

**STATE OF CALIFORNIA**  
**COMMISSION ON EMERGENCY MEDICAL SERVICES**  
**September 18, 2019**  
**10:00 A.M. – 1:00 P.M.**  
**(Meeting may end early at the completion of all agenda items)**  
**Holiday Inn Bayside San Diego**  
**4875 North Harbor Drive**  
**San Diego, CA 92106**  
**Reservations: 800-662-8899 or 619-224-3621**

*WiFi Logon: HolidayInn\_guest Password: baysideguest*  
*Full Agenda Available at URL:*  
*[emsa.ca.gov/ems\\_commission\\_meetings/September 18](http://emsa.ca.gov/ems_commission_meetings/September 18)*

**FINAL**

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of June 19, 2019 Minutes**
- 3. Director's Report**
  - A. EMSA Program Updates           DMS   Personnel   Systems
  - B. Legislative Report
- 4. Consent Calendar**
  - A. Administrative and Personnel Report
  - B. Legal Report
  - C. Enforcement Report

**Regular Calendar**

- 5. Paramedic Regulations Revision**
- 6. EMS Personnel**
  - A. Community Paramedicine Pilot Project Status Update
- 7. EMS Systems**
  - A. EMS Plan and Critical Care Plans Update
- 8. Disaster Medical Services Division**
  - A. Ridgecrest Earthquake Response
- 9. Status of EMS Guidelines**

**10. Items for Next Agenda**

**11. Public Comment**

**12. Adjournment**

**A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at [www.emsa.ca.gov](http://www.emsa.ca.gov).** This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Sandi Baker at (916) 431-3701, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA  
COMMISSION ON EMS  
Wednesday, June 19, 2019  
Courtyard by Marriott – Sacramento Cal Expo  
Golden State Ballrooms C & D  
1782 Tribute Road  
Sacramento, 95815**

**MINUTES**

**COMMISSIONERS PRESENT:**

Steve Barrow, Dan Burch, Sean Burrows, James Dunford, M.D., Nancy Gordon, Mark Hartwig, James Hinsdale, M.D., Daniel Margulies, M.D., Ken Miller, M.D., Ph.D., Karen Relucio, M.D., Jane Smith, Carole Snyder, Brent Stangeland, Lewis Stone, Jim Suver, Atilla Uner, M.D., Todd Valeri

**COMMISSIONER ABSENT:**

Thomas Giandomenico

**EMS AUTHORITY STAFF PRESENT:**

Howard Backer, M.D., Daniel R. Smiley, Esam "Sergy" El-Morshedy, Michael Frenn, Craig Johnson, Jennifer Lim, Tom McGinnis, Sean Trask, Angela Wise

**AUDIENCE PRESENT (partial list):**

Saskia Kim, California Nurses Association (CNA)  
Kurt Henke, Consultant, California Fire Chief Association (CalChiefs)  
Ray Ramirez, CalChiefs

**1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE**

Chair James Dunford, M.D., called the meeting to order at 10:00 a.m. Seventeen Commissioners were present. Commissioner Stone led the Pledge of Allegiance.

**2. REVIEW AND APPROVAL OF MARCH 20, 2019, MINUTES**

**Action: Commissioner Barrow moved approval of the March 20, 2019, Commission on Emergency Medical Services Meeting Minutes as presented. Commissioner Hinsdale seconded. Motion carried with Commissioner Gordon abstaining.**

**3. DIRECTOR'S REPORT**

Howard Backer, M.D., EMSA Medical Director, presented his report:

**A. EMSA Program Updates**

- The California Health and Human Services Agency (CHHS) under new leadership has started to establish its priorities and guiding principles in alignment with the Newsom Administration, such as to expand and integrate health and social services, to translate data into information to drive action, to establish a culture of collaboration and innovation, to focus on the most vulnerable of residents, and to build a healthy California by using value in the health care system to help expand coverage.
- The direction that EMS has been going and the community paramedicine projects are consistent with the overall strategies, priorities, and principles of the new administration.
- Stroke, STEMI, and EMS for Children Regulations have been developed. EMSA is now beginning to look at revising the Trauma Regulations.
  - A technical advisory group has been convened to discuss and recommend policy issues for the Trauma Regulations. Key issues include more explicit alignment with the American College of Surgeons guidelines and their verification and quality improvement processes, tracking patients to evaluate field triage and secondary transfers, and integrating regional trauma care and evaluation.
- Online licensing is now fully up and running.
  - Approximately 1,500 applications have been processed to date.
  - An important aspect of online licensing is the ability to collect demographic information to better describe the workforce and if they are working in the field of EMS or maintaining their degree after having moved on to other professions.
- The National Forest Service (NFS) discussed at a recent National Association of State EMS Officials (NASEMSO) meeting that they plan to initiate EMS for fire line medics.
  - Basic life support (BLS) under a mutual aid or interconnected process is planned.
  - Discussions must begin now so that EMSA can be positioned to interface with the NFS as they evolve. The NFS medical director, who is an emergency physician, will be invited to speak at the September EMS Medical Directors' Association of California (EMDAC) meeting.
- There are new ways for EMS to make a difference in the opioid crisis.
  - The Opioid Distribution Program enables responders to distribute nasal naloxone kits. The program is supported by federal grants, is simple to apply for, and includes training materials.
  - Another concept is the ED-BRIDGE Program, which administers SUBOXONE through community medical-assisted programs. EMS could possibly participate by helping referrals from emergency departments.

- The Scope of Practice Committee has recommended several additions to the Local Optional Scope of Practice. The expansions will provide better patient care, especially for rural areas and regional systems of specialty care when it is preferable to transport by paramedic ground ambulance.
  - One of the areas that has been expanded is in the use of i-gels, which is part of the plan to help replace the removal of intubation. These i-gels are available for both pediatric and adult use.
  - The EMDAC has also established a set of standardized quality assurance measures for this Local Optional Scope of Practice approval that will be extended to other airway interventions as well, allowing for an unprecedented look at airway management, performance improvement, and data analysis.
  - Dr. Backer congratulated the EMDAC for moving in this direction in both the unified scope of practice and the airways procedures. It is a breakthrough in not only coordination and collaboration across jurisdictions but in looking at data for quality assurance and quality improvement.

