



## **News from the Emergency Management Committee Chair (2/10/2023)**

### **California Lawmaker Proposes Bills to Help Decrease LAFD Ambulance Response Times**

[Fox 11 Los Angeles reports](#) one local lawmaker believes he may have the solution to the problem of increased ambulance response times plaguing the Los Angeles Fire Department.

Over the last three months, FOX 11 has been in contact with several LAFD paramedics, who say ambulance response times are going up, in some cases costing people their lives.

Two of the issues responsible for the long response times are an increase in unnecessary 911 calls and ambulances being forced to wait at hospitals.

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### **'It Happens Every Day': LAFD Paramedics Say 911 Response Times Continue to Rise**

[Fox 11 Los Angeles reports](#) when Carin Bannos called 911, she was confident an ambulance would arrive right away to help her 51-year-old husband Michael Davis, who had suddenly collapsed.

"I was very, very anxious and I kept running from the house to the street, back to the house, back to the street to make sure they would not miss the house," said Bannos. She knew the [Los Angeles Fire Department](#) was on the way. But as the clock kept on ticking, minute after minute after minute and still no ambulance, panic set in for Bannos and her 9-year-old son.

"My son was screaming, 'Where are they, where are they?' He kept running through the house, 'Why can't they save my daddy? Why is no one here?'" said Bannos.

FOX 11 News spent three months communicating with multiple LAFD paramedics. Some went on camera but asked us to protect their identity for fear of retaliation. Others served as background sources providing crucial information. They all said the public needs to know the truth.

"The truth is you don't have the ambulance service, the EMS service that you think you have. Ambulances are coming from greater and greater distances. It's taking longer and longer to get to your emergency," says one LAFD paramedic. "The longer it takes, the less your chance of a good outcome."

Another said what happened to Carin Bannos is not uncommon.

"It happens every day," he said. "You guys don't ever hear about it. We don't go public with it, but it's on a constant basis. Our average response time should be anywhere for three to four minutes; 10 minutes, you're lucky. Fifteen is common, and 20 is going to be the norm."

The LAFD serves the second-largest city in the nation with nearly 4 million people, not including the large number of tourists. The department has 106 fire stations, some responding to up to 30 calls in a 24-hour shift.

"Our staffing levels have decreased over the years. Our call volume has more than doubled. We're running around 2,000 calls a day from about 1,000 when I first started. Our number of fire stations has not increased," said the LAFD Paramedic.

There are a total of eight fire stations that do not have ambulances because they used to be low-call generating stations. But sources told FOX 11 that that's no longer the case. Paramedics insist ambulances are needed because, "the paramedics on the fire engine don't carry narcotics, and they're not allowed to do certain procedures. They have to wait until an additional resource with two paramedic shows up. So, they're very limited in what they're allowed to do."

To watch or read the full story, [click here](#).

### **‘Half of California Hospitals Are in the Red’: Pandemic Troubles Pile Up for ERs**

[KOED reports](#) the pandemic created a perfect financial storm for California hospitals, and some, reeling from that stress, have even gone bankrupt.

In Madera County near Yosemite, [the area's only general hospital closed](#) in January. That left 150,000 residents without an emergency room or specialty care, and many of the hospital's 700 employees without a job. State lawmakers and industry officials warn many more facilities will be forced to reduce services and some will shutter.

The moment COVID-19 started spreading in California, hospitals started losing money.

First, patient volumes dropped drastically because, well, a deadly virus was spreading and people didn't want to catch it at the hospital. Then, [facilities postponed profitable elective procedures](#). Shortages of ventilators, masks and gloves led to substantial cost increases. Hospitals scrambled to implement new protocols, construct specialized COVID-19 units, and build vaccine sites.

During each surge in infections, a lot of hospitals depended on travel nurses — who charge upwards of \$250 an hour.

“The net impact of that was that [California's hospitals during the two years of the pandemic, at its peak, lost \\$20 billion \[PDF\]](#),” said Carmela Coyle, president and CEO of the California Hospital Association, referring to findings in a report from the consulting firm KaufmanHall. “The federal government provided \$8 billion in relief. But that has left California hospitals with \$12 billion in losses.”

For further details, [visit the full article](#).

