



Senator Angelique V. Ashby, 8th Senate District

SB 1180 – Emergency Medical Service Reimbursement Act.

Ensuring first responders can deliver care to patients for substance abuse and mental health crises.

SUMMARY

SB 1180 requires health plans to establish a reimbursement process for services provided by a community paramedicine, triage to alternate destination, or mobile integrated health program to be included in health plans issued or renewed on or after January 1, 2025. This bill also requires Medi-Cal to reimburse for these services upon appropriation.

BACKGROUND

The rapidly developing specialty of emergency medicine known as "community paramedicine" enables paramedics to better serve their local communities. Community paramedicine and triage to alternate destination programs were first authorized as a series of pilot programs through the Office of Statewide Health Planning and Development in 2014. They were fully authorized via AB 1544 (Gipson, 2020), and AB 767 (Gipson, 2023) extended the programs' sunset.

A local emergency medical services organization may now create and apply for a program that offers any of the following services under the guidelines of AB 1544 and AB 767:

- Transportation to an authorized alternate destination facility, *such as an authorized sobering center or authorized mental health facility.*
- Case management services for frequent 911 callers;
- Monitored therapy for tuberculosis patients.
- Home care and comfort services for hospice patients;
- Short-term hospital post-discharge follow-up.

Additionally, mobile integrated health is a program related to community paramedicine that often serves as a complement to those services. They offer a wide range of healthcare and patient navigation services, such as behavioral health treatment, chronic condition management, social service connections, and more.

THE PROBLEM

Despite the willingness of departments to develop programs that meet the needs of their communities, many are limited by the lack of financial resources available to support them. As public agencies, first responders often work with strict budgets, leaving little room for sustaining vital programs.

Current law does not require reimbursement for community paramedicine and alternate destination transports, excluding them from emergency services. Consequently, programs rely on uncertain grant funding, favoring well-funded departments. To sustain crucial programs that affect our most vulnerable populations, departments should be allowed to seek cost-sharing reimbursement through health plans for community paramedicine, triage, and integrated healthcare services.

THE SOLUTION

The implementation of these programs has already resulted in decreases in hospital readmissions, follow-up transport, and emergency room overcrowding. SB 1180 will ensure that first responders are able to recover necessary costs for services provided outside of the traditional emergency medical services system, particularly for our populations with the most acute needs.

SUPPORT

- California Professional Firefighters
- California State Association of Psychiatrists
- Emergency Medical Services Administrators Association of California
- California Agents & Health Insurance Professionals
- San Francisco Fire Department
- City and County of San Francisco
- California Life Sciences
- California Chiropractic Association
- Sacramento County Board of Supervisors
- Sacramento Metropolitan Fire District
- Elderly Care Everywhere
- City of Hayward
- City of Beverly Hills
- San Diego County

FOR MORE INFORMATION

Lesley Brizuela, *Legislative Director*

Lesley.Brizuela@sen.ca.gov | Phone: (916) 651-4008