INITIAL STATEMENT OF REASONS
CHAPTER 4. PARAMEDIC REGULATIONS

Health and Safety Code (HSC) Section 17979.107 required the Emergency Medical Services Authority (EMS Authority or EMSA), upon approval of the Commission on Emergency Services, to adopt, amend or repeal regulations to carry out the provisions of Division 2.5 of the HSC for the development and maintenance of an emergency medical services (EMS) system in California.

HSC Section 1797.172 requires EMSA to develop minimum standards for the training, scope of practice, and licensure for paramedics. HSC 1797.172 also authorizes EMSA to charge fees for licensure of paramedics in an amount sufficient to support EMSA’s licensure program at a level that ensures the qualification of the individuals licensed to provide quality care. This allows EMSA to annually evaluate the fees to determine if the fees are sufficient to fund the actual costs of EMSA’s licensure and enforcement programs and adjust the fees by regulations as necessary.

HSC Section 1797.185 requires EMSA to establish criteria for the statewide recognition of the certification of paramedic personnel in the basic scope of practice and establish standards for training, testing, certification, and revocation of certification, as required for statewide recognition of certification.

The standards, policies, and procedures for paramedic training, the scope of practice, licensure, and discipline are contained in the California Code of Regulations (CCR), Title 22, Division 9, Chapter 4.

PROBLEM STATEMENT
The paramedic regulations were last revised in 2013 and are in need of revision to clarify and specify methods for training program reviews, approvals, and accreditation requirements, and to update applications and licensure processes. These regulations also increase fees to paramedics and EMSA approved continuing education (CE) training programs. Additionally, the required course content will be updated to include the statutory elements found in AB 1598 (Rodriquez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between emergency medical services personnel during terrorism incidents and active shooter events.

In addition, existing EMS Act statutes in the HSC, Division 2.5, are not definitive regarding the ability of paramedics to transport patients originating from an emergency medical call (or 9-1-1 call) to a destination other than a General Acute Care Hospital with a Basic emergency department permit. The lack of clarity regarding alternative destinations is creating uncertainty during legislative discussions and establishing operational procedures.

PURPOSE
The purpose of these regulatory revisions is to protect the health and safety of the public by providing updated applications, licensure processes, the minimum training and
standards for licensure as a paramedic and add prerequisites to the eligibility requirements to enter a paramedic training program. The revisions also increase fees for paramedic licensure, and EMSA approved CE providers to sufficiently support EMSA’s licensure program at a level that ensures the qualification of the individuals licensed to provide quality care. The regulations protect the health and safety of the public by defining the requirements and procedures for all state licensed paramedics and paramedic training programs related to program reviews, approvals and accreditation requirements. In addition, with the passage of AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) the proposed changes also include the addition of tactical casualty care (TCC) principles to the course content. The tactical requirements have already been added to the public safety regulations and the EMT regulations.

Non-substantive grammatical changes have been made throughout the Chapter that does not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision. These non-substantive changes are necessary to effectively communicate the requirements and minimum standards in a precise and clear manner and to eliminate any redundancy or varied interpretations.

**BENEFIT**
These regulation revisions will improve the quality of training programs provided to paramedics and thereby improve the emergency medical response service provided to the public. The regulations expand the training to incorporate TCC principles enabling paramedics to provide service in a standardized and consistent manner with public safety personnel and EMT’s during active shooter events. The regulation revisions benefit the paramedics by providing updated applications and licensure processes. Further, these regulations protect the health and safety of the public by ensuring that all state licensed paramedics and paramedic training programs have the most current information for training program reviews, approvals, and accreditation.

**PURPOSE AND NECESSITY OF AMENDMENTS**

**Section 100137 Paramedic Training Program Approving Authority**

**SPECIFIC PURPOSE**
The specific purpose of the amendments is to make numbering changes and to provide information about training program approval and under whose authority training program approval resides.

**NECESSITY**
These changes are necessary to be consistent with the numbering standards and to provide clarity to the content for training programs wishing to be an approved program.

- The change to subsection (a)(1) is necessary to clarify that the director of the EMS Authority approves statewide public safety agencies while subsection (a)(2) is necessary to clarify that the LEMSA approves all other training programs located in their jurisdictions.
Changing headquartered to located in subsection (a)(2) is necessary as many training programs are headquartered in one jurisdiction and provide training in one or more other jurisdictions. This change will clarify that LEMSA training program approval belongs to the local EMS agency (LEMSA) in which the activity occurs not just where the training program is headquartered.

Section 100140 Licensure Skills Examination

SPECIFIC PURPOSE
The specific purpose of the amendments is to provide language that is consistent with the NREMT and to strike a policy statement from a definition.

NECESSITY
The changes to this section are necessary to clarify policy from a definition and be consistent with the National Registry of Emergency Medical Technicians (NREMT) exam terminology.

- The NREMT uses the term Psychomotor Skills Examination, not Licensure Skills Examination or practical exam. This will alleviate confusion for applicants applying for paramedic licensure who must take the required NREMT exam. This change has been made throughout the Chapter for consistency.

- The change to remove the policy statement from the definition was necessary to ensure policy does not get lost within a definition but is provided within the relevant section of the Chapter. The policy statement has been moved to Section 100165.

Section 100141 Licensure Written Examination

SPECIFIC PURPOSE
The specific purpose of the amendments is to provide language that is consistent with the NREMT and to strike a policy statement from a definition.

NECESSITY
The changes to this section are necessary to clarify policy from a definition and be consistent with the National Registry of Emergency Medical Technicians (NREMT) exam terminology.

- The NREMT uses the term Cognitive Written Examination, not Licensure Written Examination. This will alleviate confusion for applicants applying for paramedic licensure who must take the required NREMT exam. This change has been made throughout the Chapter for consistency.

- The change to remove the policy statement from the definition was necessary to ensure policy does not get lost within a definition but is provided within the
relevant section of the Chapter. The policy statement has been moved to Section 100165.

Section 100141.1 High Fidelity Simulation

SPECIFIC PURPOSE
The specific purpose of the addition of the section is to include a definition for high fidelity simulation.

NECESSITY
This change is necessary because a portion of the minimum required student/patient clinical contacts can now be replaced by the use of high fidelity simulation (HFS) when available. Defining HFS ensures that the term used in the regulations will be clear to readers, particularly to the persons affected by these regulations.

Section 100143.1 Electronic Health Record

SPECIFIC PURPOSE
The specific purpose of the addition of the section is to define electronic health record (EHR).

NECESSITY
This addition is necessary to comply with the passage of AB 1129 (Burke, Chapter 337, Statutes of 2015), which requires emergency medical care providers to collect and submit data to the local EMS agencies via an electronic health record (EHR) system. Defining EHR system ensures that the term used in the regulations will be clear to readers, particularly to the persons affected by these regulations.

Section 100144 Critical Care Paramedic

SPECIFIC PURPOSE
The specific purpose of the change is to clarify that there are two specialized types of paramedics recognized in the state of California, Critical Care Paramedic and “Flight Paramedic.”

NECESSITY
The change is necessary to ensure that all levels of EMS providers are clearly defined and covered by the standards and protections found within the respective regulations and statutes.

Section 100146 Scope of Practice of Paramedic

SPECIFIC PURPOSE
The specific purpose of the changes to the section is to provide information related to the scope of practice requirements for paramedics.
NECESSITY
The changes are necessary for the health and safety of the public to ensure all licensed paramedics understand their authorized skills and responsibilities.

- The change to subsection (a) is necessary to clarify that paramedics may perform EMT and AEMT skills without holding a separate certification. While the scope of practice for a paramedic includes and expands upon that of an EMT and AEMT, there has been confusion over whether a paramedic was also required to be certified by a certifying entity, such as a local EMS agency, in order to practice as an EMT and AEMT. The EMS Authority certifies individuals to perform the scope of practice of a paramedic and is authorized to do so statewide, pursuant to Health and Safety Code 1797.185. The added language clarifies that a paramedic certification alone authorizes an individual to perform the duties of an EMT an AEMT.

