

AGENDA: PART I
ASSEMBLY BUDGET SUBCOMMITTEE NO. 1
ON HEALTH AND HUMAN SERVICES

ASSEMBLY MEMBER GILBERT CEDILLO, CHAIR

WEDNESDAY, MARCH 24, 1999
STATE CAPITOL – ROOM 444
1:30 P.M.

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CONSENT CALENDAR

4120 EMERGENCY MEDICAL SERVICES AUTHORITY

The Emergency Medical Services Authority (EMSA) coordinates emergency medical services statewide, develops guidelines for local emergency medical services (EMS) systems, regulates training and certification of EMS personnel, and coordinates the state's response to medical disaster.

The proposed 1999-00 budget for the EMSA is \$9.95 million, which represents an increase of \$523,000, or 5.5 percent, over the current year budget. The General Fund share of the EMSA budget would increase by \$635,000 or 11.7 percent.

ISSUE 1: TRAINING STANDARDS FOR EMERGENCY MEDICAL DISPATCHERS

The budget requests expenditure authority of \$91,000 (federal funds), and the continuation of a one-year limited term position for the development of training standards for emergency medical dispatchers.

According to the Emergency Medical Services Authority, many local emergency medical dispatchers are not adequately trained in providing instructions to callers in emergency situations. This places the lives of callers and others at risk. It also places the dispatchers at risk for legal liability. The Authority has begun to develop training standards, which are intended to provide the best possible information to callers and legal immunity for dispatchers.

ISSUE 2: PATIENT DESTINATION REGULATIONS

The budget requests \$90,000 (General Fund) to hire one full-time Health Program Specialist to handle the increased workload associated with the implementation of AB 984 (Davis) Chapter 979, Statutes of 1998.

Under this new law, effective January 1, 1999, ambulances are required to transport patients to the closest appropriate medical facility if the emergency health care needs of the patient dictate that action. The new position is needed to amend existing rules and regulations, consult with the local EMS agencies, and oversee the implementation of the law.

ISSUE 3: PREVENTIVE HEALTH PRACTICES FOR DAY CARE PROVIDERS

The budget requests \$10,000 from the Emergency Medical Services Training Approval Fund to implement SB 1524 (Alpert) Chapter 666, Statutes of 1998. This new law requires the Authority to ensure that day care providers receive training in preventive health practices. The \$10,000 would be used to purchase a printer and special card stock needed to provide certificates of completion for day care providers who complete the training.

Existing staff will absorb other activities associated with implementation of the law, such as curriculum development and program coordination with the Departments of Health and Social Services.

4140 OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT**ISSUE 4: COMMUNITY BENEFIT LEGISLATION**

The budget proposes an increase of two full-time permanent positions at a cost of \$248,000 to assist hospitals in meeting the demands of the SB 697, which requires them to participate in the Community Benefit program.

SB 697 (Torres) Chapter 812, Statutes of 1994 established the Community Benefit program, which requires hospitals to complete a community health needs assessment, adopt a community benefits plan, and to annually update the community benefits plan. The purpose of the program is to coordinate and plan the philanthropic activities of non-profit hospitals to ensure that these efforts address the needs of the community.

ISSUE 5: CALIFORNIA COOPERATIVE AGREEMENT

The budget seeks authority to establish two new full-time permanent positions to support California Cooperative Agreement activities. The cost (\$118,000) would be absorbed within the existing federal funds budget.

The California Cooperative Agreement is a federally funded initiative, which seeks to strengthen the community-based system of primary care for underserved areas of California. Under this program, OSHPD provides technical assistance to community providers. In addition, OSHPD is developing a database of health professionals statewide that will allow the state to assess the impact of proposed changes in the federal definition of health professional shortage areas. This issue is of critical importance to the health care safety net. The additional federally funded positions will enhance OSHPD's ability to collaborate with and provide technical assistance to community providers.

ISSUE 6: 2001 CALIFORNIA BUILDING STANDARDS CODE DEVELOPMENT

The budget requests three two year limited-term positions and expenditure authority of \$247,000 (Hospital Building Fund) to assist the California Building Standards Commission in the development of new building codes for the year 2001.

OSHPD is responsible for ensuring public safety in public hospitals and skilled nursing facilities. The OSHPDs role is to ensure that new building codes are adequate to protect the health and safety of the public, and at the same time are not overly burdensome to the health care industry.