Dr. Backer stated he will be retiring at the end of the month. He summarized successes during his time as Medical Director of EMSA, including improvements in data usage and transparency, establishment of registries, increased coordination and integration, and disaster response. The disappointments he leaves behind, such as a lack of compromise regulations for Exclusive Operating Areas (EOAs), stand as opportunities for the future. He stated EMS is uniquely positioned to help integrate a fragmented medical system and encouraged EMSA to work towards optimal authorization of community paramedicine mobile integrated health. Through cooperation and collaboration, EMS can positively benefit medical care, public health, and public safety.

#### Questions and Discussion

Commissioner Barrow asked if the online registration system is connected into the Office of Statewide Health Planning and Development (OSHPD) statewide healthcare workforce tracking system.

Sean Trask, Chief of the EMS Personnel Division, stated it is not. He stated the system is still being upgraded but staff can look into that in the future.

#### **B. Legislative Report and Regulations Update**

Jennifer Lim, EMSA Deputy Director, Policy, Legislative, and External Affairs, summarized the EMSA Legislative Report of the bills currently being tracked and analyzed by staff, which was included in the meeting packet and posted on the website. She noted that EMSA has taken no official positions on legislation to date.

#### Questions and Discussion

Commissioner Barrow asked how Assembly Bill (AB) 1, youth athletics, California Youth Football Act, integrates with AB 2007 from 2016 and if it will just add on an EMS component to the law.

Ms. Lim stated AB 1 focuses on youth tackle football. EMSA's concern is the liability protection of the EMTs and paramedics for issuing a return to play or a removal from the game.

Commissioner Barrow stated it does not look like the bill aligns with the law. He offered to send additional information for staff to include in their analysis.

Commissioner Miller suggested including references to professional society recommendations that would guide the judgment of EMTs and paramedics relative to return to play and removal from play.

Commissioner Barrow stated AB 1544, Community Paramedicine or Triage to Alternate Destination Act, is a controversial bill. One of the biggest concerns is the local political and monetary costs. Discussion is ongoing at the Capitol.

Commissioner Snyder spoke in opposition to AB 1544. She stated it is a sneaky bill that changes the makeup of this Commission by removing the Emergency Nursing Association and the California Paramedic Association.

Commissioners Hinsdale and Uner agreed.

Commissioner Barrow referred to Senate Bill (SB) 438, Emergency medical services, dispatch, and asked how removing the private sector will affect rural areas. The bill only mentions public agencies but some areas do not have the capacity for that.

Ms. Lim stated staff is continuing to get information on what those impacts would be. She suggested surveying rural areas to see who is doing it now and if, in the absence of a public/private provider, a public entity could provide that effort seamlessly.

Commissioner Valeri stated it is unfortunate that a handful of regional issues resulted in statewide legislation with broad impact; however, he acknowledged and thanked the sponsors of this bill for being open to incorporating amendments to address and mitigate some of the regional issues.

#### **4. CONSENT CALENDAR**

- A. Administrative and Personnel Report**
- B. Enforcement Report**
- C. Legal Report**

Chair Dunford asked if there were any comments on this item.

Commissioner Hartwig asked to remove 4C for comment and response from EMSA. He stated his concern that filings from CalChiefs that resulted in a legal case being filed in superior court were not listed in the disciplinary cases and other litigation sections in the Legal Report, which was included in the meeting packet.

Dan Smiley, Chief Deputy Director, stated it was not litigation at the time of the writing of this document. CalChiefs filed three petitions with the Office of Administrative Law (OAL) related to three documents seen as underground regulations. EMSA filed a

Section 280 Certification that says EMSA will not use those documents as the basis for EMS plan approvals and disapprovals. The issue is now in litigation in superior court.

**Action: Commissioner Gordon moved approval of the consent calendar. Commissioner Margulies seconded. Motion carried with Commissioner Hartwig abstaining. The item was noted and filed.**

## **REGULAR CALENDAR**

### **5 PARAMEDIC REGULATIONS REVISION**

Chair Dunford asked Ms. Lim to present this agenda item.

Ms. Lim deferred to Sergy El-Morshedy to present this agenda item. She stated Mr. El-Morshedy has been instrumental in organizing and managing the Title 22, Division 9: Prehospital Emergency Medical Services, Chapter 4 – Emergency Medical Technician – Paramedic Regulation process.

Esam "Sergy" El-Morshedy, Legislative and Regulatory Analyst, provided an overview of the background, goals, stakeholder process, and resulting modifications of the Paramedic Regulations Revision. The proposed regulations will be presented at the September or December Commission meeting for approval.

#### Questions and Discussion

Commissioner Burrows asked about the Medical Control section under Article 7, for alternate destination. He stated his understanding that it is based on statutory requirement, not regulatory requirement.

Mr. Trask stated this is a regulatory or administrative approach. The revisions will bring the regulations into alignment with the Health and Safety Code sections that address advanced life support (ALS) patients going to acute care hospitals and other sections that allow local EMS agencies (LEMSAs) to create destination policies.

Vice Chair Burch referred to Section 100171(h), where a requirement was added to submit electronic health record data to EMSA within 72 hours of completion of the patient encounter. Many LEMSAs have raised issues about that 72-hour time limit. He asked where that requirement came from as it was not in the initial publication.

Mr. Smiley stated public comments were received about the lack of clarity of the timeframe. That language was added in an attempt to add that clarity.

Commissioner Uner stated medical control for field triage decisions to alternate sites carries some risk. Emergency department physicians' private liability insurance covers the cost of any liability. He asked how it will affect the cost to the public for paramedics to make field triage decisions and if the medical director of that department or the department itself covers liability.

Mr. Smiley stated decisions on transport and triaging patients in the field is in the Medical Control section. EMSA is seeking input to clarify the role of the medical director in making those decisions.

## Public Comment

Saskia Kim, California Nurses Association, stated the proposed amendments that would authorize the transport of 911 call patients to an alternate destination fall outside the specific authority granted to EMSA under the Health and Safety Code. First, a number of statutes make clear that ALS ambulances must transport 911 call patients to a hospital. Second, EMSA does not have the ability to alter the setting in which paramedics may practice. Third, transport by paramedics to sobering centers and mental health facilities instead of a hospital is not authorized. Fourth, the joint statement on which EMSA relies for the proposed regulations inappropriately conflates scheduled transport using BLS with ALS ambulance transport in response to a 911 call. CNA also believes EMSA lacks the authority to allow paramedics to assess and treat in place without transporting to a hospital.

