SB 975 (Ashby D) Emergency medical services: community paramedicine.

Status: 2/14/2024-Referred to Com. on RLS.

Location: 1/29/2024-S. RLS.

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Summary:

Would state the intent of the Legislature to enact legislation relating to the payment and reimbursement for mobile integrated health and community paramedicine programs.

<u>AB 1792</u> (Rodriguez D) Emergency medical services: personal protective equipment. Status: 1/16/2024-Referred to Com. on E.M.

Location: 1/16/2024-A. EMERGENCY MANAGEMENT

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Summary:

Current law requires the Emergency Medical Services Authority to develop planning and implementation guidelines that address designated components for emergency medical services systems. This bill would require the authority to develop standards, on or before January 1, 2027, for personal protective equipment for ambulance personnel and to update the standards on or before January 1, 2032, and every 5 years thereafter.

<u>AB 1843</u> (Rodriguez D) Emergency Ambulance Employee Safety and Preparedness

Act.

Status: 1/29/2024-Referred to Com. on L. & E.

Location: 1/29/2024-A. L. & E.

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Summary:

Under the Emergency Ambulance Employee Safety and Preparedness Act, an initiative measure enacted by the voters as Proposition 11 at the November 6, 2018, statewide general election, every emergency ambulance employee is entitled to employer-paid mental health services through an employee assistance program (EAP), and requires the EAP coverage to provide up to 10 mental health treatments per issue per calendar year. The act defines "issue" for purposes of those provisions to mean mental health conditions such as, among other things, stress, depression, or substance abuse. This bill would instead require the EAP program to provide up to 20 mental health treatments per issue per calendar year, and would include post-traumatic stress disorder in the definition of "issue" for purposes of those provisions.

<u>AB 2101</u> (<u>Rodriguez</u> D) Statewide strategic stockpile.

Status: 2/20/2024-Referred to Coms. on E.M. and HEALTH. Location: 2/20/2024-A. EMERGENCY MANAGEMENT

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Summary:

Would require the State Department of Public Health, in coordination with the Office of Emergency Services and other state agencies, to establish a statewide strategic stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of medicine, vaccines, and medical supplies, taking into account, among other things, the amount of each type of item required for a sustained health emergency. The bill would require the department to report annually to the Legislature, and others, the amount of items in the stockpile, the amount of items from the stockpile that have been used, and the amount of anticipated future usage.

<u>AB 2225</u> (<u>Rodriguez</u> D) Discovery: emergency medical services review committees.

Status: 2/8/2024-From printer. May be heard in committee March 9. Location: 2/7/2024-A. PRINT

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Summary:

Current law exempts from discovery as evidence the proceedings and records of specified organized committees of health care professionals and review

committees having the responsibility of evaluation and improvement of the quality of care. This bill would extend this exemption, for purposes of civil proceedings only, to the proceedings and records of emergency medical services organized committees and review committees, as described above.

<u>AB 2348</u> (Rodriguez D) Emergency medical services.

Status: 2/13/2024-From printer. May be heard in committee March 14. Location: 2/12/2024-A. PRINT

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Summary:

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The act establishes the Emergency Medical Services Authority (authority), which is responsible for the coordination and integration of all emergency medical services. Current law authorizes each county to develop an emergency medical services program and requires a county that does so to designate a local EMS agency (LEMSA). Current law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor. Current law requires the authority to develop planning and implementation guidelines for emergency medical services systems that address specified components, including the assessment of hospital and critical care centers and data collection and evaluation. This bill would require the authority to develop planning and implementation guidelines for response times. This bill would require the authority to develop a statewide standard methodology for calculation and reporting by a LEMSA of response time. The bill would require the authority to ensure the guidelines include a list of specified standardized terminology for a LEMSA to use when granting exemptions or when modifying original response time data for public and contractual reporting of 911 response time. The bill would require a LEMSA to report contracted provider response times to the authority in a data dispatch form, as specified.

<u>AB 2973</u> (Hart D) Emergency services.

Status: 2/17/2024-From printer. May be heard in committee March 18. Location: 2/16/2024-A. PRINT

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Summary:

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act governs local emergency medical services (EMS) systems and authorizes each county to develop an EMS program and designate a local EMS agency. Current law requires a county to enter into a written agreement with a city or fire district that contracted for or provided prehospital EMS as of June 1, 1980. Current law requires, until that written agreement is reached, prehospital EMS to be continued at not less than the existing level and the administration of prehospital EMS by cities and fire districts contracting for or providing those services as of June 1, 1980, to be retained by those cities and fire districts, as specified. This bill would make technical, nonsubstantive changes to those provisions.