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AB-40 Emergency medical services. (2023-2024)

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Assembly Bill No. 40

CHAPTER 793

An act to add Sections 1797.120.5, 1797.120.6, and 1797.120.7 to the Health and Safety Code, relating to emergency services.

[Approved by Governor October 13, 2023. Filed with Secretary of State October 13, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 40, Rodriguez. Emergency medical services.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, creates the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor.

This bill, on or before December 31, 2024, would require the authority to develop and implement an electronic signature for use between the emergency department medical personnel at a receiving hospital and the transporting emergency medical personnel that captures the points in time when the ambulance arrives at the hospital emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require every local EMS agency, by July 1, 2024, to develop a standard not to exceed 30 minutes, 90% of the time, for ambulance patient offload time and report the standardized time to the authority. The bill would authorize local EMS agencies to engage stakeholders in developing this standard, as specified. The bill would also require the authority to develop and implement by December 31, 2024, an audit tool to improve data accuracy regarding transfer of care, as specified, and to provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement these provisions. The bill would require the authority to adopt emergency regulations to implement these provisions on or before December 31, 2024.

The bill would require a general acute care hospital with an emergency department to develop, in consultation with its emergency department staff, and its exclusive employee representatives, if any, an ambulance patient offload time reduction protocol by September 1, 2024, that addresses specified factors, including, among other things, mechanisms to improve hospital operations to reduce ambulance patient offload time. The bill would require the hospital to file its protocol with the authority and to report annually any revisions to its protocol. The bill would require the authority, on or before December 31, 2024, to monitor monthly ambulance patient offload time data for each hospital.

The bill would require the authority to, among other things, report ambulance patient offload time exceedance to the relevant local EMS agency and the Commission on Emergency Medical Services if, on or after December 31, 2024, the general acute care hospital with an emergency department has an ambulance patient offload time that exceeds the local EMS agency standard, as specified, for the preceding month.

Because the bill would create new requirements within the act, thereby expanding the scope of an existing crime, the bill would impose 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 no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1797.120.5 is added to the Health and Safety Code, to read:

1797.120.5. (a) (1) By no later than December 31, 2024, the authority shall develop and implement a California Emergency Medical Services Information System requirement for an electronic signature for use between the emergency department medical personnel at a receiving hospital and the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Emergency Medical Technician-Paramedic (EMT-P) that captures the points in time when the ambulance arrives at the hospital emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined by Section 1797.120.

(2) The signature shall be collected when physical transfer of the patient occurs and the report is given to hospital staff and shall note ambulance arrival time at the hospital.

(b) (1) By no later than July 1, 2024, every local EMS agency shall develop a standard not to exceed 30 minutes, 90 percent of the time, for ambulance patient offload time and report the adopted time to the authority.

(2) In the development of the standard required by paragraph (1), the local EMS agency may engage stakeholders, including hospital representatives, fire departments having jurisdiction, exclusive employee representatives of staff at hospitals, fire departments, EMS providers, if any, and others.

(c) By no later than December 31, 2024, the authority shall develop and implement an audit tool to improve the data accuracy of transfer of care with validation from hospitals and local EMS agencies.

(d) The authority shall provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement this section.

(e) On or before December 31, 2024, the authority shall adopt emergency regulations to implement this section. The emergency regulations adopted pursuant to this section shall be adopted in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and, for purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of the regulations is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health and safety, and general welfare.

SEC. 2. Section 1797.120.6 is added to the Health and Safety Code, to read:

1797.120.6. (a) A licensed general acute care hospital with an emergency department shall, by September 1, 2024, develop, in consultation with its emergency department staff, and its exclusive employee representatives, if any, an ambulance patient offload time reduction protocol that addresses all of the following factors:

(1) Notification of hospital administrators, nursing staff, medical staff, and ancillary services that the local EMS agency standard for ambulance patient offload time has been exceeded for one month.

(2) Mechanisms to improve hospital operations to reduce ambulance patient offload time, which may include, but are not limited to, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems, and adding additional staffing.

(3) Systems to improve general hospital coordination with the emergency department, including consults for emergency department patients.

(4) Direct operational changes designed to facilitate a rapid reduction in ambulance patient offload time to meet the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5.

(b) A licensed general acute care hospital with an emergency department shall file its ambulance patient offload time reduction protocol with the authority and shall annually report any revisions to its protocol.

SEC. 3. Section 1797.120.7 is added to the Health and Safety Code, to read:

1797.120.7. (a) On or before December 31, 2024, the authority shall monitor monthly ambulance patient offload time data for each hospital required to report under Section 1797.120.5.

(b) If, on or after December 31, 2024, a general acute care hospital with an emergency department has an ambulance patient offload time that exceeds the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5 for the preceding month, the authority shall comply with all of the following:

- (1) Report the ambulance patient offload time exceedance to the relevant local EMS agency and the commission via electronic means.
- (2) Direct the local EMS agency to alert all EMS providers in the jurisdiction.
- (3) Direct the licensed general acute care hospital with an emergency department to implement the ambulance patient offload time reduction protocol developed pursuant to Section 1797.120.6.
- (4) Host, at minimum, bi-weekly calls with the relevant hospital administration, including emergency department leadership, EMS providers, local EMS agency, and hospital employees to update and discuss implementation of the protocol and the outcomes.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.