### **White House Releases Roadmap Out of Public Health Emergency**

[The San Francisco Chronicle reports](#) the Department of Health and Human Services on Thursday released its anticipated COVID-19 [public health emergency transition roadmap](#), outlining the changes Americans can expect after May 11. The agency said that compared to last January, daily reported cases are down 92%, deaths have declined by over 80%, and hospitalizations are down nearly 80%.

“We have come to this point in our fight against the virus because of our historic investments and our efforts to mitigate its worst impacts,” the document said. “Addressing COVID-19 remains a significant public health priority for the administration, and over the next few months, we will transition our COVID-19 policies, as well as the current flexibilities enabled by the COVID-19 emergency declarations, into improving standards of care for patients.”

The HHS said that access to COVID-19 vaccinations and treatments such as Paxlovid “will generally not be affected,” at least as long as the current stockpile lasts. While the transition to traditional health care coverage will offer continued coverage for COVID-19 vaccines, out-of-pocket expenses for certain treatments will likely change. Medicaid telehealth flexibilities will not be affected. Americans can also anticipate paying for their coronavirus tests. “The requirement for private insurance companies to cover COVID-19 tests without cost sharing, both for OTC and laboratory tests, will end,” the agency said.

The end of the public health emergency will also mean the end of mandatory reporting of test results by private labs, which the HHS said, makes it “challenging for us to use a metric such as percent positivity after the end of the public health emergency.”

Xavier Becerra, Secretary of Health and Human Services, outlined the changes in a [letter to governors](#). The Biden administration had previously promised to give state leaders 60 days’ notice before ending the emergency order. “Rather than 60 days’ notice, I am providing 90 days’ notice before the COVID-19 PHE ends to give you and your communities ample time to transition,” Becerra said. He added, “My team throughout the entire Department and I are eager to partner with you to ensure this process is as seamless as possible.”

## What Happens to COVID Vaccines and Drugs Authorized for Emergency Use When Health Emergency Ends?

[The Los Angeles Times reports](#) on May 11, the central pillar of the country's pandemic response — the [declaration](#) of a national emergency that began March 1, 2020 — [will come down](#). But Americans will continue to have access to the vaccines, drugs and medical devices that were [authorized for emergency use](#) against COVID-19, so long as they remain sufficiently safe and effective in the view of the U.S. Food and Drug Administration.

The antiviral medication [Paxlovid](#) will not disappear from pharmacy shelves. Children under 12 will still be able to get [booster shots](#) of the Pfizer-BioNTech and Moderna vaccines. Adolescents and adults will have the option of getting a dose of the [Novavax vaccine](#).

[Coronavirus tests](#) that require you to swab your nose will remain available online and in stores. And [myriad](#) lab tests, blood processing devices and specialized pieces of personal protective equipment authorized for use in the pandemic will still be used in commercial labs, research centers and hospitals.

The cost of testing for coronavirus infections will shift for many Americans after May 11. But vaccines will remain free, and antiviral medications purchased by the government will be offered without charge for as long as supplies last.

Surprised that COVID-19 products authorized “for emergency use” are available after the emergency ends? Blame the hurricane of fine print set in motion by the pandemic.

To address the uncontrolled spread of a deadly novel virus, the federal government quickly erected a structure that drew upon a raft of laws on the books.

At least two of those pandemic-response measures were triggered when the secretary of Health and Human Services issued a finding on Jan. 31, 2020, that a [public health emergency exists](#). One is section 319 of the [Public Health Service Act](#), which allowed states to shift federal funds meant for other tasks to their pandemic response. The other, section 564 of the [Food, Drug, and Cosmetic Act](#), gave the FDA power to authorize the use of certain vaccines, drugs and medical devices under an expedited review process.

However, deconstructing a structure built on the fly is a delicate process, and not all the struts can come down at once.

The pandemic struck hard and fast, and for months, not a single drug, biologic therapy, vaccine or test was available to combat the coronavirus. Under normal circumstances, it can take years for a new medication, vaccine or device to gain the FDA's blessing to enter the U.S. market. In April 2020, at the peak of the first wave, with more than 2,100 Americans dying of COVID-19 every day, that wasn't fast enough.

