



Emergency Medical Advisory Group (EMAG)

Meeting Agenda

December 12, 2024
2:30 PM – 4:00 PM

Meeting Location:

Sacramento County EMS Agency
9616 Micron Ave. Suite 900
(Conference Room 1)

Topic	Time
Welcome, Introductions, and Agenda Review – <i>Dr. Kasirye</i> <ul style="list-style-type: none">Materials ReviewAdditional Agenda Items for DiscussionOther Member Announcements	2:30 – 2:40
Approval of October 10, 2024, Meeting Minutes – <i>Dr. Kasirye</i> – ACTION ITEM	2:40 – 2:45
Legislation – <i>David Magnino</i> <ul style="list-style-type: none">SB1180: Healthcare Coverage EMS	
EMS Committee Updates – <i>David Magnino</i> <ul style="list-style-type: none">MAC/OACSTEMI/ StrokeTrauma (TIC)TAG	2:45 – 3:00
APOT – <i>David Magnino</i> <ul style="list-style-type: none">Innovation Challenge Overview: DaveAPOT Summit Summary – Post Summit Survey Results	3:00 – 3:20
Open Discussion/Key Items – <i>EMAG Participants</i> <ul style="list-style-type: none">EMS Roadmap: FY 2025-26 Growth Requests – <i>David Magnino</i>Advanced EMT Program – <i>David Magnino</i>Prehospital Blood Pilot Program Approval – <i>David Magnino</i>TAD Program Update – <i>David Magnino</i>	3:20 – 3:50
Public Comment: One comment per person/organization, limited to two minutes.	3:50 – 3:55
Closing Remarks & Adjourn – <i>Dr. Kasirye</i>	3:55 – 4:00
Next Meetings <ul style="list-style-type: none">Thursday, February 13, 2025 / 2:30PM – 4:00PMThursday, April 10, 2025 / 2:30PM – 4:00PM	

For more information, please visit the Emergency Medical Advisory Group website at:

[https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-\(EMAG\).aspx](https://dhs.saccounty.gov/PUB/EMS/Pages/Emergency-Medical-Advisory-Group-(EMAG).aspx)

Sacramento County Emergency Medical Advisory Group

Meeting Minutes

October 10, 2024. 2:30 PM – 4:00 PM

Meeting Location

9616 Micron Ave Suite 900 (Conference Room 1)
Sacramento, CA 95827

ADVISORY GROUP MEMBERS

	ALS Ground Transport Providers, Public – Robert Kasparian, Cosumnes Fire	X	Hospital System – Dr. Joseph Galante, M. D., UC Davis Health
X	ALS Ground Transport Providers, Private – Gabe Cruz American Medical Response (AMR)	X	Law Enforcement – Jesse Brucker, Sheriff's Office
X	ALS Air Transport Providers – Joseph Drago, REACH Air Medical		Training Provider – Jason Hemler, CSUS
X	BLS Providers, Public – James Hendricks, Herald Fire District	EX-OFFICIO MEMBERS	
X	BLS Providers, Private – James Pierson, Medic Ambulance	X	County Public Health Division – Dr. Olivia Kasirye, M.D.
X	Hospital System – Michael Williams, Dignity Health		County EMS Administrator – David Magnino
	Hospital System – Linzy Davenport, Kaiser Permanente	X	County EMS Medical Director – Dr. Gregory Kann, M.D.
X	Hospital System – Dr. Phillip Yu, M.D., Sutter Health		

