



County of Santa Cruz



HEALTH SERVICES AGENCY

Emergency Medical Services

1800 Green Hills Rd., Suite 240, Scotts Valley, CA 95066

Phone:(831) 454-4120 TDD/TTY: Call 711

EMERGENCY MEDICAL CARE COMMISSION

AGENDA

DATE & TIME	August 21 at 9:00am
LOCATION-In-Person	County of Santa Cruz, 1400 Emeline Ave., Conference Rooms 206/207
LOCATION-Online	MS Teams Click here to join the meeting Meeting ID: 271 877 788 120 Passcode: ED7uSt Or call in (audio only) +1 831-454-2222,,257330647# United States, Salinas Phone Conference ID: 257 330 647#

COMMISSIONERS:

<i>Open Position, M. Koenig, Dist. 1</i>	Chris Clark, Law Enforcement
Celia Barry, Z. Friend, Dist. 2 – CO-CHAIR	Jason Nee, Fire Chief’s Assoc. – CO-CHAIR
Dr. Marcus Kwan, J. Cummings, Dist. 3	Eric Conrad, Dominican Hosp.
<i>Open Position, F. Hernandez, Dist. 4</i>	Robert Schambach, Watsonville Hosp.
Dr. Arnold Leff, B. McPherson, Dist. 5	Jeremy Boston, AMR
Dr. Marc Yellin, Medical Society	<i>Open Position, Consumer Rep.</i>

COUNTY STAFF:

Greg Benson, EMS Director	Dr. David Ghilarducci, Medical Dir.
Emily Chung, Public Health Director	Anna Sutton, Director of Nursing
Claudia Garza, Sr. Dept. Admin. Analyst	Shelley Huxtable, Office Assistant III

ITEM:

1. Call to Order/Establish Quorum.
2. Review/Correct Agenda.
3. Approval of Minutes from May 15 meeting.

4. Written Correspondence Listing:
The Written Correspondence Listing is established to act as a report of materials received by the Commission as a whole but, may also include items requested for inclusion by individual Commissioners. Upon completion of any actions deemed necessary (i.e., acknowledgment, referral, etc.), these items are included in the Written Correspondence Listing. While these items are not part of the official record of meetings of the Emergency Medical Care Commission, they will be maintained by the Santa Cruz County Emergency Medical Services Agency for a period of two years.
5. Oral Communications:
Oral Communications for items not on the agenda will be presented for discussion purposes only and may be brought to the Commission by Commissioners or members of the public.
6. California Assembly Bill 1168, Greg Benson, Jason Nee, Dr. David Ghilarducci.
7. What EMS related presentations would the EMCC like to see at future meetings?
8. Open Positions for EMCC Commissioners.
9. Program Updates:
 - A. Covid-19/Flu Update, Dr. David Ghilarducci.
The Commission will receive updates on Covid-19/Flu.
Impact to the hospitals Information link:
<https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome.aspx>
 - B. Prehospital Advisory Committee, Dr. David Ghilarducci
The Emergency Medical Services Medical Director will provide an update of actions taken by the Prehospital Advisory Committee.
 - C. EMS Administrator Report, Greg Benson.
The Administrator will report on issues of interest, challenges, progress, concerns for the Commission to consider for action, if necessary.
 - D. ET3 and Innovator Report, Jeremy Boston.
The Commission will receive an update from AMR about the ET3 and the EMS Innovator programs.
 - E. Behavioral Health Update, Dr. Marc Yellin.
10. Proposed Agenda Items for next EMCC meeting.
11. Adjournment.



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EMERGENCY MEDICAL CARE COMMISSION

MINUTES – May 15, 2023, 9:00am-10:35am

COMMISSIONERS:

X	Dr. Kent Benedict, M. Koenig, Dist. 1	X	Chris Clark, Law Enforcement (remote)
X	Celia Barry, Z. Friend, Dist. 2 – CO-CHAIR	X	Jason Nee, Fire Chief's Assoc. – CO-CHAIR
X	Dr. Marcus Kwan, J. Cummings, Dist. 3		Eric Conrad, Dominican Hosp.
	Open Position, F. Hernandez, Dist. 4		Robert Schambach, Watsonville Hosp.
X	Dr. Arnold Leff, B. McPherson, Dist. 5	X	Jeremy Boston, AMR
X	Dr. Marc Yellin, Medical Society		Open Position, Consumer Rep.

