Paramedic Online Licensing

In February, EMSA released its long-awaited online paramedic licensing at [https://emsa.ca.gov/online-licensing-information](https://emsa.ca.gov/online-licensing-information), for paramedic initial, challenge, and renewal applications. Reinstatement of a lapsed license must be mailed or hand-delivered to EMSA.

Community Paramedicine

The Update of Evaluation of California’s Community Paramedicine Pilot Program was released in February 2019 by Janet M. Coffman, Ph.D., MPP, Lisel Blash, MPA, and Ginachukwu Amah, Healthforce Center and Philip R. Lee Institute for Health Policy Studies at UC San Francisco.


Community paramedicine, also known as mobile integrated health (MIH-CP), is an innovative model of care that seeks to improve the effectiveness and efficiency of health care delivery by using specially trained paramedics in partnership with other health care providers to address the needs of local health care systems. On November 14, 2014, the California Office of Statewide Health Planning and Development (OSHPD) approved an application from the California Emergency Medical Services Authority to establish a Health Workforce Pilot Project (HWPP #173) to test multiple community paramedicine concepts. OSHPD has since renewed the HWPP for one-year periods in 2015, 2016, 2017, and 2018.
The community paramedicine HWPP has encompassed 18 projects in 13 communities across California, testing seven different community paramedicine concepts. Twelve projects are currently enrolling patients, including seven projects launched in 2015, one launched in 2017, and four launched in 2018. Five of the initial projects have closed for various reasons. One project suspended operations in December 2017 but plans to begin enrolling patients again in 2019. The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost-effectiveness.

The Philip R. Lee Institute for Health Policy Studies and Healthforce Center at UC San Francisco are conducting the evaluation, funded by the California Health Care Foundation. This report presents a summary of major findings from the evaluation for policymakers. All data submitted by project sites are reported to OSHPD on a quarterly basis. The report presents findings from the time the initial group of pilot projects began enrolling patients (June 2015 to October 2015) through September 2018.

+EMS Local Assistance Grant Funding Opportunity Announcement

The California Emergency Medical Services Authority (EMSA) sought proposals from local EMS agencies (LEMSAs), or Regional Health Information Organizations with support from a LEMSA, for projects to develop and implement interoperable health information exchange between emergency ambulance service providers and hospitals/electronic health records via health information exchange organizations (HIOs). This funding is made available through the California Department of Health Care Services as part of a CMS [EE1] 90/10 Funding and CARESTAR Foundation matching funds. This local assistance grant funding opportunity promotes interoperability and supports collaborative solutions to integrate EMS as a critical component of the health care system into the health information exchange landscape consistent with state directions from California Department of Health Care Services and CMS.

Each project proposal must be submitted by a LEMSA or another entity that will hold the contract if selected and must include commitments to participate from emergency ambulance service providers and Emergency Medical Services (EMS) receiving hospitals in the LEMSA’s jurisdiction and at least one regional health information organization (or equivalent). EMSA anticipates making multiple awards totaling
approximately $8 million. EMSA received six proposals by the due date of March 13, 2019. Projects are expected to begin in May 2019 and be completed no later than June 30, 2021.

The six awards can be found here:


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**Patient Movement Plan**


In March, the California Emergency Medical Services Authority announced the official public release of the California Patient Movement Plan. The patient movement plan helps medical responders in California better communicate, coordinate, triage, treat, and track injured citizens during a large natural disaster or mass casualty incident. The plan is the culmination of over three years of hard work by the California EMS Authority in close coordination with the California Department of Public Health, the Governor’s Office of Emergency Services, local, region, and state Public Health and Medical partners and Emerge Technologies[EE1]. This plan enhances many areas of our statewide disaster preparedness, including improving local, regional and state coordination during mass casualty incidents, requesting and coordinating Federal medical transportation resources and offering important tools and resources to improve patient care and tracking at all levels of the Public Health and Medical System[EE2]. Most importantly, with the release of this plan, the EMS Authority will now begin to work with local, region and state partners to teach, train and exercise the plan, and strive to improve California disaster preparedness for years to come.

**Regulations**

*Chapter 7.1. ST Elevation Myocardial Infarction (STEMI) Critical Care System Regulations*

Chapter 7.1 of Division 9, Title 22, of the California Code of Regulations was approved by the Office of Administrative Law on Friday, April 19, 2019, and shall be effective on July 1, 2019. This chapter establishes standardized requirements for the development and implementation of an ST-Elevation Myocardial Infarction (STEMI) Critical Care System.

- ADOPTED REGULATION TEXT
Chapter 7.2. Stroke Critical Care System Regulations

Chapter 7.2 of Division 9, Title 22, of the California Code of Regulations was approved by the Office of Administrative Law on Wednesday, April 17, 2019, and shall be effective on July 1, 2019. This chapter establishes standardized requirements for the development and implementation of a Stroke Critical Care System.

Chapter 14. Emergency Medical Services for Children Regulations

Chapter 14 of Division 9, Title 22, of the California Code of Regulations was approved by the Office of Administrative Law on Tuesday, April 23, 2019, and shall be effective on July 1, 2019. This chapter establishes standardized requirements for the development and implementation of an Emergency Medical Services (EMS) for Children Program.

