

AGENDA**KERN COUNTY EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)**

**Kern County Administrative Center
Board of Supervisors Chambers
1115 Truxtun Avenue
Bakersfield CA, 93301**

REGULAR MEETING**THURSDAY – August 13th, 2026****4:00 P.M.****Roll Call:**

Supervisor Flores, Sheriff Youngblood, Deputy Chief Linville, Leslie Wilmer, Orchel Krier, Scott Hurlbert, Dr. Franklin, Tyler Whitezell, John Surface, Dr. Lyon

SALUTE TO FLAG**Consent Agenda (CA):**

All items listed with a “CA” are considered by program staff to be routine and non-controversial. The “CA” represents the consent agenda for the Board members of EMCAB. Consent items will be considered first and may be approved in one motion. If a member of the audience wishes to comment or ask questions regarding an item or items on the consent agenda, they may do so prior to a vote being taken on the consent agenda. A member of EMCAB may remove any item from the consent agenda and it will be considered in listed sequence with an opportunity for any member of the public to address EMCAB concerning the item before action is taken.

PUBLIC PRESENTATIONS

1) This portion of the meeting is reserved for persons to address the Board on any matter not on this Agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION.**

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BOARD MEMBER ANNOUNCEMENTS OR REPORTS

2) Board Member Announcements or Reports:

On their own initiative, Board members may make an announcement or report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2[a][2])

EMERGENCY MEDICAL SERVICES PROGRAM REQUESTS

3) Managers' report – RECEIVE AND FILE

4) APOT Task Force Report – RECEIVE AND FILE

CA – 5) Quarterly Maddy Fund Report – RECEIVE AND FILE

CA – 6) Legislation Report – RECEIVE AND FILE

CA – 7) Quarterly APOT Report – RECEIVE AND FILE

CA – 8) Quarterly Ambulance Response Compliance – RECEIVE AND FILE

CA – 9) Maddy Fund Release Request - Warehouse – APPROVE

CA – 10) Maddy Fund Release Request – Base Station Radio Equipment - APPROVE

MATTERS FOR EXECUTIVE APPROVAL

CA-11) Review and Approval of May 14, 2026, Minutes – APPROVE

12) Adjournment:

The deadline for submitting public requests for the next EMCAB meeting is Thursday, November 5, 2026, at 5:00 PM to the EMS Program Manager.

Adjourn to Thursday, November 12, 2026, at 4:00 PM at the Kern County Administrative Center in the Kern County Board of Supervisors Chambers at 1115 Truxtun Avenue, Bakersfield, CA 93301 – ADJOURN

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AMERICAN'S WITH DISABILITIES ACT

(Government Code Section 54953.2)

The Board of Supervisors Chamber is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board may request assistance at the Kern County Public Health at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

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1800 Mt. Vernon Ave., Bakersfield, CA. 93306 | 661.321.3000 | www.kernpublichealth.com

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

<i>Name and Address</i>	<i>Representing</i>
Jeff Flores, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3672	Board of Supervisors
<u>Alternate</u> Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Larry McCurtain Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	
Fire Chief's Association	
<u>Alternate</u> Kevin Albertson, Chief Bakersfield Fire Department 2101 H St. Bakersfield, CA 93301 (661)	
Member	Urban Consumer
<u>Alternate</u> Peter Brandon 11204 Cave Ave Bakersfield, CA 93312 (661) 428-4563	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer

Alternate
Vacant

Orchel Krier
Mayor Pro Tem, City of Taft
209 E. Kern Street
Taft, CA 93268
661-763-1222

City Selection Committee

Alternate
Cathy Prout
Councilmember, City of Shafter
435 Maple Street
Shafter, CA 93263
(661) 746-6409

Scott Hurlbert
City of Wasco
746 8th Street
Wasco, CA 93280
(661) 758-7214

Kern Mayors and City Managers Group

Alternate
Maribel Reyna
City of Delano
1015 11th Avenue
Delano, CA 93215
(661)720-2269

Member
William Franklin, DO
Kern County Medical Society
4900 California Ave, Suite 210B
Bakersfield, CA 93309

Kern County Medical Society

Alternate
Soham Shah, MD
Kern County Medical Society
4900 California Ave. Suite 210B
Bakersfield, CA 93309

Tyler Whitezell, Chief Operating Officer
Kern Medical
1700 Mt. Vernon
Bakersfield, CA 93306
(661)

Kern County Hospital Administrators

Alternate

John Surface
Hall Ambulance Inc.
1001 21st Street

Kern County Ambulance Association

Bakersfield, CA 93301
(661) 322-8741

Alternate

Kristopher Lyon, M.D.
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Medical Director

Support Staff

Jeff Fariss, EMS Program Manager
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Division

Kathleen Rivera
1115 Truxtun Avenue, 4th Floor
Bakersfield, CA 93301
(661) 868-3638

County Counsel

Alex Alva
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3198

County Administrative Office

5. Quarterly Maddy Fund Report

EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND
FISCAL YEAR 2526 ACTIVITY

												EMCAAB-Current	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Transfers	EMCAAB-Transfers	EMCAAB-Transfers	EMCAAB-Transfers	EMCAAB-Transfers	
	MADDY Deposits + Interest	RICHIE'S Deposits	Other EMS 17% RICHIE'S Balance	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY (Jul 2024-Jun 2025)	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019-Jun 2020)	Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2020-Jun 2021)	Other EMS 17% MADDY Rollover Balance FY 2122 (Jul 2021-Jun 2022)	Other EMS 17% MADDY Rollover Balance FY 2223 (Jul 2022-Jun 2023)	Other EMS 17% MADDY Rollover Balance FY 2324 (Jul 2023-Jun 2024)	Other EMS 17% MADDY Rollover Balance FY 2425 (Jul 2024-Jun 2025)	EMCAAB Transfers- JV33023 10/1/21 To pay for EMS warehouse lease	EMCAAB Transfers- JV19463 04/02/24 To pay for EMS warehouse lease	EMCAAB Transfers- JE2505614 08/21/25 To pay for Hospital Assoc of CA (Reddnet)	EMCAAB Transfers- JE2611940 06/15/26 T Mobile 200 iPADS	EMCAAB Transfers- JE2011940 06/15/26 To pay for EMS warehouse lease 2525, 2526	
	AS (10 & 12)	AS (11)	AS (34)	AS (14 & 15)	AS (17)	PC (8)	AS (24)	PC (16)	H16/F16	AS (28)	HP (17 & 19)	AS (33)	135,711.45	177,421.30	171,266.68	150,941.55	147,695.34	150,535.29	107,692.12	(285,968.80)	(150,716.60)	(53,599.00)	(158,017.83)	(308,637.61)	
JULY 2025	58,991.14	58,893.47	7,508.92	11,788.48	8,834.02		58,394.17			24,315.53		9,025.65													
AUGUST 2025	53,749.60	53,712.20	6,848.31	10,746.18	8,056.83		51,422.10			22,164.70		8,223.69													
SEPTEMBER 2025	67,756.88	69,810.96	8,800.78	13,756.70	10,471.51		66,207.40			28,334.68		10,366.80													
Total for Quarter 1	180,497.62	182,415.73	23,258.01	36,291.34	27,362.36	241,577.14	175,023.67	120,788.57	50%	74,814.91	125,435.28		-	-	-	-	-	-	-	-	-	-	-	-	
OCTOBER 2025	172,715.03	107,678.63	13,729.03	28,039.37	16,151.79		137,279.44			59,050.63		26,425.40													
NOVEMBER 2025	1,116.42	645.01	82.24	176.14	96.75		863.35			372.14		170.81													
DECEMBER 2025	52,338.08	29,074.71	3,707.03	8,141.26	4,361.21		40,297.66			17,227.58		8,007.73													
Total for Quarter 2	226,169.53	137,398.35	17,618.30	36,354.79	20,609.76	167,302.76	178,430.65	78,687.81	50%	76,656.35	115,544.91	34,603.94	-	-	-	-	-	-	-	-	-	-	-	-	
JANUARY 2026	96,178.16	97,005.65	12,368.22	19,318.39	14,550.85		92,510.25			39,828.64		14,715.26													
FEBRUARY 2026	104,994.77	57,740.77	7,361.95	16,273.56	8,661.12		81,297.03			34,450.22		16,064.20													
MARCH 2026	57,538.50			5,753.85			30,093.36			12,946.16		8,879.22													
Total for Quarter 3	258,711.43	154,746.42	19,730.17	41,345.80	23,211.97	235,074.64	203,900.64	117,542.45	50%	87,225.02	116,177.81	39,658.68	-	-	-	-	-	-	-	-	-	-	-	-	
APRIL 2026	117,464.23	66,799.60	8,516.95	18,426.38	10,019.94		90,570.29			38,954.38		17,972.03													
MAY 2026	68,339.06	68,759.77	8,766.87	13,709.89	10,313.97		65,583.48			28,268.74		10,455.88													
JUNE 2026	140,307.22	135,121.64	17,228.01	27,542.89	20,288.25		132,076.54			56,904.43		21,467.00													
Total for Quarter 4	326,110.51	270,681.01	34,511.83	59,679.16	40,602.16	213,066.95	288,230.31	106,538.57	50%	124,127.55	198,496.78	49,894.91	-	-	-	-	-	-	-	-	-	-	-	-	
YEAR-END SUP																									
YEAR TO DATE	991,489.09	745,241.51	95,018.31	173,673.69	111,786.24	847,021.49	846,585.27	423,527.40	50%	362,817.83	125,435.28	151,773.67	135,711.45	177,421.30	171,266.68	150,941.55	147,695.34	150,535.29	107,692.12	(285,968.80)	(150,716.60)	(53,599.00)	(158,017.83)	(308,637.61)	
												Total EMCCAB	236,197.56												