The 1938 law that established the FDA offered a solution. If the secretary for the Department of Health and Human Services makes a declaration that “circumstances exist to justify” it, the FDA is allowed to grant emergency use authorization to badly needed medications, vaccines or devices, allowing them legal access to the U.S. market.

That power will remain in the FDA's hands until the HHS secretary's declaration is withdrawn, said [Lawrence Gostin](#), an expert on public health law at Georgetown University.

To win emergency use authorization, or EUA, drug or device makers may present the FDA with less evidence of a product's safety and effectiveness than is required for full approval. The clinical trials might not last as long or enroll as many people. They might use a simple measure of a product's risks or benefits as a proxy for a more complex outcome.

In short, a company's case for an EUA might leave more doubt than usual about the product's safety, accuracy or effectiveness. But in a national health emergency, the FDA can use that limited data to make an expedited decision on the basis of the "[best available](#)" evidence.

For further information, [visit the full article](#).

### **Spike in Norovirus Cases in California Sparks Warnings from Health Experts**

[CBS Sacramento reports](#) an uptick in norovirus has some health experts cautioning people to ramp up safety protocols. California and Texas are among the top states in the country with the highest number of outbreaks.

Norovirus, also known as the stomach flu, is rarely deadly, but it's definitely not something you want to get. The illness accounts for more than 20 million infections each year and about half a million emergency room visits.

According to the U.S. Center for Disease Control and Prevention, it's the illness is on the rise.

"Norovirus is sometimes called winter vomiting disease," said Dr. Dean Blumberg, chief of pediatrics and infectious diseases at UC Davis Health.

The spread of norovirus can happen all year round, but it's most prevalent in the winter. The disease causes severe vomiting, diarrhea, and stomach pain, and it is extremely contagious.

"Even a small number of viral particles can cause infection," Blumberg said.

That is why it is easily transmitted within families and classrooms.

"People can touch surfaces or touch different things that are contaminated and if they don't wash their hands and put their fingers in their mouth and touch food and eat it, then it's transmitted that way," Blumberg said.

Upon infection, people are usually symptomatic 2-12 days later.

Blumberg said handwashing is your greatest defense. He also said emerging from the pandemic may be a factor for this year's uptick in outbreaks.

"As we do socialize more, go out to eat more, and interact with other people more, these are all additional opportunities for infection," he said.

Although the disease only accounts for about 800 deaths each year, the biggest danger is dehydration, which is why it's important to sip water often.

Blumberg said we've got pretty reliant on alcohol-based hand sanitizers during the pandemic and although they are helpful in preventing disease transmission, they're not as effective as soap and warm water.

## **Governor Newsom Signs Order to Build Water Resilience Amid Climate-Driven Extreme Weather**

[Governor Newsom signed an executive order](#) on Monday to protect the state's water supplies from the impacts of climate-driven extremes in weather. After years of prolonged drought, recent storms resulted in the wettest three-week period on record in California. The storms have been followed by an unseasonably dry February, however, and the state could see a return to warm and dry conditions during the remaining weeks of the wet season – just as heavy rains in fall 2021 gave way to the driest January-February-March period in over 100 years.

While recent storms have helped replenish the state's reservoirs and boosted snowpack, drought conditions continue to have significant impacts on communities with vulnerable water supplies, agriculture, and the environment. The latest science indicates that hotter and drier weather conditions could reduce California's water supply by up to 10% by the year 2040.

The frequency of hydrologic extremes that is being experienced in California demonstrates the need to continually adapt to promote resiliency in a changing climate. To protect water supply and the environment given this new reality, and until it is clear what the remainder of the wet season will hold, the executive order includes provisions to protect water reserves, and replace and replenish the greater share of rain and snowfall that will be absorbed by thirstier soils, vegetation and the atmosphere.

The order helps expand the state's capacity to capture storm runoff in wet years by facilitating groundwater recharge projects. It also continues conservation measures and allows the State Water Board to reevaluate requirements for reservoir releases and diversion limitations to maximize water supplies north and south of the Delta while protecting the environment. Additionally, the order directs state agencies to review and provide recommendations on the state's drought response actions by the end of April, including the possibility of terminating specific emergency provisions that are no longer needed, once there is greater clarity about the hydrologic conditions this year.

The text of the executive order can be found [here](#).

