

Proposition 11 and Contemporary Medication in the U.S

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Abstract

Based on the findings obtained in this study, alternatives are proposed relative to service delivery among ambulance companies in California. Indeed, there is a need for California to embrace a unified service area in which ambulance companies may propose services for part of or all of the selected area in which they serve. This alternative exhibits economies of scale and reflects a more innovative approach to response among ambulance companies. By adopting this alternative, the implication is that the most appropriate and closest resource can be deployed to the scene. However, a demerit lies in logistical complexities in which competing firms might end up exhibiting effort duplication or, in some cases, fail to deploy resources on the assumption that other companies are available. Another alternative involves updating the standards of response time to ensure that patterns of California's population are considered. Notably, this option is advantageous because it aligns travel time standards among ambulance companies and, in turn, steer uniformity in service delivery. However, the demerit is that it fails to consider the effects of geographical patterns such as desert, outlying, rural, and urban conditions (and their impact on the realization of the travel time standards).

Keywords: Medication, Proposition 11

Introduction

In the U.S., Proposition 11 sought to ensure that the ambulance industry avoids the liability associated with practices that occur past break-time; as it strived to (legally) protect the practices. With EMTs and paramedics denied uninterrupted rest and meal breaks, this health measure (Proposition 11) implies that the ambulance staff ought to remain on duty during those breaks and ensure that they keep their pagers and radios on (even as they get lunch or coffee). The resultant dilemma is to what extent might this initiative shape operations from the perspectives of ambulance companies, the ambulance staff, insurance companies, healthcare organizations, and the federal and state governments?

Methods

One of the provisions of this health measure is that it allows ambulance providers to have their workforces paid at regular rates but remain on-call during breaks (Monterey County Herald, 2018). Also, the measure requires that the employers provide room for the additional training of paramedics and EMTs. Also, the measure calls for the employers to offer paid mental health services to the paramedics and EMTs (Vranjes, 2018). In the context of Proposition 11, the employees' need to remain on-call implies that they ensure that they are reachable via portable communication devices whenever they are on rest breaks and during meals (Matthews, 2018). In situations, where a worker's break is interrupted, the break does

not contribute or count as one that the worker may receive. Regarding the provision of training among ambulance providers, the initiative targets knowledge and skills related to mental health, violence prevention, natural disasters, multiple casualties, and active shooters (Brollini, 2018). It is also worth highlighting that the initiative seeks to have ambulance providers offer up to 10 paid mental health services to their workers (annually). For the case of employers offering health insurance, the initiative requires that the employers provide health insurance plans. These plans are expected to be those offering long-term mental health services (Chronicle Editorial Board, 2018).

Results

Mixed outcomes have been reported regarding the beneficial effects and demerits of this health initiative. For the proponents, the initiative was poised to lower the net operating expenses in such a way that as paramedics and EMTs stay on call even at the time of break, ambulance companies will avoid new ongoing annual costs (Monterey County Herald, 2018). According to Vranjes (2018), these costs are linked to the provision of off-duty breaks. Also, proponents avowed that the health initiative is advantageous because it provides room for the ambulance companies to operate more ambulances in a quest to rest break and meal schedules (Matthews, 2018). However, opponents avow that this decision leads to new costs due to the need for more ambulances.

Indeed, it is imperative to highlight that some paramedics and EMTs have sued the companies claiming that they might have violated the law in the past; yet Proposition 11 holds that the decision by private ambulance companies to advocate for the on-call rest and meal breaks was still allowable (Chronicle Editorial Board, 2018). Therefore, the extent to which the initiative will allow the ambulance companies to avoid the penalties of violating the law (hence avoid the one-time costs) will depend on the court's decision; whether in favor of the companies' past practice of requiring on-call rest and meal breaks or it will be in favor of the paramedics and EMTs, who have sued the ambulance companies (and the lawsuits are active) (Monterey County Herald, 2018).

Lastly, proponents of Proposition 11 avow that it exhibits a fiscal benefit of potentially reducing the net ambulance costs among local governments. According to Vranjes (2018), this assertion is informed by the proponents' position that the health initiative promises lower net costs among ambulance costs and this beneficial effect is likely to trickle down to local governments in which there will be higher revenues (in the wake of lower costs) (Matthews, 2018). Particularly, the reduction in the net costs for ambulance companies (hence local governments) accrues from the assertion that the initiative will relieve the companies of costs linked to the provision of off-duty rest and meal breaks (Brollini, 2018).

Several dilemmas arise from Proposition 11. For instance, the ambulance companies might increase insurance charges for commercial insurance firms (for the patients' trips); leading further to an increase in the peoples' health insurance premiums (Chronicle Editorial Board, 2018). Another dilemma is that the ambulance firms might replace paramedics with EMTs or lengthen the time of response to emergency calls. Notably, EMTs receive generally

lower wages than paramedics (Monterey County Herald, 2018). Other scholarly assertions indicate that the companies might pay counties less for the rights to offer services in their regions and, in areas deemed less profitable, the ambulance firms might not pay for the rights to offer services (Vranjes, 2018). In such cases, Matthews (2018) observed that the counties might be forced to pay ambulance companies to receive services in the perceivably less profitable areas (rather than vice versa).

Based on the findings above, alternatives are proposed relative to service delivery among ambulance companies in California. Indeed, there is a need for California to embrace a unified service area in which ambulance companies may propose services for part of or all of the selected area in which they serve. This alternative exhibits economies of scale and reflects a more innovative approach to response among ambulance companies (Brollini, 2018). By adopting this alternative, the implication is that the most appropriate and closest resource can be deployed to the scene. However, the Chronicle Editorial Board (2018) documented that the demerit lies in logistical complexities in which competing firms might end up exhibiting effort duplication or, in some cases, fail to deploy resources on the assumption that other companies are available. Another alternative involves updating the standards of response time to ensure that patterns of California's population are considered. According to the Monterey County Herald (2018), this option is advantageous because it aligns travel time standards among ambulance companies and, in turn, steer uniformity in service delivery. However, the demerit is that it fails to consider the effects of geographical patterns such as desert, outlying, rural, and urban conditions (and their impact on the realization of the travel time standards) (Matthews, 2018).

Conclusion

The best alternative involves the use of a unified service area model. This model is proposed because it seeks to counter several, potential demerits associated with Proposition 11. For instance, this model will curb the ambulance companies' potential failure to comply with the health initiative via the decision to pay counties less for the rights to offer services in their regions and even withdraw their services from areas deemed less profitable. Also, this alternative seeks to curb the potential negative response of the ambulance companies involving the increase in insurance charges for commercial insurance firms; as the model will specify the expected services, areas served, and the personnel expected to provide the ambulance services. The latter aspect will also aid in shunning the possible negative effect of the companies' decision to replace paramedics with EMTs, who receive generally lower wages than the paramedics. Hence, it is projected that the adoption of this alternative will improve ambulance services while curbing the weaknesses and dilemmas surrounding Proposition 11.

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