Ms. Kim stated significant factual evidence exists demonstrating that EMSA understands it does not have the authority to expand paramedics' role to allow them to divert 911 call patients away from a hospital to an alternate destination without a statutory change. Also, allowing paramedics to treat in place may result in them engaging in the unauthorized and unlicensed practice of medicine in violation of *Magit v. The Board of Medical Examiners*.

Ms. Kim stated CNA believes the proposed amendments conflict with existing statutes in an attempt to create a "nonemergency condition" and may lead to situations such as diverting 911 call patients with acute mental illness, who require stabilization under EMTALA at a hospital, to an alternate destination. The proposed amendment also includes the term "frequent users of the EMS System," which lacks specificity.

## **6. EMS PERSONNEL**

Sean Trask, Chief of the EMS Personnel Division, presented his report:

### **A. Community Paramedic Pilot Program Update**

- The Community Paramedicine Pilot Program has 13 pilot sites that are testing 6 concepts.
- The city of Los Angeles, which is piloting behavioral health and sobering center concepts, has completed their training and received Institutional Review Board approval. The application to add Los Angeles to the pilot project has been submitted to OSHPD and awaits review. Los Angeles hopes to begin enrolling patients by June 21<sup>st</sup>.
- San Diego's frequent 911 user pilot has restarted as of June 5<sup>th</sup>.
- Redding's post-discharge pilot is pending approval from the Institutional Review Board.
- A key finding report from the UCSF has been posted on EMSA's website.
- There are no adverse patient outcomes from any of the pilot sites.

- The Community Paramedicine Pilot sites have been collaborating with nursing, mental health, and social services. There is no indication that community paramedics will replace other health care professionals.
- EMSA is monitoring legislation.
- EMSA is proposing to add alternate destinations to the paramedic regulation revisions. The draft regulations are out for a 15-day public comment period.

### Questions and Discussion

Commissioner Barrow asked how many of the community paramedicine encounters and patient issues reviewed by UCSF were private transport versus public transport.

Dr. Backer stated the initial set of projects were 60 percent public agencies and 40 percent private agencies. Since then, the newer projects have almost all been in the alternate destination realm and the majority of those have been public fire agencies.

Commissioner Barrow asked for clarification for public agencies.

Dr. Backer stated community paramedicine providers or alternate destination providers are public agency employees. Alternate destination providers can transport to public or private facilities but they tend to be in the public sector.

Commissioner Miller stated he is the PI for the OSHPD-EMSA pilot project in Santa Clara County. This pilot project was approved for patient assessment and protocol through a public safety provider. However, all the resulting transports are private. Depending upon EMS System design, it is possible for public and private sector EMS providers to coordinate.

Commissioner Barrow asked how viable an extension is with the possibility of lawsuits because of lack of authority in statute to continue.

Dr. Backer stated that would be an administration decision and would depend on whether projects continue to meet the goals of the CHHS and whether there was clear evidence of legislative momentum towards evaluating and authorizing them.

### **B. POLST eRegistry Update**

The Physician Order for Life Sustaining Treatment (POLST) eRegistry Pilot Project ended in February of 2019. The goal of the pilot was to test development and implementation of a statewide POLST electronic registry. The two pilot sites that were selected were the city of San Diego, which piloted a health information exchange (HIE) system, and Contra Costa County, which had a non-HIE environment.

#### San Diego EMS (HIE Environment)

The San Diego pilot site had good results in terms of work flow to submit and retrieve POLST forms and connectivity with EMS providers. The EMS providers were able to search for POLST forms through their electronic patient care reports, which are connected to the HIE in San Diego. The POLST registry was not exclusively for EMS providers and was successful with hospitals, clinics, and skilled nursing facilities.

#### Contra Costa EMS (Non-HIE Environment)

In Contra Costa County, a portal was developed for electronic patient care reports for EMS providers to access the POLST electronic registry. The registry in Contra Costa County did not have enough POLST forms to show a positive impact and connectivity to the portal was not always reliable.

One solution to address the connectivity issue was to use a call center where the EMS provider could call in to see if the patient had a POLST form. The call center was never used because it could cause a patient flow problem. The independent evaluator is preparing the final report, which should be released soon.

The next steps for the registry are to build on learning from the pilot project, explore a regional approach to developing a POLST registry, incorporate existing POLST registries that are not part of the pilot, and collaborate with various stakeholders such as health plans, health systems, skilled nursing facilities, tech vendors, and HIEs.

### Questions and Discussion

Commissioner Barrow asked about a registry system statewide and the length of time it takes for individuals at the scene to access patient information.

Mr. Trask deferred to Mr. Smiley to respond to Commissioner Barrow's question.

Mr. Smiley stated the challenge is that typically the record is initiated by the physician. Individual physician records are not immediately visible to all HIEs in the state. Although the Contra Costa County model worked, the San Diego model was superior in this particular case because of the work flow and culture that was built into it and it delivered information in a timely fashion.

Mr. Smiley stated the goal is to integrate existing records on a regional basis through the HIE process to make POLST records as visible as possible for easy access in a timely fashion. It will still be voluntary because there is no state law that requires physicians to push their POLST forms up to a registry and/or regional HIE.

Commissioner Barrow stated registries do not work until they are mandated.

### **C. Trial Study Update**

Mr. Trask provided an update of a trial study conducted by the Los Angeles County EMS Agency on the pre-hospital administration of the neuroprotective agent Trans Sodium Crocetin (TSC) for acute stroke patients. The LEMS is awaiting Institutional Review Board approval prior to enrolling patients. They will then have 18 months to develop and present a report to the Commission for approval to continue, discontinue, or add to the local optional scope or basic scope for paramedics. A description of the study and inclusion/exclusion criteria are included in the meeting packet.

## **7. EMS SYSTEMS**

### **A. EMS Plans and Plan Appeal Status**

Angela Wise, Assistant Chief of EMS Systems, EMSA, summarized the EMS Plans and Plan Appeal Status staff memo, which was included in the meeting packet. She stated two changes have occurred since the drafting of the memo.