REMOTE ATTENDEES:

X	Jeff Horner	X	Kent Cramer
X	Chris Stubendorff	X	Michael Baulch
X	Becky Shoemaker		

COUNTY STAFF:

X	Greg Benson, EMS Director	X	Dr. David Ghilarducci, Medical Officer
X	Emily Chung, Public Health Director	X	Claudia Garza, Sr. Dept. Admin. Analyst
X	Shelley Huxtable, Office Assistant III	X	Juliette Burke, Chief Deputy Clerk, BOS
X	James Russell, Sr. BH Manager	X	Karen Kern, Deputy Dr., Mental Health/Substance Abuse

ITEM:

1. Call to Order at 9:00am and a quorum was established.
2. Review/Correct Agenda - all OK.
3. Approve Minutes from March 20, 2023
Commissioner Nee made motion, Commissioner Benedict seconded motion, all Commissioners in agreement.

4. Written Correspondence – None.
5. Oral Communications – None.
6. Behavioral Health Pediatrics Update, James Russell, (see presentation that was attached to the agenda).
June 30 hard stop date Telecare stops accepting pediatric patients.
In negotiations with Watsonville Hospital to accept pediatric patients, updates in 2 weeks.
7. Oath of Office administered to all Commissioners present - Juliette Burke.
8. Radio Communications RFP Update – Chris Clark..
After the CZU fire it was determined that the County radio system needed a complete overhaul. The County Officer's office is full support of this project. Hired Z Consulting to compare current system to new system, project is just starting, County has work groups from different agencies to create RFP based on their needs. Cost estimate is \$30 million. Same system as neighboring counties. Implementation scheduled for 2026. Commissioner Barry asked if more cell towers are part of the plan. Commissioner Clark will get back to the group with that answer.
9. Welcome Jeremy Boston, EMCC's newest commissioner.
10. No applicants for the two open commissioner positions.
11. Vote for Commissioner Nee to be EMCC Co-Chair – Commissioner Kwan made the motion, Commissioner Yellin seconded motion, all Commissioners in agreement. Vote for Commissioner Barry to be EMCC Co-Chair – Commissioner Benedict made the motion, Commissioner Yellin seconded the motion, all Commissioners in agreement.
12. EMCC Meeting Cadence – Bi-monthly or Quarterly.
Greg Benson requested moving EMCC meetings to bi-monthly. Commissioner Barry mentioned quarterly may have concerns due to establishing quorum and missed opportunities, prefers bi-monthly. Commissioner Yellin mentioned quarterly meetings would be work-heavy due to less frequent meeting, prefers bi-monthly. Dr. Ghilarducci would like bi-monthly EMCC meetings to coincide with PAC/QIC/HEMS meetings being held immediately following EMCC on even months. Commissioner Leff made the motion, Commissioner Yellin seconded the motion, all Commissioners in agreement.
Greg Benson would like to switch the online/remote option to Microsoft Teams due to logistics and a much heavier County

presence on Teams than Zoom. Commissioner Kwan made the motion, Commissioner Boston seconded the motion, all Commissioners in agreement.

13. EMS Week, Greg Benson - 4 calls, 2 traumatic injuries, 2 cardiac arrests. Proclamations in written correspondence only, no public presentation at most recent BOS meeting. NetCom Board Meeting to recognize and present proclamations. Commissioner Yellin stated it is a big deal for BOS to acknowledge the proclamation recipients. reg Benson to investigate further with the BOS. Emily Chung asked if we can present in the public comment section of the BOS meeting. Greg Benson wants to plan in advance with EMCC. Greg and Emily to discuss BOS presentation.

