

INITIATIVE MEASURE TO BE SUBMITTED TO VOTERS

SECTION 1. Findings and Declaration of Purposes

(a) Access to hospital trauma and emergency medical services in California is in critical condition. The ability of hospitals and physicians to meet the demand for trauma and emergency services, including necessary follow up hospital care to patients admitted through emergency rooms, is strained to the breaking point. The lack of adequate urgent care alternatives, particularly for those without insurance or the ability to pay for medical services, puts added stress on hospital emergency departments. Patients often wait for hours in overcrowded emergency rooms for treatment, and seriously injured patients are increasingly being diverted past the nearest hospitals.

(b) The "911" emergency telephone system serves as a life-line for countless Californians each year. Californians deserve a high quality system that ensures that each emergency call is answered immediately.

(c) Firefighters and paramedics are the first on the scene to provide medical care to accident or disaster victims. The medical care they provide can mean the difference between life and death. They must be appropriately trained and equipped to respond to medical emergencies.

(d) Emergency physicians and on-call physician specialists provide hundreds of millions of dollars of uncompensated medical care annually. As a consequence, fewer doctors are available to provide emergency medical services.

(e) The operation of emergency departments and the provision of emergency and related services costs hospitals many hundreds of millions of dollars annually. These losses have contributed to the closure of 26 hospitals between 1995 and 2003 with a corresponding reduction in emergency care. Other hospitals are threatened with closure or reductions in emergency care. The people intend, by adopting this Act, to allocate funds to all hospitals operating licensed emergency departments in the manner specified in order to support and augment hospital emergency services and to help prevent the further erosion of such services. Because all hospitals with emergency rooms have a legal obligation to provide emergency services, all hospitals operating emergency rooms should share state funds available under this Act based upon their relative emergency department volume, uncompensated care, provision of charity care, and provision of care to county indigent patients, as specified.

(f) Community clinics are an important part of the emergency medical system and the continuum of emergency care. Community clinics provide services that prevent emergent conditions from developing; reduce unnecessary emergency room use; and also provide follow-up care for patients discharged from the emergency room. This keeps patients from unnecessarily using or returning to the emergency room. However, community clinics are financially threatened by the growing number of uninsured patients they must treat.

(g) Emergency medical care is a vital public service, similar to fire and police services, and is the back-bone of the health care safety net for our communities. By providing high quality trauma and emergency care, lives will be saved and taxpayer costs for healthcare will be reduced.

(h) Currently the state funds the “911” emergency telephone system with a surcharge on telephone calls made within California. A small increase in the existing emergency telephone surcharge, no more than 50 cents per month for households, is appropriate to enhance the delivery of emergency medical care and to help offset the costs of uncompensated emergency medical care in California.

(i) The people of the state of California hereby enact the “911 Emergency and Trauma Care Act” to create an ongoing fund to improve the 911 emergency telephone system; to improve the training and equipment of firefighters and paramedics; and to improve, and to preserve and expand access to, trauma and emergency medical care.

(j) The intent of this Act is to provide additional funding for emergency medical services for the health and welfare of our residents. Further, existing funding, although inadequate, must be protected and maintained so that the intent of this Act is realized.

SECTION 2. Supplemental Funding for Emergency and Trauma Services

Section 41020.5 of Article 1 of Chapter 2 of Part 20 of Division 2 of the Revenue and Taxation Code is added to read:

§ 41020.5(a) The surcharge imposed pursuant to section 41020 shall be increased at a rate of three percent (3%) on amounts paid by every person in the state on intrastate telephone communication service of the charges made for such services. The increase in surcharge shall be paid by the service user and shall be billed and collected in the same manner as the surcharge imposed pursuant to section 41020.

(b) Notwithstanding subdivision (a), the surcharge shall not be imposed on residential service users of lifeline telephone services pursuant to Article 8 of Chapter 4 of the Public Utilities Code (commencing with section 871).

(c) Notwithstanding subdivision (a), no service provider shall bill a surcharge to, or collect a surcharge from, a residential service user that exceeds fifty cents (\$.50) per month. For purposes of this section, the term “residential service user” does not include mobile telecommunication services.

Section 41135 of Article 2 of Chapter 7 of Division 2 of the Revenue and Taxation Code is amended to read:

§ 41135. All amounts required to be paid to the state under this part shall be paid to the board in the form of remittances payable to the State Board of Equalization of the State of California. The board shall, on a quarterly basis, transmit the payments to the State Treasurer to be deposited in the State Treasury ~~to the credit of the State Emergency Telephone Number Account in the General Fund which is hereby created.~~ and credited to the “911 Emergency and Trauma Care Fund” and the following accounts within that fund, which are hereby created:

(a) to the State Emergency Telephone Number Account, all of the amounts collected pursuant to section 41020.

(b) to the State Emergency Telephone Number Account, three-fourths of one percent (0.75%) of the amounts collected pursuant to section 41020.5.

(c) to the Emergency and Trauma First Responders Account, three and three-fourths percent (3.75%) of the amounts collected pursuant to section 41020.5;

(d) to the Community Clinics Urgent Care Account, five percent (5%) of the amounts collected pursuant to section 41020.5;

(e) to the Emergency and Trauma Physician Uninsured Account, thirty and one-half percent (30.5%) of the amounts collected pursuant to section 41020.5; and

(f) to the Emergency and Trauma Hospital Services Account, sixty percent (60%) of the amounts collected pursuant to section 41020.5.

(g) There is also hereby created in the fund the Emergency and Trauma Physician Unpaid Claims Account to receive funds pursuant to section 1797.99a of the Health and Safety Code and sections 16950(c) and 16950.2 of the Welfare and Institutions Code.

SECTION 3. Administration of the State Emergency Telephone Number Account.

Section 41136.5 of Article 2 of Chapter 7 of Part 20 of Division 2 of the Revenue and Taxation Code is added to read:

§ 41136.5. Funds in the State Emergency Telephone Number Account credited pursuant to section 41135(b) shall be continuously appropriated to and administered by the Department of General Services solely for technological and service improvements to the basic emergency phone number system. Appropriations are made without regard to fiscal years and all interest earned in the account shall remain in the account for allocation pursuant to this section. The Department of General Services shall establish criteria for disbursing funds to state or local agencies pursuant to this section.

Section 41136.6 of Article 2 of Chapter 7 of Part 20 of Division 2 of the Revenue and Taxation Code is added to read: