- Current	EMCAAB- Rollover	EMCAAB- Rollover	Other EMS 17% MADDY Balance	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019-Jun 2020)	Other EMS 17% RICHIE'S Balance
															135,711.45	177,421.30	
JULY 2020	114,448.17	95,786.35	21,023.46	14,367.95		101,897.52			43,710.78					17,510.57			12,212.76
AUGUST 2020	100,702.07	91,294.12	19,199.62	13,694.12		93,790.59			39,775.61					15,407.42			11,640.00
SEPTEMBER 2020	77,892.28	77,318.45	15,521.08	11,597.77		74,622.89			32,022.97					11,917.52			9,858.10
Total for Quarter 1	293,042.52	264,398.92	55,744.16	39,659.84	186,925.43	270,311.00	50%	115,509.36	205,198.00	44,835.51				-	-		33,710.86
OCTOBER 2020	87,580.73	74,277.52	16,185.82	11,141.63		78,708.40			33,632.70					13,399.85			9,470.38
NOVEMBER 2020	88,183.06	85,061.70	17,324.48	12,759.26		83,121.23			35,790.26					13,492.01			10,845.37
DECEMBER 2020	72,368.29	71,871.04	14,423.93	10,780.66		69,613.49			29,758.69					11,072.35			9,163.56
Total for Quarter 2	248,132.08	231,210.26	47,934.23	34,681.55	313,502.00	231,443.12	50%	99,181.65	163,342.51	37,964.21				-	-		29,479.31
JANUARY 2021	80,689.74	73,027.87	15,371.76	10,954.18		74,313.53			31,847.92					12,345.53			9,311.05
FEBRUARY 2021	94,804.56	83,362.72	17,816.72	12,504.41		86,016.91			36,961.54					14,505.10			10,628.75
MARCH 2021	81,899.97	81,048.89	16,294.89	12,157.33		78,293.65			33,624.16					12,530.69			10,333.73
Total for Quarter 3	257,394.27	237,439.48	49,483.37	35,615.92	268,579.00	238,624.09	50%	102,433.62	168,425.50	39,381.32				-	-		30,273.53
APRIL 2021	129,530.34	116,233.74	24,576.40	17,435.06		118,176.52			50,938.16					19,818.14			14,819.80
MAY 2021	108,972.03	105,611.22	21,458.32	15,841.68		44,320.81			44,320.81					16,672.72			13,465.43
JUNE 2021	82,318.83	81,609.82	16,392.86	12,241.47		33,823.58			33,823.58					12,594.78			10,405.25
Total for Quarter 4	320,821.20	303,454.78	62,427.58	45,518.21	277,646.34	196,320.91	50%	129,082.55	220,648.94	49,085.64				-	-		38,690.48
YEAR-END SUP.																	
YEAR TO DATE	1,119,390.07	1,036,503.44	215,589.34	155,475.52	1,046,652.77	936,699.12	50%	446,207.18	205,198.00	171,266.68				171,266.68	135,711.45	177,421.30	132,154.18
											Total	484,399.43					

X. New Business

b. Legislative Reports



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

EMS Program Staff Report for EMCAB

Legislative Report

Background

Emergency Medical Services is constantly changing and evolving. Each year laws and regulations are created that have an effect on our local system. The last several years have seen an increase in such legislation. The following pages represent bills currently in the legislative process.

Analyze

[AB 7](#) ([Rodriguez D](#)) **Emergency ambulance employees: multithreat body protective gear.**
Current Text: Amended: 6/23/2021 [html](#) [pdf](#)
Introduced: 12/7/2020
Last Amend: 6/23/2021
Status: 7/15/2021-In committee: Referred to suspense file.
Location: 7/15/2021-S. APPR. SUSPENSE FILE
Summary: Would, upon request by an emergency ambulance employee, require an emergency ambulance provider to provide that employee with multithreat body protective gear, defined as material or equipment that is worn by an employee and is bullet, strike, slash, and stab resistant, and, for these purposes only, to be considered as part of the above-described safety devices and safeguards. The bill would require the provider, once the provider has obtained the protective gear, to make the protective gear readily available for the requesting employee to use when responding to an emergency call, and to provide training to that employee on the proper fitting and use of the protective gear, as specified. The bill would require an emergency ambulance provider to inform each emergency ambulance employee, upon initial employment and subsequently on an annual basis, of the employee's right to request multithreat body protective gear.

[AB 389](#) ([Grayson D](#)) **Ambulance services.**
Current Text: Amended: 7/5/2021 [html](#) [pdf](#)
Introduced: 2/2/2021
Last Amend: 7/5/2021
Status: 7/15/2021-From committee: Amend, and do pass as amended. (Ayes 8. Noes 1.) (July 14).
Location: 6/16/2021-S. HEALTH
Summary: Would specify that a county is authorized to contract for emergency ambulance services with a fire agency, as defined, that provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would further specify that a fire agency is authorized to enter into a written subcontract with a private ambulance service for these purposes. The bill would prohibit, on and after January 1, 2022, a county from entering into or renewing these contracts unless the county board of supervisors has adopted, by ordinance or resolution, a written policy setting forth issues to be considered for inclusion in the county contract for emergency ambulance services and the fire agency adopts a written policy that requires the written subcontract to be awarded pursuant to a competitive bidding process, as specified.

[AB 450](#) ([Gonzalez, Lorena D](#)) **Paramedic Disciplinary Review Board.**

Current Text: Amended: 6/28/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Last Amend: 6/28/2021

Status: 7/7/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (July 6). Re-referred to Com. on APPR.

Location: 7/7/2021-S. APPR.

Calendar: 8/16/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would create the Paramedic Disciplinary Review Board to take disciplinary actions previously granted to the Emergency Medical Services Authority against an EMT-P licenseholder and to hear appeals regarding the authority's denial of licensure, among other things. The bill would specify the composition and appointment of the 7-member board, which would be required to select a salaried executive officer to perform duties delegated to them by the board. The bill would require the employer of a paramedic to report to the director of the authority and the board regarding the suspension or termination of a paramedic for cause, and would require the board to consider employer-imposed discipline and other criteria to determine an appropriate licensure action.

SB 687

(Hueso D) Emergency response: trauma kits.

Current Text: Amended: 6/16/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 6/16/2021

Status: 7/13/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 1.) (July 13). Re-referred to Com. on APPR.

Location: 7/13/2021-A. APPR.

Summary: Current law exempts from civil liability any 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. Current 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, a tourniquet. 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.

Total Measures: 4

Track

AB 6

(Levine D) Health facilities: pandemics and emergencies: best practices.

Current Text: Introduced: 12/7/2020 [html](#) [pdf](#)

Introduced: 12/7/2020

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Would require, by July 1, 2022, the State Department of Public Health and the State Department of Social Services to collaborate to create health and safety guidelines and a description of best practices for use by skilled nursing facilities, intermediate care facilities, and congregate living health facilities that are providing post-acute care during a pandemic, public health crisis, or other emergency.

AB 107

(Salas D) Licensure: veterans and military spouses.

Current Text: Amended: 7/15/2021 [html](#) [pdf](#)

Introduced: 12/16/2020

Last Amend: 7/15/2021

Status: 7/15/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/14/2021-S. APPR.

Calendar: 8/16/2021 9 a.m. - John L. Burton Hearing Room
(4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law requires a board within the Department of Consumer Affairs to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. This bill would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require an applicant for a temporary license to provide to the board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure.

AB 118

(Kamlager D) Emergency services: community response: grant program.

Current Text: Introduced: 12/18/2020 [html](#) [pdf](#)

Introduced: 12/18/2020

Status: 7/15/2021-In committee: Referred to suspense file.

Location: 7/15/2021-S. APPR. SUSPENSE FILE

Summary: Would, until January 1, 2026, enact the Community Response Initiative to

Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of \$250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified. The bill would require the Director of Emergency Services (director) to assemble staff and resources to carry out certain duties in support of the program.

AB 122 **(Boerner Horvath D) Vehicles: required stops: bicycles.**

Current Text: Amended: 7/8/2021 [_html](#) [_pdf](#)

Introduced: 12/18/2020

Last Amend: 7/8/2021

Status: 7/15/2021-From committee: Be ordered to second reading pursuant to Senate Rule 28.8.

Location: 7/15/2021-S. SECOND READING

Summary: Would, until January 1, 2028, require a person riding a bicycle, when approaching a stop sign at the entrance of an intersection, to yield the right-of-way to any vehicles that have either stopped at or entered the intersection, or that are approaching on the intersecting highway close enough to constitute an immediate hazard, and to pedestrians, as specified, and continue to yield the right-of-way to those vehicles and pedestrians until reasonably safe to proceed. The bill would require other vehicles to yield the right-of-way to a bicycle that, having yielded as prescribed, has entered the intersection. The bill would state that these provisions do not affect the liability of a driver of a motor vehicle as a result of the driver's negligent or wrongful act or omission in the operation of a motor vehicle.

AB 225 **(Gray D) Department of Consumer Affairs: boards: veterans: military spouses: licenses.**

Current Text: Amended: 6/28/2021 [_html](#) [_pdf](#)

Introduced: 1/11/2021

Last Amend: 6/28/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was B., P. & E.D. on 6/9/2021)(May be acted upon Jan 2022)

Location: 7/14/2021-S. 2 YEAR

Summary: Current law requires specified boards within the Department of Consumer Affairs to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a

duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board. This bill would expand the eligibility for a temporary license to an applicant who meets the specified criteria and who supplies evidence satisfactory to the board that the applicant is a veteran of the Armed Forces of the United States within 60 months of separation from active duty under other than dishonorable conditions, a veteran of the Armed Forces of the United States within 120 months of separation from active duty under other than dishonorable conditions and a resident of California prior to entering into military service, or an active duty member of the Armed Forces of the United States with official orders for separation within 90 days under other than dishonorable conditions.

[AB 240](#) (Rodriguez D) Local health department workforce assessment.

Current Text: Amended: 6/21/2021 [html](#) [pdf](#)

Introduced: 1/13/2021

Last Amend: 6/21/2021

Status: 7/5/2021-In committee: Referred to suspense file.

Location: 7/5/2021-S. APPR. SUSPENSE FILE

Summary: This bill would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

[AB 359](#) (Cooper D) Physicians and surgeons: licensure: examination.

Current Text: Amended: 7/15/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend: 7/15/2021

Status: 7/15/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/12/2021-S. APPR.

Summary: Under the Medical Practice Act, an applicant for a physician's and surgeon's certificate is required to include specified information in the application and to obtain a passing score on an entire examination or on each part of an examination. Current law requires an applicant to obtain a passing score on all parts of Step 3 of the United States Medical Licensing Examination within not more than 4 attempts in order to be eligible for a certificate. Current law provides an

exception to the 4-attempt requirement for an applicant who holds an unlimited and unrestricted license as a physician and surgeon in another state, and has held that license continuously for a minimum of 4 years prior to the date of application, meets certain postgraduate training requirements and is certified by a specialty board, and is not subject to specified licensure denials or disciplinary action. This bill would eliminate the exception described above and would instead establish an exception for an applicant who holds an unrestricted license as a physician and surgeon in another state, if the Medical Board of California makes prescribed determinations with regard to the applicant.

AB 370 **(Arambula D) Ambulatory surgical centers.**

Current Text: Amended: 4/15/2021 [_html](#) [_pdf](#)

Introduced: 2/1/2021

Last Amend: 4/15/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Would enact the California Outpatient Cardiology Patient Safety, Cost Reduction, and Quality Improvement Act. The bill would authorize the State Department of Public Health, within the PCI Program, to certify an ambulatory surgical center to provide elective cardiac catheterization laboratory services that meet certain requirements to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. The bill would authorize the department to, among other things, charge a certified ambulatory surgical center a fee for the reasonable regulatory costs to the state incident to granting this certification and to retain experts or establish one or more committees to analyze reports and advise the department, as specified.

AB 489 **(Smith R) Medicine.**

Current Text: Introduced: 2/8/2021 [_html](#) [_pdf](#)

Introduced: 2/8/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/8/2021)(May be acted upon Jan 2021)

Location: 5/7/2021-A. 2 YEAR

Summary: Current law, the Medical Practice Act, provides for the regulation of the practice of medicine and defines the term "licensee" for these purposes. This bill would make nonsubstantive changes to that definition.

AB 536 **(Rodriguez D) Office of Emergency Services: mutual aid gap analysis.**

Current Text: Introduced: 2/10/2021 [_html](#) [_pdf](#)

Introduced: 2/10/2021

Status: 7/15/2021-In committee: Referred to suspense file.

Location: 7/15/2021-S. APPR. SUSPENSE FILE

Summary: Would require the Office of Emergency Services to prepare a gap

analysis of the state's mutual aid systems on a biennial basis, beginning on January 1, 2022. The bill would require the gap analysis to be prepared as specified and would require the gap analysis to be provided to specified committees of the Legislature no later than February 1, 2022, and by February 1 thereafter on a biennial basis.

AB 580 **(Rodriguez D) Emergency services: vulnerable populations.**

Current Text: Amended: 4/12/2021 [_html](#) [_pdf](#)

Introduced: 2/11/2021

Last Amend: 4/12/2021

Status: 7/5/2021-In committee: Referred to suspense file.

Location: 7/5/2021-S. APPR. SUSPENSE FILE

Summary: Current law requires OES to establish a standardized emergency management system for use by all emergency response agencies. Current law requires the director to appoint representatives of the disabled community to serve on pertinent committees related to that system, and to ensure that the needs of the disabled community are met within that system by ensuring certain committee recommendations include the needs of people with disabilities. This bill instead would require the director to appoint representatives of the access and functional needs population, provided a majority of appointees are from specified groups, to serve on those committees and to ensure the needs of that population are met within that system.

AB 662 **(Rodriguez D) Mental health: dispatch and response protocols: working group.**

Current Text: Amended: 4/28/2021 [_html](#) [_pdf](#)

Introduced: 2/12/2021

Last Amend: 4/28/2021

Status: 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 6/3/2021)(May be acted upon Jan 2022)

Location: 6/4/2021-A. 2 YEAR

Summary: Would require the California Health and Human Services Agency to convene a working group, as specified, no later than July 1, 2022, to examine the existing dispatch and response protocols when providing emergency medical services to an individual who may require evaluation and treatment for a mental health disorder. The bill would require the working group to develop recommendations for improvements to those dispatch and response protocols and recommend amendments to existing law, including, but not limited to, the provisions governing involuntarily taking an individual into temporary custody for a mental health evaluation and treatment. The bill would require the working group to submit periodic reports to the Legislature every 6 months to update the Legislature on its progress, and to submit a final report of its recommendations to the Legislature on or before January 1, 2024.

AB 793 **(Nazarian D) Critical care facilities.**

Current Text: Introduced: 2/16/2021 [html](#) [pdf](#)

Introduced: 2/16/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/16/2021)(May be acted upon Jan 2021)

Location: 5/7/2021-A. 2 YEAR

Summary: Current law requires the Emergency Medical Services Authority to develop and implement guidelines that address designated components for emergency medical services systems. Current law allows the authority to establish guidelines for hospital facilities according to critical care capabilities in cooperation with affected medical organizations. This bill would make a technical, nonsubstantive change to this provision.

[AB 805](#) ([Maienschein D](#)) Personal protective equipment: distribution reports.

Current Text: Introduced: 2/16/2021 [html](#) [pdf](#)

Introduced: 2/16/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Current law authorizes the county health officer and the local Emergency Medical Services (EMS) agency administrator in each operational area to act jointly as the medical health operational area coordinator (MHOAC) or to jointly appoint another person to fulfill those responsibilities. This bill would require, during a health-related state of emergency in California proclaimed by the President of the United States or by the Governor, the MHOAC to report specified information relating to the distribution of personal protective equipment, as defined, to the Office of Emergency Services on a weekly basis. The bill would require, at all other times, the MHOAC to report that information on a monthly basis. The bill would require the medical and health disaster plan to include this reporting, as specified.

[AB 1026](#) ([Smith R](#)) Business licenses: veterans.

Current Text: Introduced: 2/18/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Would require the Department of Consumer Affairs and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence, as defined, the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

[AB 1044](#) ([Rodriguez D](#)) Office of Emergency Services: COVID-19 Pandemic after-action

report.

Current Text: Amended: 3/30/2021 [_html](#) [_pdf](#)

Introduced: 2/18/2021

Last Amend: 3/30/2021

Status: 4/5/2021-Re-referred to Com. on E.M.

Location: 3/4/2021-A. EMERGENCY MANAGEMENT

Summary: Would require the Office of Emergency Services, on or before September 30, 2021, to review, and make recommendations to the Legislature and the California congressional delegation on, how to enhance the effectiveness of the Strategic National Stockpile, the federal Defense Production Act of 1950, the California stockpile of personal protection equipment, and the procurement of personal protective equipment as part of its COVID-19 Pandemic after- action report. This bill would declare that it is to take effect immediately as an urgency statute.

AB 1071 (Rodriguez D) Office of Emergency Services: tabletop exercises.

Current Text: Amended: 6/28/2021 [_html](#) [_pdf](#)

Introduced: 2/18/2021

Last Amend: 6/28/2021

Status: 7/15/2021-In committee: Referred to suspense file.

Location: 7/15/2021-S. APPR. SUSPENSE FILE

Summary: Current law establishes the Office of Emergency Services (OES) within the office of the Governor and sets forth its powers and duties relating to responsibility over the state's emergency and disaster response services for natural, technological, or manmade disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would require OES to biennially convene key personnel and agencies that have emergency management roles and responsibilities to participate in tabletop exercises in which the participant's emergency preparedness plans are discussed and evaluated under various simulated catastrophic disaster situations, as specified.

AB 1104 (Grayson D) Air ambulance services.

Current Text: Amended: 7/1/2021 [_html](#) [_pdf](#)

Introduced: 2/18/2021

Last Amend: 7/1/2021

Status: 7/14/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (July 13). Re-referred to Com. on APPR.

Location: 7/13/2021-S. APPR.

Calendar: 8/16/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law imposes a penalty of \$4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the

county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.

AB 1131 (Wood D) Health information network.

Current Text: Amended: 3/29/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 3/29/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network.

AB 1204 (Wicks D) Hospital equity reporting.

Current Text: Amended: 7/8/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 7/8/2021

Status: 7/8/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/7/2021-S. APPR.

Calendar: 8/16/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Current law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Current law defines "vulnerable populations" for these purposes to mean a population that is exposed

to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. This bill would add racial and ethnic groups experiencing disparate health outcomes and socially disadvantaged groups to the definition of "vulnerable populations" for community benefits reporting purposes.

AB 1207 (Weber, Akilah D) Pathways Through Pandemics Task Force.

Current Text: Amended: 7/6/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 7/6/2021

Status: 7/6/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/30/2021-S. APPR.

Calendar: 8/16/2021 9 a.m. - John L. Burton Hearing Room
(4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would establish, in the California Health and Human Services Agency, the Pathways Through Pandemics Task Force to study lessons learned from the COVID-19 pandemic and to develop strategies to navigate future pandemics. The bill would require the task force to convene various entities to engage in discussions on the lessons learned from the COVID-19 pandemic, develop and recommend best practices for an equitable response to future pandemics, and determine the impact of state laws on coordinating the response to the COVID-19 pandemic, as specified. The bill would require the task force to report its findings to the Legislature on or before December 1, 2024, and would repeal these provisions as of January 1, 2025.

AB 1217 (Rodriguez D) Personal protective equipment: stockpile.

Current Text: Amended: 4/8/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/8/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Would authorize the State Department of Public Health to rotate PPE in the stockpile by selling the PPE to a nonprofit agency, local government, or provider, and by contracting to purchase PPE on behalf of a local government or provider. The bill would require a nonprofit agency, local government, or provider that obtains PPE pursuant to these provisions to reimburse the department for the costs of the PPE. The bill would also make a technical change to the date in these provisions.

AB 1229 (Rodriguez D) Advisory task force: ambulance services.

Current Text: Amended: 4/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/19/2021

Status: 5/20/2021-In committee: Held under submission.

Location: 5/12/2021-A. APPR. SUSPENSE FILE

Summary: Would require the Director of the Emergency Medical Services Authority to appoint and convene an advisory task force, and would further require the director to recommend a project plan for the advisory task force that includes an evaluation relating to ambulance patient offload delays due to the COVID-19 pandemic, as specified, and an evaluation of adopting technologies to allow EMS systems to better manage resources and improve response times. The bill would require the director to transmit the evaluations conducted by the advisory task force to the authority, in a manner that allows for their timely inclusion in an existing reporting requirement from the authority to the Commission on Emergency Medical Services, and to specified legislative committees.

AB 1231 (Levine D) Health information exchange: demonstration projects.

Current Text: Introduced: 2/19/2021 [_html_](#) [_pdf_](#)

Introduced: 2/19/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/19/2021)(May be acted upon Jan 2021)

Location: 5/7/2021-A. 2 YEAR

Summary: Current law authorizes the California Health and Human Services Agency, through the Office of Health Information Integrity, to establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders. Current law specifies potential demonstration project subject areas and criteria for project selection. Current law requires demonstration project participants to submit reports to the office on the outcome of the demonstration projects, as prescribed. This bill would make technical, nonsubstantive changes to those provisions.

AB 1234 (Arambula D) Physician Orders for Life Sustaining Treatment forms: registry.

Current Text: Amended: 4/8/2021 [_html_](#) [_pdf_](#)

Introduced: 2/19/2021

Last Amend: 4/8/2021

Status: 4/30/2021-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021)(May be acted upon Jan 2022)

Location: 4/30/2021-A. 2 YEAR

Summary: Current law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual's physician, directing a health care provider regarding resuscitative measures. Current law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Current law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Current

law distinguishes a request regarding resuscitative measures from an advance health care directive. This bill would establish similar provisions relating to the validity and enforceability of POLST forms and would allow an electronic signature to be used for the purposes of an advance health care directive and POLST form.

AB 1238 (Ting D) Pedestrian access.

Current Text: Amended: 7/6/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 7/6/2021

Status: 7/15/2021-In committee: Referred to suspense file.

Location: 7/15/2021-S. APPR. SUSPENSE FILE

Summary: Current law prohibits a pedestrian from entering the roadway if the pedestrian is facing a steady circular yellow or yellow arrow warning signal unless otherwise directed by a pedestrian control signal, as specified. This bill would eliminate that prohibition until January 1, 2029.

AB 1254 (Gipson D) Health care coverage: mobile stroke units.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 4/30/2021-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021)(May be acted upon Jan 2022)

Location: 4/30/2021-A. 2 YEAR

Summary: Would require a health care service plan or a health insurance policy that is issued, amended, or renewed on or after January 1, 2022, that provides coverage for emergency health care services to include coverage for services performed by a mobile stroke unit, as defined by the bill.

AB 1441 (Cervantes D) Emergency services: emergency plans: critically ill newborn infants.

Current Text: Amended: 5/24/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 5/24/2021

Status: 7/15/2021-In committee: Referred to suspense file.

Location: 7/15/2021-S. APPR. SUSPENSE FILE

Summary: Current law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan, as specified. Current law provides a county with specified powers and duties for the purpose of enrolling residents from the access and functional needs population in a local public emergency warning system, as specified. Current law provides that "access and functional needs population" for purposes of these provisions consists of individuals who have developmental or intellectual disabilities, physical disabilities, chronic conditions, injuries, limited English proficiency or who are non-English speaking, older adults, children, people living in institutionalized settings, or those who are low income, homeless, or transportation disadvantaged, including,

but not limited to, those who are dependent on public transit or those who are pregnant. This bill, additionally, would include critically ill newborn infants in the "access and functional needs population" for those purposes. .

AB 1488 (Cervantes D) Emergency services: local government: access and functional needs: medical equipment.

Current Text: Amended: 4/14/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/14/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021)(May be acted upon Jan 2022)

Location: 5/25/2021-A. 2 YEAR

Summary: Existing law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan by addressing, at a minimum, how the access and functional needs population is served by, among other things, emergency evacuation, including the identification of certain transportation resources and resources for individuals who are dependent on public transportation. This bill would require the emergency plan to include a plan for the movement, storage, acquisition, and deployment of durable medical equipment, as defined, to address how the access and functional needs population is served by emergency evacuation.

AB 1513 (Wood D) Health facilities.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/19/2021)(May be acted upon Jan 2021)

Location: 5/7/2021-A. 2 YEAR

Summary: Current law requires the State Department of Public Health to license and regulate each health facility, defined to mean a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, and includes, among others, a general acute care hospital, an acute psychiatric hospital, and a skilled nursing facility. This bill would make technical, nonsubstantive changes to the definition of "health facility" for these purposes.

AB 1518 (Kiley R) Health care service plan licensing.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 5/7/2021-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/19/2021)(May be acted upon Jan 2021)

Location: 5/7/2021-A. 2 YEAR

Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the

Department of Managed Health Care. Current law exempts a health care service plan from required licensure if it provides only emergency ambulance services or advanced life support services, or both, and is operated by a state or local governmental entity. This bill would make a technical, nonsubstantive change to that provision.

AB 1571 (Committee on Jobs, Economic Development, and the Economy) **Administrative Procedure Act: small businesses.**

Current Text: Amended: 4/6/2021 [html](#) [pdf](#)

Introduced: 3/4/2021

Last Amend: 4/6/2021

Status: 5/20/2021-In committee: Held under submission.

Location: 5/12/2021-A. APPR. SUSPENSE FILE

Summary: Would require, in complying with specified requirements related to adverse economic impacts on California business enterprises and as related to the proposed adoption, amendment, or repeal of a regulation that applies to a small business, as defined, located within an area in which the Governor has declared a state of emergency, the regulation to include (1) a postponement in the application of the regulation on small businesses until the state of emergency is terminated; (2) findings that postponement is not appropriate, that the administrative regulation is necessary to address the state of emergency, as confirmed by the Office of Emergency Services, and that the regulation provides sufficient time to provide reasonable notice to affected small businesses as to the content of the regulation and the time to meet the new requirements; or (3) findings that postponement is not appropriate, that the administrative regulation is necessary to address a serious and immediate health and safety issue, as confirmed by the State Department of Public Health or the Labor and Workforce Development Agency, and that the regulation provides sufficient time to provide reasonable notice to affected small businesses as to the content of the regulation and the time to meet the new requirements.

SB 52 (**Dodd D**) **State of emergency: local emergency: planned power outage.**

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 4/12/2021

Status: 7/12/2021-From consent calendar on motion of Assembly Member Aguiar-Curry. Ordered to third reading.

Location: 7/12/2021-A. THIRD READING

Summary: Would define a 'deenergization event' as a planned power outage, as specified, and would make a deenergization event one of those conditions constituting a local emergency, with prescribed limitations.

SB 57 (**Wiener D**) **Controlled substances: overdose prevention program.**

Current Text: Amended: 7/5/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 7/5/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 5/28/2021)(May be acted upon Jan 2022)

Location: 7/14/2021-A. 2 YEAR

Summary: Would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist, as defined by existing law.

SB 206

(McGuire D) Firefighters Procedural Bill of Rights Act.

Current Text: Amended: 3/25/2021 [_html](#) [_pdf](#)

Introduced: 1/11/2021

Last Amend: 3/25/2021

Status: 7/7/2021-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 10. Noes 0.) (July 6). Re-referred to Com. on APPR.

Location: 7/6/2021-A. APPR.

Summary: The Firefighters Procedural Bill of Rights Act grants certain employment rights to firefighters, as defined. Under the act, when a firefighter is investigated and interrogated by the firefighter's commanding officer, or another member of the employing agency, on matters that could lead to punitive action, the interrogation must be conducted pursuant to certain requirements. Current law defines "punitive action" for these purposes as any action that may lead to dismissal, demotion, suspension, reduction in salary, written reprimand, or transfer for purposes of punishment. Current law excepts from the act any employee who has not successfully completed the probationary period established by the employee's employer as a condition of employment. This bill would include in the definition of "firefighter" a temporary, seasonal firefighter employed by the Department of Forestry and Fire Protection.

SB 213

(Cortese D) Workers' compensation: hospital employees.

Current Text: Amended: 3/4/2021 [_html](#) [_pdf](#)

Introduced: 1/12/2021

Last Amend: 3/4/2021

Status: 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 6/3/2021)(May be acted upon Jan 2022)

Location: 6/4/2021-S. 2 YEAR

Summary: Current law, until January 1, 2023, creates a rebuttable presumption of injury for various employees, including an employee who works at a health facility,

as defined, to include an illness or death resulting from COVID-19, if specified circumstances apply. This bill would define “injury,” for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee’s termination of employment. Beginning January 1, 2023, the bill would include COVID-19 in the definitions of infectious and respiratory diseases.

SB 284 **(Stern D) Workers’ compensation: firefighters and peace officers: post-traumatic stress.**

Current Text: Amended: 6/28/2021 [_html](#) [_pdf](#)

Introduced: 2/1/2021

Last Amend: 6/28/2021

Status: 6/28/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/24/2021-A. APPR.

Summary: Current law, under the workers’ compensation system, provides, only until January 1, 2025, that, for certain state and local firefighting personnel and peace officers, the term “injury” includes post-traumatic stress that develops or manifests during a period in which the injured person is in the service of the department or unit, but applies only to injuries occurring on or after January 1, 2020. Existing law requires the compensation awarded pursuant to this provision to include full hospital, surgical, medical treatment, disability indemnity, and death benefits. This bill would make that provision applicable to active firefighting members of the State Department of State Hospitals, the State Department of Developmental Services, the Military Department, and the Department of Veterans Affairs, and to additional peace officers, including security officers of the Department of Justice when performing assigned duties as security officers and the officers of a state hospital under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services, among other officers.

SB 371 **(Caballero D) Health information technology.**

Current Text: Amended: 5/20/2021 [_html](#) [_pdf](#)

Introduced: 2/10/2021

Last Amend: 5/20/2021

Status: 7/14/2021-Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/3/2021)(May be acted upon Jan 2022)

Location: 7/14/2021-A. 2 YEAR

Summary: Would require any federal funds the California Health and Human Services Agency receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHSA to use the fund to provide grants to health care

providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards.

SB 607

(Min D) Professions and vocations.

Current Text: Amended: 7/13/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 7/13/2021

Status: 7/14/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 19. Noes 0.) (July 14). Re-referred to Com. on APPR.

Location: 7/14/2021-A. APPR.

Summary: Current law provides for the issuance of temporary licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Current law requires a board within the Department of Consumer Affairs to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. This bill, on and after July 1, 2022, would require a board to waive the licensure application fee and the initial or original license fee for an applicant who meets these expedited licensing requirements.

SB 742

(Pan D) Vaccination sites: unlawful obstruction, intimidation, or harassing.

Current Text: Amended: 7/1/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 7/1/2021

Status: 7/1/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/29/2021-A. APPR.

Summary: Would make it unlawful, except upon private property, for a person to knowingly approach a person at a vaccination site, as specified, for the purpose of obstructing, injuring, harassing, intimidating, or interfering with, as defined, that person in connection with any vaccination services. The bill would define "vaccination services" as the medical service of administering to an individual a dose of vaccine or other immunizing agent, and would further define "vaccination site" as the physical location where vaccination services are provided, including, but not limited to, a hospital, physician's office, clinic, or any retail space or pop-up location made available for large-scale vaccination services.