- The change to subsection (b) is necessary to specifically clarify that a paramedic licensed in California must be affiliated with an approved paramedic service provider to practice in the state. The EMS Authority is authorized to develop standards for training, testing and, among other things, certification of paramedic personnel, and may require registration with the EMS Authority or other entity designated by EMSA, pursuant to section 1797.185 of the Health and Safety Code. The EMS Authority receives many inquiries, however, questioning whether an individual trained or licensed as a paramedic may perform duties that fall under the paramedic scope of practice in a hospital or other setting in a non-emergency capacity. The addition of the word "licensed" clarifies that the requirement specifically applies to individuals that currently hold a paramedic license.

- The changes to subsection (c)(1)(S) are necessary to clarify that there are two specialized types of paramedics in the state of California, Critical Care Paramedic and Flight Paramedic. This change ensures that all levels of EMS providers are clearly defined and covered by the standards and protections found within the regulations and statutes. Other changes to subsection (c)(1)(S) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations. The changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The non-substantive grammatical changes to subsection (c)(2)(A) are necessary to communicate the procedures and minimum standards in a precise and clear manner eliminating confusion, redundancy, and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The change to subsection (c)(2)(B) is necessary for consistency with the language in the EMT regulations and to provide clarity that a written request is
The changes to subsection (c)(2)(C) are necessary to update the form identified that is incorporated by reference in subsection (c)(2)(B). Other changes to subsection (c)(2)(C) are non-substantive grammatical changes and are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

The change to subsection (c)(2)(D) is necessary to correctly identify the title of the Emergency Medical Services Medical Directors Association of California (EMDAC) committee.

The change to add administration of medications to (c)(2)(D) is necessary because there’s an essential difference from approving or disapproving a medication versus approving or disapproving the administration of a medication.

The change to subsection (c)(2)(E) is necessary to effectively communicate in a precise and clear manner which committee is being referenced.

The nonsubstantive grammatical corrections to (c)(2)(C)(D)and (d) are necessary to communicate the procedures and minimum standards in a precise and clear manner eliminating confusion, redundancy, and varied interpretations, however, these changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

The change to add Health and Safety Code 1797.178 to the reference section is necessary to provide a relevant section of the HSC related to the paramedic basic scope of practice for the provision of advanced life support (ALS) that was not referenced.

Section 100148 Responsibility of the LEMSA

SPECIFIC PURPOSE

The specific purpose of the amendments is to provide information on the responsibilities of the LEMSA about paramedic training programs.

NECESSITY

It’s imperative for the health and safety of the public to ensure that all LEMSA’s understand their roles and responsibilities regarding training programs. Changes to
The specific purpose of the changes to this section is to provide the accreditation and eligibility requirements to become a training program.
NECESSITY
The changes to this section are necessary to specify and clarify the minimum requirements and procedures for accreditation and eligibility before applying for training program approval as defined in section 100159. These additional requirements will close loopholes that training programs are taking advantage of, putting students at risk.

- This change to subsection (a) is necessary to provide the correct section reference within the Chapter. The line stating, “the purpose of a paramedic training program shall be:” is being added to subsection (a) because it was previously unnumbered and misplaced.

- The change to Subsection (b) is necessary to make EMSA’s regulations consistent with CAAHEP and CoAEMSP guidelines and standards. CAAHEP accreditation standards and guidelines allow training programs to operate while seeking their CAAHEP accreditation upon the recommendation of CoAEMSP. CoAEMSP regularly will enable programs to operate during their accreditation process. As a result, EMSA finds it necessary to include this allowance with the program requirements of approval. The date was removed as this deadline has already passed and is no longer relevant. Changes to the language also reaffirm the requirement to maintain current accreditation in order to operate.

- It’s necessary to change the format to a list format in subsection (c) to identify sequential steps in CoAEMSP and CAAHEP training program requirements, as they relate to program operations and accreditation action deadlines set by CoAEMSP and CAAHEP, for full accreditation.

- The addition of subsection (c)(1) is necessary for EMSA to change this section to be consistent with the most current CoAEMSP and CAAHEP guidelines and standards during the program’s accreditation process for continued training program approval. CoAEMSP and CAAHEP require training programs to receive a Letter of Review (LoR) from CoAEMSP before starting classes; therefore, approval of training programs should include this requirement for consistency.

- The change to subsection (c)(2) requiring the training program to submit the necessary paperwork within six months of the first class’ graduation, rather than within 12 months of the startup of classes as currently provided in regulations, is necessary because CoAEMSP and CAAHEP no longer require the application, fee, and Initial Self-Study Report (ISSR) to be received within 12 months of the startup of class. Instead, they must be received within 6 months of the first class’ graduation.

- Subsection (c)(3) currently states “receive and maintain CAAHEP accreditation no later than two (2) years from the date of application to CoAEMSP for accreditation.” The change to specify “date of the ISSR submission” to CoAEMSP for accreditation” is necessary because CoAEMSP and CAAHEP have changed their eligibility for accreditation period start date from beginning at
the time a program’s application is submitted to the date a program submits their ISSR submission instead.

- The change to subsection (d) requiring that paramedic training programs provide information to paramedic training program applicants in writing is necessary to ensure both parties have documentation and knowledge of what is required.

- Providing the names of the forms in subsection (d)(1) is necessary to be specific and provide clarity of which forms are required to be submitted. The deletion of “by which” in subsection (d)(1) is necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however; the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The non-substantive grammatical changes to subsection (d)(2) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The changes to subsection (e) are necessary to provide specific requirements and forms that are consistent with CoAEMSP and CAAHEP. Additionally, striking out portions of the subsection is necessary as the information is misplaced. Information on the withdrawal of program approval is provided in Section 100162. Leaving it in this section is confusing and redundant.

- The complete striking out of subsection (4) is necessary as the information is misplaced. Information on the withdrawal of program approval is provided in Section 100162. Leaving it in this section is confusing and redundant.

- The non-substantive grammatical changes to subsection (f) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- Providing the specific names of the required forms to subsection (g) is necessary to be more concrete and less open to confusion.

- It’s necessary to strike out the original subsection (g) as the information is misplaced. This information pertains to the withdrawal of program approval which is provided in Section 100162. Leaving it in this section is confusing and redundant.
• Providing the specific name of the application in subsection (h) is necessary to be more concrete and less open to interpretation.

• The change to strike out part of subsection (i) is necessary to be consistent with the changes in section 100137 (a)(2) which clarified that LEMSA training program approval belongs to the LEMSA in which the activity occurs not just where the training program is headquartered.

• The changes to subsection (j) are non-substantive grammatical changes and are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

• The change to subsection (j)(1) is necessary to accurately identify Private Postsecondary Education as a Bureau of the Department of Consumer Affairs.

• The non-substantive grammatical changes to subsection (j)(2) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however; the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

Section 100150 Teaching Staff

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to provide requirements for program medical director, program director and instructor(s), and to add a definition and requirements for a clinical coordinator.

NECESSITY
The changes to this section are necessary to specify and clarify the qualifications, functions, and duties of the training program medical director, program director and instructor(s) to ensure quality and comprehensive course.

• In subsection (a), the change from the term “prehospital care” to “emergency medicine” is necessary because physicians rarely receive experience in prehospital care. As written, any program medical director who has held the position over five years without experiencing prehospital care experience during that time will be in violation of this section. That was not the intent of this section. The EMS Authority, with support from the working group, feels that the prehospital requirement is too prohibitive and would cause unnecessary hardship on the programs. The EMS Authority believes the experience with emergency medicine will provide the knowledge necessary to fill this position.
• The non-substantive grammatical changes to subsection (a)(3) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

• The change to subsection (b) is necessary for consistency with all statewide training programs which use program director, not course director. This change is consistent throughout the Chapter. In addition, the change removing “field or in” clarifies that the education background qualification for a program director may be satisfied if an individual has a degree in a “qualified health education field,” rather than with a degree in any education field.

