



June 28, 2019

The Honorable Jim Wood  
Chair, Assembly Health Committee  
State Capitol, Room 6005  
Sacramento, CA 95814

RE: SB 438/Hertzberg – Emergency medical services: dispatch  
As Amended June 18, 2019 – **OPPOSE**  
Set for Hearing on July 9, 2019 – Assembly Health Committee

Dear Assembly Member Wood,

On behalf of the California State Association of Counties (CSAC), Urban Counties of California (UCC), Rural County Representatives of California (RCRC), County Health Executives Association of California (CHEAC), Emergency Medical Services Administrators Association of California (EMSAAAC), and the Emergency Medical Services Medical Directors Association of California (EMDAC), representing California's 58 counties and the 33 local emergency medical services agencies (LEMSAs) serving them, we write in opposition to Senate Bill 438, authored by Senator Hertzberg. This measure would restrict county oversight and accountability for the operation of public safety answering points (PSAPs), including 9-1-1 EMS dispatch centers, and circumvent the authority of LEMSA medical directors to ensure the appropriate deployment and use of EMS resources. Unfortunately, recent amendments to SB 438 do not address our grave concerns with the measure which are described in greater detail below.

**Restrictions on use of private dispatch.** SB 438 restricts the LEMSA from the most effective and efficient means of providing medical dispatch, which is a critical component of the EMS system and may utilize public or private dispatch agencies, or a combination of both. Today, nothing precludes the use of a public agency if they are best suited to provide services throughout the county. In fact, several LEMSAs in California already utilize public agencies for medical dispatch. However, SB 438 would dismantle existing medical dispatch structures in counties that structured their system using private entities, some in combination with public agencies, in order to provide proper medical call processing and resource deployment, such as ensuring the closest ambulance responds to a medical emergency. This will have significant impacts on the medical communication plans and processes in 17 counties including: Fresno, Glenn, Kings, Madera,

Merced, Monterey, San Benito, San Joaquin, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba.

While recent amendments would allow these counties to keep their existing medical dispatch structure in place for the duration of their current contracts, any use of a private entity for medical dispatch in the future would be subject to the “consent” of all public safety agencies that provide prehospital emergency services. SB 438 does not provide a remedy should this consent not be reached, nor does it require those entities that do not consent to be willing to provide medical dispatch beyond their jurisdiction to ensure that there is no system fragmentation.

**Medical Control.** Additionally, while proponents have stated that SB 438 is not intended to undermine LEMSA medical control, the proposed language in Section 1798.8 to the Health and Safety Code alters existing medical control statute by placing limitations on how medical control is applied to the governance of EMS systems. This weakens the medical control authority of the local EMS agency, as recognized by the California Supreme Court, in the case of *County of San Bernardino v. City of San Bernardino* (1997 15.Cal. 4<sup>th</sup> 909). The State Supreme Court explained in enacting the EMS Act in 1980, “the Legislature conceived of ‘medical control’ in fairly expansive terms, encompassing matters directly related to regulating the quality of emergency medical services, including policies and procedures governing dispatch and patient care.” Other subjects of medical control include those policies designed to improve the “speed and effectiveness” or emergency response as well as “how the various providers will interact at the emergency scene.”

For example, SB 438 would assert that medical control could not be construed to: “*Limit, supplant, prohibit, or otherwise alter a public safety agency’s authority to **directly receive, process, and administer requests** for assistance originating within the public safety agency’s territorial jurisdiction through the emergency “911” system established pursuant to Article 6 (commencing with Section 53100) of Chapter 1 of Part 1 of Division 2 of Title 5 of the Government Code.*” While counties take no issue with a public safety agency’s authority to directly receive calls, how calls are processed and administered should fall within the medical oversight of the EMS medical director. Call processing often includes the dispatch entity providing life-saving instructions to callers such as CPR or assessing the signs of a stroke and ensuring the proper guidance is rendered is critical to the safety of the EMS system. Likewise, administering requests for assistance should also be within medical control to ensure dispatch entities are dispatching the appropriate resources to callers and that there is the same standard guided by medical oversight regardless of who the dispatch entity is.

SB 438 also asserts that medical control could not be construed to: “*Authorize or permit a local EMS agency to reduce a public safety agency’s **response mode** or deployment of public safety emergency response resources within the public safety agency’s territorial jurisdiction.*” Today, our medical control protocols dictate the response mode of dispatched prehospital emergency services units to ensure that every responding entity is doing so appropriately and adhere to the same standard across the county. Restricting response mode

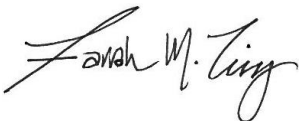
from medical control would allow response resources to use lights and sirens for every call versus ensuring a standard of when lights and sirens are used for all responding entities.

Further, SB 438 requires a public safety agency's emergency medical dispatch program (EMD) and advanced life support plan to only satisfy state guidelines and not the local EMS agency's policies and procedures, both of which should fall under the medical control of the local EMS medical director. It also establishes deemed approval of the public safety agency's EMD and advanced life support program if the local EMS agency does not deny their submission within 60 days. Currently submissions often require requests for additional documentation and discussion and when finalized, they must go to the Boards of Supervisors for approval. This mechanism risks patient safety by approving submissions that have not had the proper vetting and fails to meet local requirements. Patients may lose their lives because entities are performing invasive advanced life support procedures, such as intubations and intravenous medical administration, on patients only because a denial did not happen within 60 days.

Should SB 438 become law, local municipal agencies would be permitted to act outside of the medical control of the LEMSA medical director, and EMSA, in the response and delivery of prehospital emergency care. This fragments the EMS system and may result in considerable variation in the care provided to patients. It also would risk patient safety, as deviations from LEMSA policies and procedures may occur without LEMSA and EMSA oversight and authority to monitor dispatch and response times, as well as issue corrective actions.

For the reasons stated above, we oppose SB 438 and respectfully request your NO vote.

Sincerely,



Farrah McDaid Ting  
CSAC Legislative Representative



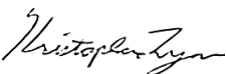
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EMDAC President



Tammi McConnell  
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Cc: The Honorable Robert Hertzberg, Member, California State Senate  
The Honorable Susan Eggman, Member, California State Assembly  
Honorable Members, Assembly Health Committee  
Lara Flynn, Consultant, Assembly Health Committee  
Alex Khan, Consultant, Assembly Republican Caucus