EMS Stakeholder Engagement Process

CVEMSA Recommendations on Sonoma County Ambulance Zones

EMS systems have struggled for decades with the challenges presented in statute and regulations, particularly those sections of the Health and Safety Code that address Advanced Life Support provider agencies in operation prior to the EMS Act as defined in HSC 1797.201 and the awarding of Exclusive Operating Areas as defined in HSC 1797.224. Disagreement regarding the interpretation of the statutes have resulted in litigation both within Sonoma County and around the state. This recommendation is not intended to serve as the solution to these challenges, particularly given the statewide scope of the issues. CVEMSA is committed to remaining focused on the local system and exploring ideas for how we may work locally within the legal constraints of existing law. The recommendations within this document are intended simply to stimulate meaningful dialogue among the stakeholder workgroup and serve as a potential place to start.

The EMS system as it exists today in Sonoma County is a result of lots of small changes over time rather than a single central planning effort. Many communities are served by provider agencies they support directly via public funding, The mix of public and private services, community-based providers, and the EOA is complex, but it works and has worked for long enough that changes should be careful and thoughtfully approached to avoid destabilizing any part of it.

The current Emergency Ambulance Zones (Zones) are defined within the transportation portion of the EMS Plan. The EMS Plan approval by the California EMS Authority (EMSA) validates the system as compliant with law and regulations developed to approve local systems. The plan is submitted to EMSA on an annual basis. The boundaries as viewed on a map may have been determined by one of several methods including the relative distance midway between provider agency stations, or a geographic area that was subject to the EOA competitive process or a court decision. The EMS Plan identifies the individual ambulance provider who will be dispatched to an EMS call for service occurring within the Zone, mutual aid notwithstanding. The Zone may reflect underlying exclusivity rights, but does not confer them in and of itself.

Our system providers have expressed the need to have the current Zones recognized in the ordinance, and CVEMSA agrees. Recognition of the current system as it is now and providing a defined, transparent process for making changes going forward is essential.

CVEMSA recommends the proposed EMS ordinance confirm the existing Zones by referencing the EMS Plan to describe all EMS service zones. The ordinance should then include language

that establishes a process for any change to occur within the existing zones. As a starting place, here is an example of possible process:

1. **Any change to an emergency ambulance zone must be requested by the elected governing entity that would be effected by the change in zone status. This means the governing body elected by the property owners and residents whose ambulance service provider would change as a result of the requested change in the Emergency Ambulance Zone.** Elected governing entities can be City Councils for incorporated areas, special districts providing emergency ambulance services, and the Sonoma County Board of Supervisors for any other unincorporated areas. Implications of this include:
   a. The existing system as identified within the EMS Plan would be secured.
   b. Any change to a Zone boundary would have to be requested by the impacted governing entities.
   c. Any change in the provider agency would have to be requested by the impacted governing entities.
   d. If a new provider agency wishes to provide service in an existing Zone, that request would have to be made by the governing entities of the areas for the new provider agency's services.

   This is intended to ensure local government is engaged and involved in any decision to change or modify the provision of emergency ambulance services in their jurisdiction. Organizations looking to provide emergency ambulance services in any area would need to work with the duly elected local government to generate the request for a change in existing emergency ambulance service provider(s)

2. **Governing entities may also request that the LEMSA establish exclusivity of a Zone according to 1797.224.**
   a. An existing provider agency that is eligible for grandfathering of exclusivity without a competitive process would be reviewed following the request by a governing entity.
   b. An existing Zone, without a grandfathering-eligible provider agency, may have exclusivity established through a competitive process at the request of a governing entity.

      This is intended to clearly identify the path available to a provider under current law and ensure that the duly-elected local government has been consulted and is in alignment with any request to establish any new exclusive operating areas.

The ordinance should include language that defines the eligibility to be an authorized emergency ambulance provider agency, which includes:

1. Provider agency must have a designated Ambulance Zone as identified within the transportation portion of the EMS Plan.
2. Provider agency must be an authorized ambulance provider through a Paramedic Service Provider agreement as required under § 100168(b)(4), Title 22, CCR.

This is intended to prevent disruption of existing provider response areas while ensuring every service provider delivers care in accordance with EMS System treatment guidelines and California Code of Regulations requirements for quality, accountability and patient safety. Service providers may be City or district based, public or private, entities with 1797.201 obligations or competitive market participants. The common denominator each shares is the

provision of medical care under the same treatment guidelines and expectations for quality service delivery.

The ordinance should then define an emergency ambulance provider agency agreement and address the following items:

1. The scope of provider agreements should be limited to areas of provider operations that fall under medical control according to relevant HSC and CCR sections.
2. Provider agreements should include language that clearly articulates that there is no intent to modify/alter a provider agencies 1797.201 rights or obligations; the agreements are to establish the basis for maintaining medical control only, and do not deprive a 1797.201 entity of the authority to provide service within the area for which they have that responsibility.

This is intended to ensure a compliant EMS system exists without impacting any City, District or LEMSA rights and/or obligations under HSC 1797.201. Cities and Districts that are described in 1797.201 retain the right to provide services within the city or district boundaries historically served by that provider until such time as an agreement relieving them of that obligation is reached with the County.1797.201 also affirms the Medical Control provisions of the EMS Act are applicable to all EMS providers. Ordinance language that limits emergency ambulance provider agreements to the provision of medical control would ensure all provider agencies are compliant with HSC without changing the relationship between Cities, Districts, County, and the LEMSA regarding the provision of pre-hospital care.

Thus, the process the ordinance would establish for when a provider wishes to provide ambulance services in an area they currently do not serve is:

The provider will work with the duly elected governing body or bodies for the area, have them submit the request to the LEMSA ***and****, assuming the patients in the area to be served will not see a reduction in medical service,* ***and*** *the provider has an emergency ambulance agreement with the LEMSA,* ***and*** *the area is not currently under an EOA, the LEMSA will amend the transportation portion of the EMS Plan accordingly and submit to the EMSA for approval.*