Leveraging the more than \$8.6 billion committed by Governor Newsom and the Legislature in the last two budget cycles to build water resilience, the [state is taking aggressive action](#) to prepare for the impacts of climate-driven extremes in weather on the state's water supplies. In the 2023-24 state budget, Governor Newsom is proposing an additional \$202 million for flood protection and \$125 million for drought related actions.

## **Storm Recovery Begins at Beloved State Beach in Santa Cruz County**

[KOED reports](#) on January 5<sup>th</sup>, a frightening storm clobbered Seacliff State Beach and its famous ocean pier leading to a sunken cement ship off the Coast of Santa Cruz County.

A high tide carried over 15-foot waves ashore, flipping cement benches and smashing driftwood through bathroom doors. The ground collapsed, forming sinkholes in the park's day use and campground areas, and over half of its iconic pier was destroyed.

This storm was one of the nine atmospheric river storms that would pummel Northern California in a span of three weeks. Landslides from the storm parade persisted for many days.

Anticipating sea level rise and climate change, the state may need to relocate camping and gathering sites and set bathrooms back from the formidable Pacific Ocean. Officials also are considering building coastal dunes as a buffer against powerful storm waves.

Scott Shepherd, a California State Parks employee, speculates that many coastal California parks will inevitably have to do the same: reassess what recreational activities they can provide in the future.

“We don't want people to lose hope,” Shepherd said. He still foresees RV camping, field trips and fishing returning to Seacliff. “It just may look a little different than it has before.”

Jill Polizzi and Alice Cannella have walked the length of Seacliff State Beach in Santa Cruz County for over 15 years. The longtime friends often stroll along the park's accessible walkways, preferring that to their own neighborhood and its streets without sidewalks.

On Jan. 25, three weeks after unprecedented storms caused expensive damage to the park, they're back — with a stroller and sunhats. Unfortunately, for now, their ritual is cut short by large fences.

“It's sad now that they've blocked off the other end,” Polizzi said. “I just hope they can afford to get all this back to normal.” The Jan. 5 storm cut power to Polizzi's block for three days.

These kinds of storms aren't new for California, or necessarily caused by climate change, said Gary Griggs, an oceanographer with UC Santa Cruz. A similar storm hit the park 40 years ago, for example. But climate models predict wetter atmospheric rivers, more landslides and more flooding in the state's future.

“Sea level is going to continue to rise, so anything on the shoreline is probably going to be more and more affected as the years and the decades go by,” Griggs said.

Scientists at the Pacific Northwest National Laboratory found that California's winter storms could get wetter and cover larger areas. They detailed their findings in a new study published in the journal *Nature Climate Change*. Their [soggy storm projections were based on worst-case climate scenarios](#) of greenhouse gas emissions not reducing.

Ruby Leung, an atmospheric scientist and author on the study, said Californians should engineer more resilient buildings and bridges.

“The information that we used before to design the infrastructure may not be relevant anymore,” she said.

For more details on proposed improvements to infrastructure, [visit the full article](#).

## **Dramatic Photos Show Lake Oroville's Rise After Epic Storms**

[The Los Angeles Times reports](#) Lake Oroville, a key component of California's water supply, looks noticeably fuller after a series of January storms.

The atmospheric rivers dumped trillions of gallons of moisture on the state, spurring [widespread flooding and destruction](#) but also providing a [healthy boost to snowpack](#) and drought-sapped reservoirs.

Lake Oroville, the largest reservoir on the State Water Project, was at 68% of its capacity on Friday — up from 28% just two months prior, according to state data. The State Water Project is a system of reservoirs, canals and dams that supplies water to about 27 million people.

The reservoir had fallen to such perilous lows that in 2021 officials [closed Oroville's hydroelectric power plant](#) for the first time since its completion in 1967.

Shocking images that year illustrated the [worsening drought conditions](#), including exposed portions of Oroville's lakebed and a distinct “bathtub ring” indicating just how far the water had receded.

But photos captured by Times photographers this week showed a considerable improvement. Since its lowest point — an elevation of just 628.63 feet on Sept. 30, 2021 — Oroville has risen about 189 feet, reaching an elevation of 817.41 feet as of Friday.

To view the photos before and after the storms, [visit the full article](#).

