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AB-767 Community Paramedicine or Triage to Alternate Destination Act. (2023-2024)

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Assembly Bill No. 767

CHAPTER 270

An act to amend Sections 1797.273, 1815, 1834, 1836, 1841, 1842, and 1857 of the Health and Safety Code, relating to community paramedicine.

[Approved by Governor September 30, 2023. Filed with Secretary of State September 30, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 767, Gipson. Community Paramedicine or Triage to Alternate Destination Act.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act establish the Emergency Medical Services Authority, which is responsible for the coordination and integration of EMS systems. Existing law makes a violation of the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act or regulations adopted pursuant to the act punishable as a misdemeanor.

Existing law, the Community Paramedicine or Triage to Alternate Destination Act of 2020 (the act), authorizes a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The act requires the authority to develop, and after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. This act prohibits a person or organization from providing community paramedicine or triage to alternate destination services or representing, advertising, or otherwise implying that it is authorized to provide those services unless it is expressly authorized by a local EMS agency to provide those services as part of a program approved by the authority. The act also prohibits a community paramedic or a triage paramedic from providing their respective services unless the community paramedic or triage paramedic has been certified and accredited to perform those services and is working as an employee of an authorized provider. The act is repealed on January 1, 2024.

This bill would extend the act until January 1, 2031. The bill would expand the allowable community paramedicine services program specialties to include providing short-term, postdischarge followup for persons recently discharged from a hospital due to a serious health condition, including collaboration with, and by providing referral to, home health services when eligible. The bill would require, on or before January 1, 2025, the authority to amend regulations to include sufficient state-level program oversight that would allow for local EMS agencies to develop community paramedicine programs, as specified.

Because a violation of the act is punishable as a misdemeanor, and this bill would create new requirements within the act and extend the operation of the act, this bill would expand an existing crime, thereby imposing a state-mandated local program.

This bill would extend the authorization for specified community paramedicine short-term, postdischarge followup pilot programs to continue operations from January 1, 2024, until the regulations described above become effective. The bill would repeal certain provisions within the act requiring the authority to seek federal or private funding for those pilot programs. The bill would repeal a

provision within the act requiring a local EMS agency to facilitate funding discussions between specified entities to support the implementation of the local EMS agency's community paramedicine or triage to alternate destination program. The bill would extend a requirement for a county board of supervisors or mayor to establish an emergency medical care committee to advise a local EMS agency that elects to develop a program pursuant to the act from January 1, 2024, to January 1, 2031.

Existing law requires the authority to contract with an independent third party to prepare a final report on the results of the community paramedicine or triage to alternate destination programs. Existing law requires the authority to submit the report to the relevant policy committees of the Legislature on or before April 1, 2023.

This bill would instead require the authority to prepare the final report and submit the report on or before April 1, 2028.

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 1797.273 of the Health and Safety Code is amended to read:

1797.273. (a) Notwithstanding Sections 1797.270 and 1797.272, if a local EMS agency within the county elects to develop a community paramedicine or triage to alternate destination program pursuant to Section 1840, the county board of supervisors, or in the case of a city and county, the mayor, shall establish an emergency medical care committee to advise the local EMS agency on the development of the program and other matters relating to emergency medical services. Where a committee is already established for the purposes described in this article, the county board of supervisors or the mayor, as appropriate, shall ensure that the membership meets or exceeds the requirements of subdivision (b).

(b) The board of supervisors or the mayor shall ensure that the membership of the committee includes all of the following members to advise the local EMS agency on the development of the community paramedicine or triage to alternate destination program:

(1) One emergency medicine physician and surgeon who is board certified or board eligible practicing at an emergency department within the jurisdiction of the local EMS agency.

(2) One registered nurse practicing within the jurisdiction of the local EMS agency.

(3) One licensed paramedic practicing within the jurisdiction of the local EMS agency. Whenever possible, the paramedic shall be employed by a public agency.

(4) One acute care hospital representative with an emergency department that operates within the jurisdiction of the local EMS agency.

(5) Additional advisory members in the fields of public health, social work, hospice, substance use disorder detoxification and recovery, or mental health practicing within the jurisdiction of the local EMS agency with expertise commensurate with the program specialty or specialties described in Sections 1815 and 1819 that the local EMS agency proposes to adopt.

(c) The requirements of this section shall apply to any emergency medical care committee established pursuant to this section or Section 1797.270.

(d) This section shall remain in effect only until January 1, 2031, and as of that date is repealed.

SEC. 2. Section 1815 of the Health and Safety Code is amended to read:

1815. (a) "Community paramedicine program" means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide community paramedicine services consisting of one or more of the program specialties described in this section under the direction of medical protocols developed by the local EMS agency that are consistent with the minimum medical protocols established by the authority. Community paramedicine services may consist of the following program specialties:

(1) Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease.

(2) Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

(3) Providing short-term, postdischarge followup for persons recently discharged from a hospital due to a serious health condition, including collaboration with, and by providing referral to, home health services when eligible.

(b) On or before January 1, 2025, the authority shall amend regulations adopted pursuant to this chapter to include sufficient state-level program oversight that would allow for local EMS agencies to develop community paramedicine programs, as defined in subdivision (a), when a local EMS agency includes a community paramedicine program in their local EMS agency EMS plan.

SEC. 3. Section 1834 of the Health and Safety Code is amended to read:

1834. (a) Notwithstanding Section 10231.5 of the Government Code, on or before April 1, 2028, the Emergency Medical Services Authority shall submit a final report on the results of the community paramedicine or triage to alternate destination programs operating in California to the relevant policy committees of the Legislature, in accordance with Section 9795 of the Government Code, and shall post the report on its internet website.

(b) The authority shall develop the report required by this section.

(c) The report shall include all of the following:

(1) A detailed assessment of each community paramedicine or triage to alternate destination program operating in local EMS agency jurisdictions.

(2) An assessment of patient outcomes in the aggregate resulting from services provided under approved plans under the program.

(3) An assessment of workforce impact due to implementation of the program.

(4) An assessment of the impact of the program on the emergency medical services system.

(5) An assessment of how the currently operating program specialties achieve the legislative intent stated in Section 1801.

(6) An assessment of community paramedic and triage training.

(d) The report may include recommendations for changes to, or the elimination of, community paramedicine or triage to alternate destination program specialties that do not achieve the community health and patient goals described in Section 1801.

SEC. 4. Section 1836 of the Health and Safety Code is amended to read:

1836. (a) A community paramedicine pilot program approved under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173 before January 1, 2020, is authorized to operate until one year after the regulations described in Section 1830 become effective.

(b) Notwithstanding subdivision (a), a community paramedicine short-term, postdischarge followup pilot program that was approved on or before January 1, 2019, under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173, and was continuing to enroll patients as of January 1, 2019, may continue operation until one year after the regulations described in subdivision (b) of Section 1815 become effective.

SEC. 5. Section 1841 of the Health and Safety Code is amended to read:

1841. A local EMS agency that elects to develop a community paramedicine or triage to alternate destination program shall do all of the following:

(a) Integrate the proposed community paramedicine or triage to alternate destination program into the local EMS agency's emergency medical services plan described in Article 2 (commencing with Section 1797.250) of Chapter 4.

(b) Provide medical control and oversight.

(c) Consistent with this article, develop a process to select community paramedicine providers or triage to alternate destination providers, to provide services as described in Section 1815 or 1819, at a periodic interval established by the local EMS agency.

(d) Facilitate any necessary agreements with one or more community paramedicine or triage to alternate destination providers for the delivery of community paramedicine or triage to alternate destination services within the local EMS agency's jurisdiction that

are consistent with the proposed community paramedicine or triage to alternate destination program. The local EMS agency shall provide medical control and oversight of the program.

(e) The local EMS agency shall not include, in a request for proposal or otherwise, the provision of community paramedic program specialties or triage to alternate destination program specialties as part of an existing or proposed contract for the delivery of emergency medical transport services awarded pursuant to Section 1797.224. The local EMS agency shall not offer additional points or preferences to a bidder for emergency medical transport services on the basis that the bidder will provide, or has negotiated or agreed to provide, community paramedicine or triage to alternate destinations.

(f) The local EMS agency shall prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

SEC. 6. Section 1842 of the Health and Safety Code is amended to read:

1842. In addition to the requirements of Section 1841, a local EMS agency that elects to develop a community paramedicine program shall do both of the following:

(a) Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties as described in Section 1815 consistent with all of the following:

(1) Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the local EMS agency shall review and approve any written agreements necessary to implement the program with those public agencies.

(2) Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties.

(3) If a public agency declines to provide the proposed program specialties pursuant to paragraph (1) or (2), the local EMS agency shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties.

(b) Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program specialties described in subdivision (a) of Section 1815.

SEC. 7. Section 1857 of the Health and Safety Code is amended to read:

1857. This chapter shall remain in effect only until January 1, 2031, and as of that date is repealed.

SEC. 8. 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.