

## The Board of Supervisors

County Administration Building  
1025 Escobar St., 4<sup>th</sup> floor  
Martinez, California 94553

**John Gioia**, 1<sup>st</sup> District  
**Candace Andersen**, 2<sup>nd</sup> District  
**Diane Burgis**, 3<sup>rd</sup> District  
**Karen Mitchoff**, 4<sup>th</sup> District  
**Federal D. Glover**, 5<sup>th</sup> District

## Contra Costa County



**Monica Nino**  
Clerk of the Board  
and  
County Administrator  
(925) 655-2075

June 21, 2022

The Honorable Assemblymember Jim Wood  
Chair, Assembly Health Committee  
1020 N Street, Room 390  
Sacramento CA 95814

**RE: SB 443 (Hertzberg) Emergency Medical Services (EMS): Prehospital EMS – OPPOSE** *As amended June 16, 2022*  
*Set for hearing on June 28, 2022*

Dear Chair Wood:

As Chair of the Board of Supervisors of Contra Costa County, I write to inform you that Contra Costa County joins with the California State Association of Counties, Urban Counties of California, Rural County Representatives of California, the County Health Executives Association of California, and the Health Officers Association of California to oppose Senate Bill 443.

The stated purpose of the bill is to clarify the intent of SB 438 (Chapter 389, Statutes of 2019), which addressed emergency medical services (EMS) dispatch centers and the response of fire resources. However, as written, SB 443 undermines 40 years of EMS system planning and severely restricts local medical control of the county EMS systems. In 2019 county and state entities were assured that SB 438 was not intended to undermine local emergency medical services agency (LEMSA) medical control or EMS system planning. Unfortunately, SB 443 would essentially fragment county EMS systems across the state - undoing 40 years of work to coordinate EMS system delivery and progress towards ensuring medical equity to millions of Californians across the state.

In its construction, the EMS Act created a comprehensive two-tiered system governing virtually every aspect of prehospital emergency medical services. Tier 1 is state level oversight and planning led by the California Emergency Medical Services Authority (EMSA). Tier 2 is local EMS leadership and planning led by the county LEMSAs medical director. The local EMS agency and its physician medical director are dispassionate agents of the county focused on serving patient needs through planning, implementing, and evaluating the local EMS system.

Chapter 5 of the EMS Act states in pertinent part that "The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. This medical control shall be maintained in accordance with standards for medical control established by the authority [i.e., the state authority]." Moreover, Section 1797.220 of the EMS Act is clear that "The local EMS agency, using state minimum standards, shall establish policies and

procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system.” For over 40 years, it has been accepted that the EMS Act defines local LEMSA medical control as broad and expansive, encompassing matters directly related to regulating the quality of emergency medical services provided to residents in each county.

SB 443 would permit certain cities and special districts to act outside of the medical control of the LEMSA medical director in the response and delivery of prehospital emergency care. Those agencies would have the ability to separate themselves from the County’s organized EMS system and its oversight, thereby impeding the County’s ability to assure the coordination, integration, and availability of equitable prehospital medical services countywide. Rural and/or lower income areas of counties could consequently experience reduced or limited services.

LEMSA medical directors are highly qualified and experienced EMS physicians, who are currently tasked with overseeing regional EMS systems of care, including understanding medical disparities that exist within those systems of care. In practical terms, this bill makes it possible for certain cities and special districts to administratively determine whether to operate within the clinical system of care – a decision that should be reserved for qualified county LEMSA medical directors.

In summary, SB 443 would erode the authority of counties and their LEMSAs, specifically by weakening the ability of each county’s physician EMS medical director to maintain medical control and to ensure standardization of the EMS system. The organized EMS system established under the EMS Act 40 years ago provides for coordination, integration, medical equity, and evidence-based practice in the delivery of high-quality emergency medical services. If SB 443 passes, the result will likely be widespread fragmentation of the organized, efficient, and effective EMS system of today and reversion to the disjointed state that existed prior to the implementation of the EMS Act in 1980.

It is for these reasons that we strongly oppose SB 443 and respectfully urge your ‘NO’ vote on the measure.

