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

Assemblymember Hector De La Torre, Chair

MONDAY, MARCH 20, 2006,
4PM
ROOM 127

ITEMS TO BE HEARD

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ITEM 4120 EMERGENCY MEDICAL SERVICES AUTHORITY

ISSUE 1: CALIFORNIA MEDICAL ASSISTANCE TEAMS

The Emergency Medical Services Authority (EMSA) is requesting one-time increase of $1.75 million in reimbursement authority for the 2006-07 fiscal year to develop, implement, and administer three medical disaster response teams, known as the California Medical Assistance Teams. EMSA is also requesting $759 thousand in increased reimbursement authority in subsequent years. The increased reimbursement authority would allow EMSA to accept grant funds from the Office of Homeland Security and Department of Health Service.

EMSA's responsibility is to prepare for and respond to medical emergencies. EMSA is to respond to any medical disaster by mobilizing and co-coordinating emergency medical services' mutual aid resources to mitigate health problems. EMSA 's role is to plan for and manage the state's response to medical disasters.

There are 50 Federal DMAT's, with six of the teams locate in California. The national rate for the DMATs is one team per 6 million people. The teams are comprised of 120 personnel each with ability to treat up to 1000 patients per day. During Hurricane Katrina, it was reported that the DMATs treated over 23,000 in six days. DMATs were originally volunteer organizations; in 2004, the teams were federalized. As the result of the federalization the DMAT teams, California can no longer depend on the personnel, supplies, or equipment. Federal DMATs are deployed at the discretion of the National Medical Disaster System and resources may be committed to an event elsewhere.

Statistics from the September 2005 California State Emergency Plan indicates that California proclaimed 1,064 state of emergency from 1950 to 1997. The emergencies included floods, earthquakes, wild land fires urban fires, medical disasters, weather/storm, civil disturbance, transport, landslide, epidemic, hazardous material and dam failure. Over the last ten years, California experienced more than 50 percent of the federally declared disasters. There are currently no California-controlled medical disaster response units to provide medical assistance to the residents of the state in a catastrophic disaster.

In response to the gap in emergency medical services EMSA is proposing the creation of three 120 person California Medical Assistance Teams (CalMATs) that would be under state control to respond to catastrophic disasters.

The CalMATs would be based on the federal DMAT model. Team members would be recruited through a variety of methods, including EMSA and partner websites;

recruitment booths at medical and health disaster-related conferences; and through medical and health associations, organizations, and providers.

CalMAT members will consist primarily of medical and healthcare professionals plus members to fill incident command (ICS) positions in logistics and administration. Standards for CalMAT volunteers will be in-line with federal standards plus participation in ongoing team training and exercises will be required to remain active.

While each team roster will consist of 120 individuals, most team deployments will be 35 members or less. Each position held on the team will be approximately three deep with trained individuals. The teams will be strategically located throughout the state to compliment existing medical and health resources.

The initial funding of the CalMAT teams will include the purchase of CalMAT caches that contain medical supplies, medical equipment, tents, and pharmaceuticals. The cost of each of caches is projected to be $450 thousand. $154 thousand has been budgeted for travel and training cos. EMSA is also requesting two staff to manage the program, procure/maintain the supplies and equipment and to recruit and train CalMAT personnel.

- Emergency Medical Services Authority, please provide the Subcommittee with a summary of the issue.

- Legislative Analyst Office, please provide your assessment of the proposal.

ITEM 4120 EMERGENCY MEDICAL SERVICES AUTHORITY

ISSUE 2: PARAMEDIC LICENSING AND ENFORCEMENT PROGRAM

The Emergency Medical Services Authority (EMSA) proposes to change its paramedic licensing and enforcement program and its day care provider training approval program. EMSA also proposes to implement a permanent licensure and discipline process for Emergency Medical Technician–I (EMT-I) made II (EMT-II). The Authority is requesting 30 new staff, phased in over three years, a General Fund loan of $1.5 million and increased spending Authority of $177 thousand and increased special fund expenditure authority of $2.667 million for 2007-2008 and $3.387 million for 2008-2009 from the EMS Personnel Fund.