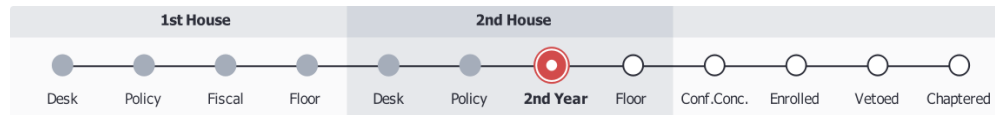
6. Legislative Reports

[AB 1328](#) ([Rodriguez, Michelle, D](#)) Medi-Cal reimbursements: nonemergency ambulance and other transportation.

Current Text: 07/17/2025 - Amended [HTML](#) [PDF](#)

Last Amended: 07/17/2025

Status: 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)



Location: 08/28/2025 - Senate 2 YEAR

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency or nonemergency medical or nonmedical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on July 1, 2027, and subject to an appropriation, Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services, as defined, would be in an amount equal to 80% of the amount set forth in the federal Medicare ambulance fee schedule for the corresponding level of service, adjusted by the Geographic Practice Cost Index, as specified. The bill would require the department to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transportation services, with the reimbursement rates set in an amount equal to at least the amount set forth under fee-for-service reimbursement. The bill would require the department to maximize federal financial participation in implementing the above-described provisions to the extent allowable. To the extent that federal financial participation is unavailable, the bill would require the department to implement the provisions using state funds, as specified. This bill contains other related provisions and other existing laws. (Based on 07/17/2025 text)

Organization	Position
EMSAAC	Watch/Study
Notes - Possible support	

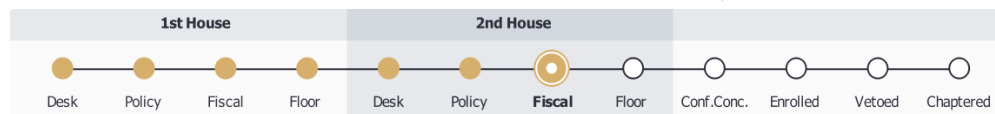
[AB 1540](#) ([González, Mark, D](#)) 988 Suicide & Crisis Lifeline: LGBTQ+ youth.

Current Text: 06/15/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/15/2026

Status: 07/02/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (July 1). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 07/02/2026 - Senate Appropriations

Summary: Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number "988" as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline. Existing law, the Miles Hall Lifeline and Suicide Prevention Act, requires, among other things, the Office of Emergency Services (OES) to verify that technology that allows for transfers between 988 centers, as well as between 988 centers and 911 public safety answering points, is available to 988 centers and 911 public safety answering points throughout the state, to appoint a 988 system director, and to verify interoperability between and across 911 and 988. Existing law establishes the 988 State Suicide and Behavioral Health Crisis Services Fund and provides that 988 surcharge revenue in the fund is available, upon appropriation by the Legislature, for purposes of the act. This bill would require the California Health and Human Services Agency (agency) to annually determine whether an adequate specialized LGBTQ+ suicide prevention hotline is activated by the federal government under 988 and

would make implementation of this bill contingent on the agency's determination, as specified. The bill would require OES to, no later than 6 months after the agency's determination, request the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enable a press 3 function for calls originating in the State of California to allow callers to dial 988 and press "3" to be automatically routed to a specialized call center. The bill would require OES to, no later than 12 months following the approval by SAMHSA, ensure that the specified technologies are available. This bill contains other related provisions and other existing laws. (Based on 06/15/2026 text)

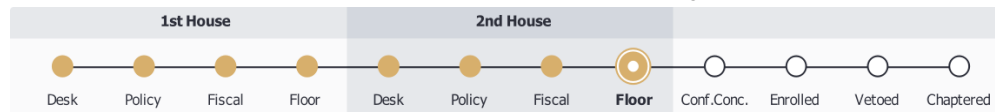
Organization	Position
EMSAAC	Watch/Study

[AB 1607](#) ([González, Mark, D](#)) Emergency medical services.

Current Text: 03/26/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 03/26/2026

Status: 07/02/2026 - Read second time. Ordered to third reading.



Location: 07/02/2026 - Senate THIRD READING

Summary: Existing law establishes the Maddy Emergency Medical Services (EMS) Fund and authorizes each county to establish an emergency medical services fund for reimbursement of costs related to emergency medical services. Existing law, until January 1, 2027, requires 15% of the fund to be used to, among other things, improve access to, and coordination of, pediatric trauma and emergency services, with specified preferences, and requires the cost of administering money deposited into the EMS Fund to be reimbursed from the money collected, as specified. Existing law, until January 1, 2027, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. Existing law, until January 1, 2027, requires 15% of the funds collected pursuant to that provision to be used to provide funding for pediatric trauma centers. This bill would extend the operative date of these provisions until January 1, 2037. This bill contains other existing laws. (Based on 03/26/2026 text)

Organization	Position
EMSAAC	Support/Cosponsor

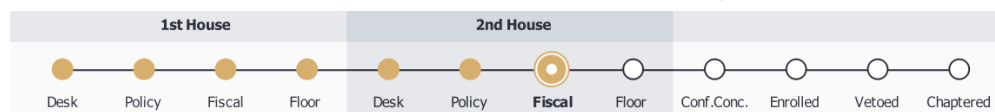
[AB 1749](#) ([Dixon, R](#)) Interfering with wildfire suppression and emergency responses with drone.

Current Text: 06/17/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/17/2026

Status: 07/01/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 13. Noes 0.) (June 30). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 07/01/2026 - Senate Appropriations

Summary: Existing law makes it a crime for a person to operate or use an unmanned aerial vehicle, remote-piloted aircraft, or drone at the scene of an emergency for the purpose of viewing the scene or emergency or military personnel, and thereby impede the emergency or military personnel, in the performance of their duties in coping with the emergency. Existing law excuses a local public entity or public employee from liability for damage to an unmanned aircraft or unmanned aircraft system, if the damage was caused while the local public entity or public employee of a local public entity was providing, and the unmanned aircraft or unmanned aircraft system was interfering with, the operation, support, or enabling of any emergency service, as specified. Existing law makes everyone responsible for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person, as provided. This bill would prohibit a person from operating or using an unmanned aerial vehicle, remote-piloted aircraft, or drone to knowingly or recklessly interfere with, among other things, a wildfire suppression or law enforcement or emergency response efforts related to a wildfire suppression.

The bill would authorize the Attorney General or a county counsel or city attorney to bring civil action to enforce the prohibition and authorize a prevailing plaintiff to recover civil penalties, injunctive relief, or reasonable attorney's fees and costs, as specified. (Based on 06/17/2026 text)

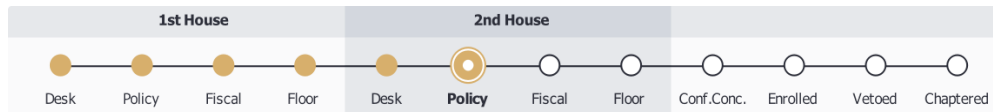
Organization	Position
EMSAAC	Watch/Study

[AB 1805](#) ([Ransom, D](#)) Emergency services: State 911 Advisory Board.

Current Text: 05/22/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 05/22/2026

Status: 06/26/2026 - In committee: Set, first hearing. Hearing canceled at the request of author.