Advisory Group Members in Attendance: 8 – *Quorum present*

Public/Guests in Attendance: 8

Staff: Stephanie Mello, Kristin Bianco, Sydney Freer

Sacramento County Emergency Medical Advisory Group

Topic	Minutes
Welcome, Introductions and Opening Remarks <i>Dr. Olivia Kasirye</i>	<p>Dr. Kasirye welcomed advisory group members, guests, members of the public, and reviewed the agenda and meeting materials.</p> <p><u>Agenda Review</u>: Approval of June and August Meeting Minutes, Legislation, EMS Committee Updates, APOT, and Open Discussion.</p> <p><u>Materials</u>: June and August Meeting Minutes</p> <p><u>Agenda Items for Discussion</u>: None</p> <p><u>Other Member Announcements</u>: David Magnino is retiring December 20, 2024. The job announcement is posted on the County and SCEMSA's internet sites. The department will reach out to stakeholders to participate in the interview process.</p>
Roll Call <i>Dr. Kasirye</i>	<p>Dr. Kasirye conducted roll call.</p> <p>Quorum was established by count.</p>
Meeting Minutes <i>Dr. Kasirye</i>	<p><u>APPROVED</u> – Advisory Group members had no changes to the June and August, draft meeting minutes. Meeting minutes were approved by members' vote.</p>
Legislation <i>Sydney Freer</i>	<p><u>AB 1168</u>: Emergency Services Prehospital – Board of Supervisors sent a letter of opposition. Vetoed by the Governor.</p> <p><u>AB 1792</u>: Emergency Medical Services: Personal Protective Equipment – Vetoed by the Governor.</p> <p><u>AB 2225</u>: Discovery: Prehospital Emergency Medical Care person or Personnel Review Committees – Signed by the Governor.</p> <p><u>AB 2859</u>: Emergency Medical Technician: Peer Support – Signed by the Governor.</p> <p><u>SB 1180</u>: Healthcare Coverage Emergency Medical Services – Signed by the Governor.</p>
EMS Committee Update <i>Dr. Gregory Kann</i>	<p><u>MAC/OAC</u>: Last meeting on 9/23/2024. Not many controversial policy updates. Next meeting is 12/12/2024, and APOT policies are up for review. Due to the expected conversations and increase in attendance, the meeting location will be the Sacramento Metro Board Room (10545 Armstrong Ave. Suite 200. Mather, CA.).</p> <p><u>Stroke</u>: Compass study is ongoing with UC Davis. It's moving into the training phase launching in 2025. The study is looking into triaging suspected large vessel inclusion strokes to comprehensive stroke hospitals.</p> <p><u>Technical Advisory Group (TAG)</u>: Continuing to streamline data collection focusing on the new programs – prehospital whole blood and TAD programs. Dr. Yu asked about the data collection plan and whether it can be shared with the group. Dr. Kann replied definitely.</p> <p><u>Trauma Improvement Committee (TIC)</u>: One year into the new format. Increased participation amongst hospitals and stakeholders. This group will plan an active role in the prehospital blood program and help steer the program forward in a meaningful way.</p>

Sacramento County Emergency Medical Advisory Group

APOT <i>Dr. Gregory Kann</i>	<p><u>APOT Summit #2 Review:</u> Excellent attendance. Hospitals are talking amongst each other and sharing best practices moving toward institutional changes. As a result, APOT numbers for all hospitals continue to decrease even though ED patient numbers remain high. EMDAC and EMSAAC are taking notice. Sacramento Bee attended the meeting and published an article on October 9th. Durable change is the focus moving forward.</p> <p><u>APOT Weekly Numbers:</u> All hospitals' numbers continue to decrease.</p>
Open Discussion <i>Dr. Kann and David Magnino</i>	<p><u>AEMT:</u> EMSA's provisional approval on 9/30/2024. Sierra College has an AEMT training program based on the national scope. SCEMSA continues to look for additional training programs.</p> <p><u>Prehospital Whole Blood:</u> There are programs across the country, just not currently in California. Other California counties are interested and working collaboratively in monthly meetings putting together proposals for the state. Working with Sacramento City Fire to get the program up and running in January 2025.</p> <p><u>TAD Program Update:</u> EMSA approved the program on August 16th. Currently working on training with several stakeholders. SCEMSA is applying for a grant for those who participate in the TAD program as a way to offset the providers training costs. Initial training is November 15th at SCEMSA. This program will start small and scale up. Initially, there will be 100% review of all TAD transports. Sierra Vista is under contract as a TAD receiving facility.</p> <p><u>IV Fluid Shortage:</u> Dr. Kasirye asked how the shortage is impacting the stakeholders. The hospitals have mitigation plans in place to minimize impact. Hospitals report there is no current impact on elective surgeries.</p> <p><u>Prehospital Whole Blood:</u> REACH (Joe Drago) is approved to carry whole blood.</p> <p><u>Revenue/Fee Assessment:</u> Sydney Freer – The contractor has the revenue information from the LEMSAs and the assessment is moving forward. There is a meeting next week.</p> <p><u>Hospital Contracts:</u> All hospital contracts are executed as continuous contracts with a 3-year review.</p> <p><u>Sutter's Helipad:</u> Dr. Yu – The helipad is open.</p>
Public Comment	<p><u>Skilled Nursing Facility Meeting (Tom Arjil):</u> Mercy San Juan, Michael Williams spearheaded a meeting with EMS, acute care and the skilled nursing coalition to establish measures to access low vs high acuity, discharge programs, etc. The EMS system is already seeing improvements from these discussions.</p>
Action Item(s)	REACH asked to be added to the Trauma Improvement Committee.
Closing Remarks and Adjourn <i>Dr. Kasirye</i>	Dr. Kasirye thanked everyone for participating in today's meeting.
Next Meeting	<p>Thursday, December 12, 2024 / 2:30 PM – 4:00 PM</p> <p>Thursday, February 13, 2025 / 2:30 PM – 4:00 PM</p>