TITLE 22. SOCIAL SECURITY DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES CHAPTER 4. PARAMEDIC [Notice published on April 5, 2019]

The regulations proposed in this rule-making action intend to: clarify and make specific the methods for training program reviews, clarify and make specific the methods for training program approvals, clarify and make specific the methods training program accreditation requirements, update paramedic applications, update the paramedic licensure processes, add curriculum content for tactical casualty care principles to the required course content, and establish requirements for prehospital triage of patients who are assessed and determined to have a non-emergency condition to an alternative destination for treatment under the medical control of a LEMSA medical director. [Website link]

EMSA held a public hearing on Monday, May 20, 2019, 9:00 am until 11:00 am. The location of the public hearing was 10901 Gold Center Drive, Suite. 400, Rancho Cordova, CA 95670.
The 10th Annual Trauma Summit, organized by the State of California Emergency Medical Services Authority and took place on April 23 and April 24, 2019, at the Marines' Memorial Hotel in San Francisco. This educational forum offered a variety of clinical topic discussions intended for trauma surgeons, emergency department physicians, trauma nurses, EMTs, paramedics, administrators, and health care professionals who work with trauma patients in a hospital setting.

For more information visit 2019 Trauma Summit Program webpage.

Foreign Delegations

April 4 - EMSA Director Howard Backer, MD and senior staff presented to a six-person delegation from Kazakhstan on disaster management and emergency relief as well as daily emergency medical services (EMS). The group comprised of various medical professionals participating in the International Visitor Leadership
March 25 - By invitation from CalOES, EMSA Chief Deputy Director Dan Smiley presented information on disaster medical response and day to day EMS response in California to a delegation from the Aga Khan Development Network on Monday, March 25 at CalOES. Mr. Onno Ruhl was the primary delegate from this delegation, along with were three other AKDN representatives attending. Mr. Ruhl is the General Manager of the Aga Khan Agency for Habitat (AKAH) under the Aga Khan Development Network who reports directly to His Highness the Aga Khan. His Highness is the founder and chairman of AKDN and is the 49th hereditary Imam (Spiritual Leader) of the Shia Ismaili Muslims. The AKDN focuses on improving the quality of life in their community and in the societies amongst which they live.

EMS Week

National Emergency Medical Services Week occurs annually during the third week in May, starting with President Ford, who first signed the declaration in 1974. This year’s EMS Week was recognized May 19-25 and it is also the 45th anniversary; this year’s theme was “EMS STRONG: Beyond the Call.” [http://www.naemt.org/initiatives/ems-week](http://www.naemt.org/initiatives/ems-week)

Upcoming in June

Camp Fire EMS Awards
In 2018, California suffered the most severe wildfires in recent history with a tragic human toll. EMS responders, as well as all other first responders, were pushed to their limits in an attempt to save lives in the face of rapidly advancing flames. On June 17, 2019, the Camp Fire EMS Awards will be held in Butte County to honor those who provided notable EMS and healthcare response to the Camp Fire from November 8 to December 31, 2018.

“We want to join with the community affected by the Camp Fire to recognize the EMS and healthcare personnel who demonstrated compassion, dedication, and in some cases, bravery, to rescue and support the victims of the fire,” stated Dr. Howard Backer.

For more information, visit https://emsa.ca.gov/awards.


California Commission on EMS

The California Commission on EMS quarterly meeting is on June 19, 2019, from 10 am-1 pm at the Courtyard Marriott Sacramento Cal Expo, 1782 Tribute Rd,
Exercises and Workshops

**June 12 - 14, 2019** – The Emergency Medical Services Authority (EMSA) staff from the Disaster Medical Services (DMS) Division will participate in the California Medical Assistance Team (CAL-MAT) field treatment Urban Search and Rescue (USAR) Exercise at Moffett Field in Mountain View, CA. This year’s exercise will focus on patient care and tracking, communications, and Mission Support Team operations. The exercise will build on lessons learned from recent responses to the wildfires. Also, the exercise provides an opportunity for collaboration with local and state partners to enhance integration and improve overall response capabilities. Participants in this exercise include; EMSA, CDPH, OES, California National Guard, California Conservation Corps, Veterans Affairs, CAL-MAT team members, Medical Reserve Corps members, and other local emergency managers.

**June 12 - 14, 2019** - The Emergency Medical Services Authority (EMSA) is participating with the California Department of Public Health (CDPH) in hosting the 2019 Emergency Preparedness Training Workshop: Navigating Change: Strengthening Partnerships, Preparedness, and Response at the Hyatt Regency Sacramento. The agenda focuses on strengthening overall preparedness and coordinating disaster response efforts with local, regional, state, and federal partners. Lessons learned from recent emergencies, including the Carr and Camp Fires will be shared. Breakout sessions this year will include topics on behavioral mental health, environmental health, mass patient movement, access and functional needs, and much more. Workshop participants will include local and state health department staff, emergency medical service agency staff, emergency managers, and partners from federal agencies.