- Ms. Wise referred to the appeal status for El Dorado County on pages 53 and 54 of the meeting packet and noted that the appeal hearing dates have now been scheduled for August 6<sup>th</sup> through 8<sup>th</sup>.
- Ms. Wise referred to the EMS Plans Submission Snapshot on page 56 of the meeting packet and noted that the QI and Trauma Plans for Solano County are now current. This changes the compliance status for the state:
  - The QI Plans are now 27 of 33 LEMSAs, which changes the compliance statewide to 82 percent.
  - The Trauma Plans are now 18 of 33 LEMSAs, which changes the compliance statewide to 54 percent.
  - The EMS Plans remain the same at 79 percent compliance statewide.

### Questions and Discussion

Commissioner Barrow asked why Trauma Plans are behind with only approximately half of the LEMSAs being in compliance. He asked for a report from LEMSAs and EMSA on this issue at a future Commission meeting.

### Public Comment

Kurt Henke, Consultant, CalChiefs, stated CalChiefs filed three petitions on February 4<sup>th</sup> on underground regulations dealing with EMS plans and exclusive operating areas. EMSA filed a Section 280 Certification on April 4<sup>th</sup> acknowledging that they would not enforce those underground regulations. He asked why the underground petitions that were filed on February 4<sup>th</sup> were not brought to the Commission's attention at the March or June Commission meetings. A Commissioner brought it up today and was told it went to court last Friday, but the Commissioner was not told that two more petitions were filed in underground regulations last week. He stated CalChiefs is trying to work with EMSA, providers, and the LEMSAs.

Commissioner Burrows stated the previous speaker's comments are concerning. He asked for a full report on this issue on where the underground regulations stand and the Section 280 Certification – what that is and what that means.

Commissioner Hartwig stated CalChiefs has informally raised the issue from the mid-1990s, when exclusivity to provide vital public safety services, first response, and transport was challenged in documents from EMSA. CalChiefs did not rush to take legal action but has been trying to find resolution for 40 years after the passage of this Act, largely because there are no regulations that have interpreted and defined the statute.

Vice Chair Burch stated what is being referred to as “underground regulations” are EMS systems, standards, and guidelines that were passed by this Commission; however, EMSA withdrew them under advisement from the OAL and any lack of resolution is due to conflicting opinions within the Chapter 13 Task Force.

Chair Dunford stated EMSA is content not to make any comments at this time.

**B. Emergency Triage, Treatment, and Transport (ET3) Model Presentation**

Tom McGinnis, Chief of the EMS Systems Division, provided an overview, with a slide presentation, of the Centers for Medicare and Medicaid Services (CMS) Innovation Center, background, challenges and opportunities, goals and design, and timeline and next steps of the Emergency Triage, Treat, and Transport (ET3) Model.

Dr. Backer stated most states have been moving forward on this through various mobile integrated health, community paramedicine-type projects. It is significant that what is done in medicine is determined by what is reimbursed. There are problems or barriers to providers being able to apply. They can apply for more than one intervention but they must do alternate destination and this must already be authorized. Unless alternate destination is approved by legislation or by regulation, providers will be ineligible to apply. The real risk is in deciding not to transport to an emergency department rather than transporting when it is not necessary. He stated his disappointment that California may be unable to participate in these projects that will change the landscape of EMS.

**Questions and Discussion**

Commissioner Uner stated the Emergency Medical Treatment and Labor Act (EMTALA) requires a medical screening exam by a qualified provider for everyone who enters the emergency medical system. He asked if a nurse at a receiving facility would contradict the EMTALA legislation.

Mr. Smiley stated they are not connected at this point. The EMTALA begins when the patient arrives on the property of the emergency department and/or within approximately 250 yards of the emergency department. The medical determination in the pre-hospital care setting is separate from the EMTALA requirement for a medical screening exam in the emergency department.

Commissioner Uner stated this differs from public perception that they are under the care of the emergency medical system when they dial 911.

Commissioner Miller stated this is the groundwork for something important that will be important to track. Challenges are the ability to design EMS systems that provide alternate destinations, EMS telehealth, emergency medical dispatch alternatives, and the payer mix reflected in many EMS systems. The limitation at this point is the scope of the Medicare fee-for-service. This gives the Commission a foundation to think through deliberations on how EMS systems should look going forward.

**C. CEMSIS Database Overview**

Mr. McGinnis provided an overview of the information contained in the California Emergency Medical Services Information System (CEMSIS), as requested at the last Commission meeting. He summarized the CEMSIS Database Overview staff memo, which was included in the meeting packet and demonstrated the online National Emergency Medical Services Information System (NEMSIS) Data Dictionary v3.4.0 DEMData Set Sections and EMSData Set Sections.

### Questions and Discussion

Commissioner Barrow stated there is rich detail in the CEMSYS system, but the information needed for policy is not there. Unintentional injuries are the leading cause of death and hospitalization in California for children and seniors, yet necessary data is unavailable for prevention policies to address this issue.

#### **D. Ambulance Patient Offload Times**

Mr. McGinnis summarized the Ambulance Patient Offload Times (APOT) staff memo, which was included in the meeting packet. He noted that beginning July 1, 2019, all LEMSAs will be required to submit APOT data to EMSA quarterly.

### Questions and Discussion

Commissioner Barrow suggested a detailed presentation on APOT issues at a future Commission meeting.

## **8. DISASTER MEDICAL SERVICES DIVISION**

### **A. CAL-MAT Program Update**

Craig Johnson, Chief of the Disaster Medical Services Division, deferred to Michael Frenn to present this agenda item.

Michael Frenn, Disaster Medical Specialist, summarized the California Medical Assistance Team (CAL-MAT) Program Update staff memo, which was included in the meeting packet.

### Questions and Discussion

Commissioner Barrow asked about the results of the American Red Cross meeting in March regarding the communications gap during the recent disasters between the Red Cross and EMS responders.

Mr. Johnson stated a work group made up of representatives from the Red Cross and EMS has been convened to discuss lessons learned from the recent responses, communication pathways, how to better integrate, and scope of practice and documentation in the field to improve collaboration and cooperation in general population shelters and to integrate state and local resources. The meetings will be ongoing.