## **If You Think the Earthquake Damage You See in Turkey Can't Happen Here, Think Again**

[The Los Angeles Times reports](#) the images from Turkey and Syria in the last week show us just how devastating a major earthquake can be. When the magnitude [7.8 earthquake we expect](#) on the San Andreas Fault happens, we will also see death and destruction, perhaps not as extensive as seen in Turkey, but much worse than most people expect. Rather than the post-earthquake usable buildings many people think are guaranteed by the building code, the current code asks only that our buildings try not to collapse.

Office buildings, hospitals, apartments and homes are only as good as the building code that was in place at the time they were constructed and the degree to which that code was enforced. Problems with enforcement of the code in new construction and the lack of retrofitting of old, bad buildings will contribute to the California death toll when the next big earthquake comes. Efforts to overcome these failures are underway, and we can hope that more is done in time.

But a third, potentially catastrophic flaw in our building code is not being addressed. When it comes to earthquake safety, the current international code is intended solely to keep a building from killing someone while keeping the cost of construction as low as possible.

The code essentially says this: You can choose to build a structure that is so weak that it will be a total financial loss after an earthquake, as long as it doesn't kill someone. Engineers need a more concrete definition for “not killing someone,” and that has become “avoid collapse.”



This rule, called the life safety standard, is really just designed to make the probability of building collapse in an earthquake very low, less than 10% in the worst shaking expected. That sounds good, but put another way it means that no more than 10% of new buildings near a fault are expected to collapse when a big earthquake hits.

This is the code that has been used, if perhaps not fully enforced, in Turkey for the last 20 years. It is also the code in California and most of the United States.

Let's say the code works as planned in California and only a few new buildings collapse in a big earthquake — that doesn't mean other new buildings won't be so badly damaged that they will have to be torn down. When Christchurch, New Zealand, experienced [a magnitude 6.2 earthquake in 2011](#) — with shaking that was the maximum expected by its building code — only one modern building (the CTV building, built in 1986) collapsed, killing 115 people, but in addition 1,800 buildings were deemed unreparable and were demolished. With a collapse rate much lower than 10%, the New Zealand structural engineers had done the job required of them by the code, but do we really think this is an acceptable outcome?

How many times do we need to see devastated cities and towns in other countries before we realize that this could be our future in California, Alaska, Washington, Oregon, Utah, Nevada, Missouri or any of the other seismically active parts of the United States?

Our engineers and scientists have developed standards for a “functional recovery” code — that is, a building code that aims to give us structures that can be repaired after a major temblor, whose function can be recovered. Needless to say, functional recovery is a safer standard for human survival as well as building survival.

Most estimates of the increased cost to build to the functional recovery standard add only about 1% to the cost of construction. An affordable housing complex, [Casa Adelante](#), was just built in San Francisco, and its owners chose to design to a functional recovery standard. It was virtually cost-neutral compared with the original design for a life-safety building.

### **Stay Prepared for an Earthquake by Keeping These Safety Items on Hand**

[The Huffington Post reports](#) given that earthquakes can't be accurately predicted, surviving one is less about avoiding it than it is about being prepared enough to respond effectively, according to [Jon Gudel](#), a senior emergency services coordinator with the California Governor's Office of Emergency Services' [seismic hazards branch](#).

“Always devise a family plan and always know your evacuation routes,” Gudel said. “And course you want to practice how to drop, cover and hold on.”

This childhood-taught rule of seeking cover under things like tables or chairs is what seismologist [Peggy Hellweg](#), president of the [Seismological Society of America](#), said is the official and most protective bet against falling objects.

“And if you're in bed when an earthquake happens, stay in bed,” said Hellweg, citing bedrooms as relatively safe spaces in people's homes.

“You also want to make sure your environment is safe by doing things like properly securing bookshelves to walls, bracing and repairing chimneys and making sure you don’t have cripple walls in your home,” Hellweg said.

She added that projects such as one funded by the [California Earthquake Authority](#), an earthquake insurance company, can help support people needing seismic retrofitting to their homes.

“A seismic retrofit can help to protect you and your family, and it is a good way to lessen the potential for costly earthquake damage, saving you what could be tens to hundreds of thousands of dollars in repair costs,” said [Charlotte Fadipe](#), a CEA representative.

“The main thing I would like to stress is to sign up for emergency alerts, which can send earthquake notifications directly to your phone,” Gudel said.

