

CALIFORNIA PROFESSIONAL FIREFIGHTERS DANIEL A. TERRY

LEGISLATIVE CONFERENCE



MAY 1-2 2023

Sacramento, California





CALIFORNIA PROFESSIONAL FIREFIGHTERS

WHO WE ARE

With a membership of more than 34,000, California Professional Firefighters (CPF) is the largest statewide organization representing career firefighters. CPF is the California State Council for the International Association of Fire Fighters (IAFF), is affiliated with the California Labor Federation, and represents roughly 180 affiliated IAFF local unions.

CPF members work for city, county, special district, state and federal fire departments. Together, these men and women represent California's first line of defense, answering the call in fire, natural disaster and medical emergencies.

OUR MISSION

Improve the lives and working conditions of firefighters on the front lines who have made protecting the public their sworn life's calling.

AB 40 (FREDDIE RODRIGUEZ, D-POMONA)

AMBULANCE PATIENT OFFLOAD TIME

SPONSOR

SUMMARY

AB 40 would require that every local emergency medical services agency develop a standard for ambulance patient offload time (APOT) not to exceed 30 minutes and require general acute care hospitals with emergency departments to meet the standard 90% of the time.

Additionally, this bill would require a general acute care hospital with an emergency department to develop an APOT reduction protocol no later than June 1, 2024, to file that protocol with the Emergency Medical Services Authority (EMSA) and require EMSA to monitor monthly APOT data to ensure the standard time is being met.

BACKGROUND

Ambulance patient offload time, often colloquially known as “wall time,” represents the amount of time spent by an emergency transport vehicle and its staff at a hospital while transferring care of their patient.

Excessive ambulance patient offload time has persisted for more than a decade and it is clear that concrete policies must be adopted to address these issues. According to a 2020 Emergency Medical Services Authority report, “Each year, roughly 70,000 Californians wait over an hour on an ambulance gurney once they arrive at the hospital before their care is assumed by the emergency department staff and they are moved to an emergency bed.” In 2015 and 2018, the Legislature adopted policies to enhance data collection to better inform the APOT policy discussion at EMSA. This led to the standardization of APOT data collection, reports showing APOT times statewide, and has been the basis of ongoing discussions, but has yet yielded little in terms of systemic reductions in ambulance patient offload times.

WHY AB 40 IS NEEDED

One may expect that when they or a loved one is transported to the hospital in an ambulance they will be seen expediently. Unfortunately, this is not the case in many hospitals across the state where a patient could have to wait hours before being seen by medical staff. While the patient is waiting for the hospital to assume care, the emergency medical services unit retain care and must wait with the patient in the hallway. This is not only delaying care for the patient, but it is also preventing the ambulance from going back into service to respond to the next call.

At its core, this measure is about enhancing care for patients and citizens who need to use the EMS system. The importance and impact of this is two fold; first, reducing ambulance patient offload time will ensure that the patient is more quickly triaged, care is transferred, and the patient is seen by a doctor or other hospital staff. Second, getting the ambulance back into the field will help ensure that it and the emergency response personnel are available for the next call. This has real world consequences.

In a recent legislative committee hearing, a representative from the Sacramento Fire Department testified about an incident where a fire department paramedic was performing CPR on a patient with two ambulances at a hospital around the corner waiting to transfer patient care for more than an hour. The Fire Department ultimately needed an ambulance from a neighboring jurisdiction to respond from eight miles away and three cities over because other resources weren't available. The ambulance sent to the scene was the 20th pick in terms of distance but was the closest available resource. This outcome is unacceptable.



SOLUTION

With these examples in mind, this measure will help drive reductions in ambulance patient offload times in four key areas:

- First, AB 40 will require that every local emergency medical services agency (LEMSA) establish a standard for APOT that is not to exceed 30 minutes, 90% of the time. LEMSAs may choose to adopt a standard that is less than 30 minutes, or retain an existing standard that does not exceed the maximum time. This will ensure that every patient across the state will have expedient access to care and ambulance crews can get back into the field.
- Second, AB 40 will direct EMSA to further enhance data reporting to strengthen accuracy and consistency in data collection. This will strengthen already robust direction provided by the EMSA via the existing reporting methodology.
- Third, this measure will provide a pathway for emergency departments to reduce their ambulance patient offload time through an ambulance patient offload time exceedance protocol. Recognizing

that no two hospitals are the same, this measure will require each acute care hospital with an emergency department to develop a protocol to reduce ambulance patient offload time, file that protocol with EMSA, and activate that protocol should their ambulance patient offload time exceed the LEMSAs' established standard for a month. It is imperative that hospitals work with their staff to adjust operations to reduce APOT in a manner that doesn't undermine triage protocols, patient care standards, or standards for employees working at hospitals.

- Fourth, this measure will direct the Emergency Medical Services Authority to develop a public education campaign on the use of the 911 system. This important campaign will enhance citizen understanding of the 911 system and must ensure that all citizens are comfortable calling for care when it is needed.