## **9. ITEMS FOR NEXT AGENDA**

Commissioner Barrow suggested a briefing on the status of the HIE system.

Commissioner Hartwig suggested a briefing on the Section 280 Certification and what it means to EMSA and the regulations.

## **10. PUBLIC COMMENT**

Ray Ramirez, CalChiefs, clarified the following:

- California law mandates that public entities provide dispatch services. There is no mandate upon a private provider to provide it; however, there is a section that makes it discretionary to incorporate a dispatch center.
- According to the US government, there are 593 public safety answering points (PSAPs) in California. Roughly 60 of them are combined fire-public-police, 51 are secondary solo PSAPs meaning it goes to the primary first then comes to the secondary, and then it is hard to tell because of the way the PSAPs are identified. He asked if there is clarifying data available to the public.
- CalChiefs Petitions 1 through 3 challenge two documents that did not comply with the rulemaking process:
  - 310-1 – a staff discussion document that was made for a workshop. It is not technically a guideline but it contained rules that were alleged as being enforced as regulations. This never went before the OAL for review.
  - 2008 141-A went out for public comment but never came before the Commission for approval and it never went to the OAL.

Mr. Henke added details and clarification to his earlier discussion.

Commissioner Stone responded to Mr. Henke's concerns and added further clarification.

Mr. Ramirez added additional details to the discussion.

Chair Dunford stated there is a tremendous amount of passion on this issue but he had no doubt that all parties were acting in the best interests of everyone.

## **11. ADJOURNMENT**

Chair Dunford presented Dr. Backer with a resolution on behalf of the State of California EMS Authority in appreciation for his years of service. Commissioners, staff, and members of the public congratulated Dr. Backer.

Vice Chair Burch adjourned the meeting at 12:57 p.m.

**Emergency Medical Services Authority  
 Disaster Medical Services Division (DMS)  
 Major Program Activities  
 September 18, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>1. Ambulance Strike Team (AST) – Medical Task Force (MTF)</b></p>	<p>Michael Frenn, ext. 435</p>	<p>Development of a standardized rate schedule for AST reimbursement was facilitated by EMSA’s AST Program with assistance from the California Ambulance Association (CAA), American Medical Response (AMR), and the Disaster Subcommittee of the EMS Administrators Association of California (EMSAAC). At its regular meeting in March 2019, EMSAAC formally adopted the rate schedule for utilization statewide.</p> <p>There has been significant utilization of the AST Program over the past several years, beginning notably with the Oroville Dam Incident, the 2017 North Bay and Southern California wildfires, the 2018 Carr and Mendocino Complex wildfires, and the Camp Fire Incident. Lessons learned from these deployments has spurred the EMSA AST Program to reconvene the AST Advisory Committee (which developed the original curriculum) to address needed improvements to the Program, including a refresh of the course materials, development of a communications plan, and incorporating the concept of an Incident Support Team (IST) to assist Operational Areas (OAs) with large-scale deployments.</p> <p>A standardized post-review process is being implemented to capture data after each deployment. This information will be utilized to modify and improve the curricula and establish appropriate operational parameters.</p> <p>The Disaster Medical Support Units (DMSU), which support and have affiliated ASTs, are strategically placed with local EMS Agencies and ambulance providers throughout the State. All available DMSUs have been distributed, providing a total of 41 DMSUs with affiliated ASTs in the State.</p>

**Emergency Medical Services Authority  
 Disaster Medical Services Division (DMS)  
 Major Program Activities  
 September 18, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>2. California Medical Assistance Teams (CAL-MAT) Program</b></p>	<p>Michael Frenn, ext. 435</p>	<p>The CAL-MAT Program is modeled after the federal Disaster Medical Assistance Team (DMAT) program and is designed to provide additional capability at the State level to mitigate major medical disaster situations. CAL-MAT had two significant deployments in 2018: The Carr Fire (Shasta County) and the Camp Fire (Butte County). In both situations CAL-MAT was used to provide medical support to shelters housing evacuees. CAL-MAT deployed 135 personnel to the Camp Fire, including personnel from organized Health Care Systems and was activated for nearly three months. Four Units have now been officially “organized” (San Diego, San Francisco Bay Area, Orange County and Sacramento) and a fifth Unit is presently being organized in the Central Valley, which will be based in the Bakersfield area.</p> <p>Two exercises were conducted, one in mid-June in concert with Urban Search and Rescue (USAR); the three-day exercise was at Moffett Field in Sunnyvale. The following month (mid-July), there was another three-day exercise at the Los Alamitos California Army National Guard Joint Forces Training Base.</p> <p>Last spring, CAL-FIRE approached EMSA to provide CAL-MAT response for fire base camp medical support and a 3-year contract was executed with CAL-FIRE in September 2018.</p> <p>There are nearly 170 members in CAL-MAT at present and recruitment efforts continue.</p>

**Emergency Medical Services Authority  
Disaster Medical Services Division (DMS)  
Major Program Activities  
September 18, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
3. <b>CAL-MAT Cache</b>	Markell Pierce, ext. 1443	After a robust reconstitution by EMSA in early 2019, the three CAL-MAT Caches are resupplied, 100% accounted for, and deployment ready. The diverse caches of medical supplies, biomedical equipment, pharmacy and shelter systems have been reassessed and prepared, with lessons learned from the Camp Fire deployment in mind. Subsequent resupplies will follow the pre-established bi-annual schedule.
4. <b>California Public Health and Medical Emergency Operations Manual (EOM)</b>	Kelly Coleman, ext. 726	<p>CDPH and EMSA have released new content for the California Public Health and Medical Emergency Operations Manual (EOM). The EOM Workgroup, subject matter experts, and many reviewers collaborated to develop the new materials, which include:</p> <ul style="list-style-type: none"> <li>• New chapter on Disaster Behavioral Health</li> <li>• New Resource Typing Tools for Disaster Behavioral Health personnel</li> <li>• New chapter on BioWatch</li> <li>• New chapter on Risk Communication</li> <li>• New chapter on Biological Hazards</li> <li>• New chapter on Drinking Water (updated to reflect movement of Drinking Water Program from CDPH to Cal EPA)</li> </ul> <p>The materials are posted on the EMSA website at <a href="https://emsa.ca.gov/plans/">https://emsa.ca.gov/plans/</a>.</p> <p>The Regional Disaster Medical and Health Specialists (RDMHS) continue to conduct EOM training on an ongoing basis.</p>