Location: 06/23/2026 - Senate Privacy, Digital Technologies, and Consumer Protection

Summary: Existing law, the Warren-9-1-1-Emergency Assistance Act, establishes the State 911 Advisory Board (board) to advise the Office of Emergency Services (CalOES) on specified subjects relating to the state's 911 emergency telephone response system, including the policies, practices, and procedures for the California 911 Emergency Communications Office (office). Existing law provides that the board consists of 11 members appointed by the Governor, including the Chief of the Public Safety Communications Division, who serves as the nonvoting chair. Existing law establishes the Department of Technology within the Government Operations Agency. Existing law requires the department to conduct, in coordination with other interagency bodies as it deems appropriate, a comprehensive inventory of specified automated decision systems that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency. This bill would rename the board as the State 911 Advisory Board. The bill would revise the board membership by adding a representative from the Department of Technology and making the Chief of the Public Safety Communications Division a nonvoting member of the board rather than the chair. The bill would grant the Department of Technology oversight authority over the office for specified purposes, including the policies, practices, and procedures for the office. The bill would also authorize the board to hire independent experts for its advisory or oversight purposes, as provided. This bill contains other related provisions and other existing laws. (Based on 05/22/2026 text)

Organization	Position
EMSAAC	Support If Amended

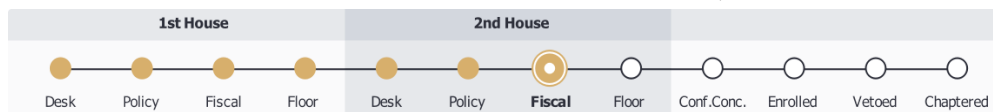
[AB 1832](#) ([Ransom, D](#)) 2-1-1 information and referral response system.

Current Text: 06/18/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/18/2026

Status: 06/24/2026 - From committee: Do pass and re-refer to Com. on E., U & C. (Ayes 9. Noes 0.) (June 23). Re-referred to Com. on E., U & C. Withdrawn from committee. Referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 06/24/2026 - Senate Appropriations

Summary: Existing law, the California Emergency Services Act, creates, within the office of the Governor, the Office of Emergency Services (Cal OES) under the supervision of the Director of Emergency Services. Under existing law, Cal OES is responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property, as provided. Existing law vests the Public Utilities Commission (PUC) with regulatory authority over public utilities, including telephone corporations. Existing law requires local public agencies to establish a "9-1-1" emergency telephone number, as specified. Existing law also authorizes a local public agency to establish a nonemergency "3-1-1" telephone system. Under existing federal law, the Federal Communications Commission (FCC) has designated "2-1-1" to be the national abbreviated dialing code to provide access to nonemergency community

information and referral services. Pursuant to authority delegated by the FCC to state regulatory bodies and its existing statutory authority, the PUC has established procedures for implementing 2-1-1 dialing in California. This bill would create in the State Treasury the 2-1-1 Fund and, upon appropriation by the Legislature, would require Cal OES to allocate moneys appropriated from the fund to the California 211 Providers Network to be used for, among other things, enhancing critical 2-1-1 system capacity and service quality through core operating support, providing equitable access to 2-1-1 dialing and services, publishing a statewide 2-1-1 community needs data dashboard for use by state agencies, developing aligned systems and protocols with 9-1-1 and 9-8-8, and providing annual reports to Cal OES, as specified. (Based on 06/18/2026 text)

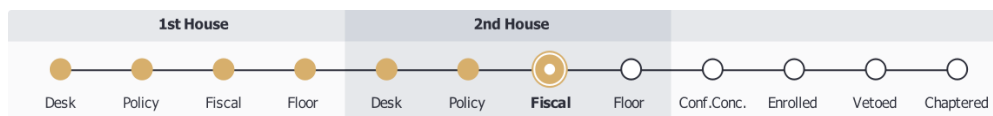
Organization	Position
EMSAAC	Watch/Study

[AB 1883](#) ([Bryan, D](#)) Workplace surveillance tools.

Current Text: 07/02/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 07/02/2026

Status: 07/02/2026 - Read second time and amended. Re-referred to Com. on APPR.



Location: 07/01/2026 - Senate Appropriations

Summary: Existing law establishes the Division of Labor Standards Enforcement within the Department of Industrial Relations. Existing law authorizes the division, which is headed by the Labor Commissioner, to enforce the Labor Code and all labor laws of the state, the enforcement of which is not specifically vested in any other officer, board, or commission. This bill would, with certain exceptions, prohibit an employer from using a workplace surveillance tool that uses artificial intelligence to, among other things, collect neural data or recognize an individual's emotional state. The bill would define an employer to include a governmental entity, including, among other entities, charter cities and the University of California. This bill would require the Labor Commissioner to enforce the bill's provisions, would authorize an employee to bring a civil action for specified remedies for a violation of the bill's provisions, and would authorize a public prosecutor to enforce the provisions. The bill would subject an employer who violates the bill's provisions to a civil penalty of up to \$500 for each violation. The bill would define various terms for purposes of its provisions. This bill would exempt from its provisions the use of a tool to the extent that its use is to ensure safety or is reasonably necessary to comply with, a federal statute, federal regulation, or binding federal contract relating to the development of aircraft for use in the national airspace or the development of products or services for national security, military, space, or defense purposes. The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities. (Based on 07/02/2026 text)

Organization	Position
EMSAAC	Watch/Study

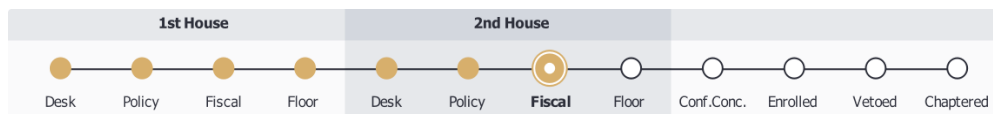
[AB 1913](#) ([Soria, D](#)) Licensure: emergency equipment.

Current Text: 05/07/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 05/07/2026

Status: 07/01/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 6. Noes 0.) (June 30). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 07/01/2026 - Senate Appropriations

Summary: Existing law prohibits a person from driving a motor vehicle upon a highway unless that person holds a valid driver's license to operate the type of vehicle that the person is driving. Existing law requires the Department of Motor Vehicles to require an examination for issuance of a driver's license. The examination is required to be appropriate to the type of motor vehicle or combination of vehicles the applicant desires a license to drive or tow,

in accordance with certain license classifications. A class C driver's license includes the operation of, among other vehicles, firefighting equipment, provided that the equipment is operated by a person who holds a firefighter endorsement, as specified. This bill would include the operation of specified emergency equipment under a class C driver's license, provided the equipment is owned by a law enforcement agency and is operated by a person who has completed the emergency equipment training described below. This bill would require specified peace officers and volunteers registered with specified law enforcement agencies be permitted to operate emergency equipment, as specified. The bill would require the training to include both classroom and driver training components, as specified, and a written examination. The bill would impose certification, experience, and licensure requirements on instructors for the training program, including, among other things, a requirement that an instructor be certified as a qualified training instructor by the State of California, the federal government, or a county training officers' association. This bill contains other related provisions and other existing laws. (Based on 05/07/2026 text)

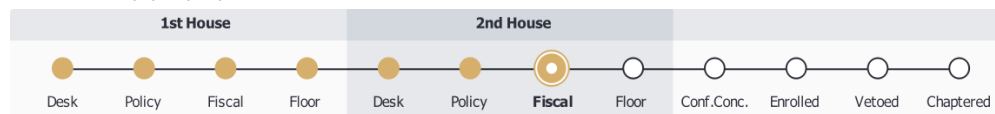
Organization	Position
EMSAAC	Watch/Study

[AB 1923](#) ([Soria, D](#)) **Distressed Hospital Loan Program.**

Current Text: 07/02/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 07/02/2026

Status: 07/02/2026 - From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (July 1). Read second time and amended. Re-referred to Com. on APPR.



Location: 07/02/2026 - Senate Appropriations

Summary: Existing law requires the Department of Health Care Access and Information to administer the Distressed Hospital Loan Program, until January 1, 2032, which provides loans to not-for-profit hospitals and public hospitals in significant financial distress or to governmental entities representing a closed hospital to prevent the closure of, or facilitate the reopening of, those hospitals. Existing law requires the department to develop a methodology to evaluate an at-risk hospital's potential eligibility for state assistance from the program, and authorizes the methodology for determining financial distress to consider the hospital's prior and projected performance on financial metrics, including, among other things, the amount of cash on hand. Existing law requires a hospital or a closed hospital applying for aid under this program to provide, among other things, the California Health Facilities Financing Authority and the department with financial information demonstrating the hospital's need for financial assistance due to financial hardship. Existing law requires the department to provide loan forgiveness or modification of loan terms to an applicant based upon criteria determined by the department and subject to the approval of the department and the authority. Existing law requires the department to establish the terms and conditions associated with accepting loan forgiveness or modification of loan terms, subject to approval of the Department of Finance. This bill would, if an appropriation is made for this purpose, require the evaluation for loan forgiveness incorporate projections of future financial performance in addition to a hospital's point-in-time financial condition. The bill would, if an appropriation is made for this purpose, in place of the current criteria, require the department to provide loan forgiveness to any participant of the program who received a loan award before the effective date of this act, as specified, if the department and authority determine the participant has demonstrated a good faith effort to comply with program requirements through January 1, 2026, and the financial projections demonstrate that the participant will become financially distressed as a result of loan repayments under the program or other outside factors, including, but not limited to, the impacts of the federal One Big Beautiful Bill Act. This bill would extend the program through January 1, 2035. This bill would declare that it is to take effect immediately as an urgency statute. This bill contains other related provisions and other existing laws. (Based on 07/02/2026 text)

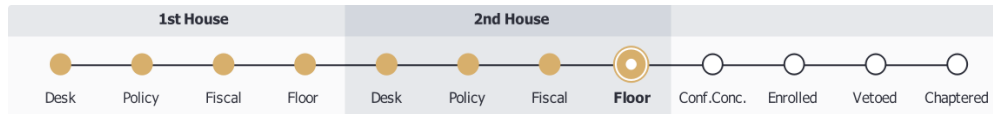
Organization	Position
EMSAAC	Watch/Study

[AB 2041](#) ([Carrillo, D](#)) **Emergency medical services.**

Current Text: 05/18/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 05/18/2026

Status: 06/23/2026 - Read second time. Ordered to third reading.