• The removal of the time periods for program directors prehospital (or proposed “emergency medicine”) experience in subsection (b) is necessary because as written, any program director who has held the position over five years without experiencing prehospital care experience during that time will be in violation of this section. That was not the intent of this section. Additionally, as currently written this section does not specify a point in time in which one can determine what “in the last five (5) years” means. As a result, it has created public confusion.

• The non-substantive grammatical changes to subsection (b) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

• The change to subsection (c) is necessary to ensure the training program principal instructors have the experience, knowledge, and skills essential to provide a quality and comprehensive course thereby protecting the health and safety of the public. This language was moved from previous subsection (c)(4) to allow for a more informative explanation of what the instructor is responsible for at the beginning of the subsection.

• The change to subsection (c)(2) updates the document incorporated by reference. This is necessary because the document previously referenced, U.S. DOT HS 811 077 A, no longer exists.

• The non-substantive grammatical changes to subsections (c)(3) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.
The addition of subsection (c)(4) is necessary to ensure the training program course instructors teaching tactical casualty care (TCC) have the experience, knowledge, and skills essential to provide quality, comprehensive TCC education. The TCC course in a new topic area, and adding this requirement is necessary to protect the health and safety of the public as well as the first responders.

The changes to subsection (c)(5) remove the examples of courses that qualify an individual to be a principal instructor of a paramedic training program. This change is necessary to eliminate confusion with individuals thinking these are the only courses allowed rather than examples of courses that may satisfy the requirement. Removing these examples will eliminate this confusion.

Subsection (c)(6) was previously part of the content of subsection (c). It’s necessary this item be placed under subsection (c) as it’s a criterion of principal instructors. This more effectively communicates the instructor’s requirements in a precise and clear manner.

The changes to subsection (d) are necessary to define the acronym FP, flight paramedic, and the acronym BCCTPC, Board of Critical Care Transport Paramedic Certification not previously offered. The changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

The change to subsection (e) clarify that a training program is permitted, but not required to utilize a teaching assistant(s). The removal of “shall be” eliminates confusion and varied interpretation.

Additional non-substantive, grammatical changes to subsection (e) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

The addition of subsections (f)(1)-(3) is necessary to specify the qualifications and duties of the clinical coordinator. The clinical coordinator has oversight of the paramedic students during their clinical patient care hours, but current regulations do not define their roles and responsibilities. The addition of clinical coordinator responsibilities will ensure the paramedic is adequately trained in patient care thereby protecting the health and safety of the public. This is consistent with the emergency medical technician (EMT) chapter of regulations.
The change to subsection (g)(3) is necessary for consistency with all statewide training programs which use program director, not course director. This change is consistent throughout the Chapter.

The non-substantive grammatical changes to subsections (g)(4), (g)(4)(M), (h)(2), (h)(4), and (h)(4)(H) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

Section 100153 Field Internship

SPECIFIC PURPOSE
The specific purpose of the amendments to this section is to break the excessively large subsections into a list format of requirements and provide grammatical corrections.

NECESSITY
A large portion of the changes to this section were non-substantive grammatical changes necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations. However, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

These changes are necessary to avoid ongoing confusion over the field internship requirements for both the student and training program.

Subsections (a) and (b) have been broken down into additional subsections as follows;
   a. A portion of subsection (a) was removed from subsection (b).
   b. Subsections (d) and (e) were pulled from subsection (b).
   c. Subsection (c) was pulled out of subsection (e)(2).
These changes are necessary for clarity and to provide better flow within the section. As currently contained in the regulations there are too many requirements listed within subsections (a) and (b) confusing the training programs and students. Breaking all the elements into further subsections provides the information in a more concise and easy to read manner.

Subsections (e)(1)(2) and (3) were amended with non-substantive grammatical changes and are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.
Overall, subsection (e)(2) was amended with non-substantive grammatical changes necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision. The last sentence in subsection (e)(2) has been struck out and is now subsection (c). This is necessary to provide better flow and clarity by providing the information into single specific requirements for field internships.

The striking out of subsection (e) is necessary as the content is misplaced and the requirements too vague. The full continuum of care requirements was struck and replaced with team lead and moved to section 100154(c). This is about CAAHEP’s requirement that the paramedic student is an ALS team lead for a portion of their patient contact hours.

The change to subsection (f) requiring a written agreement between the student and the training program for the student to delay their field internship later than 90 days is necessary to ensure that the student and training program have documentation of any arrangements made for record keeping purposes. This will also clarify that it’s the responsibility of the training program to place the students, not the student’s responsibility.

Subsection (g) currently houses three different requirements that should be separated to avoid confusion. As such, subsection (g) has been broken down into subsections (h) and (i). These subsections were also amended with non-substantive grammatical changes necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations, however; the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

Section 100154 Required Course Hours

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to amend the required course hours to include TCC training and add the option of the use of high fidelity simulation (HFS) when available.

NECESSITY
The changes are necessary to include a minimum of 4 additional hours of TCC in the course content and CAAHEP’s requirements of paramedic training programs to ensure a comprehensive and quality program.

- The change to subsection (a) increasing the course hours from one thousand and ninety (1090) to one thousand and ninety four (1094) hours is necessary to include the additional (4) hours of tactical casualty care (TCC) principles as
provided in the statutory elements found in AB 1598 (Rodriquez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between emergency medical services personnel during terrorism incidents and active shooter events. This is consistent with the public safety and EMT regulations.

- The change to subsection (a)(1) increasing the hours of didactic instruction and skills laboratory from four-hundred and fifty (450) to four-hundred and fifty-four (454) is necessary to include the additional four (4) hours of TCC principles.

- The original (a)(2) was broken into two subsections as it refers to two different portions of the paramedic training. The changes to subsection (a)(2)-(3) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The change to subsection (b) requiring documentation is necessary to demonstrate that the individual has completed the 40 ALS patient contacts during a field internship.

- The addition of subsection (b)(1) is necessary to achieve equal or better student learning outcomes by replacing some of the required patient contacts with high fidelity simulation (HFS) patient encounters. The use of HFS has been accepted nationwide as a practice to assist with getting an appropriate number of patient contacts. This is consistent with the EMT regulations. The simulation process offers students a different type of quality patient interaction in a clinical setting.

- The addition of subsection (b)(2) is necessary to familiarize students with the use of the EHR system. This is necessary for compliance with AB 1129 (Burke, Chapter 337, Statutes of 2015), which added HSC Section Code 1797.227 to require an emergency medical care provider to use an electronic health record system that exports data in a format that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical System Information System (NEMSIS). EMS personnel collects the information submitted to the EHR system.

- The addition of subsection (c) is necessary to meet CAAHEP’s requirement that the paramedic students be an ALS team lead for a portion of their patient contacts. CAAHEP defines a team lead as providing a full continuum of patient care. EMSA is identifying the number of required patient contact hours and requirements that the team lead shall satisfy. Having the experience to lead a team will ensure the student is capable of successfully taking charge of an EMS operation upon becoming a licensed paramedic.

Section 100155 Required Course Content
SPECIFIC PURPOSE
The specific purpose of this section is to add additional requirements for TCC to the course content of paramedics and CCPs for consistency with public safety and EMT regulations.

NECESSITY
The changes are necessary to comply with AB 1598 (Rodriquez, Chapter 668, Statutes of 2014) recommending the addition of tactical casualty care (TCC) principles to the course content.

- The change of the reference URL is necessary to provide the reader with an accurate site to locate the education standards document. The non-substantive grammatical changes to subsection (a) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations, however, the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The addition of subsection (b) is necessary to include statutory elements found in AB 1598 (Rodriquez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between emergency medical services personnel during terrorism incidents or active shooter events.