Since 1981, EMSA has had the responsibility for setting state standards for the certification, testing, scope of practice and discipline of EMT-Is and EMT-IIs and EMT-Paramedics. Since 1982, local emergency medical services agencies (county or region of counties) have been responsible for the certification and discipline theses personnel, with the exception that in 1994 EMSA took over the licensing and certification of paramedics. Since 1982, public safety agencies with an approved EMT-I training program have also had the ability to certify EMT-Is, however the public safety agencies cannot take disciplinary action against the certificates. By statute, only the medical director of a local EMS agency can take disciplinary action against those certificates. The current bifurcated system of certification of EMT-Is and EMT-IIs by the 31 LEMSAs and 30 public safety agencies and the licensure of paramedics by the EMSA results in many inconsistencies throughout the state. California is the only state in the country that does not certify EMT-Is and EMT-IIs at the state level.

In California, there are currently 62 certifying/licensing authorities for EMS personnel, which includes EMSA, 31 local EMS agencies, and 30 public safety agencies. With 62 agencies certifying/licensing authorities, there are major inconsistencies in the certifying/licensing and discipline of EMS personnel. Some local EMS agency and public safety agency certifying do not conduct criminal checks on their applicants through the Department of Justice raising a concern for the public health and safety. It's possible that an individual with criminal conviction denied EMT certification in one jurisdiction could go to another jurisdiction that does not do a background check.

Centralizing EMT-I, and EMT-II licensure processes at EMSA would permit the Authority to accomplish a variety of tasks:

- M there is an improvement in public safety by requiring criminal background checks on all EMT-I and EMT-II applicants;
- All EMS personnel will have a consistent licensure;
- There will be only one certification for each level of EMT;

- There will be a centralized repository for criminal background information;

- There will one investigative process which will be performed by a staff of trained investigators; and there will be one centralized database of EMT-I, EMT-II and paramedic licensure information.

EMSA is seeking approval of a General Fund loan $1.5 million and 27 position (eight licensing, 14 investigations, two administrative support and three legal) to take on the licensure of EMT-Is and EMT-IIs. EMSA contends the public safety is jeopardized because criminal background checks are not required by all of the 31 Local Emergency Medical Services Authority (LEMSAs) or 30 public safety agencies. Also there are inconsistencies in the Health and Safety Code that sets different standards to evaluate whether an EMT-I applicant is precluded from EMT-I certification. Another reason is that EMT-Is and EMT-IIs are the only allied health professions that do not have a centralized licensing body. Finally, not all EMT-I and EMT-II certifying authorities require applicants to show proof of citizenship or legal residence. Also, EMSA is requesting an increase in expenditure authority of $83 thousand from the EMS Personnel Fund and an additional staff person in the Enforcement Unit to monitor paramedics that have been placed on probation.

Currently there are 62 different certifying authorities for EMT-Is and they all charge a different fee. The fees range from $0 to $150. There are 6 different local EMS agencies that certify EMT-IIs, and there isn't any information on what those agencies charge for EMT-II certification.

The EMS Authority is proposing to charge $95 for initial EMT-I licensure and $70 for renewal and $100 for EMT-II licensure. These fees would cover the cost of licensure and enforcement. There will be no change in the licensure fee for paramedics; this fee is set in statute. There will be no change in the day care provider fee.

The Emergency Medical Services Authority will phase in the licensure of EMT-Is and EMT-IIs, and commensurate phase in of the additional staff needed. Temporary space for the additional staff that would be hired in the first phase has been identified. In the meantime, EMS Authority staff is looking for additional permanent space for the licensure and enforcement program staff.

EMSA is proposing a number of statutory changes as part of its licensure and certification proposal. First, it would require disclosure of criminal convictions and prior licensure actions. EMSA requires by regulation self-disclosure under penalty of perjury. Also, EMSA proposes the establishment of a core list of crimes that require a lifetime ban on licensure/certification/employment. In addition, a commensurate list of core crimes will be established that will require a ban from five to ten years. Additionally, the EMSA proposes the establishment of an initial provisional license period where an applicant would not have a "vested right" or "property right" interest in a Paramedic, EMT-I or EMT-II license or a child day training program. Furthermore, EMSA proposes to implement a six-month provisional period for new child care training program, EMT-I,

EMT-II and paramedic approvals. The EMSA proposes to impose a two-year waiting period after denial or revocation of an EMT-I, EMT-II and paramedic, certification/license or a child care training approval before an applicant could reapply.