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Date Published: 09/30/2024 09:00 PM

Senate Bill No. 1180**CHAPTER 884**

An act to add Section 1371.51 to the Health and Safety Code, to add Section 10126.61 to the Insurance Code, and to add Section 14132.13 to the Welfare and Institutions Code, relating to health care coverage.

[Approved by Governor September 28, 2024. Filed with Secretary of State September 28, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1180, Ashby. Health care coverage: emergency medical services.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users or triage paramedic assessments, respectively.

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined.

The bill would require those contracts and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount that they would pay for the same covered services received from a contracting program. The bill would prohibit reimbursement rates adopted pursuant to this provision from exceeding the health care service plan's or health insurer's usual and customary charges for services rendered.

Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The bill would also make services provided by these programs covered benefits under the Medi-Cal program. The bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.

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 1371.51 is added to the Health and Safety Code, to read:

1371.51. (a) A health care service plan contract issued, amended, or renewed on or after July 1, 2025, shall establish a process to reimburse for services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program.

(b) (1) A health care service plan contract issued, amended, or renewed on or after July 1, 2025, shall require an enrollee who receives covered services from a noncontracting community paramedicine program, triage to alternate destination program, or mobile integrated health program to pay no more than the same cost-sharing amount that the enrollee would pay for the same covered services received from a contracting community paramedicine program, triage to alternate destination program, or mobile integrated health program.

(2) Notwithstanding any other law, reimbursement rates adopted pursuant to this subdivision shall not exceed the health care service plan's usual and customary charges for services rendered.

(c) For purposes of this section, the following definitions apply:

(1) "Community paramedicine program" means a program defined in Section 1815.

(2) "Mobile integrated health program" means a team of licensed health care practitioners, operating within their scope of practice, who provide mobile health services to support the emergency medical services system.

(3) "Triage to alternate destination program" means a program defined in Section 1819.

SEC. 2. Section 10126.61 is added to the Insurance Code, to read:

10126.61. (a) A health insurance policy issued, amended, or renewed on or after July 1, 2025, shall establish a process to reimburse for services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program.

(b) (1) A health insurance policy issued, amended, or renewed on or after July 1, 2025, shall require an insured who receives covered services from a noncontracting community paramedicine program, triage to alternate destination program, or mobile integrated health program to pay no more than the same cost-sharing amount that the insured would pay for the same covered services received from a contracting community paramedicine program, triage to alternate destination program, or mobile integrated health program.

(2) Notwithstanding any other law, reimbursement rates adopted pursuant to this subdivision shall not exceed the health insurer's usual and customary charges for services rendered.

(c) For purposes of this section, the following definitions apply:

(1) "Community paramedicine program" means a program defined in Section 1815 of the Health and Safety Code.

(2) "Mobile integrated health program" means a team of licensed health care practitioners, operating within their scope of practice, who provide mobile health services to support the emergency medical services system.

(3) "Triage to alternate destination program" means a program defined in Section 1819 of the Health and Safety Code.

SEC. 3. Section 14132.13 is added to the Welfare and Institutions Code, to read:

14132.13. (a) Services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program are covered benefits under the Medi-Cal program.

(b) The department shall develop rates of reimbursement for services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program in consultation with community paramedicine programs, triage to alternate destination programs, and mobile integrated health programs.

(c) This section shall be implemented only to the extent that the department obtains any necessary federal waivers or other federal approvals and that federal financial participation is available and not otherwise jeopardized.

(d) Implementation of this section shall be subject to an appropriation made by the Legislature for the purpose of this section.