- Subsection (d) has been added to provide preexisting training programs with a 12 month transition period to add the TCC principle course content to their curriculum.

Section 100156 Required Testing

SPECIFIC PURPOSE
The specific purpose of the changes is to provide a specific number and type of examinations training programs are required to have to test the required skills and to require the student provide documentation as proof of successful completion of clinical and field testing.

NECESSITY
- The change to subsection (a) is necessary to provide minimum standards for testing. Currently, the training programs are only required to give periodic exams and a final comprehensive exam. The number and types of exams are not specified. Providing a specific number and type of exam ensures knowledge and skills testing are standardized and consistent.

- The change to subsection (b) is necessary to ensure that the student can provide evidence of having successfully completed the required student clinical and field testing.
Section 100157 Course Completion Record

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to make clear the elements required to be in the course completion record.

NECESSITY
The changes to this section are necessary to demonstrate that a person is trained and qualified. This section specifies the elements required to be on the course completion record to, in part, maintain uniformity and protect against fraud. Additionally, the grammatical corrections are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations, however; the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

• The non-substantive grammatical changes to subsection (a) are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations, however; the changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

• The change to subsection (b)(4) is necessary to effectively communicate the requirement in a precise and clear manner eliminating confusion, redundancy, and varied interpretations. The change does not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

• The changes to subsection (b)(8)and(9) are necessary to ensure that any procedures and medications taught in paramedic and CCP training are approved to be taught and provided in the course completion record. The changes do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

Section 100158 Student Eligibility

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to add a college level course in introductory anatomy and physiology with lab and a college level course in introductory psychology to the eligibility requirements to enter a paramedic training program. Many paramedic training programs already require the anatomy and physiology course as a prerequisite to their paramedic training program. This requirement would solidify this requirement in regulation.

NECESSITY
Increasing the requirements to enter a paramedic training program is necessary to protect the health and safety of the public by providing a paramedic student with a basic overview of the anatomy of the human body and the physiological functioning thereof and a broad overview of the general principles of psychology. This will provide the student with a solid foundation in the understanding of the sciences and human behavior as he/she enters as training program. In addition, the course work will provide the paramedic with the necessary foundation for improved clinical decision making in the event the LEMSA approves treat and release policies, critical care paramedic transport programs, and eventually community paramedic programs.

Section 100159 Procedure for Training Program Approval

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to provide the minimum standards to be met and procedures to be followed to receive and maintain training program approval from an approving authority.

NECESSITY
The changes to this section are necessary to provide details of the application process to become an approved training program. Non-substantive grammatical changes have been made and are essential to communicate the procedures effectively, and minimum standards in a precise and clear manner are eliminating confusion, redundancy, and varied interpretations and do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision have been made.

- The changes to subsection (a) are necessary to clarify what constitutes an eligible training institution. Portions of subsection (a) were moved into subsections (b)(1) to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations. Subsection (a) currently houses two different requirements/options for approval that should be separated to avoid confusion.

- The change to subsection (b) is necessary to specify that a paramedic training program must provide documentation showing that they are eligible for approval by the approving authority. This change eliminates confusion and clarifies the intent of the requirement.

- Former subsection (b)(2) is now subsection (b)(14) and was moved to efficiently communicate the requirements in a precise and clear manner by providing better flow and clarity. This requirement is only utilized for specialty training programs. In its previous spot, it interrupted the flow of basic requirements. Moving it has alleviated this issue.

- The addition in subsection (b)(10) requiring a copy of an approved CoAEMSP LoR to the required documentation is necessary to support the approval of a
training program based upon their adherence to CAAHEP operational standards for proposed accreditation. CAAHEP allows training programs to operate while seeking their CAAHEP accreditation when CoAEMSP has issued a letter of recommendation (LoR) to do so; therefore, approval of programs should include evidence of such recommendation as part of the training program approval process. EMSA previously did not require this document and discovered training programs utilized this loophole to the detriment of the students.

- The change in subsection (b)(11) removing “periodic testing” is necessary because the section is providing the training program with the required documentation that must be submitted for review. In this case, EMSA is asking to review samples of the examinations that will be given. It’s unnecessary to state the exams will be used for periodic testing. The required testing is provided in section 100156.

- The first subsection (c) was struck, and all the required documentation was put under subsection (b). This is necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

- Subsection (b)(13) has been amended with non-substantive grammatical changes that do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision to provide clarity to the content. These changes are necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

- The subsections (d)(e)(f) were moved out of section 100161, which is being deleted, and placed here. Review of 100161 showed that its purpose was similar to that of section 100154. Combining these two sections eliminates the need for the reader to search in two areas for applicable law. This is necessary to effectively communicate the requirements in a precise and clear manner removing confusion, redundancy, and varied interpretations.

Section 100160 Program Review and Reporting

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to ensure that all training programs comply with minimum standards and requirements related to program review and reporting.

NECESSITY
The changes to this section are necessary to ensure compliance with required course components and to provide oversight by the approving authority.
The change from “may” to “shall” in subsection (a) allows review of all program materials at the discretion of the authority and clarifies the responsibility for review both by the approving authority and EMSA. EMSA has historically participated in CAAHEP program reviews and this change makes the regulation consistent with standard practices.

There are non-substantive changes to subsections (b)(c) to ensure clarity of the section without materially altering any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision. The language “periodic” was removed from subsection (b) as it’s redundant. All training programs are subject to on-site evaluations which imply they will be “periodic.”

The section was amended to add section 1797.173 of the Health and Safety Code as an additional reference. The change is necessary to provide a relevant section of the Health and Safety Code related to training program locations that were not referenced.

Section 100161 Paramedic Training Program Approval

SPECIFIC PURPOSE
The specific purpose is to delete this section and move the content to Section 100159. These two sections are substantially related. Combining the two reduces the need to review two sections.

NECESSITY
This change was necessary to consolidate all information related to training program approval into a single section to efficiently communicate the requirements in a precise and clear manner eliminating confusion, redundancy and varied interpretations.

Section 100162 Withdrawal of Program Approval

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to clarify and strengthen the process about probation, suspension, revocation, or denial of the renewal of program approval when an approved training program is found to be noncompliant with any requirements or minimum standard found within the Chapter. Often when the process is implemented the EMS Authority receives questions regarding what is and is not allowed. The proposed changes should clarify the process and answer these questions.

NECESSITY
It is imperative for the health and safety of the public that all training programs comply with requirements and minimum standards set by EMSA for continued approval or be faced with probation, suspension, revocation, or denial of renewal of program approval. If EMSA or the approving authority finds a training program is out of compliance this section specifies the timelines and notification guidelines the approving authority and the training program must follow. Providing the approving authority and the training
program with the required process and requirements maintain the integrity and consistency of the process. This process is consistent with other chapters of regulations promulgated by EMSA concerning the withdrawal of training program approval.

The changes to this section are non-substantive grammatical changes that do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision. The changes are necessary to effectively communicate the requirements and minimum standards in a precise and clear manner thereby eliminating redundancy and varied interpretations, and for consistency with the language in the EMT regulations.

- Subsection (a) and subsection (b)(1) have been amended with more concise language, and subsection (b) was removed from subsection (a) to separate two different directives.
- Subsection (b)(2) is amended to clarify the notification referred to is the noncompliance notification.
- Subsection (b)(2)(B) is amended with more succinct language for clarity with no substantive changes.
- Subsection (b)(3) is amended with more succinct language for clarity with no substantive changes.
- The requirements of subsection (b)(3)(A)-(D) have been taken out of subsection (b)(3) and provided herein list format for clarity and readability.
- The requirements of subsection (b)(4)(A)-(E) were struck from subsection (b)(4) and provided herein list format.
- Subsection (b)(5) has been reworded for clarity. The original subsection (b)(4) language has confused training programs on the purpose of the 60 days which is to ensure programs have the notification once a decision has been made to close doors and make arrangements for existing students.

