FIRE-BASED EMS

California Fire Chiefs Association

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Past President
Cal Chiefs
First “paramedics” in action, practicing CPR in front of a 1914 White Chemical Early 1930’s Long Beach Fire
At 8:00 AM on May 1, 1951 the Philadelphia Bureau of Fire placed five Auxiliary Rescue units into service. Beginning approximately 1948, the Bureau of Fire began dispatching its rescue companies on “heart cases.”
FIRE DEPARTMENTS WORKING WITH
DOCTORS AND NURSES

Johnny, Roy, Dr. Brackett, Dr. Early, Dixie
OBJECTIVES

- Describe the general design of EMS in California and discuss the “three tiers” and the statutes that enable EMS system governance in California
- Identify EMS stakeholders, their general interests and how they influence EMS system in California
- Briefly discuss legal authority hierarchy (ie: statute, regulation, guideline) and the Administrative Procedures Act (APA)
- Identify contemporary issues and opportunities facing fire-based EMS in California
LEGAL AUTHORITY HIERARCHY

- Law / Statute / Act / Case Law
- Regulations
- Standards / Guidelines
THE EMS ACT OF 1980

Division 2.5 of the CA H&SC

- 12 chapters
  - Chapter 1: General Provisions and Legislative Intent
    - “…to provide the state with a statewide system for emergency medical services...by establishing the Emergency Medical Service Authority...for the coordination and integration of all State activities concerning EMS” (1797.1)
    - “It is the intent...to promote the development of paramedic programs...” (1797.2)
    - “…to ensure the provision of effective and efficient emergency medical care...” (1797.6a)
    - “…provide for state action immunity...for activities undertaken by local government entities in carrying out their prescribed functions under this division.” (1796.6b)
  - Chapter 3: State Administration (EMSA)
  - Chapter 4: Local Administration (LEMSAs and Cities / Fire Districts)
  - Chapter 5: Medical Control
  - Chapter 8: EMS Commission
  - Chapter 12: EMS for Children
"Legislature created a two-tiered (actually three) regulatory system “governing virtually every aspect of prehospital emergency medical services”

3 Tiers:
- State EMS Authority (created by the Act)
  - Title 22, Division 9 California Code of Regulations (CCR)
  - Guidelines
- LEMSA’s (created by the Act)
  - Medical Control (Chapter 5)
  - Scope and Manner (1797.224)
- Fire Departments providing EMS prior to the EMS Act enactment (Recognized by the Act)
  - Type and Level (1797.201)
State EMS Authority

State Administration (Chapter 3)
- Director is a physician/surgeon appointed by the Governor
- Using regional and local information:
  - Assess system service area to determine need for additional services,
  - Coordination of emergency medical services,
  - Determine effectiveness of emergency medical services

System Guidelines
- EMSA shall develop planning and implementation guidelines for EMS systems which include the following:
  - Manpower and training, communications, transportation, assessment of hospitals and critical care centers, system organization and management, data collection and evaluation, public information and education
- Provide technical assistance to existing agencies, counties, and cities
- Local EMS Plan approval and Appeal Process
- Adoption of rules and regulations
- Funding for Regional LEMSAs
- EMS Training Standards (including CE)
- EMS Training Program Approval
- EMS Transport guidelines
- Terrorism Response Training Standards
- Central Registry (EMT I, EMT II, EMT P)
- Medical Disaster response and coordination
Cities and Fire Districts
  ▪ 1797.201: Contracts with Local Government for EMS
    ▪ Obligation to provide services
    ▪ Protection of tax payer investments

Local EMS Agencies, “Regional” Authorities,
  ▪ Designation of Local EMS Agency
  ▪ Medical Director requirement
  ▪ Plan, implement, and evaluate EMS System
  ▪ EMT Training Program Compliance
  ▪ Accreditation
  ▪ Local Medical Control Policies and Procedures (1797.220) (read)
  ▪ Exclusive Operating Areas (optional) “nothing...supersedes .201)
    ▪ Defined in 1797.85
  ▪ EMS Plans (EMSA template)
  ▪ EMT I and EMT II Discipline
  ▪ Data Collection
Rights AND Responsibilities

1797.201

“Upon the request of a city or fire district that contracted for or provided, as of June 1, 1980, prehospital emergency medical services, a county shall enter into a written agreement...” (see CA AG Opinion)

“...until such time that an agreement is reached, prehospital emergency medical services shall be continued at not less than the existing level...” (defined in San Bernardino Case)

Cities

- General Fund

Fire Districts

- Board Governed
- Independent
WHERE DO “COUNTIES” FIT IN?

- County responsibility to provide for medical care and transport of the indigent and working poor
  - Welfare and Institutions Code 17000
  - Lomita 1 and 2 (affirmed)

AND

- LEMSA Oversight

AND

- Fire District Boards of Directors
CONTROVERSIES AND THE COURTS

- Interpret Statute in the absence of regulation. Becomes Law ("Case Law")
- Landmark Cases
  - See EMSA Website
  - Superior Court Case Writ (recent) (APA)
  - Lomita Court Cases (County Responsibilities and Remedies)
  - Americare (Exclusivity)
  - SB438 (Medical Control boundaries)
  - AG Opinion (What constitutes an “agreement” and is it required)
  - 201 workshop (positions are defined...or not)
  - EMSAAC Conference Cole Presentation (another perspective...)
    - 6 clauses of 201
MEDICAL CONTROL

- Chapter 5 of the Act
- San Bernardino Case et al
- SB438
STAKEHOLDER VIEWS ON 1797.201

- .201 Workshop
  - Cal Chiefs
  - EMSAAC
  - EMSA
  - EMDAC
  - CAA/AMR
EMSA will continue to push “Chapter 13” containing provisions untenable to the fire service.

Fire Departments will continue pursuing transport through bid in order to provide better service and generate revenue to offset existing EMS expenses and pay for community paramedic programs.

LEMSA’s will come under more and more scrutiny as they monitor compliance and ensure proper emergency ambulance service countywide.

EMSA will publish regulations for Community Paramedics (SB 1544).