In sum, AB 40 is a critically important measure that will finally move the discussion surrounding ambulance patient offload time from data to action. Reducing APOT is a top priority for firefighters across the State because they see the impact on the patient and the emergency system firsthand.

AB 621 (JACQUI IRWIN, D-THOUSAND OAKS)

PUBLIC SAFETY: LINE OF DUTY DEATH, DEATH BENEFITS

CO-SPONSOR WITH CAL FIRE LOCAL 2881

SUMMARY

This bill ensures state safety officers, including state firefighters and peace officers, are extended the exemption on death benefits from the workers' compensation system that local public safety officers and California Highway Patrol officers currently receive, entitling the family of an officer to both workers' compensation death benefit and the CalPERS special death benefit in the event of the officer's death.

BACKGROUND

Under existing law, the Labor Code and the Public Employees Retirement Law (PERL) allow for the payment of death benefits to the survivors of employees who have died of a job-related illness or injury.

Labor Code 4707 places a prohibition on the payment of any workers' compensation death benefit, beyond expenses for a funeral not exceeding \$1,000, for any member of CalPERS if a payment has already been made to the survivors through the CalPERS special death benefit. However, subdivision (b) of that section creates an exemption for firefighters and law enforcement officers employed by local agencies and patrol members as defined in Government Code Section 20390, allowing the survivors of those members to be awarded both a payment from the workers' compensation system as well as the special death benefit.

State public safety employees, including firefighters employed by the California Department of Forestry and Fire Protection and public safety employees of the California Department of Corrections, are excluded from this exemption.



WHY AB 621 IS NEEDED

When a firefighter falls in the line of duty, it leaves a hole in their communities that cannot be repaired but the greatest loss is to their families, many of whom relied upon the fallen officer to be the sole or majority wage earner. Those families must not only face the sudden loss of their loved one and the myriad of challenges that accompany their bereavement, but they must also navigate the sudden and often devastating impacts to their finances.

California's workers' compensation system and the Public Employee Retirement System both provide benefits for the survivors of these tragic instances, but an existing provision of the Labor Code means that certain classes of public safety officers are ex-

cluded from benefits that are provided to local public safety officers for the same circumstances. While local public safety officers may be awarded both the death benefit that is provided by the workers' compensation system as well as the special death benefit provided by CalPERS, public safety employees who are employed by the state cannot.

Following a line of duty death, the survivors of a public safety officer employed by the state must choose between the workers' compensation benefit and the special death benefit, and in most cases even the higher of these two amounts still results in a drastic reduction in income for families experiencing the ultimate tragedy. In some cases, families have seen their income reduced by two thirds, making it difficult if not impossible to provide little beyond necessities.

The surviving family members of California's public safety officers who have made the ultimate sacrifice for our state should not be denied access to critically important benefits simply because their loved one worked as a state employee instead of for a local government. This bill will ensure that all families are protected in the wake of their spouse's death in the line of duty and provide equity for those employed in these dangerous lines of work.



AB 700 (TIM GRAYSON, D-CONCORD)

CALIFORNIA FIREFIGHTER CANCER PREVENTION AND RESEARCH PROGRAM

SPONSOR

SUMMARY

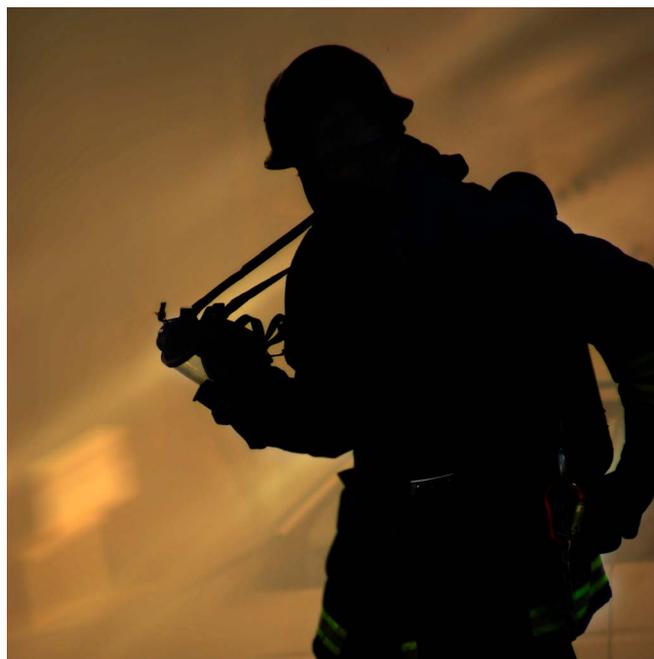
AB 700 would establish a fire service community based participatory research program examining bio-markers of carcinogenic exposure and effect in order to identify the biological mechanisms that cause cancer in firefighters and to reduce the incidence of cancer among California firefighters. **In coordination with an accompanying budget request of \$20 million**, this legislation will specify that California Department of Public Health will collaborate with the FIRESCOPE Cancer Prevention Subcommittee and the University of California system to award grants to eligible UC campuses to implement this program.