Section 100163 Written and Skills Examination

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to change the title of this section to read Cognitive Written and Psychomotor Skills Examination, consistent with the official names of the test utilized for skill verification.

NECESSITY
This change is necessary to avoid confusion when an applicant is applying for paramedic licensure and must take the required NREMT exams and to be consistent with the National Registry of Emergency Medical Technicians (NREMT) exam terminology. The change in terminology has been made throughout the Chapter for consistency.

Section 100164 Date and Filing of Applications

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to update applications for the licensure process and clarify business days versus calendar days.

NECESSITY
The changes to this section are necessary to provide paramedic applicants with precise and clear paramedic licensure applications required for each license type.

- The changes to subsection (a) clarify that applications are to be submitted to the EMS Authority. These changes are necessary to effectively communicate the application process in a precise and clear manner. The change to subsection (a) requiring EMSA to notify the applicant within 45 calendar days rather than 30 days is necessary to specify the time frame to ensure procedural consistency.

- In subsections (a) (1)-(6) all the paramedic applications have been updated and renamed by type of application. In all subsections, each application name was changed to no longer begin with the words, "Application for…” but instead identified by the applicant status type first for easier and a more accurate selection by the public. Also, the words, “Paramedic License Application” were included in all license forms to identify the profession type and state in which these forms are used.

- The changes to subsection (a)(1) to include the word “In-State” was necessary to identify it as an initial license application for applicants who have received their paramedic training in the state of California. This addition also compliments the alternative initial application already titled “Out-of-State” application for consistency.

- The move of subsection (a)(5) to (a)(3) is to place it within all the initial applications in this listed section and to include the word “initial” in its name for clarity and consistency with the rest of the applications. All applicants, such as those who intend to use their non-paramedic medical education/experience for eligibility, are still considered “initial” California paramedic license applicants.

- The addition of subsection (a) (5) is to provide a new form for renewing paramedic applicants who have been randomly selected for audit. This change is necessary to ensure full disclosure of additional information, such as copies of applicant’s continuing education certificates, for review. Additionally, this is necessary to clearly identify to renewing paramedics that they have been selected for an audit beyond the letter they receive five months before their license expiration date.

- The change to subsection (a)(7) includes clarifying the form by providing the correct name of the form that will be used to obtain a criminal history report, not a summary. EMSA requires all paramedics to be live scanned and provide a
criminal history report before licensure. These changes are necessary to ensure the applicant understands which form is needed and how it will be used.

- Subsection (a)(8) was struck entirely because the legal residency forms previously listed are no longer consistent with federal requirements and does not serve a purpose for paramedic licensure.

- The Request for Licensure/Certification Verification form in subsection (a)(8) is necessary to allow EMSA to exchange license data with other states to verify past employment and license status of paramedics either previously or currently licensed in other states. This form is now required of all paramedic license types if the applicant was licensed in another state. This will ensure that paramedics with unfavorable backgrounds in other states are more thoroughly reviewed before licensure further ensuring the health and safety of the public.

- The change to subsection (b) clarifying the timeline is in calendar days is necessary to effectively communicate the requirements in a precise and clear manner eliminating confusion and varied interpretations. The change to subsection (b) to remove the text “will not cause the license to lapse but” is necessary because as written it is incorrect. It is necessary to add “completed and” because a renewal received during the “less than thirty (30) calendar day” period may still result in a lapsed license if the application content is incomplete, requiring corrective action by the applicant that postpones the processing of the renewal until after their expiration date.

- The change to subsection (c) requiring EMSA to notify the applicant within 45 calendar days rather than 45 working days is necessary for procedural consistency. In addition, the changes amending the references to section 100165 are necessary to provide the correct section references within the Chapter to subsections being renumbered due to revisions in this proposal.

- The change to subsection (e) is necessary to clarify that a state application is not deemed complete until all documentation has been received.

Section 100165 Licensure

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to specify and clarify the required documentation and procedures for paramedic licensure and to provide these requirements by license type for ease of use and clarity.

NECESSITY
The changes to this section are necessary to provide the minimum standards to be met and procedures to be followed in a specific, clear manner for a paramedic to receive and maintain paramedic licensure. Current language has been found to be unclear, confusing, and burdensome by referring to many different sections to locate relevant
licensure information. The new language is structured to provide more straightforward reading of this section by replacing references with minimum standards.

- Subsection (a) provides that the eligibility requirements for an initial paramedic license are based on one of three different routes, which are provided in subsections (a)(1), (a)(2) and (a)(3). This is necessary to clarify there is more than the one-way route to paramedic licensure. The current language often led to confusion on who fell into which pathway. The new structure alleviates this confusion.

- Subsection (a)(1) provides all the requirements that must be met for a paramedic that has completed a California paramedic training program and is thus applying as an initial in-state applicant.

- Subsection (a)(1)(B) allows possession of a current NREMT as an option if the applicant has not taken the exams within the last two years. This is necessary for clarification because as long as an applicant has an NREMT that has been kept current, it doesn’t matter how long ago the exams were taken. This change will save the applicant the unnecessary expense of retesting since requirements to maintain an NREMT certification is just as useful in proving skill competency.

- Subsection (a)(2) provides all the requirements that must be met for a paramedic that has completed a paramedic training program out-of-state and is thus applying as an initial out-of-state applicant. It’s necessary to differentiate out-of-state applicants because not all states require the same basic training. Out-of-State applicants must provide additional documents to prove sufficient training to meet California requirements.

- Subsection (a)(3) provides all the requirements that must be met for a currently licensed physician, registered nurse, mobile intensive care nurse or physician assistant to challenge the training program requirements to be licensed as a paramedic.

- Subsection (a)(3)(A) was moved from the former (c)(1)(2)(3) for better flow and clarity and subsection (a)(3)(B) has been added to allow licensed physician, registered nurse, mobile intensive care nurse or physician assistant to use their current license to meet eligibility if their training was in California.

- The addition of subsection (a)(3)(G)(1) provides a pathway for a letter of support to get an NREMT reinstatement as required by NREMT. This change is necessary because NREMT allows a letter of support in place of training. Currently, the regulations are silent on this topic.

- A Department of Justice (DOJ) background check in subsections (a)(1)(C), (a)(2)(E) and (a)(3)(H) is necessary to comply with Health and Safety Code (HSC) 1797.172. While EMSA has always required a background check, It’s
currently listed as a *may be required* under section 100164(a). It’s necessary for EMSA to specify that a DOJ background *shall* be required to provide clarity of all requirements and to comply with HSC 1797.172.

- The new Licensure/Certification Verification form has been added as a required form from paramedics when applying as an out-of-state paramedic or as a currently licensed physician, registered nurse, mobile intensive care nurse-physician assistant challenging the training program requirements to be a licensed paramedic [(a)(2)(D), and (a)(3)(F)]. Requiring this form is necessary to allow EMSA to exchange license data information with other states to verify past employment and license status. Reviewing the information provided on the form ensures the health and safety of the public by ensuring a thorough review of the applicant's past performance.

- Subsection (b) requiring applicants provide either current paramedic license documentation, recent (2 years) completion of a CAAHEP approved paramedic training program, or documentation of EMS training standard 2009 equivalencies is necessary for EMSA to assess the eligibility of the applicant for NREMT examination support. EMSA cannot make that determination for examination support without having received proof of adequate training and experience.

- Subsection (e) was amended to include the term effective date as it relates to the beginning of the two-year period through the last day of the approval month in the second year. This change is necessary because without clearly specifying within any given year the date in which a period shall begin and end, the section is left open for various interpretation. EMSA recognized the need to clarify each point in time for the public and staff.

- Subsection (h) was amended to remove the information related to the expiration date of EMT certification. This is necessary as EMT information does not belong within paramedic regulations and is already provided in the EMT regulations. Subsection (h) was further amended with a nonsubstantive change in language to provide clarity to the information.