SB 816

(Committee on Governmental Organization) Master Mutual Aid Agreement:

tribes.

Current Text: Amended: 4/6/2021 [_html](#) [_pdf](#)

Introduced: 3/3/2021

Last Amend: 4/6/2021

Status: 6/21/2021-From consent calendar on motion of Assembly Member Reyes. Ordered to inactive file on request of Assembly Member Reyes.

Location: 6/21/2021-A. INACTIVE FILE

Summary: Current law requires, during any state of war emergency, or state of emergency when the need arises for outside aid in any county, city and county, or city, aid to be rendered in accordance with approved emergency plans. In periods other than a state of war emergency, a state of emergency, or a local emergency, current law authorizes state agencies and political subdivisions to exercise mutual aid powers in accordance with the Master Mutual Aid Agreement and local ordinances, resolutions, agreements, or plans. Existing law defines the Master Mutual Aid Agreement, an agreement between the state and its various departments and agencies, and the various political subdivisions to facilitate implementation of the act, for the purposes of the California Emergency Services Act. This bill would add federally recognized California Indian tribes to that definition describing the agreement.

Total Measures: 41

August 2, 2021

X. New Business

c. Quarterly APOT



EMS Division Staff Report for EMCAB

Ambulance Patient Offload Times (APOT)

Background

APOT is defined as the time interval between the arrival of an ambulance patient at an emergency department (ED) and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The standard methodology that was created includes two separate indicators.

APOT 1: reports the 90th% of offload times for the total number of ambulance patients received by the hospital during a specified time frame.

And

APOT 2 reports the percentage of ambulance patients received by the hospital and offloaded at specific time intervals; twenty minutes (2.1), twenty one to sixty

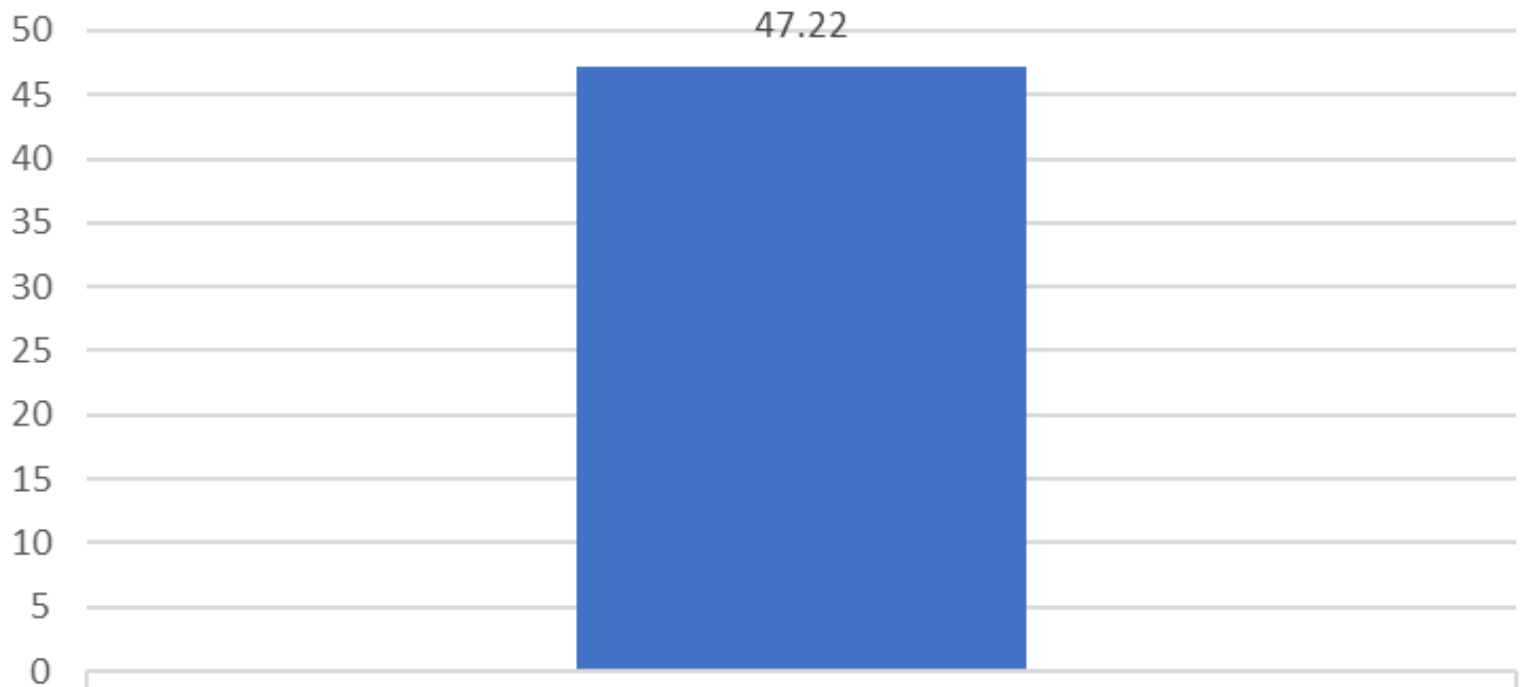
minutes (2.2), sixty one to one hundred and twenty minutes (2.3) one hundred and twenty one to one hundred and eighty minutes (2.4) and greater than one hundred and eighty minutes (2.5).

Beginning July 1, 2019, Health and Safety Code Section 1797.225 required that local ems agencies transmit APOT data to the EMS Authority on a quarterly basis. Once the data is received EMSA is mandated to submit it to the state legislature for review.

Ambulance Patient Offload Times are extremely important and can have a direct effect on the 911 system.

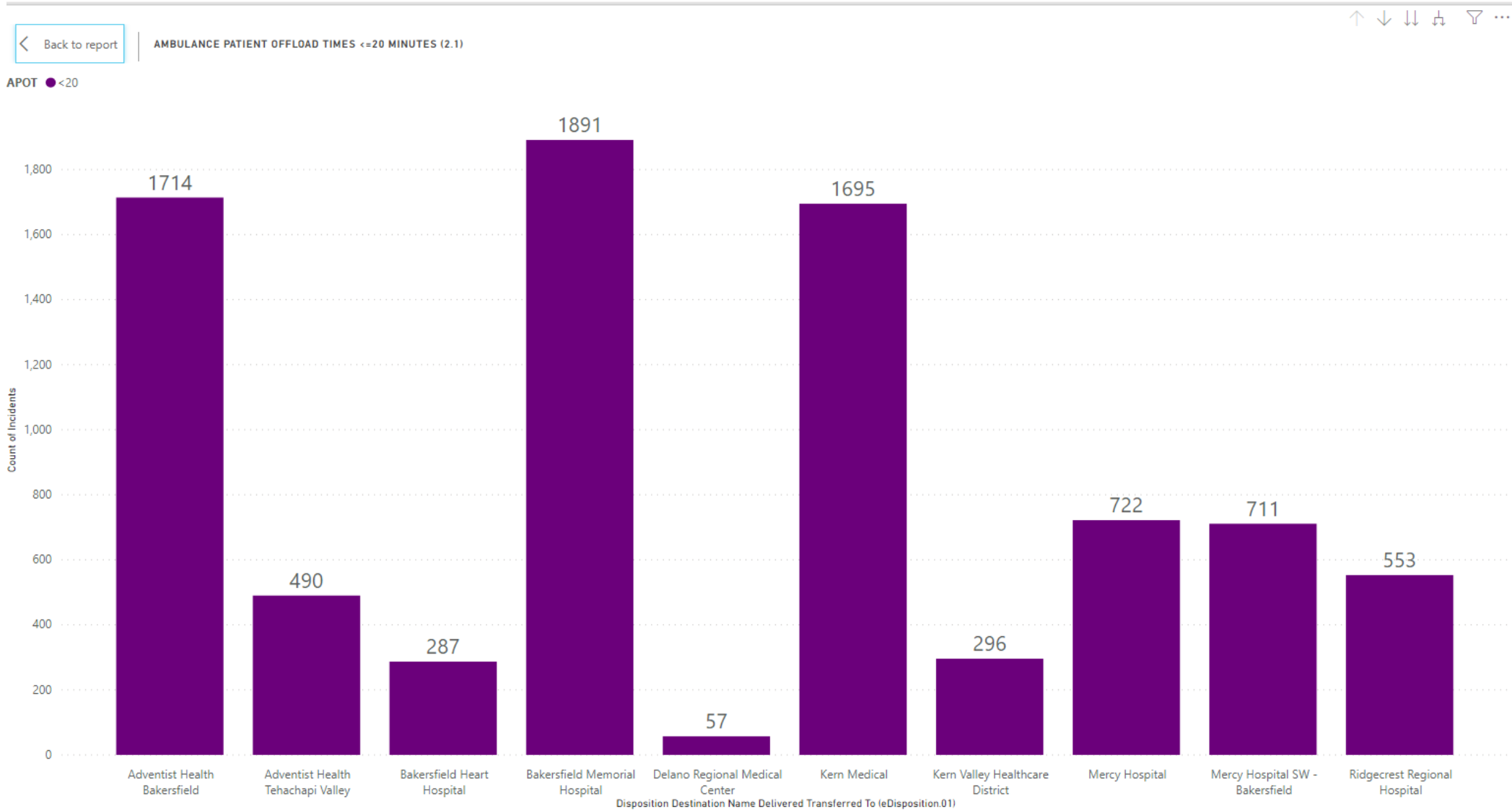
Therefore IT IS RECOMMENDED, the Board receive and file this APOT report.