Location: 06/23/2026 - Senate THIRD READING

Summary: Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency to establish within its jurisdiction a basic emergency telephone system that includes, at a minimum, police, firefighting, and emergency medical and ambulance services. Existing law establishes the Office of Emergency Services within the office of the Governor and requires the office to be responsible for the state's emergency and disaster response services, as specified. Existing law requires the office, at specified intervals, to consult with, among others, the State Fire Marshal and the State Department of Public Health in order to review and update technical and operational standards for public agency systems. Existing law requires a public safety agency that provides "911" call processing services for emergency medical response to, by January 1, 2027, provide prearrival medical instructions to "911" callers requiring medical assistance, as specified. This bill would require a public safety agency described above that was not providing prearrival instructions to the "911" callers described above on or before January 1, 2026, to report to their local emergency medical services agency the status of their compliance with the above-described requirement on or before January 31, 2027. This bill contains other existing laws. (Based on 05/18/2026 text)

Organization	Position
EMSAAC	Oppose

Notes -

Gut & amend on 3/16 related technical and operational standards for EMS pre arrival instructions (appears to be related to AB 645 from last year)

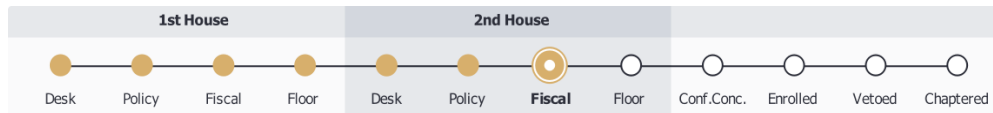
[AB 2093](#) ([Bauer-Kahan, D](#)) **State 988 system.**

Current Text: 06/11/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/11/2026

Status: 07/01/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (June 30). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 06/30/2026 - Senate Appropriations

Summary: Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number "988" as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide & Crisis Lifeline. Existing law, the Miles Hall Lifeline and Suicide Prevention Act, requires, among other things, the California Health and Human Services Agency (agency) to create, no later than December 31, 2024, a set of recommendations to support a 5-year implementation plan for a comprehensive 988 system. Existing law requires the agency to convene a state 988 advisory group for purposes of advising the agency on the set of recommendations and requires the recommendations to include specified information. Existing law requires the advisory group to meet at least once per quarter until December 31, 2024. Existing law authorizes the agency to disband the advisory group on or after January 1, 2025. Existing law requires the agency, until December 31, 2029, to post regular updates, no less than annually, regarding the implementation of 988 on its public internet website. This bill would require the advisory group to meet at least once per quarter until December 31, 2029. The bill would authorize the agency to disband or reconvene the advisory group on or after January 1, 2030. The bill would require the above-described regular updates to include, among other things, the progress toward statewide interoperability between 988 and 911. The bill would require the agency to have the primary responsibility for statewide governance and implementation of the 988 system. The bill would require the agency to maintain a 988 System Governance Board to provide cross-agency coordination and oversight related to implementation of the 988 system, as specified. The bill would require the State Department of Health Care Services to be responsible for oversight of 988 center operations, among other things. This bill contains other related provisions and other existing laws. (Based on 06/11/2026 text)

Organization	Position
EMSAAC	-Pending-

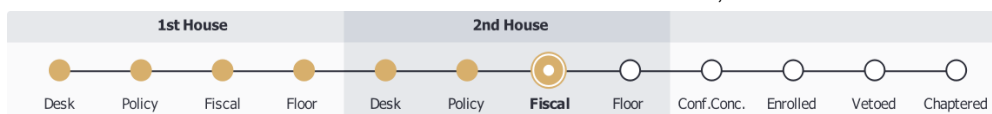
[AB 2150](#) (Haney, D) Employment: training requirements: opioid overdose reversals.

Current Text: 06/25/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/25/2026

Status: 07/01/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (July 1). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 07/01/2026 - Senate Appropriations

Summary: Existing law establishes the Emergency Medical Services Authority and requires the authority to coordinate state activities concerning emergency medical services. Existing law grants the Division of Occupational Safety and Health, which is within the Department of Industrial Relations, jurisdiction over all employment and places of employment, and the power necessary to enforce and administer all occupational health and safety laws and standards. Existing law, the California Occupational Safety and Health Act of 1973 (OSHA), requires employers to comply with certain safety and health standards, as specified, and charges the division with enforcement of the act. Under OSHA, certain violations of the act are punishable as a crime. Existing law requires the division, before December 1, 2027, to submit a draft rulemaking proposal to revise specified regulations on first aid materials and emergency medical services to require first aid materials in a workplace to include naloxone hydrochloride or another opioid antagonist approved by the United States Food and Drug Administration to reverse opioid overdose and instructions for using the opioid antagonist. Existing law requires the standards board to consider for adoption revised standards for the standards described above on or before December 1, 2028. This bill would require an employer operating in this state that requires cardiopulmonary resuscitation (CPR) certification training of its employees to also require those employees, except as specified, to take an online video module training on the use of naloxone to increase the rate of opioid overdose reversals, as prescribed. The bill would require the Emergency Medical Services Authority to review and approve the online video module trainings to ensure that the training content meets certain minimum standards. The bill would require the Division of Occupational Safety and Health to enforce these provisions in accordance with the division's existing authority under OSHA. By expanding the scope of a crime under OSHA, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 06/25/2026 text)

Organization	Position
EMSAAC	Watch/Study

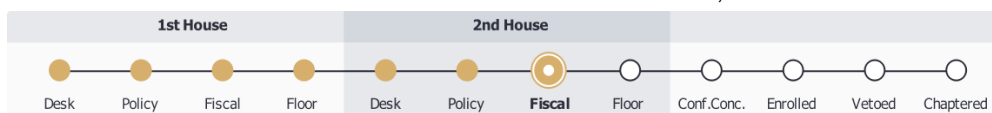
[AB 2282](#) (Alanis, R) Health facilities: emergency medical services.

Current Text: 06/22/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/22/2026

Status: 07/02/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 1.) (July 1). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 07/02/2026 - Senate Appropriations

Summary: Existing law requires the State Department of Public Health to license and regulate various health facilities, including general acute care hospitals. Existing law requires the department to issue a special permit, in addition to a license, to a health facility to offer one or more special services, such as an emergency center, if specified requirements are met, including that the department finds that the standards of care and services are adequate and appropriate. Existing law requires the department to issue a special permit to allow a general acute care hospital to offer emergency stabilization services at a location that is neither inside nor contiguous to the

applicant hospital if the hospital provides satisfactory evidence to the department that, among other things, the hospital has a written transfer agreement with the hospital closest to the location where emergency stabilization services will be provided and satisfactory evidence to the department that this location meets certain requirements, including that the location is in the town of Paradise within the County of Butte and serves the same area previously served by Feather River Hospital. This bill would require the department to issue a waiver, as specified, to a publicly owned and operated general acute care hospital, in collaboration with Del Puerto Health Care District, to operate one rural emergency stabilization care unit and waive designated general acute care hospital licensure requirements if specified conditions are met. The bill would limit the term of the waiver based on prescribed factors, including the completion of a hospital build within a 5-mile radius of the emergency stabilization care unit or within 10 years from the initial issuance of the waiver, except as specified. This bill would make legislative findings and declarations as to the necessity of a special statute for Del Puerto Health Care District. (Based on 06/22/2026 text)

Organization	Position
EMSAAC	Watch/Study

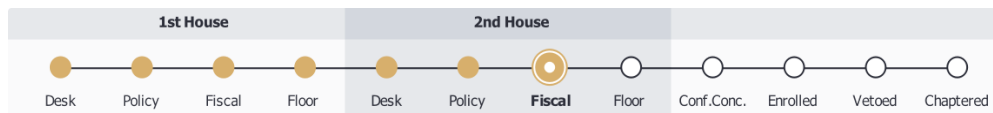
[AB 2318](#) (Elhawary, D) Law enforcement: facilitating medical care.