- Emergency Medical Services Authority, please provide the Subcommittee with a summary of the issue.

- Legislative Analyst Office, please provide your assessment of the proposal.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 1: PREPARATRION AND RESPONSE TO PANDEMIC INFLUENZA

The Department of Health Services (DHS) is requesting $673 thousand General Fund and five permanent positions to prepare and respond to pandemic influenza. According to DHS, the positions are to strengthen the Department's pandemic influenza planning effort, conduct epidemiologic investigation of influenza and respiratory disease outbreaks, and provide epidemiologic and statistical support to the DHS' infectious laboratories.

DHS states that outbreak preparedness and response are critical components of public health. The Department states that this request would provide the necessary resources to improve infectious disease surveillance, prevention, and control. Funding for existing programs such as food borne illness, hantavirus, pulmonary syndrome, rabies, plague, tuberculosis and sexually transmitted diseases cannot be redirected, according to DHS, as it could lead to outbreaks or resurgence in those area.

The Department proposes assigning four of the positions to the Immunization Branch of the Division of Communicable Disease Control and one to the Infectious Disease Control. Three of the positions in the Immunization Branch would be for pandemic influenza preparedness and response. DHS states that as the Department has the primary responsibility to develop plans to respond to pandemic influenza. Such responsibilities require co-ordination with multiple programs within DHS, local health departments, Emergency Medical Services Authority and all aspects of the health care delivery system. In addition, the Department has developed an annex to the California Pandemic Influenza Plan, the Draft Pandemic Influenza Preparedness, and Response Plan. The Department states that it will require continual revision as new information and federal guidance to state and local health departments becomes available.

The other two positions are for epidemiologic and bio-statistical support for influenza and other highly infections disease outbreaks surveillance and Investigation. The Infectious Disease Branch position is to provide epidemiologic and biostatistical coordination with infectious disease laboratories. The Immunization Branch epidemiologist would co-ordinate statewide network of local and regional clinicians, epidemiologists, and public private laboratories to facilitate influenza activities.

- Department of Health Services, please review the proposal for the Subcommittee
- AO, please review the proposal and provide the Subcommittee with your recommendation.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 2: INFECTIOUS DISEASE LABORATORY INFRASTRUCTURE

The Department of Health Services (Department) requests a $4.2 million General Fund appropriation ($1.74 million for State Support and $2.5 million Local Assistance) and 13 permanent personnel years in the 2006-07 fiscal year. The appropriation would be for the State's infectious disease laboratories, to improve the capacity in the Microbial Disease Laboratory and the Viral and Rickettsial Diseases Laboratory. The request includes funds to implement new tests to control old and new infectious diseases and to establish pre-doctoral and post-doctoral training programs to provide a qualified pool of candidates to replace local laboratory directors as they retire the budget request by the Department also contains a request of $200 thousand to purchase/replace molecular sequencing equipment, centrifuges, microscopes and freezers.

The request is spurred by four factors: (1) lost ability to provide diagnostic services traditionally provided by the State reference laboratory, due to a gradual loss of positions; (2) lost General Fund support for technical and Scientific equipment line items; (3) the addition of new diseases such as SARS to an existing list of over 8,000 diseases tested for by the infectious disease laboratories; (4) a statewide shortage of trained professionals for staffing public health laboratories. The Department states that rebuilding laboratory infrastructure is critical to ensuring surge capacity to deal with an outbreak such as pandemic influenza or a bioterrorist attack.

The Department of Health Services states the costs of emergent infectious diseases in the next decade in terms of human life suffering, health care expenditures, lost productivity, litigation and economic damage to California could be staggering, The Department believes that this proposal will provide more timely and accurate communicable disease detection, as well as enhance the laboratories' capacity to increase the volume of specimen testing.

Public health laboratories have a different mission than commercial laboratories. Commercial laboratories are geared toward identifying a relatively small number of infectious agents causing a majority of infections in hospitalized persons. The infectious diseases laboratories of the Department of Health Services have extensive expertise to accurately identify over 8000 different viral, rickettsial, bacterial, fungal, and parasitic agents that can cause significant morbidity and mortality. Commercial laboratories can perform West Nile virus testing, however, commercial laboratories are not equipped, nor reimbursed, to perform the additional testing on an ambiguous result require to accurately diagnosis acute West Nile infection. The disease laboratories of the Department of Health Services provide the additional testing. Timely and accurate laboratory services are essential to identifying infectious disease agents. Additionally, the infectious disease laboratories of the Department of Health Services are the definitive resource for county public health laboratories regarding isolating and

identifying infectious agents. Also, the Department of Health Services train local public health laboratory personnel in state-of-the- standardized laboratory procedures.