(e) For purposes of this section, the following definitions apply:

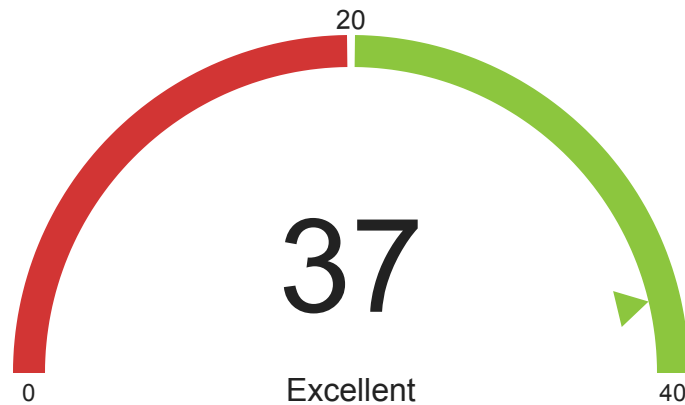
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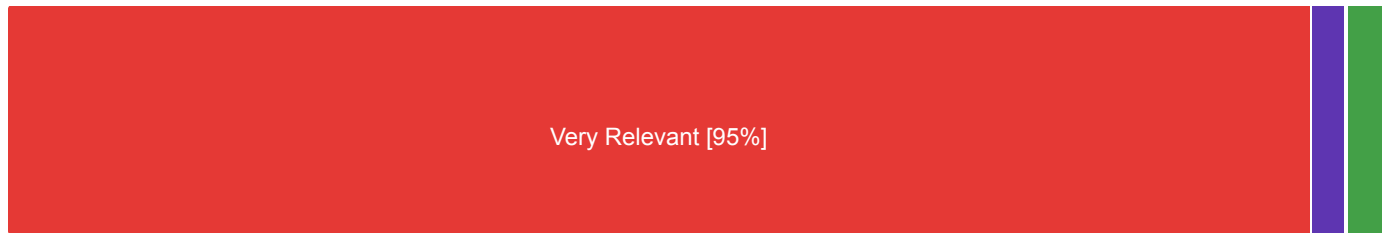
(3) "Triage to alternate destination program" means a program defined in Section 1819 of the Health and Safety Code.

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.

Q5 - Overall Quality of the Summit: How would you rate the overall quality of APOT Summit 2?

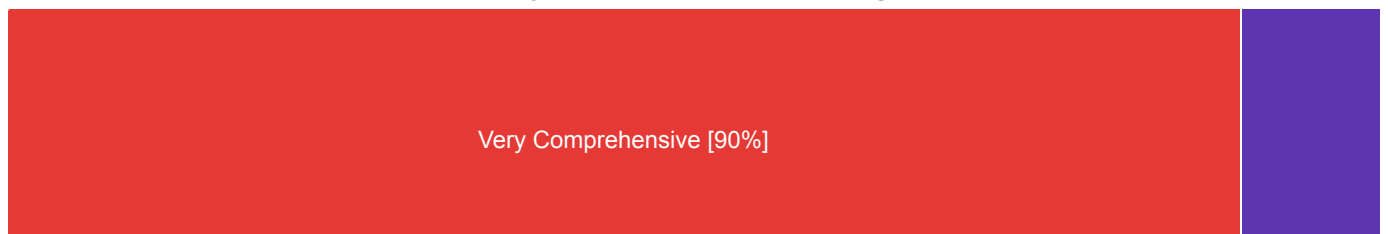


Q6 - Relevance of Topics: How relevant were the topics discussed to your daily work?



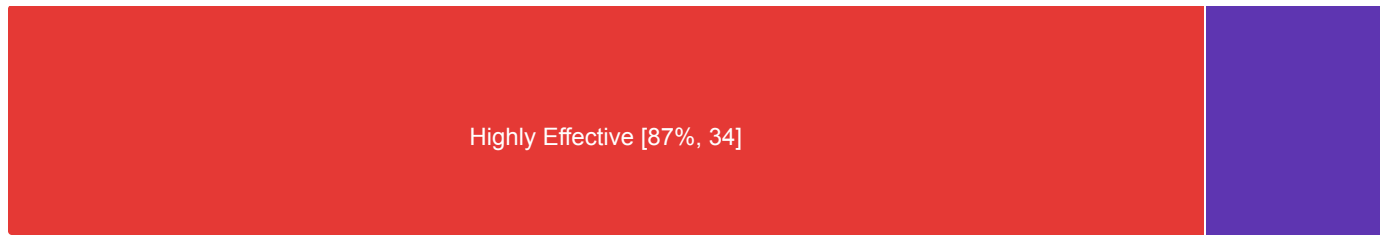
Very Relevant [37] Somewhat Relevant [1] Neutral [0] Not Relevant [1]

Q7 - Depth of Information Provided: Was the information presented in sufficient depth to enhance your understanding of APOT issues?