- The change to add section 1797.194 of the Health and Safety Code to the section references is necessary to provide an additional reference related to paramedic licensure.

- Non-substantive grammatical changes have been made and are necessary to communicate the procedures effectively, and minimum standards in a precise and clear manner, eliminating confusion, redundancy, and varied interpretations and do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision have been made.
Section 100167 License Renewals, License Audit Renewals, and License Reinstatements

SPECIFIC PURPOSE
The specific purpose of the changes made to this section is to provide information related to renewal, audit or reinstatement of a paramedic license and to amend the title of Article 6 and this section to add License Audit Renewals and License Reinstatement to clarify the information found in the section.

NECESSITY
The changes are necessary to specify and clarify the section content and to provide the required information for paramedics to renew, reinstate or go through the audit process for their paramedic license.

- Subsection (a) provides requirements to renew a non-lapsed paramedic license. Subsection (a)(3) has been changed to give the specific form required for renewal. The subsection has also been amended to remove language related to a renewal reminder and place this language in subsection (a)(6). These changes are necessary to communicate information in precise and clear manner effectively.

- The addition of the audit renewal form in subsection (a)(4) is necessary to provide direction for paramedics selected for an audit of their license. There is currently no information on audit renewals within regulation causing confusion and numerous phone calls to EMSA from those being audited.

- The addition of subsection (a)(6) is necessary to provide consistent and clear timelines. The current language is vague and permissive. The new language provides a more accurate requirement for EMSA to communicate promptly regarding renewal based on current processing timelines.

- Subsection (b) provides requirements to reinstate a paramedic license based on a six-month lapse, over six months but less than 12 months and over 12 months. The changes are necessary as previously the reinstatement options were listed in a paragraph format, making them difficult or confusing to interpret. This subsection has been restructured to ease readability and ensure the three reinstatement options are stated with their respective requirements. The word “renewal” has been replaced with “reinstatement “as this is the correct terminology for the subsection; a license lapsed must be reinstated rather than renewed.

- Subsection (b)(1) address license reinstatement requirements based on a license that has lapsed less than six months. It’s necessary to provide the reinstatement requirements based on time lapsed to efficiently communicate the requirements in a precise and clear manner to eliminate confusion. The structure has been changed from a paragraph to list format to ease readability and ensure all
requirements are clearly stated in the section. Further, the list lists explicitly what is required. Current language refers the reader to look at previous subsections for requirements. Removing the need to refer to other sections eases readability and reduces the chance for confusion or misinterpretation.

• Subsection (b)(2) addresses license reinstatement requirements based on a licensed that has lapsed six months or more but less than 12 months. It’s necessary to provide the reinstate requirements based on time lapsed to effectively communicate the requirements in a precise and clear manner to eliminate confusion. The structure has been changed from a paragraph to list format to ease readability and reduce the chance a requirement will be lost in the section. Further, the list explicitly contains what is required. Current language refers the reader to look at previous subsections for requirements. Removing the need to refer to other sections eases readability and reduces the chance for confusion or misinterpretation.

• Subsection (b)(3) addresses license reinstatement requirements based on a licensed that has lapsed more than 12 months but less than 24 months. It’s necessary to provide the reinstate requirements based on time lapsed to efficiently communicate the requirements in a precise and clear manner to eliminate confusion. The structure has been changed from a paragraph to a list to ease readability and reduce the chance a requirement will be lost in the section. Further, the list explicitly contains what is required. Current language refers the reader to look at previous subsections for requirements. Removing the need to refer to other sections eases readability and reduces the chance for confusion or misinterpretation.

• Subsection (b)(4) addresses license reinstatement requirements based on a licensed that has been lapsed more than 24 months. It’s necessary to provide the reinstate requirements based on time lapsed to efficiently communicate the requirements in a precise and clear manner to eliminate confusion. The structure has been changed from a paragraph to a list to ease readability and reduce the chance a requirement will be lost in the section. Further, the list explicitly contains what is required. Current language refers the reader to look at previous subsections for requirements. Removing the need to refer to other sections eases readability and reduces the chance for confusion or misinterpretation.

• The new Licensure/Certification Verification form has been added as a required form from paramedics under all four reinstatement options [(b)(1)(D), (b)(2)(D), (b)(3)(F) and (b)(4)(F)]. This form is necessary to allow EMSA to exchange license data information with other states to verify past employment and license status of applicants coming from a different state that are seeking licensure in California.

• A Department of Justice (DOJ) background check requirement in subsections (b)(3)(D) and (b)(4)(C) are necessary to comply with Health and Safety Code
(HSC) 1797.172. While EMSA has always required a background check, it’s currently listed as a may be required under section 100164(a). It’s necessary for EMSA to specify that a DOJ background shall be required in regulation to provide clarity of all requirements and to comply with HSC 1797.172. Given that EMSA purges files lapsed over two years, in compliance with its records retention schedule, it is essential that this document is requested for applicants lapsed over this period.

- The change to subsection (e) requiring EMSA to notify the applicant within 45 calendar days rather than 30 working days is necessary for procedural consistency.

- The changes to subsection (f) are necessary to make specific and clarify the requirements for members of the Armed Forces of the United States. We are also removing the requirement that the paramedic can only use military training while deployed for renewal. Removal of this restriction will allow military personnel to always use this training and not have to duplicate efforts or training.

- Non-substantive grammatical changes have been made and are necessary to communicate the procedures and minimum standards in a precise and clear manner, eliminating confusion, redundancy, and varied interpretations and do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision have been made.

Section 100170 Medical Control

SPECIFIC PURPOSE
The specific purpose of the change to this section is to clarify that the patient care record is to be an electronic health record (EHR) and to provide requirements for EMS providers to transport patients who are assessed and determined to have a non-emergency condition to an alternative destination for treatment. The proposed additions to this section clarify that when a paramedic, in providing an ALS assessment to a patient originating from an emergency medical call (or 9-1-1 call), makes a decision that the patient is a “non-emergency,” the patient may be transported to a specific destination other than a General Acute Care Hospital (GACH) with a Basic Emergency Department permit.

NECESSITY
The changes to this section are necessary to provide the minimum standards to be met and procedures to be followed in a specific, clear manner for LEMSA to approve and provide policies for the use of electronic health care records and triaging patients for transport to an alternate destination other than a Hospital with a Basic Emergency Permit and to clarify medical control.

- The changes to subsections (a)(6) and (a)(6)(A) are necessary for compliance with AB 1129 (Burke, Chapter 337, Statutes of 2015) and Health and Safety
Code 1797.227 requiring an emergency medical care provider to use an electronic health record system that exports data in a format that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical System Information System (NEMSIS). EMS personnel collects the information submitted to the EHR system.

- The addition of subsection (a)(7)(A-H) is necessary to establish requirements that must be met in order for a LEMSA to authorizeprehospital triage of patients who are assessed and determined to have a non-emergency condition. Health and Safety Codes§1797.106 and §1797.114 require the EMS Authority to provide regulations for transport of patients who are members of an prepaid health plan to the appropriate facility contracted with that health plan or to an appropriate medical facility when deemed appropriate based on the patient’s condition. The addition of Health and Safety Code §1797.106 and §1797.114 have been added to the reference section is necessary to provide relevant section of the HSC related to this change.

- The addition of subsection (c)(5) is necessary to make clear through specific language the medical director has final oversight for medical control of the local EMS system including the quality improvement program (EMSQIP) as required in sections 1797.174, 1797.176, 1797.202 and 1797.220 of the health and safety code.

Section 100171 Record Keeping

SPECIFIC PURPOSE
The specific purpose of the change to this section is to clarify that the patient care record is to be an electronic health record (EHR) and to timelines for the submission of the EHR information.

NECESSITY
The changes to this section are necessary to provide clear requirements for compliance with AB 1129 (Burke, Chapter 337, Statutes of 2015) and Health and Safety Code 1797.227 requiring the use of electronic health care records.

- The change to subsection (e) is necessary for compliance with AB 1129 (Burke, Chapter 337, Statutes of 2015) and Health and Safety Code 1797.227 requiring an emergency medical care provider to use an electronic health record system that exports data in a format that is compliant with the current versions of CEMSIS and NEMSIS.

- The changes to subsections (e)(6)(B) and (e)(6)(F) are necessary to update the terminology used to identify the criteria to be consistent with the terminology
used in CEMSIS and NEMSIS as required in the section. By utilizing more accurate terminology, these changes effectively communicate the requirements and standards in a precise and clear manner and do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision.

- The addition of subsection (e)(12) is necessary for compliance with AB 2961 (O'Donnell, Chaptered 656, Statutes of 2018) and Health and Safety Code §1797.123, and §1797.228 requiring LEMSA's to submit quarterly ambulance patient offload times (APOT) data to the EMS Authority. The addition of the time of patient transfer to the receiving facility will allow the EMS Authority to properly calculate the APOT times.

- The change to subsection (f) is necessary because its individual personal health information that will be collected and submitted electronically (“secure transmission”). This change is necessary to ensure the LEMSA establishes policies on collecting, utilizing, storing and securing this information.

- The addition of subsection (g) is necessary to establish that the LEMSA is the agency responsible for setting the policies and procedures for the submission of the EHR data by the paramedic service provider.

- The addition of subsection (h) is necessary to provide the LEMSAs with a time frame for submission of data to the statistical information may be used for system monitoring and trending by the Authority. This is consistent with the time frame for submission of health record data throughout the EMS Authority’s regulations under Division 9 of Title 22 of the CCR.

Section 100172 Fees

SPECIFIC PURPOSE
The specific purpose of the changes to this section is to provide the total required fee for each type of license application related to paramedics in one location. Also, EMSA has increased fees for each type of paramedic license application by $50 over two years: $25 in the Fiscal year 2019/2020, and $25 in the Fiscal year 2020/2021.

NECESSITY
These changes are necessary to specify and clarify the various required fees for paramedic licensure which is currently broken up throughout the Chapter confusing the actual costs needed for paramedic licensure.

Additionally, Health and Safety Code Section 1797.172 authorize EMSA to charge fees for the licensure of paramedics in an amount sufficient to support EMSA’s licensure program. Following an evaluation of the current paramedic licensure fees, it was determined by EMSA that a fee increase is necessary to fund the actual costs of EMSA’s paramedic program sufficiently. The current licensure fees were established in
2010 and are no longer sufficient to fund the activities of the paramedic licensure and enforcement program.

- The change to subsection (b) providing that all fees are nonrefundable is necessary to cover the reasonable cost of accounting staff processing the payment and licensed staff in review and processing the application.

- Subsection (b)(1) has been changed to be more succinct and to provide the full fee of $250 for an initial In-State Paramedic License. Currently the fee is divided up between subsections (b)(1) $50, (b)(3) $195, and (b)(8) $5. The change to combine all the various fees into one fee, in one location is necessary to effectively communicate licensure fees in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

Subsections (b)(1)(A)(B): The initial in-state paramedic licensure fee increased from $250 to $275 in the Fiscal year 2020/2021 and from $275 to $300 in the Fiscal year 2022/2023 and after that.

- Subsection (b)(2) has been changed to be more succinct and to provide the full fee of $300 for an initial Out-State Paramedic License. Currently the fee is divided up between subsections (b)(2) $100,(b)(3) $195, and (b)(8)$5 dollars. The change to combine all the various fees into one fee, in one location is necessary to effectively communicate licensure fees in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

Subsections (b)(2)(A)(B): The initial out-of-state paramedic licensure fee increased from $300 to $325 in the Fiscal year 2020/2021 and from $325 to $350 in the Fiscal year 2022/2023 and after that.

- Subsection (b)(3) has been changed to provide the full renewal fee of $200. Currently, the fee is divided up into subsections (b)(3) $195, and (b)(8) $5. The change to combine all the various fees into one fee, in one location is necessary to efficiently communicate licensure fees in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

Subsections (b)(3)(A)(B): The paramedic licensure renewal fee increased from $200 to $225 in the Fiscal year 2020/2021 and $225 to $250 in the Fiscal year 2022/2023 and after that.

- Subsection (b)(4) includes changes for clarification necessary to efficiently communicate late fees in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

- Subsection (b)(5) includes changes for clarification. This fee is charged by not only the state but also federal entities for criminal history records, both of which are required for renewal; therefore, the DOJ and FBI should be listed. Also, these
documents are not summaries but instead identified as reports by both departments.

- In addition to the fee for replacement of a license, subsection (b)(6) has added a fee for a duplicate license as provided in HSC 1797.172. This is necessary to cover the costs incurred by EMSA to reprint and mail out a new license.

- Subsection (b)(8) includes a change that is necessary to clarify that a five dollar administration fee is incorporated within other cost amounts, as statutorily required by Section 17520 of the Family Code.

- Subsection (b)(7) has increased the cost of approval and re-approval to all EMSA approved CE providers to $2,500.

Under HSC Section 100390.5 (d) EMSA is the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state. Additionally, under HSC Section 100395(d)-(e) EMSA is authorized to make site visits to review and audit individual classes, courses or activities of the CE provider.

Currently, EMSA charges out-of-state paramedic CE providers a $200 fee for approval and re-approval of their programs. This fee was established in regulation in 1993 and is not sufficient to cover the costs incurred for the review and auditing of out-of-state CE provider programs. EMSA does not currently charge statewide public safety CE providers for approval or re-approval of their training programs; however, this is no longer feasible.

EMSA believes it’s in the best interest of the health and safety of the public that these programs be reviewed and audited. However, EMSA has been unable to perform reviews and audits of its CE provider programs due to lack of staffing and funds. Therefore, EMSA has determined that a fee increase for all EMSA CE providers is necessary to cover costs incurred to review and audit statewide public safety programs and out-of-state programs. There are currently one (1) out-of-state CE providers (Texas) and four (4) statewide public safety CE provider (CHP, CAL FIRE, CDCR, and CAL JAC).

To determine an appropriate fee, EMSA considered costs it incurs for the review and audit of a CE provider program including round-trip airfare, hotel, car rental, staff time, per diem, and mileage costs. Based on these expenses EMSA is proposing to increase the cost of approval and re-approval to all EMSA approved CE providers to $2,500.

The fee for out-of-state CE providers will increase from $200 to $2,500. The fee for statewide public safety CE providers will increase from $0 to $2,500.
• The addition of Subsection (b)(9) provides the total reinstatement fee of $250. Currently, a reinstatement fee is not contained in the fee section but is divided up into subsections (b)(4) $50, and (b)(7) $200. The change to combine all the various fees into one fee, in one location is necessary to efficiently communicate licensure fees in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

Subsection (b)(9)(A)(B): The reinstatement paramedic license fee increased from $250 to $275 in the Fiscal year 2020/2021 and $275 to $300 in the Fiscal year 2022/2023 and after that.

• The addition of Subsection (b)(10) provides the total fee of $300 for a challenge application. Currently, the cost is not contained in the fee section but is divided up between subsections (b)(2) $100, (b)(3) $195, and (b)(8) $5. The change to combine all the various fees into one fee, in one location is necessary to efficiently communicate licensure fees in a precise and clear manner eliminating confusion, redundancy, and varied interpretations.

The initial challenge paramedic license fee increased from $300 to $325 in the Fiscal year 2020/2021 and from $325 to $350 in the Fiscal year 2022/2023 and after that.

• The addition of subsection (b)(11) is necessary to ensure the public is aware that EMSA will charge a $25 fee for dishonored checks to cover EMS Authority costs related to dishonored checks pursuant to Civil Code 1719 (a)(1). The change to add Civil Code 1719 to the section references is necessary to provide a reference to the statute authorizing this cost recovery.