ITEMS TO BE HEARD

4120 EMERGENCY MEDICAL SERVICES AUTHORITY

ISSUE 7: DISASTER MEDICAL ASSISTANCE TEAMS

The budget requests a total of \$552,000 (General Fund) for the Disaster Medical Assistance Teams (DMATs). This amount will be used to provide ongoing support for the DMATs, and to establish a Field Unit to provide supplies and coordination for DMATs as they are deployed to the disaster area.

BACKGROUND:

California currently has eight Disaster Medical Assistance Teams. DMATs are loosely organized groups of medical and health experts who are called upon to provide care in an emergency medical situation. The federal government typically deploys the DMATs after it has been determined that local resources are insufficient to meet the medical needs of the situation.

When the federal government deploys the DMATs, the federal government pays for the costs associated with the deployment. This includes costs for the required equipment, as well as salaries. However, the federal government does not provide funding for "ongoing costs", such as the cost of office supplies and storing equipment. These expenses are currently paid for using the proceeds of bake sales and private contributions.

It should be noted that California DMATs have been deployed in Georgia, North Dakota, and New York. It should also be noted that the state has never initiated a deployment of the DMATs. Nonetheless, the proposed budget augmentation would establish the General Fund as the source of funding for ongoing costs, and would provide additional equipment and supplies through the establishment of a field unit.

COMMENTS:

The Authority indicates that the proceeds of past fundraising efforts have not been sufficient to meet the needs of the DMATs.

ISSUE 8: INTEGRATED REGIONAL/STATE DISASTER MEDICAL RESPONSE

The budget requests \$742,000 (General Fund): \$480,000 to provide ongoing support for the Regional Disaster Medical and Health Coordinators, and \$262,000 to establish three new positions in the Disaster Medical Services Division of the Emergency Medical Services Authority.

BACKGROUND:

There are six mutual aid regions in the state. Each region has an appointed Regional Disaster Medical and Health Coordinator (RDMHC) to promote planning and coordination of disaster response. While the RDMHCs are volunteers, they have paid staff who carry out the daily responsibilities involved in planning and coordinating a disaster response. Currently, three of the six RDMHCs have full-time staff. The remaining three have part-time staff.

This system has been funded for four years using Federal Prevention 2000 Block Grant monies. However, because these funds are intended for initial program development and not ongoing costs, the Authority is now proposing to use General Fund monies (\$480,000) to continue the operation, and convert the three part-time positions to full-time.

In addition, the Authority is requesting funding for three positions for its Disaster Medical Services Division (\$262,000) to coordinate with the RDMHCs on preparedness for medical emergencies related to hazardous materials and terrorism.

COMMENTS:

- It should be noted that federal funds may continue to be used to fund the RDMHCs.
- Also, the local EMS agencies could choose to continue to fund the activity if it is deemed a useful component of the local Emergency Medical Services system.

ISSUE 9: CALIFORNIA POISON CONTROL SYSTEM

The budget includes \$1 million for the California Poison Control System. According to the CPCS, an additional \$4 million is needed (for a total of \$5 million) to meet the annual operating costs of the system.

BACKGROUND:

For many years, poison control centers, although highly regarded, were fragmented, duplicative and poorly funded, principally through local and regional sources with some funding (less than 20 percent) provided by the state. In an effort to address these issues, in 1996, the state issued a request for proposals to administer and coordinate the centers. In addition, the Legislature provided one-time start up funds for the new system through the Disproportionate Share Hospital (DSH) program. It was anticipated that private funding would be available in future years.

In accordance with the RFP, the UCSF has developed a consolidated and coordinated system. The new poison control system, administered by the UC School of Pharmacy, is a single network of four poison control sites operating in four hospitals throughout the state (U.C. Davis Medical Center, San Francisco General Hospital, Valley Children's Hospital in Fresno, and U.C. San Diego Medical Center). This system offers a statewide, toll free number where individuals with poison emergencies may call to receive advice from poison experts. The system has implemented (1) state of the art telephone and data communication systems, (2) consistent clinical management protocols, and (3) a 24-hour interpreter service in over 100 languages. In addition, the new system provides public education and outreach on poison hazards and emergency response. In 1997, the centers received more than 320,000 calls.