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5. <b>California Crisis Care Operations Guidelines</b>	Kelly Coleman, ext. 726	EMSA and CDPH recognize the importance of this guidance document, but development is on hold until funding is made available.
6. <b>Disaster Healthcare Volunteers (DHV) of California (California's ESAR-VHP program): Registering, Credentialing &amp; Mobilizing Health Care Personnel</b>	Todd Frandsen, ext. 4168	<p>The DHV Program has over 25,000 volunteers registered. There are 49 healthcare occupations filled by registered volunteers. Over 9,400 of the 25,000 plus DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 35 participating MRC units.</p> <p>All 58 counties have trained DHV System Administrators in their MHOAC Programs. EMSA provides routine training and system drill opportunities for all DHV System Administrators on a quarterly basis.</p> <p>DHV System Administrator training, DHV user group webinars, and quarterly DHV drills are ongoing. On June 18-19, 2019, EMSA conducted a quarterly DHV drill for System Administrators. There were 19 local DHV county and 13 MRC organizations that participated in this drill. On July 25, 2019, EMSA conducted a quarterly DHV User Group webinar.</p> <p>June 12-14, 2019 DHV MRC Units (9 MRC Units / 28 MRC members) participated in a State CAL-MAT full-scale exercise at Moffett Field with EMSA RPU support.</p> <p>July 17-19, 2019 DHV MRC Units (3 MRC Units / 9 MRC members) participated in a State CAL-MAT full-scale exercise at Los Alamitos with EMSA RPU support.</p> <p>EMSA publishes the "DHV Journal" newsletter for all volunteers on a tri-annual basis. The latest issue was released July 23, 2019. The "DHV Journal" is available on the DHV webpage of the EMSA webpage: <a href="https://emsa.ca.gov/disaster-healthcare-volunteers-journal-page">https://emsa.ca.gov/disaster-healthcare-volunteers-journal-page</a>.</p> <p>The DHV website is: <a href="https://healthcarevolunteers.ca.gov">https://healthcarevolunteers.ca.gov</a>.</p>

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<p><b>7. Training</b></p> <p><b>Weapons of Mass Destruction (WMD)</b></p> <p><b>Medical Health Operations Center Support Activities (MHOCSA)</b></p>	<p>Markell Pierce, ext. 1443</p> <p>Kelly Coleman, ext. 726</p>	<p>The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students. In the first quarter of 2019 three courses taught at Glendora Community Hospital and Desert Valley Medical Center, and Azusa Pacific University. Next training courses are scheduled for July 2019 and December 2019.</p> <p>Medical Health Operations Center Support Activities (MHOCSA) Training Classes were conducted in Region IV and Region V in January 2019. Two (2) MHOCSA classes were conducted in May at EMSA Station 1 and Del Norte County, CA. Two (2) additional courses are scheduled for August and September in RII and III.</p>
<p><b>8. 2019 Statewide Medical and Health Exercise (2019 SWMHE)</b></p>	<p>Nirmala Badhan ext. 1826</p>	<p>The 2019 Statewide Medical and Health Exercise will be hosted November 18 to November 22. This scenario is a local flood scenario. The website <a href="https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx">https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx</a> includes customizable templates for counties to use for their exercise. This year, EMSA and CDPH are planning to activate the MHCC to support local exercise play with a focus on Region V.</p>
<p><b>9. Hospital Available Beds for Emergencies and Disasters (HAvBED)</b></p>	<p>Nirmala Badhan, ext. 1826</p>	<p>The United States Health and Human Services discontinued funding the national HAvBED program in 2016. However, EMSA is working with the California Department of Public Health (CDPH) and other partners to determine how to continue to integrate hospital data collection for California use.</p>

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<p><b>10. Hospital Incident Command System (HICS)</b> <a href="mailto:hics@emsa.ca.gov">hics@emsa.ca.gov</a></p>	<p>Craig Johnson, ext. 4171</p>	<p>The Hospital Incident Command System (HICS) is sponsored by the California Emergency Medical Services Authority (EMSA).</p> <p>EMSA has assembled a HICS National Advisory Committee to assist with activities relating to the HICS Program. The committee members serve as technical advisers on the development, implementation, and maintenance of EMSA's HICS program and activities.</p> <p>The HICS National Advisory Committee will be holding the third quarter meeting on September 12, 2019. The newly formed subcommittees will be reporting on their proposed activities.</p> <p>The Fifth Edition of HICS, Frequently Asked Questions (FAQ), and additional program information are available on the recently revised EMSA website: <a href="https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/">https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/</a>.</p>
<p><b>11. Mission Support Team (MST) System Development</b></p>	<p>Michael Frenn, ext. 435</p>	<p>Activated by EMSA, the MST functions under the Medical/Health Branch of the Medical Health Coordination Center (MHCC), EMSA Department Operational Center (DOC) or Regional Emergency Operational Center (REOC) depending upon the nature of the event and the origin of the resources it supports. The MST provides the management oversight and logistical support for state deployed medical and health teams that may be assigned to the deployment.</p> <p>EMSA is working to increase participation of CAL-MAT members as Mission Support Team (MST) members. In response to the Carr Fire, an MST, staffed by CAL-MAT members and EMSA personnel, supported the CAL-MAT deployment to Shasta County. The deployment was a success and EMSA is using the deployment as a model to further enhance the program. The CAMP Fire further demonstrated the value and necessity of an MST to support assets deployed to the field. EMSA is recruiting persons interested in filling these positions as part of the recruitment for the CAL-MAT Program.</p>