Quarter 2 90th Percentile

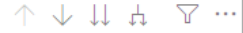


Incident Patient Arrived At Destination To Destination Patient Transfer Of Care In
Minutes

AMBULANCE PATIENT OFFLOAD TIMES <= 20 MINUTES (2.1)



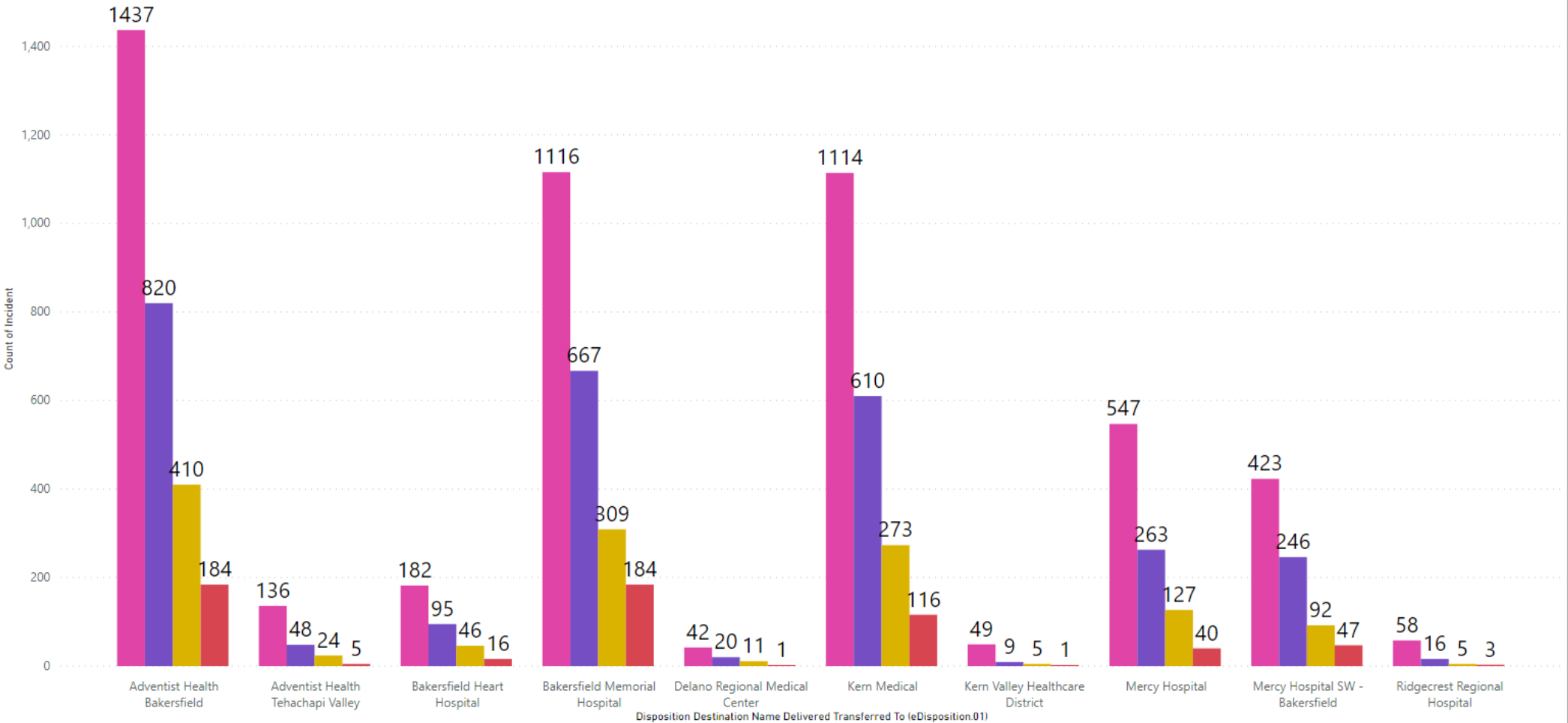
AMBULANCE PATIENT OFFLOAD TIMES > 20 TO <= 60 MINUTES (2.2)



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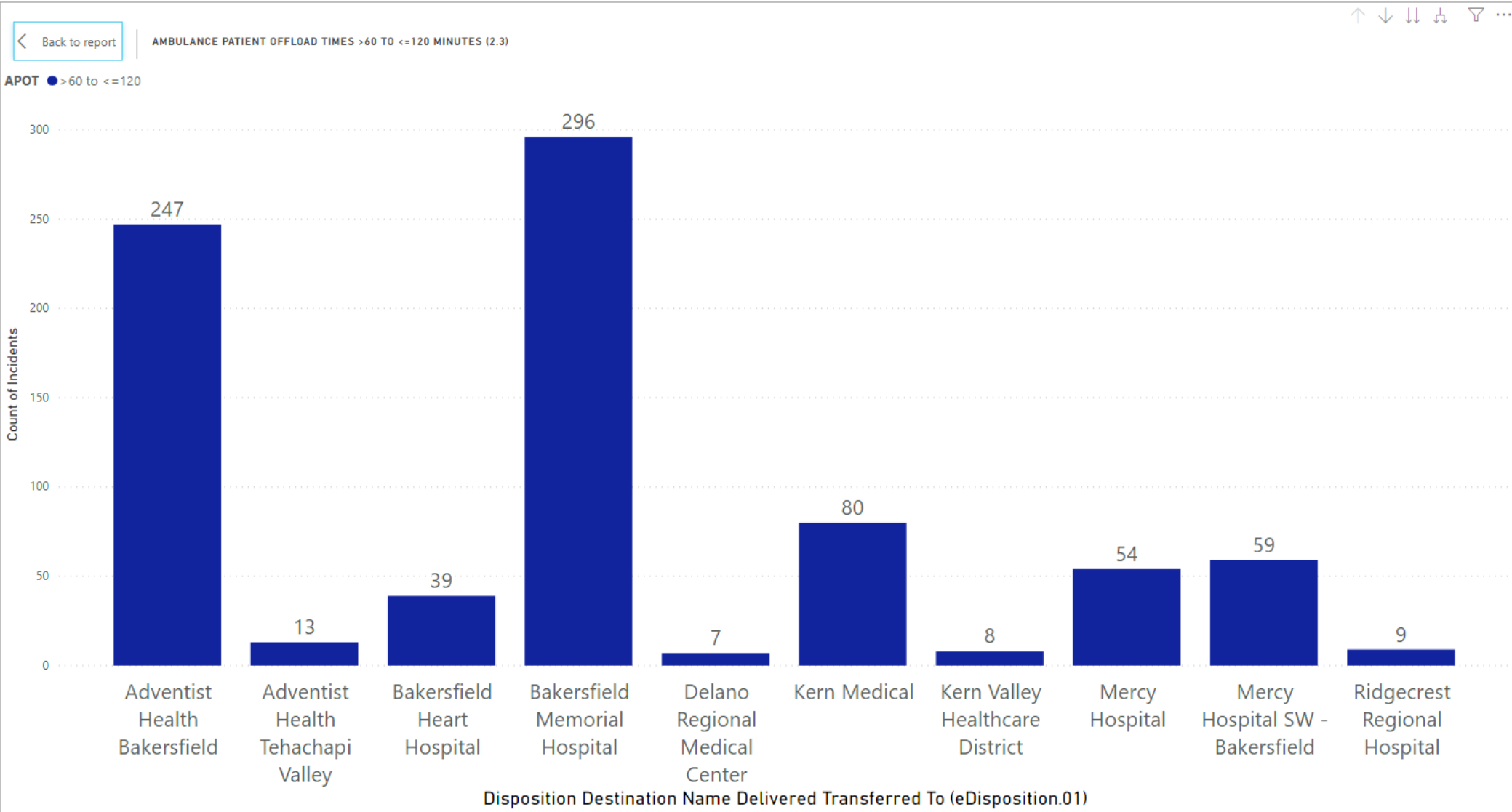
AMBULANCE PATIENT OFFLOAD TIMES >20 TO <=60 MINUTES (2.2)

