

**LOS ANGELES COUNTY**  
**CITIZENS ECONOMY AND EFFICIENCY COMMISSION**  
ROOM 139, HALL OF ADMINISTRATION / 500 WEST TEMPLE / LOS ANGELES, CALIFORNIA 90012 / 974-1491

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December 17, 1974

Honorable Board of Supervisors  
Los Angeles County  
383, Hall of Administration  
Los Angeles, Calif. 90012

Gentlemen:

Burke Roche  
Executive Secretary

SUBJECT:     PROGRESS REPORT ON STRENGTHENING  
              THE EMERGENCY MEDICAL CARE COMMITTEE

At the Board meeting on December 3, 1974, you asked the Economy and Efficiency Commission to review proposals for strengthening the Emergency Medical Care Committee and to report to your Board on December 17, 1974.

Since that request, we have initiated an intensive study of the issues. Our staff has conducted over 20 interviews of participants in or experts on the County's emergency care system, and we have gathered substantial documentation on the operations of the Emergency Medical Care Committee and related committees. Today we are prepared to make some preliminary recommendations. However, we have not finished analyzing all of the relevant material. As you know, the issues are very complex, involving provision of services to save lives in emergency situations and management of both public and private delivery of those services. The composition, operation and effectiveness of the Emergency Medical Care Committee affect those broader issues and should not be considered independently.

Therefore, our final recommendations will require more thorough study than has been possible since December 3, and we respectfully request that you consider today's recommendations as preliminary. We will be ready to make our final recommendations before the end of January) 1975.

I. ADVISORY ROLE OF THE EMERGENCY MEDICAL CARE COMMITTEE

We believe that the State law establishing the Emergency Medical Care Committee should be clarified along the lines proposed by the County in the 1974 legislative program. The current law is an obstacle to effective performance of the Committee.

The Emergency Medical Care Committee is required by the Health and Safety Code to review and report annually to State health agencies on ambulance services, emergency medical care, and first aid practices. The law provides that the Board of Supervisors shall prescribe the membership and appoint the members of the committee.

In an opinion dated October 15, 1973, County Counsel stated, in part, that

The Emergency Medical Care Committee, pursuant to Section 1756, acts in an advisory role to a state agency (with the exception of the curriculum review where submitted pursuant to Section 165.5 of the Vehicle Code.) It would, therefore, be unlawful to impose upon that committee the additional duty of acting in an advisory role to a county department head.

Although the opinion is silent on the question of whether the committee may act as advisory to the Board of Supervisors, the law has been interpreted by County officials as excluding such an advisory role. As a result, on November 27, 1973, the Board asked County Counsel to draft

legislation for inclusion in the County's 1974 legislative program to amend the State law to enable the committee to act in an advisory capacity to the Board and to the Department of Health Services. The Board of Supervisors approved the legislation for inclusion in the 1974 legislative program in January, 1974. The legislation passed the State Senate but was amended and failed in the Assembly.

If County Counsel's opinion on the status of the Emergency Medical Care Committee still stands) then the Board is in the position of appointing a committee which by law may not advise it. In addition, the committee is in the untenable position of being prohibited from advising one of its own members--the Director of the Department of Health Services.

We should also note that despite the law) the members of the Emergency Medical Care Committee have functioned as advisors in the past and currently believe themselves to be advisors. In fact, they base their differing positions on the committee's composition and organization on the concept that they are advisory to the Board.

Recommendation 1.

To enable the Board of Supervisors to use the Emergency Medical Care Committee as an effective advisor, we recommend that the Board again include in the County's current legislative program amendments to the Health and Safety Code, Section 1756, enabling the Emergency Medical Care Committee to act in an advisory capacity to the Board of Supervisors and to the Director of the County department in charge of emergency medical services. We believe the amendment approved in January, 1974, would effectively accomplish this purpose. (Attached)

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Our understanding is that the amendment which you proposed in the County's 1974 legislative program was further amended in an Assembly committee and did not receive the unified support of all members of County health related committees.

Recommendation 2.

We recommend that the Board request the individual members of each committee or commission with a role related to the provision of emergency medical services, including paramedic services and supportive services such as transportation and communications, to support the passage of such legislation in the form approved by the Board in 1974.

II. OTHER ISSUES

The Emergency Medical Care Committee is charged by State law with review of emergency medical care offered within the County. The County has, as a matter of policy, established other committees and commissions, whose roles are related to provision of emergency care and other medical care that can affect emergency patients. In addition, several cities and several volunteer organizations, independent of the County, are also involved in planning for or furnishing emergency care or related services.

In a number of cases, in attempts to assure proper communication among these groups, they have members in common. In particular, some members of the Emergency Medical Care Committee serve on the County's Paramedic Committee, while others serve now, or formerly served, on the Coordinating Council on Emergency Medical Services, one of the most active volunteer organizations. In addition, several County officials serve on one group or another.

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Other experts in the emergency field serve as advisors or as consultants to the various committees, volunteer organizations, and governmental agencies.

Over the last 18 months, the Board of Supervisors has reviewed and discussed a number of proposals to improve the composition and operation of these groups. The most recent are the two proposals for strengthening the Emergency Medical Care Committee submitted by its members, which the Board asked us to review. We have reviewed these proposals and find it difficult to see how the differences between them have created a rift in the committee that is strong enough to prevent it from functioning at all. Therefore, it is far from clear that the only issues involved are composition and membership of the Emergency Medical Care Committee.

Numerous public and private agencies have, or are likely to have in the future, a significant role in provision of emergency service. In the private sector, for example, these would include not only the ambulance industry, but also major elements of the pharmaceutical, communications and transportation industries. In the public sector, they would include not only health service agencies, but also major elements of public safety services. In addition, all cities, hospitals, universities, and training institutions in the County are likely to be involved.

### III. STRENGTHENING THE EMERGENCY MEDICAL CARE COMMITTEE

What happens to the emergency patient in Los Angeles County is, ultimately, the responsibility of the Board of Supervisors, since the Board is responsible for the governance and regulation of all health services in the County. Therefore, the task which we are addressing is to identify the

most effective ways for your appointed committees to assist you in meeting this responsibility.

In order to complete this task, we expect to obtain answers to the following questions before the end of January;

1. What are the appropriate functions of the Emergency Medical Care Committee?
2. What composition and membership would support the functions of the committee most effectively?
3. What are the criteria which the Board should use in selecting members of the committee and related committees?
4. What rules of operations and communications would enable the Board to insure committee effectiveness?
5. What staff will be required and to whom should it report?
6. What are the proper relationships and communications between the Emergency Medical Care Committee, other County committees, independent volunteer groups, County departments related to emergency service, advisory personnel, consultants, and private providers of service?
7. What will the resulting committee cost and what should the Board require as a product of the committee to justify its cost?

Recommendation 3.

We recommend that the Board of Supervisors approve today's recommendations and request our commission to complete its study for a report to the Board in January, 1975.

Very truly yours,

MAURICE RENE CHEZ  
Chairman

MRC:ml