Current Text: 06/25/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/25/2026

Status: 06/25/2026 - Read second time and amended. Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 06/24/2026 - Senate Appropriations

Summary: Existing law generally provides for the regulation of law enforcement agencies and requires specified law enforcement agencies to maintain policies on, among other things, use of force, hate crimes, and gun violence restraining orders. Existing law requires the Commission on Peace Officer Standards and Training to establish and keep updated a field training officer course relating to competencies of the field training program and police training program that addresses how to interact with persons with certain conditions. This bill would make it unlawful for a law enforcement officer to deny, delay, obstruct, or fail to facilitate access to medical evaluation or treatment for an individual under law enforcement control, but who is not in the custody of, or detained in, a county jail or the state prison, if it is safe and reasonable to provide access to treatment and a medical professional has been requested or is present and is willing to render care to the individual. If access to medical evaluation or treatment is denied or delayed when a medical professional is present and is willing to assist, the bill would require law enforcement to document the basis of the denial within 72 hours of the incident, as specified. The bill would authorize administrative discipline, including suspension or termination, against a law enforcement officer who violates those provisions. By creating a new crime and by increasing the duties on local law enforcement relating to reporting, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 06/25/2026 text)

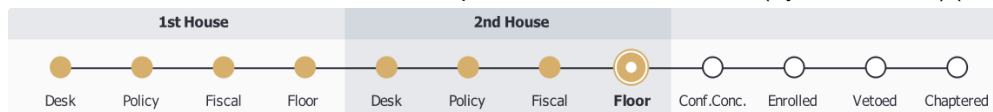
Organization	Position
EMSAAC	Watch/Study

[AB 2341](#) (Fong, D) Local government: emergency response services: use of languages other than English.

Current Text: 06/23/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/23/2026

Status: 07/02/2026 - From committee: Do pass. To Consent Calendar. (Ayes 7. Noes 0.) (July 1).



Location: 07/01/2026 - Senate CONSENT CALENDAR

Summary: Existing law requires, in the event of an emergency within the jurisdiction of a local agency that provides emergency response services and that serves a population within which 5% or more of the people speak

English less than “very well,” according to American Community Survey data, and jointly speak a language other than English, that the local agency provide information related to the emergency in English and in all languages spoken jointly by the 5% or more of the population that speaks English less than “very well,” as specified. This bill would revise these provisions to instead require the local agency to provide information related to an emergency within a local agency’s jurisdiction in English and translated in each language spoken by 5% or more of the population that speaks English less than “very well.” The bill, to determine whether a language meets the criteria for translation, would require a local agency to calculate the total population of those within its jurisdiction that speaks English less than “very well,” and, for each language included in the American Community Survey data, or data from an equally reliable source, determine whether speakers of any language who speak English less than “very well” comprise at least 5% of the total population of that jurisdiction that speaks English less than “very well.” The bill would make organizational and clarifying changes to the above-described provisions, as specified. This bill would declare that it is to take effect immediately as an urgency statute. (Based on 06/23/2026 text)

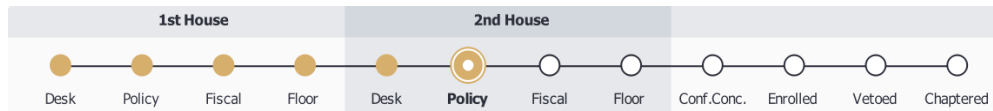
Organization	Position
EMSAAC	Watch/Study

[AB 2353](#) ([Pacheco, D](#)) Health Mandates Review Program.

Current Text: 04/28/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 04/28/2026

Status: 07/01/2026 - In committee: Set, first hearing. Hearing canceled at the request of author.



Location: 06/10/2026 - Senate Health

Summary: Existing law requests the University of California to establish the California Health Benefit Review Program (CHBRP) to assess legislation proposing to mandate a health care benefit or service or repeal a mandated benefit or service and to prepare a written analysis. Existing law authorizes an appropriate policy or fiscal committee chairperson, the Speaker of the Assembly, or the President pro Tempore of the Senate to request that written analysis. Under existing law, a written analysis is requested to be provided to the Legislature not later than 60 days after a request for analysis is made. Existing law establishes the Health Care Benefits Fund, funded by an annual fee on health care service plans and health insurers, to support the University of California and CHBRP. This bill would require the Department of Health Care Access and Information to seek to partner with the University of California to develop a plan to establish the Center for Health Provider Policy Impact to assess and evaluate the impact of state and federal policies on hospitals. The bill would require the center to evaluate anticipated and actual impacts of proposed policies on health care delivery, access, workforce, and system sustainability and would require the center to create reports, at least annually, as specified. The bill would authorize the Legislature to request that the center review specific legislation or issues. The bill would establish the Health Provider Impact Fund. The bill would require the department to assess a fee for each hospital for the costs required to fund the above-described activities, as specified, thus imposing a tax. The bill would repeal these provisions on January 1, 2033. (Based on 04/28/2026 text)

Organization	Position
EMSAAC	-Pending-

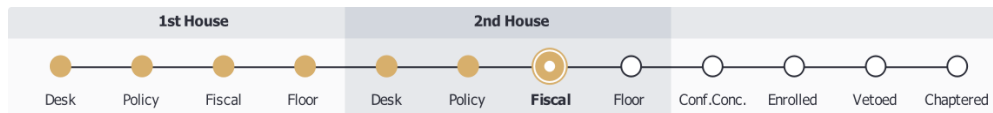
[AB 2405](#) ([Gipson, D](#)) Mental health.

Current Text: 06/25/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/25/2026

Status: 07/01/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 1.) (June 30). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 07/01/2026 - Senate Appropriations

Summary: Under existing law, when a person, as a result of a mental disorder, is a danger to others or to themselves, or is gravely disabled, they may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, as specified. Existing law prohibits mental health personnel from instructing a peace officer to take a person to, or keep the person at, a jail, solely because of the unavailability of an acute bed. This bill would require a peace officer who is transporting the above-described person to a designated facility for assessment to transport the person to the closest designated facility, either geographically or by time, to where the peace officer took the person into custody. This bill contains other related provisions and other existing laws. (Based on 06/25/2026 text)

Organization	Position
EMSAAC	Watch/Study

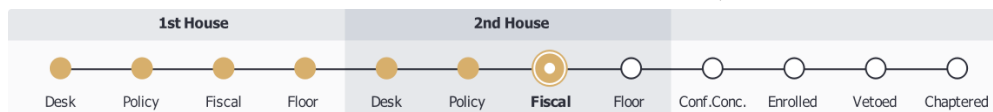
AB 2475 ([Committee on Emergency Management](#)) **Standardized emergency management system.**

Current Text: 05/18/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 05/18/2026

Status: 07/01/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 8. Noes 0.) (June 30). Re-referred to Com. on APPR.

Calendar: 08/03/26 S-APPROPRIATIONS 10 a.m. - 1021 O Street, Room 2200 CERVANTES, SABRINA, Chair



Location: 06/30/2026 - Senate Appropriations

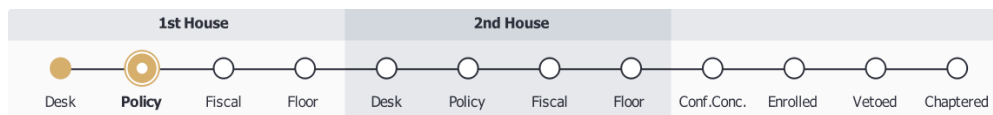
Summary: Existing law, the California Emergency Services Act, requires the Office of Emergency Services, in coordination with all interested state agencies with designated response roles in the state emergency plan and interested local emergency management agencies, to jointly establish by regulation a standardized emergency management system for use by all emergency response agencies. The act requires the Office of Emergency Services to complete an after-action report within 180 days of a declared disaster, as provided. This bill would instead require the Office of Emergency Services to complete 2 after-action reports, the first within the first 180 days of a declaration of a state of emergency and the second no later than 180 days after a declared state of emergency ends, as provided. The bill would also require the office to draft annual written updates related to recovery activities, as provided. The bill would require the office to send both reports and any annual recovery updates to the Assembly and Senate Committees on Emergency Management, as provided. This bill would additionally require a city, county, or city and county to complete an after-action report no later than 120 days after a declaration of a local emergency for which the Governor has also proclaimed a state of emergency and to make the report available to the Office of Emergency Services, among others, as provided. The bill would specify that the after-action report constitutes the after-action report required by a certain regulation. The bill would require the after-action report to include, among other things, information about the application of the standardized emergency management system. By imposing a new reporting requirement upon local agencies, this bill would impose a state-mandated local program. The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities. This bill contains other related provisions and other existing laws. (Based on 05/18/2026 text)

Organization	Position
EMSAAC	Watch/Study

SB 879 ([Laird, D](#)) **Budget Act of 2026.**

Current Text: 01/09/2026 - Introduced [HTML](#) [PDF](#)

Status: 01/12/2026 - Read first time.