APOT ● >20 to <=30 ● >30 to <=40 ● >40 to <=50 ● >50 to <=60

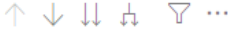


Disposition Destination Name Delivered Transferred To (eDisposition.01)

AMBULANCE PATIENT OFFLOAD TIMES > 60 TO <= 120 MINUTES (2.3)

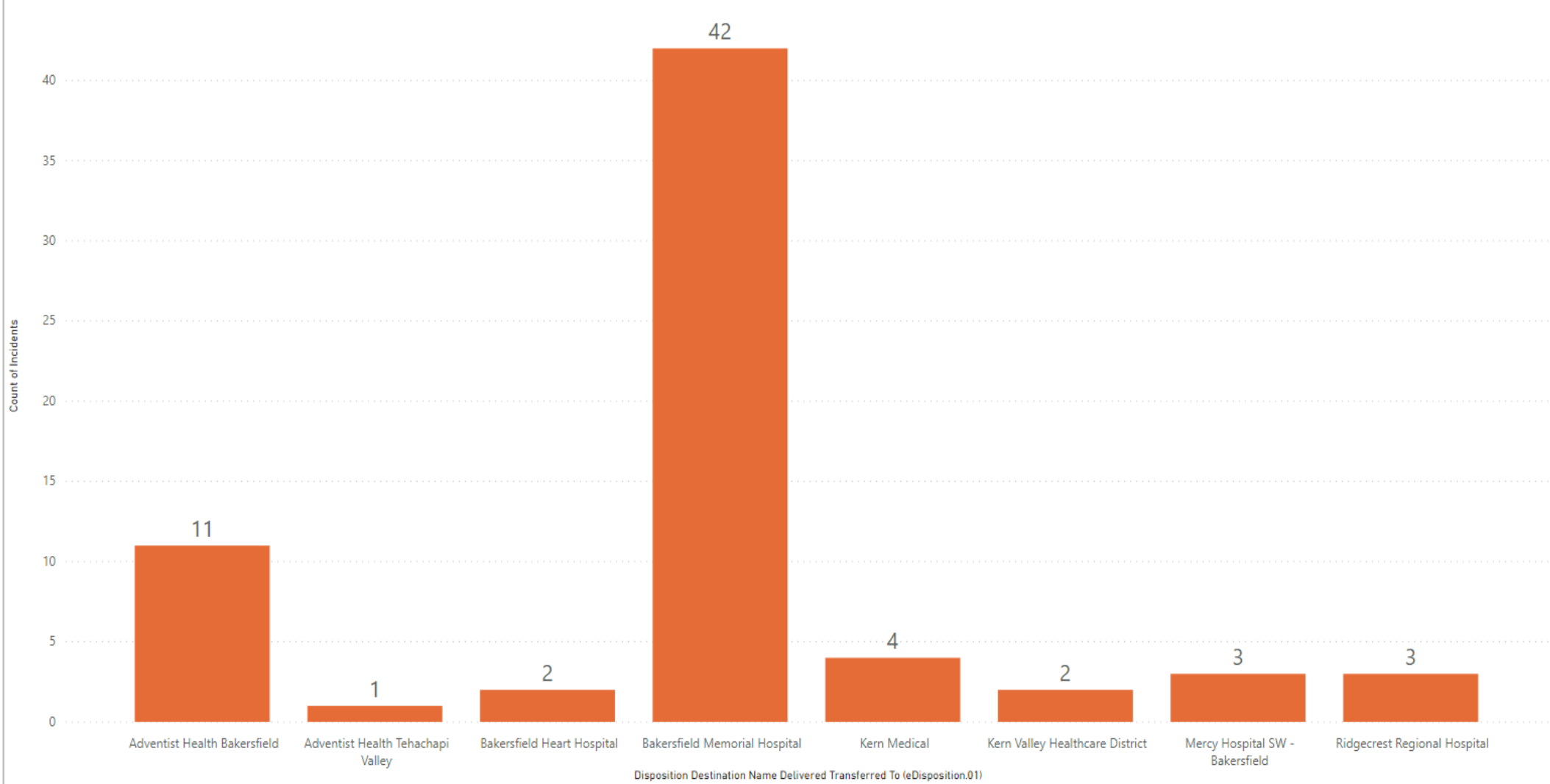


AMBULANCE PATIENT OFFLOAD TIMES < 120 TO 180 MINUTES (2.4)

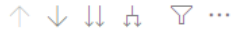


[Back to report](#) | AMBULANCE PATIENT OFFLOAD TIMES >120 TO 180 MINUTES (2.4)