BACKGROUND

In June of 2022, the International Agency for Research on Cancer (IARC) classified occupational exposure as a firefighter as a Group 1 known human carcinogen (Demers et al. *The Lancet Oncology* 2022; 23(8):985-986). This indicates that a large body of scientific evidence has demonstrated a causal association between working as a firefighter and the development of cancer.

Cancer is the leading cause of death among firefighters in the United States. California's firefighters are exposed to many known and suspected human carcinogens in the line of duty. In clear recognition of the elevated risk of cancer faced by firefighters, California enacted a presumption for firefighters 40 years ago, that cancer developing or manifesting itself is presumed to be caused by the job.

Recent studies from the National Institute for Occupational Safety and Health (NIOSH) confirm an increased risk of cancer in firefighters including a



14 percent higher risk of dying from cancer than the general U.S. population, including a two-fold increase in both the incidence and mortality of firefighters diagnosed with mesothelioma and a ten-fold increase in the incidence of bladder cancer among women in the fire service (Daniels et al. *Occup Environ Med* 2014; 71:388-397).

In California, firefighters have diligently worked to reduce their exposures to toxic carcinogens by advocating for numerous protections including stronger personal protective equipment (PPE) requirements (AB 2146 (Skinner)/2014), eliminating the use of toxic flame retardants in furniture products (AB 2998 (Bloom), 2018) and phasing out the use of Class B firefighting foams that contain PFAS (SB 1044 (Allen)/2020). However, firefighting will always result in firefighters being exposed to carcinogenic agents in the line of duty despite best practices. As a result, the fire service will continue to face an elevated incidence of cancer.



WHY AB 700 IS NEEDED

Firefighters in California are well aware of the risks associated with their job. Despite this, they perform their duty without a moment of hesitation knowing that in many cases it is not a matter of “if” they will get a cancer diagnosis, but “when” and “what kind.”

Products of combustion, diesel exhaust, and shift work with circadian sleep disruption are known probable carcinogenic agents faced by fire fighters on a daily basis. The nature of the fire service is such that these carcinogenic agents cannot be avoided by firefighters in the performance of their duty. Furthermore, the carcinogenic exposures faced by firefighters in California are unique compared to the rest of the United States owing to the combination of “standard” municipal firefighting exposures coupled with the extended exposures that occur during large wildfires.

The bio-medical research community does not have a thorough understanding of the exposures and biological mechanisms that cause the elevated incidence of cancer among firefighters. As a result, effective approaches to mitigate exposures and interventions meant to prevent cancer in firefighters remain elusive.

In order to reduce the incidence of cancer in the fire service, research is needed to elucidate the biological mechanisms associated with exposure to carcinogenic agents in the fire service. This includes studying bio-markers of exposure which quantify chemical carcinogens absorbed and metabolized by firefighters, and studying bio-markers of effect which quantify cancer promoting cellular changes that ultimately lead to a cancer diagnosis. Quantifying bio-markers of exposure is key to developing data driven interventions designed to reduce toxic exposures and examining the associated bio-markers of effect is essential to developing cancer risk factor assessments designed to reduce the incidence of cancer and improve treatment outcomes. Without such research, California’s firefighters will continue to face an elevated incidence of cancer associated with the performance of their duties.

Additionally, it is important that any research specifically focused on the men and women of the fire service be conducted using a fire service community based participatory research (CBPR) model with oversight by appropriate representatives from the California fire service. This approach involves firefighters and researchers collaboratively developing research aims, study design, and timelines so that research re-

sults will have a positive, direct, and timely impact on the California fire service. Conducting CBPR projects is an integral part of California's 2021-2025 Comprehensive Cancer Control Plan, which seeks to prevent cancer and save lives through collaboration. To this end, the California Governor's Office of Emergency Services (Cal OES), California Department of Forestry and Fire Protection (Cal Fire) and State Fire Marshall (SFM) jointly administer FIREScope which represents the unified voice of the fire service in California. In August of 2022, FIREScope stood up a Cancer Prevention Subcommittee which is well suited to fill this role.

SOLUTION

Given the unique risks associated with being a firefighter in this state, California must prioritize funding for the research needed to address the health and safety of those on the front lines.

Recent research conducted at the University of Arizona by Jeff Burgess, MD, MPH examining bio-markers of exposure and bio-markers of effect in firefighters has

identified cancer promoting epigenetic changes in veteran fire fighters (Jeong et al. JOEM 2018; 60:469-474) as well as new recruit fire fighters studied over their first two years on the job (Jung et al. J Exp Sci & Environ Epi 2021; 31:900-912). Several California fire departments have partnered with Dr. Burgess and his research partners to work on the Fire Fighter Cancer Cohort Study (www.ffccs.org), which seeks to conduct trans-disciplinary research through a fire service community based participatory research approach. However, the scope of this research is limited to a small number of California firefighters.