Location: 01/09/2026 - Senate Budget and Fiscal Review

Summary: This bill would make appropriations for the support of state government for the 2026–27 fiscal year. This bill contains other related provisions. (Based on 01/09/2026 text)

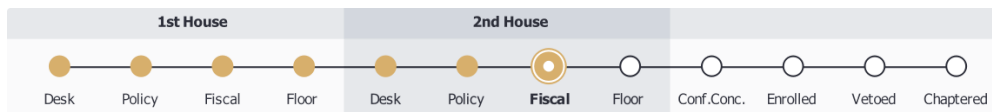
Organization	Position
EMSAAC	Watch/Study

[SB 985](#) ([Strickland, R](#)) 911 emergency system.

Current Text: 06/10/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/10/2026

Status: 07/02/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 9. Noes 0.) (July 1). Re-referred to Com. on APPR.



Location: 07/02/2026 - Assembly Appropriations

Summary: Existing law requires the Office of Emergency Services to develop a plan and timeline of target dates for the testing, implementation, and operation of a Next Generation 911 emergency communication system, including text to 911 service, throughout California. This bill would require the office to provide quarterly reports to the Legislature on the development, implementation, and spending on the Next Generation 911 system, as specified. (Based on 06/10/2026 text)

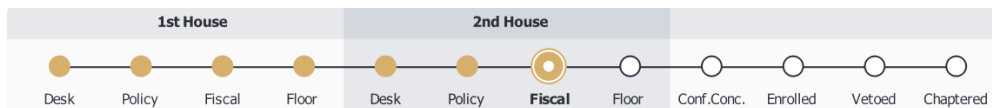
Organization	Position
EMSAAC	Watch/Study

[SB 1323](#) ([Rubio, D](#)) Health care providers: patient access: immigration enforcement.

Current Text: 06/18/2026 - Amended [HTML](#) [PDF](#)

Last Amended: 06/18/2026

Status: 06/23/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 3.) (June 23). Re-referred to Com. on APPR.

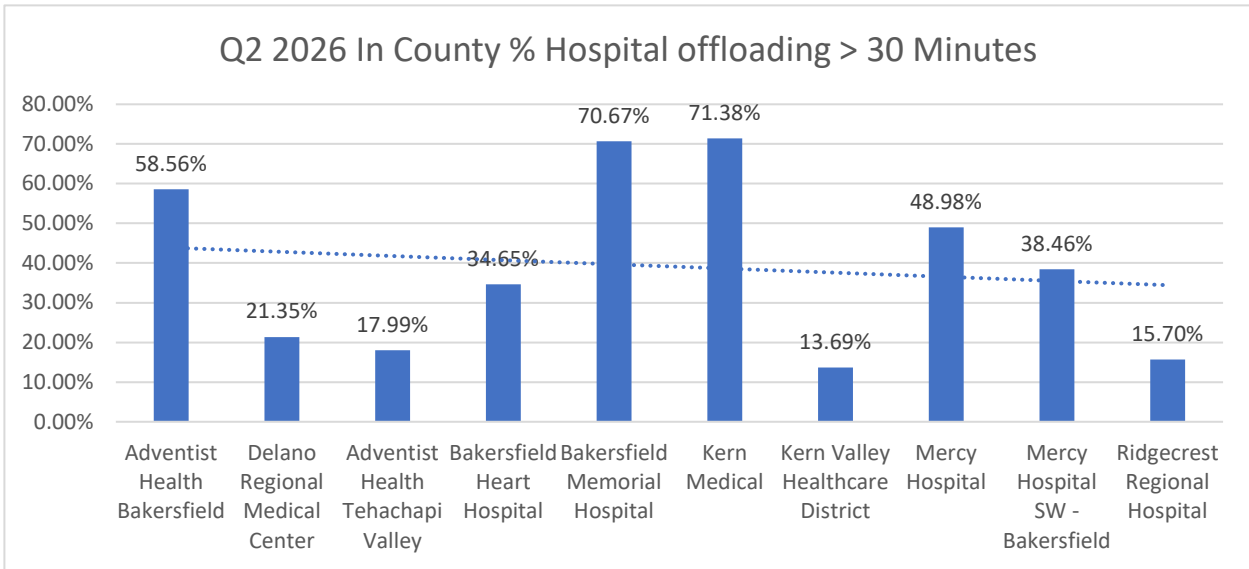
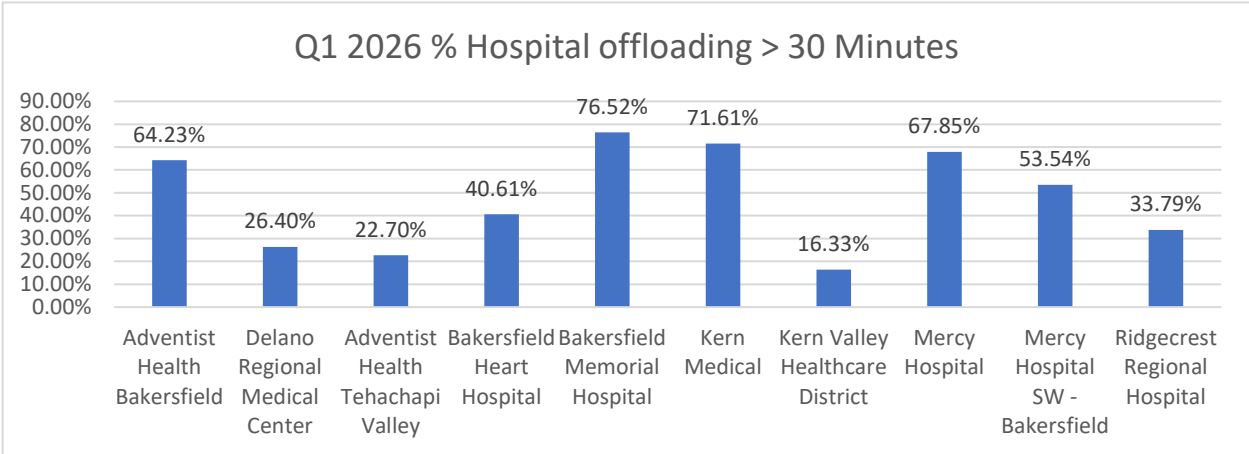


Location: 06/23/2026 - Assembly Appropriations

Summary: Existing law requires a health care provider entity, as defined, to designate areas where a patient is receiving treatment or care, or where a patient is discussing protected health information, as nonpublic, in order to enhance privacy available to facility users and promote a safe environment conducive to the facility's mission and patient care. Unless required by state or federal law, existing law prohibits a health care provider entity and its personnel from allowing any person access to the nonpublic areas of the facility for immigration enforcement purposes, unless that person has a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility. Existing law requires a health care provider entity to inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or to patients. This bill would also require a health care provider entity to inform staff and relevant volunteers on how to respond to requests by a person who is in custody by immigration enforcement to notify a family member or designated support person about their current location. This bill contains other related provisions and other existing laws. (Based on 06/18/2026 text)

Organization	Position
EMSAAC	Watch/Study

7. Quarterly APOT Report



Hospital Offload Time Performance: Q1 vs. Q2

Overall, hospitals demonstrated improvement in offload performance from **Q1 to Q2**, with every facility increasing the percentage of patients transferred in **30 minutes or less**. The table below summarizes each hospital's improvement.

Hospital	Q1 (% ≤30 min)	Q2 (% ≤30 min)	Improvement
Adventist Health Bakersfield	35.77%	41.44%	+5.66%
Delano Regional Medical Center	73.60%	78.65%	+5.05%
Adventist Health Tehachapi Valley	77.30%	82.01%	+4.71%
Bakersfield Heart Hospital	59.39%	65.35%	+5.97%
Bakersfield Memorial Hospital	23.48%	29.33%	+5.84%
Kern Medical	28.39%	28.62%	+0.24%
Kern Valley Healthcare District	83.67%	86.31%	+2.64%
Mercy Hospital	32.15%	51.02%	+18.87%
Mercy Hospital Southwest	46.46%	61.54%	+15.08%
Ridgecrest Regional Hospital	66.21%	84.30%	+18.09%

Key Highlights

- **All hospitals improved** their percentage of patient transfers completed within 30 minutes between Q1 and Q2.
- **Mercy Hospital** showed the largest improvement, increasing by **18.87 percentage points**.
- **Ridgecrest Regional Hospital** followed closely with an **18.09 percentage-point** improvement.
- **Mercy Hospital Southwest** improved by **15.08 percentage points**.
- **Kern Valley Healthcare District** continued to have one of the strongest overall performances, achieving **86.31%** of patient transfers within 30 minutes in Q2.
- **Kern Medical** showed a modest improvement (**+0.24 percentage points**), indicating relatively stable performance between quarters.

8. Quarterly Ambulance Response Time Compliance

Ambulance Response-Time Performance Dashboard

Report Select Value

Year 2026
Report Type Quarterly
Period Q1

Hall Ambulance Service

Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count
25546	375	25171	98.53%	\$2,294.00	2

Priority	Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count	Status
1	3473	95	3378	97.26%	\$0.00	0	Meets Standard
2	906	16	890	98.23%	\$2,294.00	2	Meets Standard
C3A	5249	55	5194	98.95%	\$0.00	0	Meets Standard
C3B	12815	185	12630	98.56%	\$0.00	0	Meets Standard
3	670	4	666	99.40%	\$0.00	0	Meets Standard
4	0	0	0		\$0.00	0	No Data
5	78	0	78	100.00%	\$0.00	0	Meets Standard
6	554	168	386	69.68%	\$0.00	0	Below Standard
7	1712	358	1354	79.09%	\$0.00	0	Below Standard
8	149	28	121	81.21%	\$0.00	0	Below Standard
10	2433	20	2413	99.18%	\$0.00	0	Meets Standard

Ambulance Response-Time Performance Dashboard

Report Select Value

Year 2026
Report Type Quarterly
Period Q2

Hall Ambulance Service

Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count
27172	413	26759	98.48%	\$2,322.00	2

Priority	Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count	Status
1	3764	114	3650	96.97%	\$1,147.00	1	Meets Standard
2	988	15	973	98.48%	\$1,175.00	1	Meets Standard
C3A	5308	68	5240	98.72%	\$0.00	0	Meets Standard
C3B	13682	195	13487	98.57%	\$0.00	0	Meets Standard
3	767	3	764	99.61%	\$0.00	0	Meets Standard
4	0	0	0		\$0.00	0	No Data
5	57	0	57	100.00%	\$0.00	0	Meets Standard
6	579	170	409	70.64%	\$0.00	0	Below Standard
7	1731	312	1419	81.98%	\$0.00	0	Below Standard
8	189	35	154	81.48%	\$0.00	0	Below Standard
10	2663	18	2645	99.32%	\$0.00	0	Meets Standard

Ambulance Response-Time Performance Dashboard

Report Select Value

Year 2026
Report Type Quarterly
Period Q1

Liberty Ambulance Service

Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count
1744	70	1674	95.99%	\$1,147.00	1

Priority	Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count	Status
1	280	14	266	95.00%	\$1,147.00	1	Meets Standard
2	128	3	125	97.66%	\$0.00	0	Meets Standard
C3A	354	8	346	97.74%	\$0.00	0	Meets Standard
C3B	844	39	805	95.38%	\$0.00	0	Meets Standard
3	89	3	86	96.63%	\$0.00	0	Meets Standard
4	0	0	0		\$0.00	0	No Data
5	2	0	2	100.00%	\$0.00	0	Meets Standard
6	332	132	200	60.24%	\$0.00	0	Below Standard
7	103	22	81	78.64%	\$0.00	0	Below Standard
8	7	7	0	0.00%	\$0.00	0	Below Standard
10	49	3	46	93.88%	\$0.00	0	Meets Standard

Ambulance Response-Time Performance Dashboard

Report Select Value

Year 2026
Report Type Quarterly
Period Q2

Liberty Ambulance Service

Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count
1788	53	1735	97.04%	\$0.00	0

Priority	Final Total	Final Late	Compliant	Compliance	Penalty	Penalty Count	Status
1	300	14	286	95.33%	\$0.00	0	Meets Standard
2	107	1	106	99.07%	\$0.00	0	Meets Standard
C3A	352	9	343	97.44%	\$0.00	0	Meets Standard
C3B	888	24	864	97.30%	\$0.00	0	Meets Standard
3	99	3	96	96.97%	\$0.00	0	Meets Standard
4	0	0	0		\$0.00	0	No Data
5	8	1	7	87.50%	\$0.00	0	Below Standard
6	308	123	185	60.06%	\$0.00	0	Below Standard
7	77	15	62	80.52%	\$0.00	0	Below Standard
8	7	5	2	28.57%	\$0.00	0	Below Standard
10	42	2	40	95.24%	\$0.00	0	Meets Standard

9. Maddy Fund Request - Warehouse

Intent of the Discretionary Maddy Fund

On February 14, 2019, the Assistant Director of Public Health informed the Emergency Medical Care Advisory Board (EMCAB) that the discretionary portion of the Maddy Emergency Medical Services Fund would be released for **"enhancements in the EMS system, as approved by your board."**

Merriam-Webster defines *enhancement* as **"to heighten or increase, especially to improve in value, quality, desirability, or attractiveness."**

Consistent with that direction, the County has interpreted the discretionary Maddy Fund to support projects that **enhance** the delivery of prehospital emergency medical care beyond the normal and customary operational responsibilities of EMS system participants. Eligible projects should demonstrate a measurable improvement to the Kern County EMS System through programs, services, equipment, training, technology, or educational resources that strengthen the overall system of care.

To be considered for funding, a proposed expenditure should provide a meaningful benefit to the EMS system as a whole and improve the quality, efficiency, or delivery of prehospital emergency medical services for the residents of Kern County. Expenditures that support an agency's routine operational, contractual, regulatory, or maintenance responsibilities generally do not constitute system enhancements and therefore do not meet the intended purpose of the discretionary Maddy Fund.

MADDY FUND REQUEST REPORT

Emergency Medical Services Warehouse Storage Funding

Background

Prior to March 2020, Kern County Emergency Medical Services (EMS) maintained a small warehouse for the storage of emergency preparedness supplies and equipment. While adequate for routine operations, the warehouse lacked the capacity necessary to support a prolonged large-scale emergency. During the COVID-19 pandemic, Kern County EMS exhausted its available storage capacity and was required to request additional supplies from the State of California much earlier than anticipated.

To strengthen the County's emergency preparedness capabilities, the Emergency Medical Care Advisory Board (EMCAB) approved the use of MADDY Funds on May 13, 2021, to fund the initial two years of an expanded warehouse facility. This funding enabled Kern County EMS to enter into a five-year lease for approximately 21,000 square feet of warehouse space dedicated to the storage of emergency medical equipment, disaster supplies, and personal protective equipment.

Since its establishment, the warehouse has become an essential component of Kern County's emergency medical services infrastructure. The facility stores critical resources including:

- Personal protective equipment (PPE)
- Ventilators and respiratory equipment
- Ambulance gurneys
- Cardiac monitors and other medical devices
- Pharmaceuticals and medical supplies
- Disaster response equipment
- Regional emergency cache supplies

These resources are strategically maintained to support ambulance providers, fire agencies, hospitals, and healthcare partners during disasters, public health emergencies, mass casualty incidents, and other situations in which local resources are insufficient to meet operational demands. During emergency events, these supplies are rapidly deployed throughout the EMS system to maintain continuity of patient care and protect both patients and first responders.

The warehouse has proven to be a vital regional asset by ensuring that essential emergency medical resources remain immediately available for deployment whenever needed. Continued access to this facility significantly enhances Kern County's ability to respond to disasters while maintaining the operational readiness of the emergency medical services system.

Justification

The MADDY Emergency Medical Services Fund was established to support and improve emergency medical services throughout California. Maintaining a centralized warehouse for emergency medical supplies directly

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supports the EMS system by ensuring that life-saving equipment and critical medical resources are available to EMS providers and hospitals during emergencies, disasters, and periods of increased demand.

Continued funding of this warehouse:

- Maintains countywide emergency medical response readiness.
- Supports ambulance providers, hospitals, fire agencies, and healthcare partners during disasters and major incidents.
- Ensures immediate availability of critical medical equipment and supplies needed to provide emergency medical care.
- Strengthens the operational resilience of the Kern County EMS System.
- Protects the public by reducing delays in obtaining essential emergency medical resources during disasters and public health emergencies.

The warehouse has become an integral part of Kern County's emergency preparedness strategy and serves as a regional resource that benefits the entire emergency medical services system.

Funding Request

Kern County EMS respectfully requests the release of **\$164,339.57** from the MADDY Emergency Medical Services Fund to provide funding for **one additional year** of warehouse lease costs.

Approval of this request will ensure the continued availability of this critical emergency preparedness resource and preserve Kern County's ability to rapidly support the EMS system during disasters, public health emergencies, mass casualty incidents, and other events requiring the immediate deployment of emergency medical supplies and equipment.