APOT ● >120 to <=180

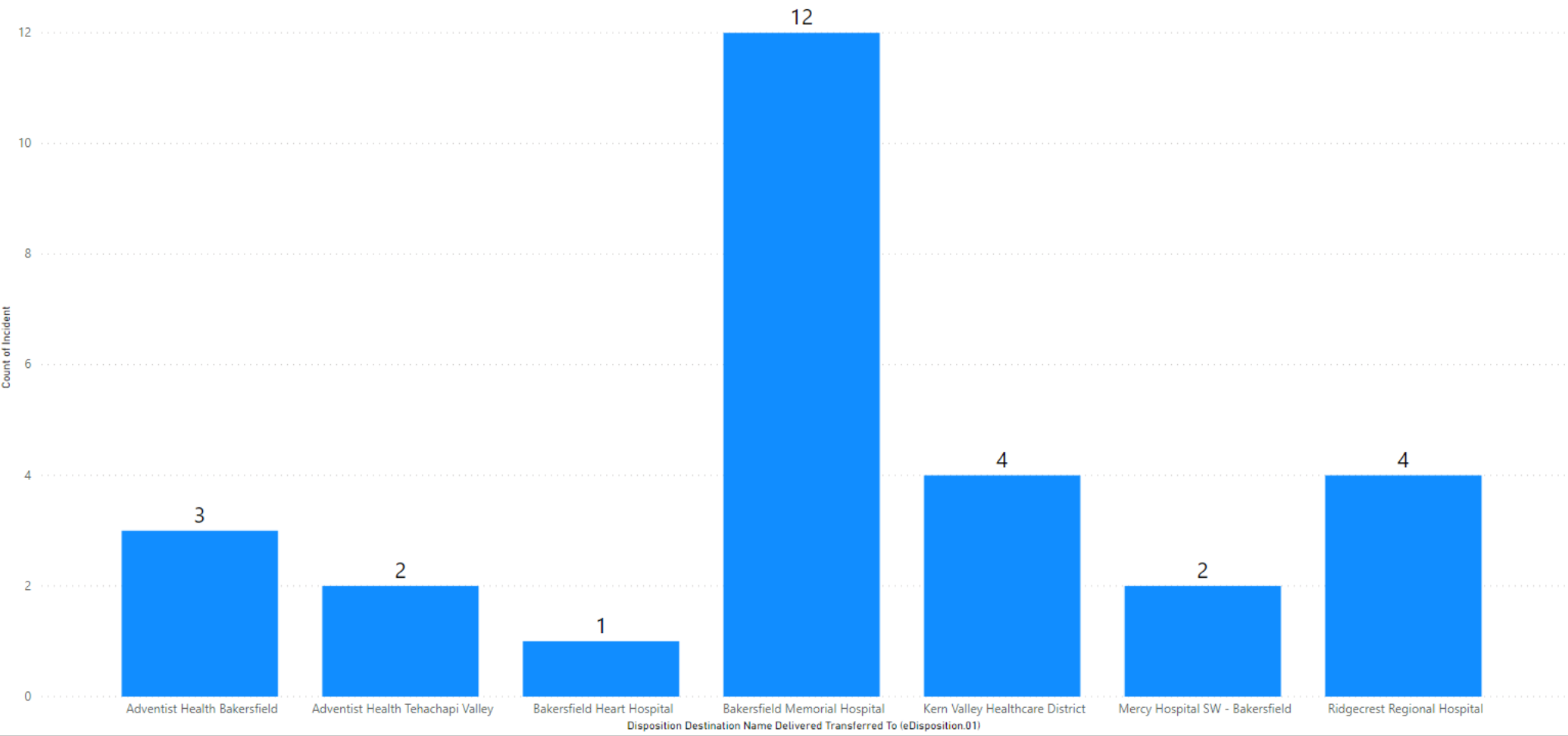


AMBULANCE PATIENT OFFLOAD TIMES >180 MINUTES (2.5)



< Back to report | AMBULANCE PATIENT OFFLOAD TIMES >180 MINUTES (2.5)

APOT ● >=181



X. New Business

d. NARCAN LEAVE BEHIND POLICY

NARCAN LEAVE BEHIND POLICY

Background

According to the U.S. CDC, “Over the past several years, U.S. life expectancy has declined, a trend largely driven by deaths from drug overdose. In 2017, there were over 70,000 drug overdose deaths in the U.S. – more than 47,000 of these involved prescription or illicit opioids.”

California saw 7,121 deaths reported as drug overdoses between May 2019 and May 2020, the national number at the same time was 79,251. This is part of a skyrocketing rise, with overdose deaths in California up 26.8 percent in the period between June 2019 and June 2020. Nationally, in that same time frame, deaths were up 21.3 percent.

In June of 2018, the California Department of Public Health (CDPH) issued a statewide standing order for Naloxone (Narcan).

Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. But, naloxone has no effect on someone who does not have opioids in their system.

In Kern County, we have seen a 70% increase in drug overdose responses by our ambulance providers between November of 2020 and May of 2021.

EMS Plan of Action

The Narcan Leave Behind Policy allows EMS providers to stock naloxone intra-nasal delivery devices intended for layperson use in the event of an opioid overdose. This policy will allow all EMS providers, under the direction of the Kern County EMS Medical Director, to leave naloxone with a patient or responsible adult that:

- I. Declines transport to the hospital after an opioid overdose event

II. Meets the standard level of consciousness to refuse transport

III. Is deemed by EMS to be at risk of an unintentional overdose

Policies such as this are being implemented across the country in an effort to prevent loss of life due to opioid overdose.

Recommendation

Therefore, it is recommended that the board approve the Narcan Leave Behind Policy and set an implementation date of September 1, 2021.

NARCAN LEAVE BEHIND (NLB) (0000)

INTRODUCTION:

Opioid overdose is one of the leading causes of death in the United States. Naloxone is a life-saving medication that reverses an opioid overdose by blocking the opioid receptor, reversing the toxic effects of the overdose, with minimal to no effect on an individual if opioids are not present in their system. Providing overdose prevention, recognition, and response education to drug users and their neighbors, friends, and families is a harm reduction intervention that saves lives. The Naloxone Distribution Project (NDP) is a federally funded “Leave Behind Naloxone” initiative administered by the Department of Health Care Services (DHCS) in California to combat opioid overdose-related deaths through the free distribution of naloxone to qualifying entities for the purpose of distribution to persons at risk for opioid overdose and those in a position to assist those persons at risk. EMS agencies in California are qualified entities to participate in this program. EMS personnel are encouraged to distribute naloxone to individuals at risk for opioid overdose, or any person in a position to assist individuals at risk and train these individuals on appropriate naloxone use.

PURPOSE:

To provide guidelines for EMS personnel to provide an intra-nasal naloxone delivery device to patients who are at high risk for fatal opioid overdose.

POLICY:

EMS providers may stock naloxone intra-nasal delivery devices intended for layperson use in the event of an opioid overdose. These devices may be obtained through the following mechanisms:

- I. The Narcan Distribution Program (NDP) by completing an application to the DHCS to participate in the NDP program (free of charge)
<https://www.dhcs.ca.gov/individuals/Documents/NDP-Application.pdf>

- II. Purchasing the naloxone intra-nasal delivery devices intended for layperson use through their normal supply chain.

All EMS providers, under the direction of the Kern County EMS Medical Director, are authorized to leave naloxone with a patient or responsible adult that:

- I. Declines transport to the hospital after an opioid overdose event
- II. Meets the standard level of consciousness to refuse transport
- III. Is deemed by EMS to be at risk of an unintentional overdose

EMS personnel may, at their discretion, leave an intra-nasal delivery device with other individuals whom EMS personnel deem to be at risk for unintentional opioid overdose (e.g., patients whose medication regimen includes high doses of narcotics or at-risk family members or bystanders), even if the call does not specifically involve an opioid overdose.

PROCEDURE:

Administration of naloxone by EMS providers at the scene of an incident will be performed in accordance with existing Kern County EMS protocols.

EMS personnel shall vehemently recommend immediate transport to an emergency department for any patient who requires resuscitation with naloxone or has been determined to be suffering from an opioid overdose.

If a patient declines transport, EMS personnel shall:

- I. Assess the patient for level of consciousness and capacity to refuse transport.
- II. Thoroughly document the assessment and that the patient has been deemed to have adequate decision-making capacity to decline transport.

Patients who do not have adequate decision-making capacity to decline transport shall be transported to the closest, most appropriate emergency department as per Kern County protocol.

Patients who decline transport and are deemed to have adequate decision-making capacity will be asked to sign an AMA declining further care and transport.

For patients who decline and are deemed to have adequate decision-making capacity, EMS personnel may leave an intra-nasal naloxone delivery device and an opioid addiction informational pamphlet with the patient or other responsible adult at the scene.

If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel shall provide instruction on the indications and proper technique for usage of the device and leave an instructional pamphlet.

If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel shall record the patient's level of consciousness, naloxone delivery device lot number, description of the instruction provided and the fact that a naloxone delivery device was left behind in the narrative section of the electronic patient care record. Additionally, the run number and lot number of the naloxone delivery device will be added to a QI log and submitted to EMS monthly.

EMS personnel may, at their discretion, leave an intra-nasal delivery device with other individuals whom EMS personnel deem to be at risk for unintentional opioid overdose (e.g., patients whose medication regimen includes high doses of narcotics or at-risk family members or bystanders), even if the call does not specifically involve an opioid overdose. In such cases, EMS personnel shall document on the initial electronic patient care record that naloxone was provided to a separate individual and include the naloxone lot number. No demographic information of the individual shall be recorded on the electronic patient care record. Instruction to the recipient or patient will be provided along with the informational pamphlet.