California is uniquely positioned to expand this important area of research by leveraging and funding the world class scientific research expertise available at the California Department of Public Health and the University of California system. This legislation paired with a requested budget appropriation will ensure CDPH, the fire service represented within FIREScope and the UC work in coordination with researchers who have started this important work and expand upon it here in California with the ultimate goal of preventing cancer among California's firefighters.



AB 767 (MIKE GIPSON, D-CARSON)

COMMUNITY PARAMEDICINE OR TRIAGE TO ALTERNATE DESTINATION SUNSET EXTENSION

CO-SPONSOR WITH CALIFORNIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

SUMMARY

AB 767 extends the sunset date for AB 1544 (Gipson, 2019), which authorized a local emergency medical services agency (LEMSA) to develop and seek approval for a program that provides any of the following community paramedic or triage paramedic services:

- Directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to assure effective treatment of tuberculosis and prevent its spread;
- Case management services for frequent emergency medical services users in collaboration with and by providing referral to existing appropriate community resources;
- Care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient;
- Transportation to an authorized alternate destination facility including an authorized sobering center or authorized mental health facility.

The provisions of AB 1544 are scheduled to sunset on January 1, 2024, thereby removing the authorization for programs that have already been establishing and preventing any further programs from being developed. AB 767 will extend the sunset date of AB 1544 by seven years to January 1, 2031.

Additionally, AB 767 will fully authorize short-term post-discharge follow-up for patients who have been recently discharged from the hospital as a community

paramedicine specialty. AB 1544 only authorized this specialty to continue where existing pilot programs were operating.

BACKGROUND

In November of 2014, the Office of Statewide Health Planning and Development approved an application by California's Emergency Medical Services Authority for Health Workforce Pilot Project (HWPP) #173. HWPP #173 authorized the operation of specific community paramedicine programs in various local EMS agencies in California. HWPP #173 was designed to test and study community paramedicine in the field. Community Paramedicine (CP) was defined in the OSHPD application as follows:

CP is a new and evolving model of community-based health care in which paramedics function outside of their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. CP programs typically are designed to address specific local problems and to take advantage of locally developed linkages and collaborations between and among emergency medical services and other health care and social service providers and, thus, are varied in nature.

As part of the approval of HWPP #173, the University of California San Francisco (UCSF) was contracted to study and analyze data derived from the implementation of community paramedicine pilot programs. The Evaluation of California's Community Paramedicine Pilot Program 2021 update reviewed the data spanning the entirety of the pilot programs from their implementation to the signing of AB 1544 in 2020 and found numerous positive outcomes for both patients and systems. An assessment of the 9,482 patients

enrolled in the various treatment types across programs found overall improvements in patients' well-being, no adverse health outcomes, no displacement of other health professionals, and in most cases savings for both hospitals and health plans.

The report also documented the outcomes of the individual specialties comprising community paramedicine programs, and found positive outcomes for each one. Among the programs for frequent EMS users, case management and intervention resulted in reduced 911 call loads and transports, and patients received assistance with necessary services such as housing as well as social and psychological services. Patients receiving directly observed therapy for tuberculosis achieved better compliance in treatment and management with community paramedics than with community health workers. Hospice support programs reduced the overall 911 call volume for transport to the emergency department for patients from 80% to 28% and provided comfort and care to families in coordination with dedicated hospice nurses. Alternate destination programs also proved successful in diverting non-emergent patients from the emergency room, with only 2% of patients transported to either a mental health crisis center or a sobering center requiring subsequent transport to the emergency department. Among post-discharge follow-up programs, which were not fully authorized under AB 1544, hospital readmissions within 30 days of discharge decreased in 8 of the 10 participating areas, with one participant seeing the rate drop from 16.8% to 0.

Following the passage of AB 1544 in 2020, the California Emergency Medical Services Authority (EMSA) was tasked with developing regulations to authorize and govern the implementation of new programs while the pilots continued to operate. Following a lengthy stakeholder, development, and public comment process, the Chapter 5 Community Paramedicine and Triage to Alternate Destination regulations were published and became effective on November 1, 2022. EMSA has since published toolkits for both community paramedicine and triage to alternate destination, and held workshops to assist local agencies with the implementation of programs, but given the short period of time between the implementation of regulations and the sunset of the legislation, an extension of that sunset is necessary in order for programs to be fully established.

WHY AB 767 IS NEEDED

The data analyzed from the existing pilot programs and feedback in the field highlight that community paramedicine programs can play an important role in improving patient care and efficiency in our state's EMS system. Moreover, community paramedicine can and does leverage a trusted community resource -- firefighter paramedics -- to deliver this important community service.

When communities are asked who they trust, firefighters are always ranked among the most trustworthy leaders, making them well-positioned to utilize existing resources and apply expanded protocols developed by medical and behavioral health experts to improve patient care throughout the jurisdictions they serve. Further, firefighters are positioned throughout the community 24/7 at strategically placed firehouses. As such, community paramedicine programs will allow timely, improved access to essential services.