**TECHNICAL, THEORETICAL, and EMPIRICAL STUDY, REPORTS, OR DOCUMENTS**

EMSA relied on input from a working group comprised of various stakeholders and interested parties that provided information and subject matter expertise from operational, educational, administrative and medical perspectives.

The groups and organizations that participated in the workgroup include: Emergency Nurses Association, California Chapter; California Ambulance Association; California Fire Chiefs Association; Local EMS Agency Medical Directors; Local EMS Agency Administrators; California Professional Firefighters; Emergency Medical Care Committee; California Prehospital Program Directors.

The documents relied upon include:

- *Emergency Medical Services Administrators and Emergency Medical Directors Associations of California Joint Position Paper: “Medical Control and Alternate Destination Release from Scene, (August 7, 2018).”*
ECONOMIC IMPACT ASSESSMENT/ANALYSIS

The Creation or Elimination of Jobs within the State of California

The regulations are designed to clarify and make specific methods for training program reviews; methods for training program approval; methods for training program accreditation; provide clear updated applications; provide updated licensure processes; provide prerequisites to the eligibility requirements, clarify current fees, increase fees over 2 years, add a fee for in-state CE providers, and provide training in tactical casualty care principles during active shooter incidents. Additionally, non-substantive grammatical changes that do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision have been made throughout the Chapter to effectively communicate the requirements and standards in a precise manner.

Existing paramedic training programs are available and will revise their course curriculum and class hours to meet the new requirement of TCC training in these regulations. The addition of TCC training to existing curriculum does not require any new training program, course, or instructor separate or in addition to what is currently being offered by existing training programs. Therefore, EMSA has determined that no jobs in California will be created or eliminated.

The Creation of New Businesses or the Elimination of Existing Businesses within the State of California

The regulations are designed to clarify and make specific methods for training program reviews; methods for training program approval; methods for training program accreditation; provide clear updated applications; provide updated licensure processes; provide prerequisites to the eligibility requirements, clarify current fees, increase fees over 2 years, add a fee for in-state CE providers, and provide training in tactical casualty care principles during active shooter incidents. Additionally, non-substantive grammatical changes that do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision have been made throughout the Chapter to effectively communicate the requirements and standards in a precise and clear manner.

Existing paramedic training programs are available and will revise their course curriculum and class hours to meet the new requirement of TCC training in these regulations. Existing paramedic training programs have course structure and training materials already in place and are capable of incorporating tactical casualty care principles into their existing course content with minor impacts. Therefore, EMSA has determined that no new business or existing businesses in California will be created or eliminated.

The Expansion of Businesses Currently Doing Business Within the State of California

The regulations are designed to clarify and make specific methods for training program reviews; methods for training program approval; methods for training program
accreditation; provide clear updated applications; provide updated licensure processes; provide prerequisites to the eligibility requirements, clarify current fees, increase fees over 2 years, add a fee for in-state CE providers, and provide training in tactical casualty care principles during active shooter incidents. Additionally, non-substantive grammatical changes that do not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision have been made throughout the Chapter to effectively communicate the requirements and standards in a precise and clear manner.

Existing paramedic training programs are available and will revise their course curriculum and class hours to meet the new requirement of TCC training in these regulations. The addition of TCC training can be incorporated into existing paramedic training curriculum and does not affect the number or demographic of applicants seeking paramedic training. In addition, any increase in fees charged by a paramedic training program are likely to be minor and insignificant because the addition of TCC training will increase training by four (4) training hours, which is relatively minor compared to the total number of training hours required, 1090 hours. Therefore, EMSA has determined that businesses currently doing business in California will not be expanded.

Benefits of the Regulations to the Health and Welfare of California Residents, Worker Safety, and the State’s Environment
The proposed regulations will benefit California residents and worker safety through increased public safety through consistent statewide minimum training standards and requirements to be a licensed paramedic or paramedic training program in the state of California and address the emerging issue of active shooter response through training in tactical causality care principles. The proposed regulations are not anticipated to benefit or negatively impact the state’s environment.

Results of the Economic Impact Analysis/Assessment
The EMSA concludes that it is (1) unlikely that the proposal will eliminate any jobs or training programs (2) unlikely the proposal will create any new jobs (3) unlikely the proposal will create any new businesses providing training programs (4) unlikely the proposal will eliminate any existing businesses, and (5) unlikely the regulations will result in the expansion of businesses currently doing business within the state.

REASONABLE ALTERNATIVES TO THE PROPOSED REGULATORY ACTION THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.
EMSA has not identified any alternatives that would lessen any adverse impact on small businesses.

EVIDENCE SUPPORTING FINDING OF ADVERSE ECONOMIC IMPACT ON ANY BUSINESS
Under HSC Sections 1797.107 and 1797.185, the proposed regulations protect the health and safety of the public by defining the requirements and procedures for all state
licensed paramedics and paramedic training programs related to program reviews, approvals, and accreditation requirements.

The proposed regulations require training programs to increase their hours of training from the current minimum of one thousand and ninety (1090) hours to the recommended minimum of one thousand ninety-four (1094) hours to include the additional training in tactical casualty care principles. The structure for the required training is already in place so while a training program may incur a cost to revise their curriculum to comply with the newly added TCC course topic the cost is not anticipated to be as significant as it would be to develop an entirely new program.

There are no additional costs in training materials anticipated to incorporating tactical casualty care principles into the paramedic course content may result in increased costs, though it would be nominal. Existing programs have course structure in place and adding the four hours would constitute a minor change to course content, increasing training program time by less than one percent. Given that the instruction provided will correspond with the time increase, anticipated additional costs in training materials, if any, would be minor and absorbable.

Under HSC 1797.172, the proposed regulations increase fees for all types of paramedic licensure. Following an evaluation of the current paramedic licensure fees, it was determined by EMSA that a fee increase is necessary to fund the actual costs of EMSAs paramedic program sufficiently. The current licensure fees were established in 2010 and are no longer sufficient to fund the activities of the paramedic licensure and enforcement program. As such, EMSA has increased the paramedic license fees by $50 to be phased in over two years: $25 in the Fiscal year 2020/2021 and $25 in the Fiscal year 2022/2023.

Under HSC 100390.5 (d) EMSA is the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state. EMSA has determined that a fee increase for all EMSA CE providers is necessary to cover costs incurred to review statewide public safety programs and out-of-state auditing of programs. EMSA has increased the cost of approval and re-approval to all EMSA approved CE providers to $2500. Currently, EMSA only charges out-of-state paramedic CE providers a $200 fee for approval and re-approval and does not charge statewide public safety CE providers for approval or re-approval.

EMSA has determined that these regulations are not likely to result in an adverse economic impact on any business. The cost increase for CE providers will be $2500 every four years, equivalent to $625 annually for a four-year approval. This constitutes a minimal cost increase for CE provider businesses and is not anticipated to result in a significant adverse economic impact.

Non-substantive grammatical changes have been made throughout the Chapter that does not materially alter any requirement, right, responsibility, condition, prescription or another regulatory element of any CCR provision. These non-substantive changes are
necessary to effectively communicate the requirements and minimum standards in a precise and clear manner and to eliminate any redundancy or varied interpretations.

EMSA has determined that this proposed regulation is not inconsistent or incompatible with existing regulation. Existing paramedic training programs are available and will revise their course curriculum and required class hours to meet the new requirements proposed in these regulations. EMSA has determined that these regulations will not cause inconsistency or incompatibility with other existing regulations that concern paramedics.

FOR FURTHER INFORMATION

Contact:

Esam El-Morshedy
EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, California 95670
(916) 431-3656
Esam.El-morshedy@emsa.ca.gov

Backup contact:

Jennifer Lim, Deputy Director of Legislative, Regulatory and External Affairs, at (916) 431-3700 or Jennifer.Lim@emsa.ca.gov.