The Department of Health Services is requesting $2.5 million General Fund to help public health laboratory training programs attract and train qualified personnel. Public health laboratories must comply with the Clinical Laboratory Improvement Act (CLIA) of 1988. Under CLIA, public health directors must hold a doctorate in an approved area of laboratory sciences, must be certified by one of six organizations approved by CLIA and must hold a Public Health Microbiologist certificate. California law regulating public health laboratories had a non-doctoral director requirement in effect when CLIA became the law. Most persons directing public health laboratories in California do so via the grandfather clause and do not meet the current CLIA standards. Not enough qualified and experienced doctoral-level persons are available to fill vacancies as current directors retire or otherwise leave their positions. At the county and city level, 13 of 38 public health laboratory director positions are either vacant or filled by retired, interim, or part-time directors. Most of whom had met CLIA requirements via the grandfather clause. All laboratories testing human diagnostic samples must cease if a CLIA-qualified director is not available to provide direct oversight of testing procedures. The Department's proposal would address the issue of an adequate supply of qualified candidates.

- Department of Health Services, please review the proposal for the Subcommittee
- LAO, please review the proposal and provide the Subcommittee with your recommendation.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 3: CHEMICAL AND RADIOLOGICAL PREPAREDNESS

The Department of Health Services is requesting $4.179 million General Fund and the establishment of 15 full-time permanent positions and contract funding that assistance can be provided to local agencies in planning, training, responding and recovering from natural and man-made disasters and terrorist attacks that could result in chemical and radiological contamination of food, water and the environment.

The positions and funding will be used to:

- Develop plans and support training for public health responses to chemical and radiological contamination resulting from disasters and terrorist attacks.
- Develop food and water protection plans against intentional contamination with chemical and radiological agents.
- Provide training to local jurisdictions and the food industry.
- Enhance laboratory capability to rapidly and accurately identify chemicals and radiological agents contaminating food, water and the environment.

The Department of Health Services has received grant funding from the Centers for Disease Control (CDC) to respond to terrorists involving biologic agents. Only a small amount of the grant funding is approved by CDC to support preparedness for intentional contamination of food and water supplies with biologic agents. However, the federal funding does not address critical unmet needs including response to and recovery from biologic, chemical, or radiologic/nuclear attacks on the food supply, public water supply or the environment. The Department states that both the CDC and Health Resources and Services Administration prevention and preparedness grants for 2005-2006 are inadequate to meet the state's needs in preparing for attacks with chemical and radiologic agents on food and water.

The request for staff and other resources correlates directly with the strategies objectives described in the Department's Strategic Plan:

- Developing plans and procedures for prevention, detection, response and recovery aspects of chemical or radiological events;
- Providing guidance and training to local jurisdictions;
- Collaborating with federal and local partner agencies;

- Enhancing co-ordination and communication with other state agencies; and
- Developing preparedness plans with industry and academia.

The preparedness objectives of the Department are:

- Improve public health response and laboratory support for disasters or terrorist events involving radiological events.

- Improve public health program response and laboratory support for chemical disasters events involving chemical agents.

- Improve public health response and laboratory support for disasters or terrorist attacks involving food product contamination.

The primary responsibility for protecting the food supply is done within the Division of Food, Drug, and Radiation Safety. The Food and Drug Branch provides inspection, surveillance, and oversight of over 5,000 food processors and manufacturers. The Food and Drug Laboratory Branch provides laboratory support for analysis of food for unintentional chemical contaminants, including heavy metals, toxins, carcinogens, chemical additives, preservatives, biological contaminants, and biotoxins.

The Division of Drinking Water and Environmental Management (DDWEM) is mandated to oversee and regulate California's 8,000 public water systems. DDWEM has attempted to leverage preparedness and response resources using the federal CDC Bioterrorism Grant and a similar grant from the Federal Environmental Protection Agency to implement a co-coordinated preparedness and response program, however there are, according to DHS, insufficient resources for DDWEM to support public water systems in preparing for and responding to disasters or terrorist attacks. The Department states that it is critical that public health preparedness programs include planning and training of local water agencies in water protection and that programs are prepared to provide immediate public health responses to chemical or radiological contamination of water supplies.