However, funding for the poison control system remains an obstacle to continued operation, as private sources have not materialized. Staff of the CPCS have indicated that the system only has enough funding to operate effectively through November 30, 1999, when they will need to begin laying-off employees. Accordingly, an augmentation of \$4 million has been requested as a contingency while private funding is sought.

COMMENTS:

The University and other host institutions have indicated that they intend to continue providing in-kind contributions such as space, medical back up, and other indirect support. Also, they will be working with stakeholders such as health plans, insurance companies, Medi-Cal, counties, and physician groups to secure long-term funding.

4140 OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT

ISSUE 10: HEALTH CAREERS TRAINING PROJECT

The budget requests an increase of four new positions and \$350,000 (California Health Data and Planning Fund). It also requests that two existing limited-term positions be made permanent.

BACKGROUND:

Former Governor Wilson established the Health Careers Training Project in 1992 as a pilot project to train low income and unemployed individuals for entry and mid-level jobs in the health field. Since that time, a total of 401 participants have completed training through this program, 288 (or 71 percent) of which were ultimately employed in allied health jobs.

The success of the Health Careers Training Project has resulted in bipartisan Legislative support. Since its inception, the project has come before the Legislature three times for re-evaluation, and each time it has been approved. The current request would begin to establish the project as a permanent program, as well as increase staffing to meet the opportunities presented by welfare reform and the new Workforce Investment Act.

COMMENTS:

- There are sufficient resources in the California Health Data and Planning Fund to support this request.
- The OSHPD indicates that they have been coordinating their efforts with the Employment Development Department to avoid or eliminate duplication of effort.

ISSUE 11: MEDICAL INFORMATION REPORTING FOR CALIFORNIA

The budget requests a multi-year appropriation of \$1.2 million in the current year, and \$2.3 million in the budget year (California Health Data and Planning Fund) to support the initial development of a database designed to standardize health care data and produce reports on patient care. The total estimated cost of the project is \$7.4 million.

The budget also requests the continuation of three full-time permanent positions (\$384,000) in the Office of Information for Policy.

BACKGROUND:

Recognizing the increasing public demand for quality health care data, the Legislature established the California Health and Data Advisory Commission (CHDAC) to make recommendations for improving the State's healthcare information systems.

After a series of public hearings with representatives throughout the health care industry, CHDAC made several recommendations to the Legislature for improving the quality and timeliness of patient data. These recommendations were introduced by Senator Maddy in SB 1973, and subsequently enacted into law as Chapter 735 of the Statutes of 1998. The proposed technology project would begin to implement this new law.

COMMENTS:

- There are sufficient resources in the California Health Data and Planning Fund to support this request.

ISSUE 12: RURAL HEALTH POLICY COUNCIL GRANTS PROGRAM

The budget requests \$1,700,000 from the Cigarette and Tobacco Products Surtax Fund (unallocated account). This reduction of about \$300,000 from the current year budget is the result of the continued decline in the Proposition 99 tobacco tax revenues.

BACKGROUND:

This program provides grants to rural health providers to increase and maintain access to care for low-income persons who are unable to pay for the services they need to receive. The program was funded at a \$5 million level in 1996-97, and received \$1.9 million in 1997-98.

It should be noted that this program provides grants to different types of providers, including medical, mental health, substance abuse, emergency medical services, dental, and public health providers.

COMMENTS:

- The subcommittee may want to defer action on this issue to the April 12th hearing on other Proposition 99 funded programs.

ISSUE 13: HOSPITAL OUTCOMES PROJECT REPORTS

The budget requests four new full-time permanent positions to ensure the California Hospital Outcomes Project Reports are produced in a timely manner.

BACKGROUND:

Chapter 524, Statutes of 1991 established the California Hospital Outcomes Project to study hospital medical practices, and provide consumers information on quality of care for specific medical conditions.

The OSHPD originally contracted with the UC to provide some assistance in implementing the program. The OSHPD indicates that the UC has been invaluable in getting the program off the ground. However, due to competing demands on their time for teaching direct medical care and research, UC has not produced ongoing reports in a timely manner.

Under this proposal, funds that were previously used to contract with UC will be redirected to cover the requested full-time permanent positions.

COMMENTS:

The Hospital Outcomes Project is funded through the California Health Data and Planning Fund.