



**County Administrative Office**  
**Governmental & Legislative Affairs**

**Josh Candelaria**  
Director

September 8, 2015

The Honorable Edmund G. Brown, Jr.  
Governor of California  
State Capitol Building  
Sacramento, CA 95814

**RE: AB 1129 (Burke) – REQUEST FOR VETO**

Dear Governor Brown:

The County of San Bernardino respectfully requests your veto of AB 1129. This legislation would allow for the decentralization of emergency medical services (EMS) data systems and jeopardize emergency patient care, health outcomes, and increase costs locally and at the state and federal level.

AB 1129 is proposing changes that will have significant unintended consequences to the provision of emergency medical care.

The County's extensive technical expertise in the field of EMS data collection and reporting qualifies us to comment on fundamental issues with respect to AB 1129.

- Since 2013, the State EMSA has contracted with San Bernardino County to perform data collection and maintenance of statewide EMS and trauma data.
- Twenty-two counties in California transmit live data through our EMS system and 52% of all LEMSAs in the state submit reporting data through our system.
- The California Highway Patrol (CHP) has also contracted with San Bernardino County to collect patient data on patients transported on CHP EMS aircrafts.

AB 1129 fails to identify what type of data is to be integrated and how quickly the integration is to occur. Data shared for state and federal reporting is fundamentally different from live data shared for real-time patient care. Mandates regarding the handling of these unique data sets must be carefully evaluated and deliberative to ensure delivery of emergency care is uninterrupted and reporting data is available for evaluation and improvements.

Centralized systems are not designed to assimilate live data from disparate systems. Live data transmitted in real-time relies on the immediate transfer of medical information data from the field to a receiving hospital and the local EMS agency (LEMSA). This allows for concurrent transfer of patient information to hospitals and immediate system monitoring by the LEMSAs. Live data transmission requires extensive system interface capability and carefully developed entry validation standards and protocols unavailable in disparate systems.

AB 1129 jeopardizes the critical interface between the field and hospital, which could result in information relating to drugs administered in the field not reaching the receiving hospital and possibly

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resulting in a drug overdose being administered. The threat to the health and safety of an emergency transport patient this bill ignores is dangerous.

AB 1129 will impose significant costs for LEMSAs and conceivably the state and federal government. If this bill were to pass, each time a disparate system is allowed to be introduced by a care provider, costly re-engineering and re-deployment would very likely occur. Both a sending agency (care provider) and receiving agency (LEMSA) would have to utilize extensive auditing processes to ensure that the data transferred is accurate. All of this would result in a substantial impact on limited financial resources and could lead to the creation of unfunded mandates for the LEMSAs and more complicated, expensive and time consuming audits at the state and federal level.

Additionally, AB 1129 runs contrary to precedent and disrupts the regulatory framework set forth in Title 22, which requires LEMSAs to exercise medical control over the providers they regulate. That medical control heavily relies on the information provided directly to LEMSAs by their local EMS providers. In placing medical control in the hands of local EMS agencies, the law recognized that even those cities and fire districts entitled to administer their own delivery of EMS under Health and Safety Code section 1797.201, were "subject to the significant constraint placed on its administrative discretion by the EMS agency's medical control authority ( id. at pp. 925-929)." (Valley Medical Transport v. Apple Valley Fire Protection Dist., (1998) 17 Cal.4th 747, 755.).

San Bernardino County's practical experience in trying to collect vital patient data from disparate sources has demonstrated that it is extremely complicated and difficult to merge the elements of system compatibility and data integrity. Our extensive experience with live data reporting also demonstrates that a single system is critical to managing patient care and safety not only in our county but in the forty other counties across the State submitting data through our system.

If passed, AB 1129 will undermine LEMSAs' fundamental responsibility to ensure the provision of timely and critical patient care and the ability to collect, analyze and report on EMS data and provide that data for statewide system evaluation to ultimately ensure coordination of quality EMS in California.

For these reasons, the County of San Bernardino respectfully requests that you veto AB 1129. If you have any questions, please contact Josh Candelaria, Director of Governmental and Legislative Affairs at (909) 387-4821 or [jcandelaria@sbcountry.gov](mailto:jcandelaria@sbcountry.gov).

Sincerely,



JAMES RAMOS  
Board of Supervisors Chairman  
Third District Supervisor  
County of San Bernardino

c: The Honorable Autumn Burke