14. Program Updates

- a. Covid and Flu Updates, Dr. Ghilarducci – Covid Public Health Emergency ended May 11, however support systems will be in place until November 11 for those without co-pays for testing, etc. Those on Medi-Cal need to re-apply now. MPOX outbreak in Chicago. Norovirus had a few fatalities. Flu is currently non-existent. RSV is OK. There is an uptick in syphilis, we need to make first responders more aware so they can take the necessary precautions. Commissioner Boston asked about masking rules for first responders, Dr. Ghilarducci said that employers can require masks.
- b. Prehospital Advisory Committee, Dr. Ghilarducci – Ketamine is to be added as an analgesic alternative to opiates for pain relief. Opioids can be harmful to those in recovery and Ketamine is a good alternative. Buprenorphine is another alternative, however there is difficulty in obtaining it. Monterey County will start using Ketamine in a week. Commissioner Boston is looking into obtaining it for Santa Cruz County. Commissioner Nee advised of an albuterol shortage, Xopenex is an alternative. There have been a few missed air ambulance calls. More training on the call down list for 911 operators is needed.
- c. EMS Administrator Report, Greg Benson – Ambulance contract compliance is almost up to date with budgets and contract renewal info. A survey for organization mapping for EMS employers has gone out to partner agencies in fire, law and ambulance on how to improve service.
- d. ET3 and Innovator Report, Jeremy Boston – Recruiting for new Innovator, interviews starting soon. No ET3 report, hope to have Brad Cramer do ET3 and Innovator reports for next meeting.
- e. Behavioral Health Update, Dr. Marc Yellin – Adding to James Russell's earlier presentation, pediatric behavioral health in a crisis, over 1500 psych consults at Dominican ER in April,

20,000 last year. Patients are not getting the care they need, parental permission is required to transfer to out of county facility, and some parents will not grant permission because of distance from home, support, etc. If patient brought in by LEO, LEO must stay with patient until they are transferred, which is not a good use of LEO resources.

15. Proposed Agenda Items for next EMCC Meeting – California Senate Bill 1168, what EMS related issues would the EMCC like presentations/more information on.
16. Adjournment – 10:35am Commissioner Kwan made a motion to adjourn the meeting, Commissioner Benedict seconded the motion, all Commissioners in agreement.

Agenda Item 6
California Assembly Bill 1168
(copy attached)

**Greg Benson, Jason Nee and
Dr. David Ghilarducci**



AB-1168 Emergency medical services (EMS): prehospital EMS. (2023-2024)

SHARE THIS:



Date Published: 07/13/2023 09:00 PM

AMENDED IN SENATE JULY 13, 2023

AMENDED IN SENATE JULY 05, 2023

AMENDED IN SENATE JULY 03, 2023

AMENDED IN ASSEMBLY MAY 26, 2023

AMENDED IN ASSEMBLY MAY 01, 2023

AMENDED IN ASSEMBLY APRIL 19, 2023

AMENDED IN ASSEMBLY APRIL 13, 2023

AMENDED IN ASSEMBLY MARCH 16, 2023

CALIFORNIA LEGISLATURE— 2023–2024 REGULAR SESSION

ASSEMBLY BILL

NO. 1168

Introduced by Assembly Member Bennett

February 16, 2023

An act to add ~~Sections 1797.11~~ and *Section* 1797.232 to the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1168, as amended, Bennett. Emergency medical services (EMS): prehospital EMS.

Existing law, 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. Existing 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. Existing 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.

This bill would require a city to be treated as if it had retained its authorities regarding, and the administration of, prehospital EMS if specified requirements are met. If a joint powers agreement regarding prehospital EMS was initially executed on or after January 1, 2024, the bill would ensure a city or fire district retains its existing

authorities regarding, and the administration of, prehospital EMS. ~~The bill would state the Legislature's intent to clarify the effect of joint powers agreements regarding prehospital EMS on specified rights, obligations, and authorities, to reduce disruptions to EMS systems, and to abrogate contrary judicial holdings.~~

Existing law defines "exclusive operating area" as an EMS area or subarea defined by the emergency medical services plan for which a local EMS agency, upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers, as specified. Existing law authorizes a local EMS agency to create one or more exclusive operating areas in the development of a local plan if a competitive process is utilized to select the provider or providers of the services pursuant to the plan.

