ASSEMBLY BILL No. 1050

Introduced by Assembly Member Gordon

February 22, 2005

An act to add Section 1255.4 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1050, as introduced, Gordon. Emergency receiving centers: demonstration project.

Existing law, the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act (EMS act), establishes the Emergency Medical Services Authority within the California Health and Human Services Agency to provide statewide coordination of local county EMS programs.

Existing law establishes the State Department of Health Services and sets forth its powers and duties, including, but not limited to the licensing and regulation of health facilities, with certain exceptions.

Existing law establishes hospital requirements relating to emergency medical services, including, but not limited to a public notice requirement prior to reducing or eliminating emergency medical services, and signage provisions relating to facilities providing standby emergency services.

This bill would require the department, in conjunction with the authority to establish a demonstration project to determine the potential impact emergency receiving centers would have upon the state's emergency medical services system and to report to the Legislature by May 1, 2009.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1255.4 is added to the Health and Safety Code, to read:

1255.4. (a) Notwithstanding any other provision of law, the State Department of Health Services shall, in conjunction with the Emergency Medical Services Authority, establish a demonstration project to determine the potential impact that emergency receiving centers would have on the state's emergency medical services system.

(b) The demonstration project shall require the department to issue a special permit up to four general acute care hospital applicants located in the County of Los Angeles for the purpose of serving as a demonstration site to operate an emergency receiving center. Upon application by an interested general acute care hospital, the department shall issue a special permit when it finds that the staff, both professional and nonprofessional, and the standards of care and services are adequate and appropriate, and that the special services unit is operated in the manner required by this chapter and by the rules and regulations adopted pursuant to this chapter. A general acute care hospital applicant shall submit a letter of support from the local emergency medical services agency along with its application.

(c) An emergency receiving center shall comply with all requirements applicable to a general acute care hospital emergency department, except that the emergency receiving center may be a separate freestanding facility and not contiguous to the acute care hospital. In addition, an emergency receiving center shall comply with all of the following:

(1) The emergency receiving center shall be open 24-hours per day 365-days per year.

(2) The emergency receiving center shall have a laboratory service capable of performing blood gas analysis and electrolyte determinations.

(3) The emergency receiving center shall have a radiological service capable of providing necessary radiology services.

(4) The emergency receiving center shall be staffed by licensed physicians and surgeons with medical staff privileges at the general acute care hospital and shall have access to the hospital's on-call panel.

(5) The emergency receiving center shall be staffed by licensed nurses in compliance with Section 1276.4.

(6) The emergency receiving center shall be capable of transferring patients in need of a higher level of care to an appropriate hospital.

(d) The emergency receiving center shall, for all purposes, including private and government reimbursement, be considered the equivalent of a contiguous emergency department of a general acute care hospital.

(e) The department, in conjunction with the EMS authority, shall collect data to measure the success of the demonstration sites, including all of the following:

(1) The acuity levels of patients.

(2) Patient transfer times to higher level of care, measured by the time of the decision to transfer to the time the patient is in route to the receiving hospital.

(3) The number of higher level of care transfers conducted through the 9-1-1 system.

(f) The department shall report to the Legislature by May 1, 2009, on the implementation of the pilot project and on its effect on the quality of emergency health care services provided to the community served by the emergency receiving centers.

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