The pilot programs established throughout California have demonstrated the ongoing effectiveness and community benefits of both community paramedicine programs and triage to alternate destination. At a time when the healthcare system is struggling with overcrowded emergency departments and overloaded EMS systems, it is critical to use all tools necessary to ease the burden and provide patients with the best possible care. Many patients who call 911 for help may not need the specialized assistance of the emergency department but have no other place to turn, and the rapid assistance of paramedics coupled with their expertise make them the ideal providers to assist those patients access the care they truly need.

Extending the sunset of AB 1544 by seven years will give local agencies the assurance they need to move forward with establishing these programs and provide access to these proven models to more communities throughout the state. Additionally, fully authorizing all specialties of the community paramedicine model, including post-discharge followup, will grant a critical tool to address the long wait times at emergency departments by preventing transport in the first place, improving patient care and outcomes across the spectrum.

AB 1020 (TIM GRAYSON, D-CONCORD)

COUNTY EMPLOYEE RETIREMENT LAW: DISABILITY RETIREMENT

SPONSOR



SUMMARY

AB 1020 would amend the County Employees Retirement Law of 1937 (CERL) to establish presumptive industrial disability retirements for certain injuries that have been found by the workers' compensation system to arise out of the course of employment.

Additionally, this bill would amend existing industrial disability retirement presumptions within CERL to align them with the workers' compensation presumptions in the Labor Code.

BACKGROUND

The County Employees Retirement Law of 1937 (CERL), also referred to as '37 Act, governs retirement systems for county and district employees in those counties adopting its provisions pursuant to Government Code Section 31500. Currently, twenty California counties operate retirement systems under the provisions of the 1937 Act, which sets forth the policies and regulations governing the actions of these county retirement systems.

Industrial disability retirement (IDR) is a type of retirement benefit available to employees who are unable to perform their usual job duties as a result of work-related injury or illness. As a basis for retirement, "unable

to perform usual job duties" refers to either permanent disability or disability that will be expected to last in at least 12 consecutive months.

Within the Labor Code, workers' compensation presumptions have been established for injuries and illnesses that have been shown to have direct correlation to employment. These presumptions shift the burden of proof for the injury from the worker to the employer, stating that the injury must be proven to have not been caused by the employee's work. For public safety workers who face high exposure to these industrial injuries on the job, presumptions are a key factor in being able to receive treatment quickly and return to work.

The workers' compensation presumptions that are currently contained within the Labor Code are:

- **Labor Code §3212: Heart, Hernia and, Pneumonia**
- **Labor Code §3212.1: Cancer**
- **Labor Code §3212.6: Tuberculosis**
- **Labor Code §3212.8: Blood-Borne Infectious Diseases and Methicillin-Resistant Staphylococcus Aureus (MRSA)**
- **Labor Code §3212.85: Bio-Chemical Exposures**
- **Labor Code §3212.9: Meningitis**
- **Labor Code § 3212.15: Post-Traumatic Stress**
- **Labor Code § 3212.86, 3212.87 and 3212.88: COVID-19**

These presumptions extend beyond the workers' compensation system as well. Government Code Section 21151 in the Public Employee Retirement

Law (PERL) that governs CalPERS states that any safety member that has been incapacitated from the performance of their duty as the result of an industrial disability shall be awarded an industrial disability retirement. As CalPERS does not make the decision whether or not an injury has occurred in the line of duty, the system is bound to follow the determination of the workers' compensation system.

Under the County Employee Retirement Law, the Retirement Board makes the determination of whether an industrial disability retirement will be granted. Under current law, the Government Code has specified the following presumptions which guide a determination for certain injuries:

- **Government Code 31720.5: Heart**
- **Government Code 31720.6: Cancer**
- **Government Code 31720.7: Blood-Borne Infectious Diseases and Methicillin-Resistant Staphylococcus Aureus (MRSA)**
- **Government Code 31720.9: Bio-Chemical Exposures**
- **Government Code 7523: COVID-19**

The injuries listed in the Government code do not align and fall short of including with the presumptive injuries listed in the Labor Code. This proposal will bring that alignment to the decision making around these injuries.

WHY AB 1020 IS NEEDED

Despite the existence and intent of workers' compensation presumptions to smooth access to treatment for firefighters who have been injured on the job, in many cases those who have sustained work-related injuries or illnesses must go through lengthy legal battles in for their cases to be decided. These cases are emotionally and financially exhausting, forcing firefighters who are already battling a deadly or debilitating injury to prove the legitimacy of that injury.

For those who have already gone through this process and have been diagnosed with an injury or illness that

ends their career, the last thing that they need is to be forced to once again relitigate their injury in order to retire.

No firefighter wants to end their career early because they have been injured. The desired outcome for a workers' compensation claim is to quickly pursue treatment so that they can return to the job that they love as soon as possible – to receive a diagnosis that instead requires them to permanently retire is devastating.