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<b>12. Response Resources</b>	Markell Pierce, ext. 1443	<p>The Mission Support Team (MST) caches have been completed and refined based on after-action findings from the recent Camp Fire deployment. The California Medical Assistance Teams (CAL-MAT) caches are complete.</p> <p>The Response Resources Unit (RRU) continues to integrate and update IT and telecommunications equipment to improve MST/CAL-MAT networking infrastructure.</p> <p>The RRU is continuing its audits on the 42 Disaster Medical Support Unit (DMSU) vehicles located within the State. During these audits, EMSA is verifying all DMSU vehicles are being properly maintained and utilized according to written Memorandum of Understanding agreements. New audits are in progress, focusing on Regions 1, Region 2, and Region 3.</p> <p>Pharmacy full inventory and replacement of expired items is completed monthly. Two additional CAL-MAT pharmaceutical caches have been created for the Cal-Fire Base of Operations wild fire contract deliverables and are deployment ready.</p>
<b>13. Information Technology</b>	Rick Stricklin, ext. 1445	<p>EMSA continues to address key shortfalls within the EMSA Department Operations Center (DOC). IT &amp; Communications upgrades and response configurations are being implemented to provide full disaster response functionality during activations. EMSA is continuing to design and expand the Meraki system to provide connectivity for data (Cellular, VSAT, wired) and video capabilities during field deployments and incident response.</p> <p>EMSA has enhanced the use of the Mobile Ready Office (MRO) units to support field data operations during field training and incident response. This in conjunction with the use of the ACU-M, interoperability for Radio Over IP Communications, for cross-patching of radio frequencies.</p> <p>EMSA continues to develop new relationships with allied agencies and NGO, to improve radio interoperability. Research and development continue with the C3 communications vehicle to upgrade and implement new technologies to increase its capabilities and functionality in the field.</p>

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<p><b>14. Mobile Medical Shelter Program (MMSP)</b></p>	<p>Bill Hartley, ext. 1802</p>	<p>Working with other state agencies, and within existing resources, the EMS Authority has redesigned the Mobile Field Hospital (MFH) program into the California Mobile Medical Shelter program. The purpose of the redesign is to modify and expand the potential uses of the equipment into general staging, stabilization and shelter capacity.</p> <ol style="list-style-type: none"> <li>1. The structures and durable equipment of the first MFH stored at the EMS Authority have been separated by like items for ease of deployment with further plans to configure into six modules.</li> <li>2. The EMS Authority has reconfigured the 2<sup>nd</sup> MFH into six (6) multiuse modules to distribute to local partners. This redistribution of the MFH allows local partners to deploy this resource rapidly. Potential uses include field sites for Local/Regional incidents, triage/treatment during flu season surge, medical clinic, medical shelter, emergency operations center, staff quarters, disaster exercise, and any other use that requires a field facility. Deployment is at the discretion of the locals without requiring a state resource request. <b>Modules have been placed in Long Beach, Riverside, Sacramento, San Mateo and Santa Cruz.</b> We are targeting Northern Sacramento valley for the placement of the sixth module.</li> <li>3. The third MFH was transferred on September 8, 2016, to the State Military Department for use by the California National Guard.</li> </ol> <p>The program was recently utilized during the Camp Fire response to support shelter sites by providing patient isolation shelters to control infectious disease outbreaks.</p>

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<p><b>15. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System</b></p>	<p>Nirmala Badhan, ext. 1826</p>	<p>The RDMHS program is a critical component of the Medical and Health Disaster Response System. The functions of the RDMHS are to manage and improve the regional medical and health mutual aid and cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems. The RDMHS' work closely with EMSA and California Department of Public Health (CDPH) staff to support major disaster planning activities in addition to supporting coordination of medical/health resources during an emergency response. The RDMHSs continue to be instrumental in coordination and support of regional major events and disasters as seen with the recent response to the 2019 earthquake and the 2018 wildfires.</p>
<p><b>16. Medical Reserve Corps (MRC)</b></p>	<p>Lauran Molina, ext. 466</p>	<p>35 MRC units are in the Disaster Healthcare Volunteers (DHV) System and have trained System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and DHV user group webinars. 9,448 of the 25,000 volunteers are MRC unit members.</p> <p>The 2019 MRC Coordinators Statewide Training Workshop was on May 29<sup>th</sup> and 30<sup>th</sup>, 2019. There were 35 MRC Coordinators/designees representing 21 MRC units.</p>
<p><b>17. Statewide Emergency Plan (SEP) Update</b></p>	<p>Jody Durden, ext. 702</p>	<p>The California Governor's Office of Emergency Services (Cal OES) released the update in October 2017. The updated version is located at: <a href="http://caloes.ca.gov/PlanningPreparednessSite/Documents/California_State_Emergency_Plan_2017.pdf">http://caloes.ca.gov/PlanningPreparednessSite/Documents/California_State_Emergency_Plan_2017.pdf</a>. This version includes a brief description of the Public Health and Medical Mutual Aid System.</p>

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<b>18. Southern California Catastrophic Earthquake Response Plan</b>	Brad Gates, ext. 4728	The California Governor's Office of Emergency Services (Cal OES) is currently leading the refresh of the Southern California Catastrophic Earthquake Plan. The Emergency Medical Services Authority continues to work with the Regional Disaster Medical Health Specialists, Medical Health Operational Area Coordinator, Emergency Support Functions, Cal OES, California Department of Public Health, California Department of Healthcare Services, Assistant Secretary of Preparedness and Response, and the Federal Emergency Management Agency to update the Public Health and Medical Fact Sheet, Survivor Movement plan, Mass Care Plan, Shelter Fact Sheet, and Course of Action. The plan is in its final review with a brief due to Southern California Senior Leadership.
<b>19. Patient Movement Plan</b>	Kelly Coleman, ext. 726	The California Patient Movement Plan has been released and can be found at <a href="https://emsa.ca.gov/plans/">https://emsa.ca.gov/plans/</a> . EMSA Plans and Training Unit are now working on socializing the plan and rolling out training statewide for key stakeholders. Executive briefs have been completed in Regions II, III and V. Additional briefs are scheduled for Regions I and VI.
<b>20. Bay Area Catastrophic Earthquake Plan</b>	Kelly Coleman, ext. 726	EMSA participated in the Medical Planning Group for the Bay Area Catastrophic Earthquake Plan revision. EMSA continues to participate in the socialization of the plan.
<b>21. Northern California Catastrophic Flood Response Plan</b>	Nirmala Badhan, ext. 1826	EMSA worked with the Governor's Office of Emergency Services (Cal OES) for the development of the Northern California Catastrophic Flood Response Plan. EMSA worked closely with the California Department of Public Health to develop a Public Health and Medical Information Analysis Brief. This document is the basis of the Public Health and Medical section of the response plan. The Plan has been signed and is now posted on the Cal OES website.