The Department of Health Services inspects surveys and oversees food processors and manufacturers for food contaminants on a fee supported basis. As the new activities proposed by the Department of Health Services is an expansion of its current fee-supported duties to prevent food-borne illness and consumer injuries.

The Legislative Analyst recommends the adoption of the Department's food related proposal but with the caveat that existing fees be increased to pay for the necessary food related activities.

The Legislative Analyst Office proposes the funding for chemical and radiological disasters and attacks on the environment be budgeted as proposed in the 2006-2007 Budget.

The Legislative Analyst Office notes the proposal to assist local agencies in planning, training and responding to water contamination with General Fund resources fails to account for funding that is already available for the purposes. The LAO notes that Federal bioterrorism funding comes from a grant from the U.S. Environmental Protection Agency and Proposition 50 bond funds are already for purposes outlined in the budget request. The LAO recommends utilizing Prop 50 funding for water protection.

- Department of Health Services, please describe the Administration's proposal for the Subcommittee

- LAO, please summarize the Administration's proposal and your recommendation for the Subcommittee

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 4: EXPANSION OF COMMUNICABLE DISEASE SURVEILLANCE INFRASTRUCTURE

The Division of Communicable Disease Control in the Department of Health Services has requested expenditure authority of $1.329 million General Fund for four state positions and contract services from the General Fund. The purpose is to expand and maintain State and Local capacity to conduct communicable diseases surveillance, which is the basis for disease detection and response to outbreaks or bioterrorism events. $693 thousand of the proposed appropriation would be for contract services from the University of California to allow the Department of Health Services to conduct critical support, training, testing, customer service, interfacing, and quality control activities for statewide surveillance operations and initiatives. $227 thousand General Fund is for the Department to obtain highly specialized and time limited services not available within the capability or capacity of the Department's staff. Specifically the contract funding would be for security assessments/audits, graphic design for training and outreach materials and information management and modeling.

The Department of Health Services, in collaboration with the 61 Local Health Jurisdictions, has primary responsibility for promoting and protecting public health. The Division of Communicable Disease Control (DCDC) of the Department of Health Services is responsible for the surveillance, investigation, control, and prevention of communicable disease in California. DCDC plays a key role in the development and coordination of the state's communicable disease surveillance strategies and approaches. Surveillance is a core public health function that leverages various sources of information, data, and knowledge to assess the health of the population, direct disease control and prevention efforts and support policy development.

The Centers for Disease Control and Prevention's funding for disease surveillance systems has decreased significantly, and is almost certain to continue to decline over time. The current and anticipated decreases in federal emergency preparedness funding to support disease surveillance and reporting efforts will adversely affect the Department's ability capitalize on the implemented infrastructure. The loss of state coordination and support of communicable disease surveillance and reporting enhancements could mean disparate, disconnected approaches and the continuation of manual receipt, processing, translation, analysis, and disseminations of various reports.

The resources requested by the Department will provide the needed staffing and program support to lead, sustain, and operate statewide disease surveillance. The funding would complement the federally funded bioterrorism preparedness program by establishing and funding key disease surveillance staff to collect analyze and manage reported general infectious disease data to provide a science base for infectious disease program policy.

- Department of Health Services, please review the Department's proposal for the Subcommittee

- Legislative Analyst Office please provide the Subcommittee your assessment of the proposal and recommendation

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 5: MANAGING ANTIVIRALS AND VACCINES FOR PANDEMIC INFLUENZA

The Department of Health Services is requesting funds to purchase 270,000 doses of oseltamvir, Tamiflu, for use in the treatment of influenza. The Department would purchase 70,500 doses of Tamiflu in the current year, 2005-06 for $460 thousand to conduct an initial ring of containment. In addition, the Department is requesting $1.3 million to purchase 200 thousand doses in the budget year, 2006-07. The Federal Health and Human Services announced on March 1, 2006 it will purchase the drug Zanamivir, Relenza in addition to Tamiflu. The 200 thousand doses could be used for 20,000 5-day treatment courses or 10,000 or less preventive courses (10 days to 8 weeks depending on length of treatment). In addition the Department is requesting a staff person to manage the antiviral vaccines and medical supplies the state will need to obtain and distribute during a pandemic. In addition, the proposal contains $111,000 for consulting. This proposal is related to the next agenda item