This bill would require the local EMS agency, if a city's assertion of its authorities regarding, and administration of, the prehospital EMS causes a local EMS area to no longer satisfy the requirements for an exclusive operating area as mentioned above, to provide a right of first refusal to the exclusive operating area's designated provider or providers to continue providing services in a new exclusive operating area composed of the remainder of the local EMS area outside of the city, which would be deemed an exclusive operating area created without a competitive process. The bill would authorize the county to provide prehospital EMS, including emergency ambulance services, as specified, in the remainder of the local EMS area on an exclusive basis if the designated provider or providers decline to continue services. The bill would require a specified city to enter into an agreement with the county to provide prehospital EMS, including emergency ambulance services, within the remainder of the local EMS area on an exclusive basis, as specified, if the county determines that specified options are not economically viable, would reduce the level or quality of care in the remainder of the local EMS area, or are not in the county's best interests. The bill would require the parties developing contracts pursuant to these provisions to collaborate on response time standards for the local EMS area, and would require those standards to meet or exceed the response time standards previously established by the local EMS agency for that area. By creating new duties for local EMS agencies, 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

The bill would become operative only if AB 716 of the 2023–24 Regular Session is enacted and takes effect on or before January 1, 2024.

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

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

~~SECTION 1. Section 1797.11 is added to the Health and Safety Code, to read:~~

~~1797.11. The Legislature finds and declares all of the following:~~

~~(a) Local governments' provision, directly or by contract, administration, and regulation of prehospital emergency medical services (EMS) is a matter of public safety and critical to the public peace, health, and safety of the State of California. Recognizing that the state's communities have diverse needs and resources, local control over the types, levels, and availability of these services is a longstanding tradition in California that the Legislature intends to retain.~~

~~(b) This division is designed to encourage coordination and planning among local governments within county or regional EMS systems in order to achieve the most effective prehospital EMS on a countywide or regionwide basis.~~

~~(c) One of the ways in which local governments coordinate, plan, and achieve the most effective countywide or regionwide EMS and leverage their combined resources to carry out their prescribed functions under this division is through agreements for the joint exercise of powers under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code.~~

~~(d) City of Oxnard v. County of Ventura (2021) 71 Cal.App.5th 1010 has created confusion and concern among the state's local governments regarding the utility and desirability of entering into joint powers arrangements for EMS purposes because the decision held, in part, that a city was ineligible for, and did not have the right to administer emergency ambulance services within its territorial jurisdiction under, Section 1797.201 because the~~

~~city delegated to a county the administration of those services through a joint exercise of powers agreement; which the parties had entered into nearly a decade before the enactment of this chapter.~~

~~(e)In enacting Section 1797.232, it is the intent of the Legislature to clarify the effect of agreements for the joint exercise of powers regarding prehospital EMS under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code on the rights, obligations, and authorities of counties, local EMS agencies, cities, fire districts, and EMS providers under the EMS act and to preserve the utility and desirability of those agreements for EMS purposes.~~

~~(f)This section and Section 1797.232 do not authorize the substantial impairment of contractual obligations of an agreement to provide services within an exclusive operating area under Sections 1797.85 and 1797.224.~~

SEC. 2. SECTION 1. Section 1797.232 is added to the Health and Safety Code, to read:

1797.232. (a) Notwithstanding *City of Oxnard v. County of Ventura* (2021) 71 Cal.App.5th 1010, a city shall be treated as if it had retained its authorities regarding, and administration of, prehospital **EMS emergency medical services (EMS)** ambulance services within the city's territorial jurisdiction pursuant to Section 1797.201, only if all of the following requirements are satisfied:

- (1) The city became a party to a joint powers agreement regarding ambulance services before the enactment of this chapter.
- (2) The joint powers agreement provided a county with the sole authority to contract with ambulance service providers on behalf of the other parties to the joint powers agreement.
- (3) On December 17, 2020, the city provided notice of its withdrawal from the joint powers agreement, effective July 1, 2021.
- (4) The city ceased to contract for, provide, or administer prehospital EMS ambulance services on or before December 31, 2022.

(b) A joint powers agreement regarding prehospital EMS initially executed on or after January 1, 2024, between a county and a city or fire district, shall not be construed as a "written agreement with the city or fire district regarding the provision of prehospital emergency medical services for that city or fire district" within the meaning of Section 1797.201, and the city or fire district shall retain its existing authorities regarding, and administration of, the prehospital EMS pursuant to Section 1797.201, if any, following entry into the joint powers agreement. The joint powers agreement shall provide terms to address the withdrawal of the city or fire district from the agreement and the effect of a withdrawal on the EMS system and exclusive operating areas, if any.