The injuries and illnesses covered by presumptions in the workers' compensation system are debilitating and, in most cases, life-threatening. In recognition of the severity of these injuries as well as the lengthy and thorough nature of the workers' compensation approval process, the CalPERS system has mirrored the presumptions for the approval process for an industrial disability retirement. Given that CalPERS is a retirement agency and not the body responsible for determination of whether or not an injury was sustained in the course of duty, the system is bound to accept the determination of the employer and award an industrial disability retirement upon the acceptance of an applicable workers' compensation claim.

However, these same provisions are not uniform within CERL, leaving injured members to prove once again that their injuries were caused through the course of their employment. Several critical presumptions, including hernia, pneumonia, PTSI, meningitis, and others, are not included in the corresponding sections of the Government Code, leaving members without recourse if their accepted workers' compensation claim is not accepted as a valid injury for an industrial disability retirement.

By establishing parity across retirement systems, AB 1020 will ensure that all public safety employees who have sustained career-ending injuries in the course of their work are able to retire with care and dignity. No public servant who has dedicated their livelihood to the protection of our state should be forced to repeatedly fight for the retirement that they have earned, and this bill will create a streamlined process and grant equal protection to all retirees.

AB 1168 (STEVE BENNETT, D-VENTURA)

EMERGENCY MEDICAL SERVICES: PREHOSPITAL EMS

PRIORITY SUPPORT



SUMMARY

This bill affirms that a city or fire district retains its authority over emergency ambulance services if a city or fire district enters or entered into an agreement with a county for the joint exercise of powers for ambulance services consistent with Health and Safety Code 1797.201.

Additionally, this measure ensures that an entity that ceased to contract for, provide, or administer ambulance services as a result of *City of Oxnard v. County of Ventura* retains its authorities.

BACKGROUND

In 1980, California enacted the Emergency Medical Services (EMS) System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) which regulates emergency medical care and created the Emergency Medical Services Authority (EMSA) as the lead agency for emergency services, including ambulance services. The goal of the EMS Act was to create an integrated and effective emergency medical services system.

The EMS Act also created the Local Emergency Medical Services Agencies (LEMSA) to be operated by a county, or a group of counties, in order to manage day-to-day EMS system management. There are currently 34 LEMSAs, with 31 counties overseen by one of seven regional EMS agencies, and 27 single-county LEMSAs.

This system ensures that there is consistent coordination at a state-wide level, while balancing the need to have that coordination occur at a more granular, and local level. That need for local control was also more explicitly recognized in the act with inclusion of section 1797.201 (Section 201), which explicitly allowing cities and fire districts to administer emergency ambulance services within the city or fire district unless they consent to giving up their authority over emergency ambulance services (known as 201 rights).

Unfortunately, 201 rights have not been interpreted as applying to cities or fire districts that were part of a Joint Powers Authority (JPA), an entity composed of multiple public agencies, when the EMS Act was enacted. Specifically, in *City of Oxnard v County of Ventura* (Oxnard) the court found that the city did not have 201 rights because when the EMS Act was established, it had already given up its right to a JPA that administers emergency ambulance services in the area.

This has left Oxnard, unable to address the systemic inequities of the local emergency ambulance services. A study by the Oxnard Fire Department found that low-income areas, consistently, had nearly twice as many underperforming ambulance response times. However, due to existing interpretation of the EMS Act, Oxnard, and cities in a similar situation, are not empowered to serve their residents and address inequities in ambulance services.

The findings in Oxnard also called into question any future efforts to enter into a JPA to provide ambulance services for fire agencies that currently have .201 rights, for fear that those rights will be lost, even though an agency is working to provide the best service to the residents in the immediate and surrounding area.

WHY AB 1168 IS NEEDED

AB 1168 would allow a city or fire district to maintain authority over emergency ambulance services:

- When they leave a JPA formed on or before December 31, 2022 if they otherwise would have had 1797.201 rights and provided those prehospital EMS services
- If they ceased to contract for, provide, or administer emergency ambulance services as a result of Oxnard
- Protect 1797.201 rights if a jurisdiction that has those rights enters into a JPA to provide prehospital EMS services

If a city or fire district assert their 201 rights by leaving a JPA, there have been concerns that it may result in a gap of service for the previously designated service area. For example, in the case of Oxnard, the city is only one portion of ambulance service area 6 of the LEMSA. This means that if Oxnard asserts 201 rights there are a portion of individuals that will still need to be served. To minimize disruption to residents and the local service area this bill:

- Allows an EMS agency to first offer a contract to the existing area provider to continue serving the remaining area.
- If the existing area provider refuses the contract, then the county may create a separate county department, use its fire department to provide service, contract with other public entities, or contract with a private ambulance service.
- If the county determines that it is not economically feasible to provide service to the remaining service area, then the city or fire district asserting its 201 rights must provide emergency ambulance services to the remaining area.

Signatories to JPA agreements should not lose their 201 rights because they cooperated with other public agencies to provide better service to residents. AB 1168 provides parity by allowing cities and fire districts that are part of, or become part of, a JPA to retain and assert their 201 rights. This bill will afford jurisdictions greater flexibility in how they serve their communities during emergency situations.