The Department of Health Services is the lead agency for managing federal pharmaceuticals and medical supplies that California may receive during a large-scale disaster or emergency. The functions are assigned to the Emergency Pharmaceutical Services Unit of the Department's Emergency Preparedness Office. The Office of Emergency Preparedness has been designated the unit responsible for managing federally funded emergency pharmaceutical programs including Strategic National; Chempak; Cities Readiness Initiative; and Health Resources Administration-funded pharmaceutical caches. The responsibilities of EPO would expand if the state experienced a pandemic flu influenza.

According to the World Health Organization criteria, we are in a global pandemic alert phase for Avian Influenza federal, state and local government would be involved in responding to a pandemic influenza. California has not developed a cache of drugs or medical supplies to augment local or federal reserves for the purpose of treating or protecting the public. The Department of Health Services is responsible for distributing them to the local level during a response to a pandemic. The State has not bee faced with a pandemic of this magnitude. Relatively small emergency inventories of these products are in hospitals, drug wholesalers and some Local Health Districts.

The Department plans to use antivirals to strategically contain small disease cluster throught the state and thus potentially slow the spread of the virus, particularly until a vaccine is available. The use of antivirals in the management of initial cases of novel influenza, such as the Avian Flu are to:

1. Treat suspected or confirmed cases;

2. Preventative treatment of close contacts, including family, schoolmates, workmates, healthcare providers, public health first responders and;

3. Contain community-based small disease clusters.

However, it is likely the demand for protection for the 650,000 first responders and the 450 hospitals and other healthcare providers may require protection through antiviral medication treatment of prophylaxis. It is likely this will rapidly deplete supplies of these medications. Federal officials acknowledge that their stockpiles do not contain enough antivirals and vaccines to respond to a pandemic, there would not be enough federally allocate medical supplies to save the nation during a pandemic event. The statewide inventory of emergency pharmaceuticals and medical supplies is not accurately known at this time and there is no system in place to rapidly determine available material or procure needed material

The Budget Change proposal requests one staff person and a consultant to develop manage and maintain a statewide inventory of emergency pharmaceuticals and medical supplies that state and local jurisdictions could utilize during a pandemic event.

The consultant would:

1. Develop a methodology for conducting initial and quarterly surveys of inventory of statewide antiviral, vaccine, medical and pharmaceutical caches plus vendor inventories for pandemic-related pharmaceuticals.

2. Establish agreements for medical and pharmaceutical inventory information for both pandemic and general emergency preparedness.

To ensure ongoing maintenance of the medical inventory system the state staff would:

1. Conduct statewide inventory of available pharmaceutical and medical caches for pandemic influenza preparedness and response.

2. Provide ongoing monitoring of developed medical and pharmaceutical supply inventories for pandemic response.

3. Obtain medical and pharmaceutical inventory information from private vendors for both pandemic and general emergency preparedness.

- Department of Health Services, please provide the Subcommittee with an overview of the proposal

- LAO, please review the proposal and your recommendation for the Subcommittee.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 6: LOCAL HEALTH DEPARTMENT PREPAREDNESS FOR PANDEMIC INFLUENZA

The Department of Health Services requests five staff and $17.879 million for the budget year and ongoing. Of the $17.879 million, the proposal would provide $16 million in General Fund, local assistance funding for local health departments. The Budget Change Proposal seeks authority for $1.879 million General Fund for state operations. Of the $1.89 million, $500,000 would be for five staff and $1 million for Regional and Local Training and $382,000 for unspecified consultant activities by consultants.

The local assistance will be allocated to local health districts to support local planning. The Department of Health Services will contract for training of local health districts and provide technical assistance to the local health districts in developing local pandemic influenza response plans, assuring sufficient medical beds, developing plans for feeding and providing care for the community, managing dispensing of antivirals and vaccines, expanding mass prophylaxis and risk communication planning and identifying and working with local business critical to the public health response. Training will be conducted regional in each of the Office of Emergency Services mutual aid region.