He explained that thanks to recent state-of-the-art technology, early earthquake warning and tracking systems like the [California government’s MyShake app](#) can provide a few seconds’ worth of life saving notice before an earthquake strikes. [Similar applications](#) exist for other earthquake-prone regions.

Hellweg, Gudel and Fadipe all agree that availing yourself of the information on local government websites and organizations like the [Red Cross](#) can be useful, especially when building an emergency earthquake kit, which Gudel said he keeps not just at home but also in his car and at work.

For further tips, [visit the full article](#).

### **ICYMI: Funding Opportunities Ending Soon**

- **Hazard Mitigation Grant Program – DR4610 2021 Northeast Wildfires;**  
*disadvantaged communities; disaster prevention & relief*
  - **Funded by:** Cal OES
  - **Deadline:** **Monday, February 20, 2023**
  - **Total Estimated Funding:** \$54,241,263
  - **Full Grant Guidelines:** [linked here](#)
- **Toxicology Driving Under the Influence (DUI)/Driving Under the Influence of Drugs: Medical Examiners/Coroner’s Offices, and Law Enforcement Coroner’s Division;**  
*law, justice, and legal services; science, technology, and research & development*
  - **Funded by:** CHP
  - **Deadline:** **Thursday, February 23, 2023**
  - **Total Estimated Funding:** \$11 million
  - **Full Grant Guidelines:** [linked here](#)
    - **Online Application:** [linked here](#)

- **Law Enforcement – Large Size Law Enforcement Organizations/Agencies; law, justice, and legal services**
  - Funded by: CHP
  - Deadline: **Thursday, February 23, 2023**
  - Total Estimated Funding: \$13 million
  - **Full Grant Guidelines:** [linked here](#)
    - **Online Application:** [linked here](#)

## **Funding Opportunities**

### **Physical and Digital Infrastructure Security Grant (DF) Program for Health Care Facilities RFP**

[Cal OES has created the DF Program](#) to provide funding for physical facility and digital security enhancements to health care facilities providing abortion-related services and reproductive health care services throughout California that may be the target of violence and vandalism.

The DF Program is to support health care facilities throughout California that offer abortion-related services and reproductive health care services and serve populations with key social vulnerability factors.

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health.

Socially vulnerable populations include those who have special needs, such as, persons who are low income (defined as household income at or below 400% of the Federal Poverty Level, Limited-English proficient, immigrants, LGBTQ+, and/or who have disabilities.

Eligible applications must be:

1. Currently licensed community health center, tribal Federally Qualified Health Center (FQHC), or a rural hospital, small hospital, or critical access hospital that is not part of a large health system or hospital system;
2. Located in California; and
3. Providing abortion-related services and reproductive health care services. Applicants also must meet all the requirements in the Eligibility Section on page 2 of the [full guidelines](#).

The deadline to apply for this funding is **Thursday, March 2, 2023**. Total estimated funding available is \$14 million. To view the full grant guidelines, [click here](#).

### **Physical and Digital Infrastructure Security Grant (DP) Program for Health Care Practitioners RFP**

[Cal OES has created the DP Program](#) to provide funding for physical facility and digital security enhancements to health care practitioners providing abortion-related services and reproductive health care services throughout California that may be the target of violence and vandalism.

The 2022-23 California State Budget appropriated \$20 million to the Department of Health Care Access and Information (HCAI) “to deliver capital infrastructure support for securing physical and digital infrastructure to facilities providing reproductive health care.” Of those funds, \$19 million is available for grants to facilities in California that provide abortion and reproductive health care services. HCAI has contracted with the California Governor’s Office of Emergency Services (Cal OES) to administer the grant program.

The purpose of the DP Program is to provide funding for physical facility and digital security enhancements to health care practitioners in providing abortion-related services and reproductive health care services throughout California that may be the target of violence and vandalism.

To be eligible, Applicants must be:

1. A currently licensed health care practitioner who provides abortion-related services and reproductive health care services in California; and
2. 2) Located in California.

Applicants also must meet all the requirements in the Eligibility Section on page 2.

The deadline to apply for this funding is **Thursday, March 2, 2023**. Total estimated funding available is \$5 million. To view the full grant guidelines, [click here](#).