SUPPORT

- ✓ **League of California Cities (SPONSOR)**
- ✓ **City of Oxnard**
- ✓ **Oxnard Firefighters, Local 1684**
- ✓ **Ventura City Firefighters, Local 3431**
- ✓ **Ventura County Professional Firefighters Association Local 1364**

ACA 1 (CECILIA AGUIAR-CURRY, D-WINTERS)

LOCAL GOVERNMENT FINANCING: VOTER APPROVAL

CO-SPONSOR

SUMMARY

ACA 1 will lower the necessary voter threshold from a two-thirds supermajority to 55 percent to approve local general obligation (GO) bonds and special taxes for affordable housing and public infrastructure projects.

ACA 1 is targeted to the urgent needs of local communities. This measure gives local governments a more realistic financing option to fund an increase in the supply of affordable housing, and to address the numerous local public infrastructure challenges cities, counties, and special districts are facing.

BACKGROUND

The California Constitution requires a two-thirds vote at the local level for both GO bonds and special taxes, regardless of what the city, county, or special district proposes to use the funds for.

However, local school districts must only achieve 55 percent voter approval for school bonds to fund construction, reconstruction, rehabilitation, replacement of school facilities, furnishing of schools, or the acquisition or lease of real property.

From 2001 to 2013, over 2,200 local revenue measures have been placed before voters concerning school, city, county, or special district taxes or bonds. Majority vote tax measures have proven to be much more likely to pass, while just half of two-thirds vote measures succeeded. School bonds with a 55 percent have been the most successful, with four out of every five passing. In contrast, just half of two-thirds vote measures succeeded. A 55 percent voter threshold for special taxes would have made a dramatic

difference. Nearly 80 percent of all two-thirds supermajority measures garnered more than 55 percent of “yes” votes.

The California Constitution limits the opportunity for communities to decide to tax themselves to provide funding for local projects that meet goals and laws approved by the majority. One-third of local voters have the power to overrule fiscal decisions.

WHY ACA 1 IS NEEDED

ACA 1 gives voters the opportunity to decide whether a 55% threshold for approving local public safety expenditures is an appropriate standard. This measure does not raise or approve a single tax; rather it puts to the voters the question as to whether a 55% majority is suitable threshold for approving special taxes or incurring bonded indebtedness to fund the construction, reconstruction, rehabilitation, or replacement of public infrastructure or affordable housing projects.

Over the last several years, various public safety-specific tax and bond measures have appeared on local ballots up and down our state and received more than 55% majority vote in support but failed to attain the existing two-thirds voter approval. For example, a parcel tax to fund fire and EMS services for Higgins Fire District in Nevada County a few years ago received 61.2% of the vote and failed. The failure of this measure forced the district to lay off six full-time positions, keep only two of the three fire stations open at a time and, as a result, response times doubled to over 12 minutes.

ACA 1 will lower the constitutional vote threshold to 55 percent for both GO bonds and special taxes, when



proposed specifically for the construction, reconstruction, rehabilitation, or replacement of public infrastructure, affordable housing, or supportive housing. The bill will also specify requirements for voter protection, public notice, and financial accountability.

In practice, local officials propose a local bond or special tax, and then the voters in that community decide whether they support the idea or not. The voters would still need to overwhelmingly (with 55 percent of the vote) support a bond or special tax in order for it to be approved. ACA 1 will level the playing field and create parity between school districts and cities, counties, and special districts, so that all local governments have a viable financing tool to address community needs.

SB 374 (ANGELIQUE ASHBY, D-SACRAMENTO)

CALIFORNIA FIREFIGHTER LICENSE PLATE PROGRAM

SPONSOR



SUMMARY

SB 374 increases the fees paid by firefighters when renewing a firefighter license plate by \$5, bringing the cost for renewal to \$40. The additional revenue generated by this increase will be utilized by the California Fire Foundation to renovate the California Firefighters' Memorial in Capitol Park.

BACKGROUND

Current law establishes the California firefighter license plate program, which was designed and created by the California Professional Firefighters. Using an image from the 1991 box office hit *Backdraft*, the California firefighter license plate has become a key trademark within the fire service; enabling only active and retired firefighters to purchase these plates for display on their automobiles, trucks, trailers and motorcycles.

For over two decades, the firefighter license plate program has provided dedicated funding to the California Fire Foundation, a non-profit organization charged with providing assistance to firefighters, their families, and the communities that they serve. Among these duties, the most important is the ongoing maintenance of the California Firefighters Memorial, and annual Memorial ceremonies honoring those who have given the ultimate sacrifice in service to their state.

The money collected through the license plate program goes to the California Firefighters' Memorial Fund, which provides critically needed assistance to the Foundation. By statute, the funding is restricted to three purposes: the maintenance and repair of the California Firefighters' Memorial; ceremonies to honor the memories of fallen firefighters; and an informational guide detailing survivor benefit to support the spouses and families of fallen firefighters.