In California, the Department of Health Services and the 61 local health districts share responsibility for public health. Preparing for an influenza pandemic requires planning on a number of levels by the Department and the local health districts. The local health districts are the point of direct delivery for public health services, and in emergencies, provide response within their capability. These responsibilities include identification and control of infectious diseases within the jurisdiction. The magnitude of the emergency management activities required to prepare for pandemic influenza exceed local health departments resources

In order to mitigate the effects of pandemic influenza, local health departments must develop, exercise, and implement pandemic influenza plans. The local health departments must provide for the capability to receive, store and dispense antivirals and vaccine; expand risk communications plans; co-ordinate preparedness activities with community groups and local employers, especially those serving populations with special needs; conduct surveillance activities within there jurisdiction; and assure sufficient health care services are available during the height of the outbreak. Local health departments with enhanced laboratory capability reference laboratories must be prepared for the surge in samples to be tested. All planning should be coordinated at both the jurisdictional and regional levels and tested through drills and exercises.

Each local health department will be required to develop a pandemic influenza preparedness and response plan for its jurisdiction, and exercise the local plan. Local

health department will have flexibility in use of the funds to determine the priority of local needs, consistent with a state plan and a local plan subject to the Department of Health Services approval. The local health departments will be required to identify alternative health care sites as a source of providing bed surge capacity. Local bed surge planning has relied on using existing healthcare facilities with plans for canceling elective surgeries and discharging non-acute patients. The local health departments will need to take the lead on identifying and developing alternative sites to meet with the magnitude of patient care needed during a pandemic. Working closely with hospitals and other healthcare facilities in the jurisdictions, local health departments will ensure adequate staffing, security; medical supplies and equipment are available at the alternative sites.

Local Health Departments responsibilities in pandemic include but are not limited to:

- Developing and implementing pandemic influenza plans that will be reviews/approved by the Department of Health Services;
- Developing the capacity to receive, store and dispense antivirals and vaccine;
- Expanding local health risk communications plans for an influenza pandemic;
- Coordinating preparedness activities with community groups, especially those serving populations with special needs; conducting surveillance activities within their jurisdiction;
- Assuring sufficient health care services are available during the height of the outbreak;
- Preparing local public health laboratories for the surge in samples to be tested;
- Developing plans for providing for feeding, medical care, social services, mental health care for its jurisdiction; and
- Working with local businesses to ensure development of continuity of operations plans that support the public health response.

Distribution of the $16 million in Local Assistance would be:

- Each of the 61 local health districts would receive $100,000, for a total $6.1 million;

- The remaining $10 million would be distributed to each on the 61 districts based on the population in each district.

The Department of Health Services would provide for the training of local health departments staff. The proposal would provide $1.0 million for the training provided by the Department and for contract training. The Department would have $385 thousand for contracting with academic institutions, Office of Emergency Services/California Specialized Training in the identified areas

- Department of Health Services, please describe the proposal and the need for funding.

- Department of Health Services, how does this proposal relate to the activities conducted under the Federal Bioterrorism funding

- Legislative Analyst Office please summarize the proposal for the Subcommittee and discuss your recommendation.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 7: PANDEMIC INFLUENZA PUBLIC EDUCATION/INFORMATION CAMPAIGN

The Department of Health Services is proposing to spend $14.294 million and add five new staff in the budget year for risk communications directed toward all hazards emergency preparedness and response for the public. The Budget Change Proposal request:

- A public information campaign on emergency preparedness that include "in the can" spots on pandemic influenza ready to be used when they are needed;
- A general emergency preparedness hotline that would provide recorded messages on emergencies, and live operators including advice nurses to respond to medical attention;
- And five permanent positions which would provide program management (hiring, staffing scheduled, and logistic management); modify the Department's web page to easy–to-print public documents; and
- A public relations campaign on influenza that would provide outreach to other state agencies, local governments, and organizations in the private sector.

The public information campaign would be directed to three primary audiences; public at large; response partners such as local health departments, hospitals, business, and schools. The Department would contract with a media/public relations agency to develop outreach strategies for the three groups and well as an overall crisis communication plan. The Department proposes to spend $1 million in the budget year.

The Department proposes to spend $11.476 in the budget year on a Public Information Media Campaign. The Public Information Campaign will address general emergency preparedness. A portion of the campaign would focus on pandemic influenza. The campaign would focus on messages to be delivered when confirmed person-to-person influenza virus transmission occurs. The campaign ads would recommend serious actions by the public. The messages were scripted and produced but not aired until the first sign of human-to-human transmission appears.