(c) If a city's assertion of its authorities regarding, and administration of, the prehospital EMS pursuant to Section 1797.201 under subdivision (a) of this section causes a local EMS area that is currently designated as an exclusive operating area by the local EMS agency to no longer satisfy the requirements for an exclusive operating area under Sections 1797.85 or 1797.224, all of the following shall apply:

- (1) The local EMS agency shall provide a right of first refusal to the exclusive operating area's designated provider or providers to continue providing services in a new exclusive operating area composed of the remainder of the local EMS area outside of the city, which shall be deemed an exclusive operating area created without a competitive process under Sections 1797.85 or 1797.224.
- (2) If the designated provider or providers decline to continue services under paragraph (1), the county may provide prehospital EMS, including emergency ambulance services, in the remainder of the local EMS area on an exclusive basis by doing one of the following:
 - (A) Assigning the duty of providing such services to the county fire department or a separate county department created for those purposes.
 - (B) Creating a new exclusive operating area, which shall encompass, at minimum, the remainder of the local EMS area, through a competitive process under Section 1797.224. The exclusive operating area shall not include the city specified in subdivision (a), unless that city is selected to be the provider of the exclusive operating area pursuant to the competitive process.

(3) If the county determines that the options in paragraph (2) are not economically viable, would reduce the level or quality of care available in the remainder of the local EMS area, or are not in the county's best interests, then the city specified in subdivision (a) shall enter an agreement with the county to provide

prehospital EMS, including emergency ambulance services, within the remainder of the local EMS area on an exclusive basis consistent with subdivision (e) of Section 14136 of the Welfare and Institutions Code.

(4) In developing contracts pursuant to this subdivision, the contracting parties shall collaborate on response time standards for the local EMS area, which shall meet or exceed the response time standards previously established by the local EMS agency for that area.

(5) Contracts developed pursuant to this subdivision shall include the local EMS agency's EMS system requirements and the response time standards from paragraph (4).

(6) (A) A contract, or subcontract for emergency ambulance services, developed pursuant to this subdivision shall comply with the requirements of subdivisions (c) and (d) of Section 1797.230 and subdivisions (b), (c), and (d) of Section 1797.231, and, to the extent allowed by law, provide for the recruitment, and preservation of the seniority status, of the incumbent workforce.

(B) If the incumbent workforce is represented by a recognized employee organization or official representative, the contractor shall do both of the following:

(i) Meet with the incumbent workforce's recognized employee organization or official representative to review and discuss the collective bargaining agreement for the incumbent workforce.

(ii) Request and review any other existing collective bargaining agreements for ambulance service employees in the region.

(C) Prior to the county entering into a contract with the contractor developed pursuant to this subdivision, the contractor shall certify compliance with this paragraph.

(D) For the purposes of this paragraph, "contractor" means the designated provider or providers under paragraph (1), a county fire department or other county department created for these purposes pursuant to subparagraph (A) of paragraph (2), a provider selected to serve a new exclusive operating area consistent with subparagraph (B) of paragraph (2), or the city described in paragraph (3).

(7) If the designated provider or providers decline to continue services under paragraph (1), the city specified in subdivision (a) shall provide services within the local EMS area until the time the county completes the requirements in paragraphs (2) to (5), inclusive, pursuant to the same contractual, permitting, or regulatory terms, conditions, and requirements of the county for that area, except as otherwise agreed to by the county and the city.

(d) For purposes of this section, "joint powers agreement" means an agreement for the joint exercise of powers under Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code.

(e) This section does not affect, modify, limit, or otherwise impair the medical control of the medical director of a local EMS agency granted under this division, including, but not limited to, Chapter 5 (commencing with Section 1798).

(f) This section does not affect, modify, limit, or otherwise impair or enlarge the local EMS agency's ability to set response time standards for all providers within a local EMS area.

~~SEC. 3.~~ **SEC. 2.** If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

~~SEC. 4.~~ **SEC. 3.** This act shall become operative only if Assembly Bill 716 of the 2023–24 Regular Session is enacted and takes effect on or before January 1, 2024.

Agenda Item 7

What EMS related presentations would the EMCC like to see at future meetings?

Discussion on EMS related topics, issues and concerns the EMCC Commission would like to see at future meetings.

Agenda Item 8

Open EMCC Commissioner Positions

Discussion on how to fill the three (3) current open positions on the EMCC Commission.

Open Positions are:

Representative for Supervisor Koenig, District 1.

Representative for Supervisor Hernandez, District 2.

Consumer Representative.