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10 Maddy Fund Request-
Base Station Radio
Equipment

MADDY FUND REQUEST REPORT

Kern County Hospital Authority – Base Station Radio Equipment

Background

On June 1, 2026, Kern County EMS received a properly completed Maddy Fund Request Form submitted by the Kern County Hospital Authority (KCHA) through the Public Health/EMS website. KCHA is requesting the release of **\$28,761.95** in Maddy Funds for the replacement of required base station radio equipment.

Request Justification

KCHA provided the following justification in support of the request:

The existing EMS radio system has reached the end of its useful life and is experiencing increasing reliability issues, maintenance challenges, and communication failures. KCHA states that replacing the system will:

- Improve responder safety.
- Enhance patient care.
- Provide reliable countywide communications.
- Increase interoperability with EMS and mutual aid agencies.
- Reduce maintenance costs.
- Ensure compliance with current public safety communications standards.
- Provide a sustainable communications platform for the next 10–15 years.

KCHA further states that replacement of the equipment will improve communications between dispatch centers, ambulances, hospitals, and partner agencies while reducing equipment failures and maintenance costs.

EMS Review

EMS has reviewed the Kern County Hospital Authority's request for the release of \$28,761.95 in discretionary Maddy Funds for the replacement of base station radio equipment.

The existing radio system has reached the end of its useful life and is experiencing increasing reliability issues, maintenance challenges, and communication failures. The requested equipment will improve the reliability of communications between field personnel, dispatch centers, receiving hospitals, and mutual aid partners while supporting timely patient care and coordinated emergency medical response throughout Kern County.

Reliable communications are a critical component of an effective EMS system. The proposed replacement will improve system resiliency, enhance interoperability among EMS stakeholders, reduce service interruptions caused by aging equipment, and provide a modern communications platform capable of supporting EMS operations for many years.

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Analysis

The discretionary portion of the Maddy Emergency Medical Services Fund is intended to support projects that enhance the delivery of prehospital emergency medical care throughout Kern County.

The requested replacement of base station radio equipment represents a significant enhancement to the countywide EMS communications infrastructure. Reliable communications are essential to coordinating patient care, transmitting clinical information, managing emergency incidents, and maintaining interoperability among EMS providers, hospitals, dispatch centers, and public safety partners.

Replacement of the aging communications system is expected to improve system reliability, reduce communication failures, enhance responder safety, and strengthen the overall delivery of emergency medical services. These improvements will benefit the EMS system as a whole and are consistent with the intent of the discretionary Maddy Fund to support projects that improve the quality and effectiveness of prehospital emergency medical care.

Recommendation

It is recommended that the Emergency Medical Care Advisory Board approve the Kern County Hospital Authority's request for the release of \$28,761.95 in discretionary Maddy Funds for the purchase of replacement base station radio equipment.

Approval of this request will enhance the reliability, interoperability, and resiliency of the Kern County EMS communications system, providing a long-term benefit to EMS providers, receiving hospitals, and the residents of Kern County. The proposed project is consistent with the purpose of the discretionary Maddy Fund by enhancing the countywide EMS system and improving the delivery of prehospital emergency medical care.



11. Approval of Minutes

Meeting Minutes**KERN COUNTY EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)**

Kern County Administrative Center
Board of Supervisors Chambers
1115 Truxtun Avenue
Bakersfield CA, 93301

REGULAR MEETING**THURSDAY – May 14th, 2026****4:00 P.M.**

Call to Order – *Chairman Flores*

Roll Call:

Supervisor Jeff Flores, John Surface, Larry McCurtain, Tyler Whitezell, Dr. Lyon, Orchel Krier, Leslie Wilmer.

We have a quorum.

SALUTE TO FLAG – *Larry McCurtain*

Consent Agenda (CA):

All items listed with a “CA” are considered by program staff to be routine and non-controversial. The “CA” represents the consent agenda for the Board members of EMCAB. Consent items will be considered first and may be approved in one motion. If a member of the audience wishes to comment or ask questions regarding an item or items on the consent agenda, they may do so prior to a vote being taken on the consent agenda. A member of EMCAB may remove any item from the consent agenda and it will be considered in listed sequence with an opportunity for any member of the public to address EMCAB concerning the item before action is taken.

No board comment.

Motion to Approve – John Surface

Second – Tyler Whitzell

Motion Passes.

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PUBLIC PRESENTATIONS

1) This portion of the meeting is reserved for persons to address the Board on any matter not on this Agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION.

No public comment.

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

2) Board Member Announcements or Reports:
On their own initiative, Board members may make an announcement or report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2[a][2])

No Board comments or announcements.

EMERGENCY MEDICAL SERVICES PROGRAM REQUESTS

3) Managers' report – RECEIVE AND FILE

No public comment.

Chairman Flores – expressed his gratitude and extends a sorry to hear about the discontinuation of telehealth in the prehospital setting, is happy to hear you are making progress on so many fronts serving our community, keeping our system sound and protecting emergency services.

No further comments from the board.

Motion to Approve – Leslie Wilmer

Second – Dr. Lyon

Motion Passes.

4) APOT Task Force Report – RECEIVE AND FILE

Program Manager presents Director of Public Health Brynn Carrigan APOT report out.

Ambulance patient offload times or “APOT” delays continue to be a growing concern despite our continued efforts. As reflected in the annual APOT report included in your

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MCAB packet, the total number of ambulance patient offload delays exceeding 30 minutes in 2025 was 28,294 hours. To date in 2026, offload delays exceeding 30 minutes have already totaled 11,394 hours. If this trend continues through the remainder of the year, Kern County is on pace to exceed last year's total with projected delays estimated to reach approximately 31,594 hours in 2026. Each month, Kern County public health staff distribute APOT data to APOT task force members as well as all hospital CEOs to ensure continued awareness and visibility regarding system performance and trends. We continue to meet regularly with APOT task force. In January of this year, Sandro Briones, emergency department director for Antelope Valley Medical Center, joined the task force to present on their operational strategies that they implemented at their facility that have resulted in significant improvements in APOT times. Task Force members expressed interest in learning more about these efforts, including seeing how their processes worked, which led to a tour being arranged at Antelope Valley Medical Center on April 22nd. Unfortunately, representation at the tour was limited to only Liberty Ambulance and Adventist Health. Following the limited participation, I reached out directly to the larger hospital CEOs to express my concern regarding the lack of engagement and the apparent lack of prioritization surrounding this issue. I asked whether there were additional ways Kern County Public Health could support participation and collaboration in improvement efforts. To date, I have not received a response to that outreach. At this point, Kern County Public Health remains dedicated with substantial staff time and resources towards APOT related efforts. However, it is not producing meaningful systemwide improvement at this time. On a more positive note, Adventist Health recently hired a dedicated prehospital liaison nurse whose primary focus is ambulance patient offload coordination. She has already initiated outreach to ambulance providers and to Kern County Public Health to establish bi-weekly APOT collaboration meetings aimed at improving patient throughput, identifying operational barriers, reducing offload times, and enhancing ambulance availability throughout the community. Our first meeting is scheduled for May 28th, and we remain hopeful and encouraged by the potential of this partnership.

Chairman Flores – expressed his gratitude, and for the potential of the AVH strategies and hopeful to implement them here in Kern County. Hoping for willing participation and audience to listen and see what can be done. Reflected on the statistics from last year in our APOT numbers. John Surface – adds that what the AV hospital has accomplished is remarkable. They had previously held the record for longest APOT for one crew on one occasion for 36 hours, and time after time have had to conduct shift change to hold with a patient with no offload time in site. Now one of the fastest Hospitals to offload.

No public comment or comments from the board.

Motion to Approve – Orchel Krier

Second – Chairman Jeff Flores

Motion Passes.

CA – 5) Annual Maddy Fund Report – RECEIVE AND FILE

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CA – 6) Legislation Report – RECEIVE AND FILE

CA – 7) Annual APOT Report – RECEIVE AND FILE

CA – 8) Annual Ambulance Response Time Compliance – RECEIVE AND FILE

CA – 9) Annual EMCAB Agenda Summary – RECEIVE AND FILE

CA – 10) Annual EOA Reports – RECEIVE AND FILE

CA – 11) Annual EMS System Report – RECEIVE AND FILE

CA – 12) Annual EMCAB Member Report – RECEIVE AND FILE

MATTERS FOR EXECUTIVE APPROVAL

CA-13) Review and Approval of February 12, 2026, Minutes – APPROVE

14) Adjournment:

The deadline for submitting public requests for the next EMCAB meeting is Thursday, July 30, 2026, at 5:00 PM to the EMS Program Manager.

Adjourn to Thursday, August 13, 2026, at 4:00 PM at the Kern County Administrative Center in the Kern County Board of Supervisors Chambers at 1115 Truxtun Avenue, Bakersfield, CA 93301 – ADJOURN

AMERICAN'S WITH DISABILITIES ACT

(Government Code Section 54953.2)

The Board of Supervisors Chamber is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board may request assistance at the Kern County Public Health at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

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12. Adjournment