The pandemic influenza portion of the campaign would be implemented by the Emergency Preparedness Office in collaboration with other partners in the Department of Health Services' risk communication activities. Local Health Partners are a critical partner with the Department of Health Services

The proposal would include a Hotline. The Department projects the Hotline would cost $1.3 million in the budget year it would build upon the experiences from the seasonal influenza, the southern California wildfires in 2003, and the West Nile Virus response over the last two years. The Department would contract for development and operation of the hotline, including the operators.

- Department of Health Services, please review the proposal for the Subcommittee
- Department of Health Services, why is a sole source contract necessary to this proposal
- LAO, please review the proposal and provide the Subcommittee with your recommendation

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 8: HEALTHCARE AND COMMUNITY INFECTION CONTROL PROGRAM

The Department of Health Services has proposed a $1.375, General Fund appropriation, and 10 new staff positions to develop an ongoing program for the surveillance, laboratory testing, prevention, and control of health care and community infections. The new staffing would be in two newly created units in the Department's Division of Communicable Disease Control, one in the Infectious Disease Branch and the other in the Microbial Diseases Laboratory Branch.

The ostensible purpose of the program is to address hospital and health-care associated infections. The program will provide infection prevention, laboratory and control resources for existing infectious disease prevention activities of the Department's programs. The Department states that preventing the spread of highly infectious diseases such as a pandemic influenza, particularly in healthcare settings is of critical importance. Up to date infection control regulations, regulatory oversight by knowledgeable infection control personnel in infection control and prevention and laboratory support are important to health department infection and control activities.

The Infectious Branch component will be focused on epidemiology, surveillance, outbreak investigations, consultations, and prevention guidelines for infection control. The Microbial Disease Laboratory component would provide laboratory support with diagnostic services such as molecular fingerprinting and detecting unusual drug resistance to more quickly recognize unusual diseases or resistance patterns.

The Department has proposed trailer bill language to require health care facilities to provide data on a quarterly basis according to Center for Disease Control guidelines. The reporting would be required to begin on January 1, 2008. The Department, however, plans to issue regulations to implement the reporting on January 1, 2007. Patient outcome data specific to a reporting licensed facility would not be made public. SB 739 (Speier) is in the Assembly, it is much different that the Administration's trailer bill language.

Health acquired infections are a major problem. In California's 450 hospitals, health acquired infections account for 300,000 infections, 13,500 deaths, and $675 million in excess health care costs. The Department notes there are many more infections in the 1,500 nursing homes, 800 intermediate care facilities, 600 ambulatory surgical centers, and 350 dialysis centers. Currently, no data on health-acquired infections is required to be collected in California. SB 739 (Speier) was introduced to address the issue of no health acquired infection data.

- Department of Health Services, please review the state's proposal on health acquired infections.

- Department of Health Services please compare the Administration's proposal with the proposal by Senator Speier

- LAO please review the Department's proposal and your recommendation

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH

ISSUE 9: DEVELOPING WORKFORCE CAPACITY FOR OUTBREAK RESPONSE

The Department proposes an appropriation of $350,000 for training to be provided by the Sexually Transmitted Disease and Tuberculosis Control Branches of the Division of Communicable Disease Control. The $350,000 would be for contract services for training. The proposed appropriation is for $350,000 General Fund and the purpose of the appropriation is to train existing frontline public health field staff who lack emergency preparedness skills so they will be prepared to more effectively respond to any anticipated infectious disease event including pandemic influenza and bioterrorism. The program would produce a comprehensive based field investigation-training program to establish and sustain a 100-person ready response team for infectious diseases and bioterrorism emergencies.

The proposed training program will augment the current level of approximately fifteen bioterrorism and public health investigators in only nine local health jurisdictions to more than 100 frontline workers available to respond across the state. If the program is successful, the Department's long-term goal would be to train all frontline public health investigatory and public health nurses statewide, a workforce of more than 400. The Department will contract with California Sexually Transmitted/HIV Prevention Training Center, a national training center funded by the Center for Disease Control to train public health investigators and public health nurses specifically in STD case investigation and management.

- Department of Health Services, please review the proposal for the Subcommittee
- LAO, please review the proposal and provide the Subcommittee with your recommendation.