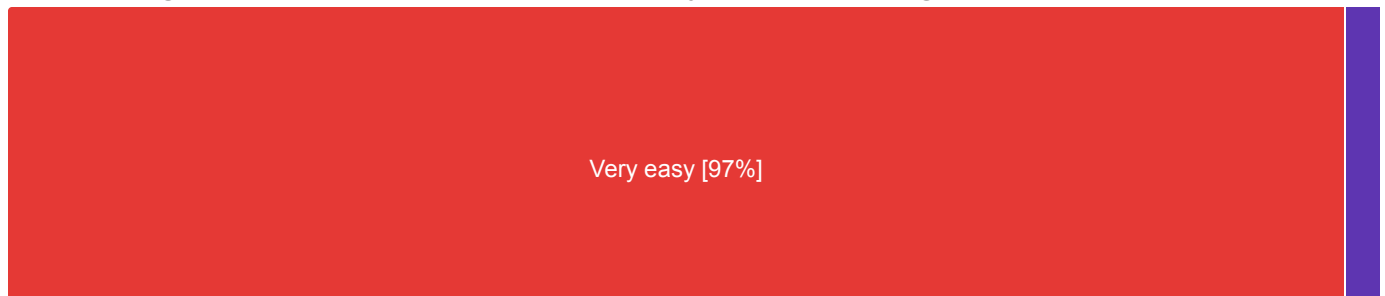
Very Comprehensive [35] Adequate [4] Lacking Depth [0] Insufficient [0]

Q8 - Speaker Effectiveness: Were the speakers effective in delivering their messages?



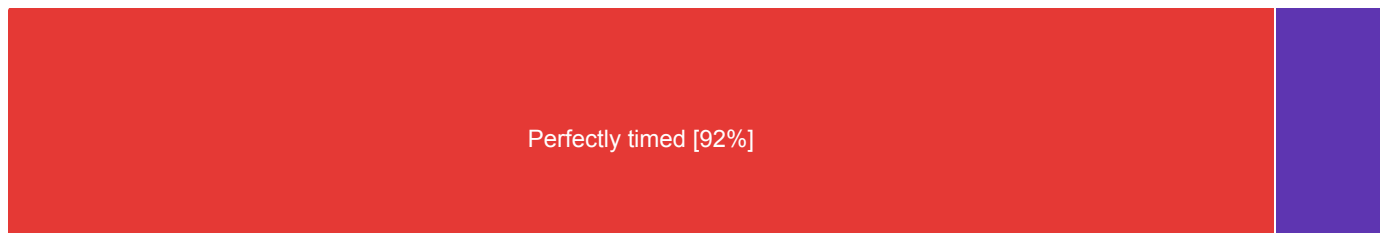
■ Highly Effective [34]
 ■ Effective [5]
 ■ Somewhat Effective [0]
 ■ Ineffective [0]

Q9 - Registration Process: How easy was the registration process?



■ Very easy [38]
 ■ Easy [1]
 ■ Neutral [0]
 ■ Difficult [0]

Q10 - Timing and Schedule: Was the schedule well organized and the timing of session appropriate?



■ Perfectly timed [36]
 ■ Adequate [3]
 ■ Too Long [0]
 ■ Too Short [0]

Q11 - Suggestions for Improvement: What improvements would you suggest for future APOT Summits?

Suggestions for Improvement: What improvements would you suggest for future APOT Summits?

N/a

Adding a round table discussion with issues/topics that need more work.

Na

N/N

How do I get a copy of the presentations

Good job

New presenters since there was some repeat from last year

Great Dialogue and collaboration

Q12 - Topics for Future Summits: What topics would you like to see discussed in future APOT Summits?

Topics for Future Summits: What topics would you like to see discussed in future APOT Summits?

More automated solutions

Identifying and writing down specific outputs with deadlines and groups to work on outstanding issues would be great.

Na

Follow up on how things are going from the facilities that presented today.

SB 43

More focused on results and the adjustments needed along the way