

FACT SHEET: AB 1795

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THE PROBLEM

Currently, patients under the care of a paramedic are required by law to be transported to an emergency department (ED) of an acute care hospital for treatment. However, patients who are inebriated or who have a non-medical mental health issue could receive targeted and timely treatment in an alternative setting, such as a sobering center or mental health urgent care center (UCC). The transport of non-emergent patients to EDs often results in overcrowding and may prevent EDs from: 1) treating patients in critical need in a timely manner; 2) places a strain on ED staff and financial resources, and; 3) prevents patients from receiving the proper level of care. The Hospital Association of Southern California reports that it is not uncommon for a patient with a mental health diagnosis to be held in the ED for 3-5 days waiting for disposition for definitive care. Patients who require sobering prior to discharge may be held for 12-24 hours.

BACKGROUND

Current law requires paramedics responding to emergency 9-1-1 calls to transport all patients who show signs of a MH and/or inebriation to hospital EDs, even though there may be more appropriate levels of care, such as a mental health UCC or a sobering center, available for these patients. Fire departments in Los Angeles County respond to over 650,000 9-1-1 calls annually, and transport over 550,000 of these patients to EDs; a third of which may be non-emergent and over 30,000 who could

be more appropriately cared for at a mental health UCC or a sobering center.

Mental health UCCs provide timely, specialized intensive crisis services to individuals who are repetitive and high utilizers of EDs and hospital inpatient services, and also to individuals with co-occurring alcoholism and mental health issues, mentally ill individuals needing medication management, and for individuals presenting with mental health issues whose needs can be met with short-term (under 23 hours) immediate care and linkage to community-based treatment. These UCCs focus on quickly providing stabilization services and linking clients to on-going community services and support. Mental health UCCs reduce the incidence of unnecessary and lengthy involuntary inpatient treatment, while promoting care in a voluntary, recovery-oriented treatment setting.

Sobering centers provide a safe place for chronic alcoholics to sober up and linked to interventions within the community. The length of stay varies, but generally ranges between eight and 23 hours. For many of these individuals, the ED is not the best solution for them, because ED staff is ill-equipped to provide long term outpatient resources for patients suffering from chronic alcoholism.

Mental health UCCs and sobering centers have medical personnel available at their sites; therefore, there would be authorized personnel available to provide care to these patients.

EXISTING LAW

Current law requires patients under the care of a paramedic to be transported to a hospital with an ED. While UCCs and sobering centers can accept walk-ins and referrals made from law enforcement, hospitals, other health providers, and paramedic ambulances are not allowed to transfer these patients to these alternative destinations.

Section 1797.52 (Advanced Life Support) requires services designed to provide prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, and intravenous therapy must be administered by authorized personnel, under the direct supervision of a base hospital as part of a local EMS system, at the scene of an emergency, during transport to an acute care hospital, during inter-facility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by staff in the ED or other medical staff of that hospital.

Section 1797.218 (Local EMS Agency Approval of ALS & LALS Programs) states any local EMS agency may authorize an advanced life support or limited advanced life support program which provides services utilizing EMT-II or EMT-P, or both, for the delivery of emergency medical care to the sick and injured at the scene of an

emergency, during transport to a general acute care hospital, during inter-facility transfer, while in the emergency department of a general acute care hospital until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute care hospital.

THE SOLUTION

Provide local EMS Agencies the authority to allow paramedics, working in the 9-1-1 system and responding to patients suffering a non-emergent mental health crisis or inebriation, to transport them to alternative destinations, if available in their County.

For example, qualifying mental health UCCs and sobering centers would be approved and designated by the Local EMS Agency to receive and provide patients with the appropriate quality of care, reduce healthcare costs, and provide emergency medical responders with the proper protocols to deal with these types of encounters.

LIABILITY LIMITATION

Currently, the Health and Safety Code, Division 2.5, Chapter 9 provides for a limitation of liability for persons certified to provide prehospital emergency field treatment, emergency rescue personnel and employing public entities, except in the case of acts or omissions performed in a grossly negligent manner or acts or omission not performed in good faith. Additional liability limitations are also provided. Enactment of AB 1795 would bring the evaluation, treatment and transport of any person by a paramedic to a mental health UCC or to a sobering center within the liability limitation set forth under Chapter 9.