Respectfully,



KAREN MITCHOFF  
Chair, Board of Supervisors

cc: Honorable Members, Assembly Health  
Honorable Members, Contra Costa County Board of Supervisors  
Monica Nino, County Administrator  
Anna Roth, CCHS Director  
James Gross, Michelle Rubalcava & Rachael Blucher, Nielsen Merksamer

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# Contra Costa County



**Monica Nino**  
Clerk of the Board  
and  
County Administrator  
(925) 655-2075

July 11, 2023

The Honorable Senator Steven Glazer  
Senate District 07  
1021 O Street, Suite 7520  
Sacramento, CA 95814

**RE: AB 1168 (Bennett) Emergency Medical Services (EMS): Prehospital EMS—  
OPPOSE**

Dear Senator Glazer:

As Chair of the Board of Supervisors of Contra Costa County, I write to inform you that Contra Costa County joins with the California State Association of Counties, Urban Counties of California, Rural County Representatives of California, and County Health Executives Association of California to oppose Assembly Bill 1168. This bill would harm the public by fracturing the delivery of emergency medical services.

AB 1168 circumvents existing statute and case law by conferring 1797.201 authority to the City of Oxnard. If the Legislature grants such authority to an entity when not supported by case law<sup>1</sup>, existing statute will be effectively undermined and become vulnerable to similar specious arguments, litigation, and instability.

**Ultimately, AB 1168 represents a door that, if opened, will return emergency medical services delivery to the fragmented system that the Legislature intended to fix with the EMS Act.**

To be clear, Oxnard joined a Joint Powers Agreement in 1971; Oxnard has not administered, operated, or contracted for ambulance service in the last 52 years. Therefore, it does not have “201 rights,” and should not be granted them in contravention to state law. Furthermore, and contrary to the statement in 1797.11(d), the appellate court decision did not create confusion about a JPA entity’s 1797.201 authority because Oxnard has never possessed such authority--the decision was lawfully upheld with distinct clarity.

AB 1168 attempts to create a third tier of governance that supersedes county discretion by conferring 1797.201 authority on entities without a legitimate claim to such authority. If AB 1168 passes, Oxnard v. Ventura is abrogated, and/or the Legislature confers 1797.201 authority to city of Oxnard, the EMS Act will become vulnerable and EMS systems eroded.

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<sup>1</sup> City of Oxnard v. County of Ventura (2021) 71 Cal.App.5th 1010

If AB 1168 is enacted, Contra Costa County expects to experience the following disruption to its established EMS system that has existed for over 40 years:

- Long established Exclusive Operating Areas (EOAs) competitively bid according to statute<sup>2</sup>, that assure equitable and sustainable delivery of EMS, will be challenged by cities and districts who want to take advantage of Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer Program<sup>3</sup> (PP-GEMT) reimbursement. This will result in:
  - Increased litigation.
  - Disruption and fragmentation of Contra Costa County EMS system.
  - Inability to leverage economy of scale where competitive bidders are incentivized to serve an entire area including disadvantaged and under resourced populations.
  - Continued instability of EMS system that will lead to unsustainable operations that deliver EMS to the public.

Each bullet above is antithetical to our shared mission to protect the public health and safety. **EMS systems will ultimately fail if fragmentation of local systems begins, and in an unstable environment with eroding boundaries, those systems may not recover for years or without intervention by the Legislature to fix this potentially fatal mistake.**

Aside from the wasted taxpayer dollars that will be needed to deal with the administrative fallout of 1797.201 erosion, the public will bear the ultimate cost as the degradation of the EMS system prevents effective, equitable, and reliable EMS response.

It is for these reasons that we strongly oppose AB 1168 and respectfully urge your “NO” vote on the measure.

Respectfully,



JOHN GIOIA  
Chair, Board of Supervisors

cc:

The Honorable Members Board of Supervisors  
Monica Nino, County Administrator  
Marshall Bennett, CCC Director of EMS  
Michelle Rubalcava & Geoff Neill, Nielsen Merksamer

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<sup>2</sup> CA HSC 1797.224

<sup>3</sup> Assembly Bill (AB) 1705 (chapter 544, Statutes of 2019)