WHY SB 374 IS NEEDED

Etched in the Memorial's limestone walls are the names of almost 1,400 men and women who relentlessly put themselves in the face of danger every day, protecting the people and property of the great state of California.

Each year since 2002, the California Firefighters Memorial Ceremony has honored those firefighters who have lost their lives in the line of duty or from a job-related illness. The solemn remembrance is steeped in the traditions of the firehouse and hundreds of firefighters, family members and grateful citizens gather in the heart of California's capital, to pay tribute to those who paid the ultimate price to keep us safe.

The ceremony features a moving uniformed firefighter procession, personal tributes, and the presentation of



a flag to the families of those whose names are newly added to the Memorial Wall. The ceremony has become a touchstone for the profession, and a chance for firefighters, families and ordinary citizens to grieve and remember together.

Tragically, the original Memorial wall surface has been filled with the names of the fallen in the two decades since its dedication, and renovations must be made to ensure that generations of fire service families will be able to properly honor and mourn their loved ones. Increasing the fees for the firefighter license plate programs will ensure that the Foundation has sufficient financial support to complete the renovation process.

The California Firefighters' Memorial stands as hallowed ground for every member of the fire service who has dedicated their lives to their communities, and this measure will ensure that it continues to stand as a touchstone for all those who have yet to serve.

SB 623 (JOHN LAIRD, D-SANTA CRUZ)

WORKERS' COMPENSATION: POST-TRAUMATIC STRESS DISORDER

CO-SPONSOR

SUMMARY

SB 623 would extend the existing post-traumatic stress workers' compensation presumption to include sworn public safety dispatchers, as well as firefighters and law enforcement personnel employed by other state agencies.

Additionally, this bill would extend the sunset on the PTSI presumption established by SB 542 (Stern, 2019) by 7 years to January 1, 2032.

BACKGROUND

Existing law, established through SB 542, provides a rebuttable presumption for post-traumatic stress within the workers' compensation system for certain classes of public safety workers including firefighters and law enforcement officers. This presumption finds that without contradictory evidence, injuries caused by and related to post-traumatic stress are to be deemed to have occurred in the course of employment.

Firefighting and law enforcement have been determined to be two of the most stressful occupations, with post-traumatic stress impacting a disproportionately high number of public safety officers due to the nature of their work. Repeated and chronic exposure to traumatic events and critical incidents increases the risk for post-traumatic stress and other stress-induced symptoms.

Firefighters and law enforcement officers regularly respond to structure fires, massive wildfires, stabbings, gun battles and shootings, domestic violence incidents, terrorist acts, automobile accidents, airplane crashes and earthquakes, just to name a few. Today, a firefighter's or law enforcement officer's occupational

stress is heightened in the face of California's "new normal" – an increase in active shooter events, as well as wildland and wildland-urban interface fires, which continue to annually increase as hot, dry and wind-whipped conditions persist.

However, while it is well documented that firefighters and law enforcement personnel work in jobs with severely heightened levels of stress and are regularly exposed to traumatic experiences, they are not the only members of the public safety workforce to do so. Public safety dispatchers are on the receiving end of a call for help. They are tasked with calming frightened or injured individuals so that they can obtain necessary information, and frequently remain on the line to speak with those individuals while emergency services are on the way.

Firefighters, law enforcement personnel and public safety dispatchers are all uniquely susceptible to the emotional and mental impacts of these stressors, including:

- Constant exposure to catastrophic events;
- Life and death decision making;
- Erratic and unusual sleep patterns;
- Increasingly large workload; and
- Long separation from family — extended shifts, mutual aid strike teams, back-to-back wildfire responses.

It is imperative that the current presumption afforded to many firefighters and law enforcement personnel across the state be maintained and that the protections be extended to the additional members of public safety identified in this bill. This will help facilitate timely treatment for a firefighter, law enforcement officer or public safety dispatchers who is suffering with a PTSI and in doing so, enables a quick recovery and return to work.



WHY SB 623 IS NEEDED

SB 623 will extend the sunset date of the existing presumption from January 1, 2025 to January 1, 2032, ensuring that those who require this life-saving treatment will still be able to access it through the workers' compensation system.

Additionally, by expanding the coverage of the presumption to certain classes of public safety employees that were not originally included in the law, SB 623 will ensure that all those who work to protect the citizens of California are able to access care for injuries they sustain in the course of their employment.

By extending the sunset by 7 years, this bill will allow time for further analysis of the benefit and effectiveness of the law and certainly demonstrate the value of the PTSD presumption to the men and women of the fire service.

SUPPORT

- ✓ *California Statewide Law Enforcement Association (CO-SPONSOR)*
- ✓ *National Emergency Number Association, California Chapter (CO-SPONSOR)*
- ✓ *Peace Officers' Research Association of California (CO-SPONSOR)*
- ✓ *California Correctional Peace Officers Association (CCPOA)*
- ✓ *CCPOA Benefit Trust Fund*



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