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<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-9875</b>	<b>Updates</b>
<b>1. First Aid Practices for School Bus Drivers</b>	Lucy Chaidez	There are nine (9) School Bus Driver training programs currently approved and no (0) pending reviews. Technical assistance to school staff, school bus drivers, California Highway Patrol, and California Department of Education is ongoing.
<b>2. Child Care Provider First Aid/CPR Training Programs</b>	Lucy Chaidez	There are fourteen (14) approved First Aid/CPR programs. Staff is currently reviewing one (1) program renewal. Technical assistance is being provided to child care training program instructors and directors, licensing staff, child care providers, and other training entities. EMSA First Aid and CPR sticker sales are ongoing. EMSA is continuing work to revise the Chapter 1.1 Training Standards for Child Care Providers, which includes First Aid and CPR training standards.
<b>3. Child Care Preventive Health Training Programs</b>	Lucy Chaidez	There are twenty-four (24) preventive health and safety practices training programs approved. There are four (4) programs in the review process. EMSA Preventive Health sticker sales are ongoing. Technical assistance is provided to the Department of Social Services Community Care Licensing, California Department of Public Health, and California Department of Education. Training standards for the program are being revised.
<b>4. Child Care Training Provider Quality Improvement/Enforcement</b>	Lucy Chaidez	EMSA is continuing its work to revise the Chapter 1.1 Training Standards for Child Care Providers, including First Aid, CPR, and Preventive Health training standards. Technical assistance and education regarding compliance issues is provided to approved training programs, child care providers, Department of Social Services Community Care Licensing, and child care resource and referral staff. Review of rosters as an auditing tool, is ongoing. There are no open complaint cases involving EMSA-approved training programs.
<b>5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson</b>	Austin Trujillo	Ongoing technical support and clarification is provided to public safety agencies, LEMSAs and the general public regarding AED statutes and regulations. There are different requirements for AED programs found in the Public Safety Regulations [Chapter 1.5 Section 100021] and the EMT Regulations [Chapter 2 Section 100063.1]. CAL FIRE, CHP, and State Parks have approved public safety AED programs and approved EMT AED service provider programs. CDCR has a public safety AED program that was approved in July 2019.

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<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-9875</b>	<b>Updates</b>
<b>6. BLS Training and Certification Issues</b>	Austin Trujillo	EMSA provides ongoing support and technical assistance to EMTs, AEMTs, prospective EMTs, and <b>68</b> Certifying Entities (Garden Grove FD recently merged with Orange County Fire Authority – effective 8/16/19). EMSA continues to assist all certifying entities with questions and clarification on the EMT, AEMT, and Central Registry regulations. EMSA fields calls/questions about enforcement issues, training programs, skills competency verification, new training (i.e. epi, naloxone, glucometer required after first renewal 7/1/19), NREMT examination processes, and Emergency Medical Responders (EMR) options. There are currently no regulations specific to EMR, but program approval and scope for public safety EMRs falls under the Public Safety Regulations, Chapter 1.5. Calls are referred to the appropriate LEMSA for further information.
<b>7. State Public Safety Program Monitoring</b>	Austin Trujillo	EMSA provides ongoing review, approval, and monitoring of EMSA approved Public Safety First Aid/CPR, EMR, EMT and continuing education (CE) programs for statutory and regulatory compliance. The Health Program Specialist I provides support and clarification to LEMSAs and all statewide public safety agencies regarding the Public Safety Regulations and approval requirements. EMSA-approved public safety first aid/CPR courses include POST, CA State Parks, Cal Fire, CHP, and CDCR, some of which include optional skills training. EMSA-approved EMT training programs include: California Joint Apprentice Committee (CAL JAC) and CA State Parks. EMSA-approved EMT Refresher programs include CAL FIRE and CHP – both programs include epinephrine auto-injector, naloxone, glucometer, and tactical topics. EMSA approved CE Provider programs include CHP, CAL FIRE, CE Solutions (Burnet, TX) and CDCR.

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<b>8. My License Office/ EMT Central Registry Audit</b>	Betsy Slavensky	EMSA monitors the EMT Central Registry to verify that the <b>68</b> certifying entities are in compliance with the California Code of Regulations regarding data entry, including background checks and disciplinary notification for all EMT personnel. Correspondence is conducted via email, phone, and at LEMSA Coordinator meetings with certifying entities to share updates, changes and corrections. The Personnel Standards newsletter remains on hold during new staff transition/training. Ongoing development and updates of discipline and certification procedures (found on EMSA's website) support central registry processes and reduce time spent on technical support. Certifying entities work with EMSA staff to find and correct erroneous certifications in the Central Registry. EMSA alerts certifying entities that have missing requirements (such as EMT applications) or need to correct erroneous live scan forms and update DOJ contracts to be compliant with regulation.
<b>9. Epinephrine Auto-injector Training and Certification</b>	Jeffrey Hayes, & Austin Trujillo	EMSA processes applications for epinephrine training programs and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. EMSA has approved 19 training programs and has issued 1,420 lay rescuer certification cards.
<b>10. Hemostatic Dressings</b>	Lucy Chaidez,	EMSA is responsible for approving hemostatic dressings for use in the prehospital setting. EMSA has approved three (3) hemostatic dressings which are listed on the EMS Authority's web site.
<b>11. Paramedic Licensure</b>	Nicole Mixon	EMSA is responsible for receiving, processing, and auditing paramedic license applications for approval in compliance with the California Code of Regulations. During the past three (3) months, EMSA has approved the following: 257 Initial In-State applications, 34 Initial Out-of-State applications, 2,713 Renewal applications, and 60 Reinstatement applications. Of those applications, 55% (1,692) were received through the new online licensing system that began on March 1, 2019.
<b>13. Administrative Actions Reporting System (AARS)</b>	Nicole Mixon	On August 1, 2018, the EMS Authority began participation in a statewide project to enhance the current AARS system. Under the direction of the system vendor and the CA. Dept. of Social Services, the EMS Authority continues to meet bi-weekly to assist in system improvements. User acceptance testing continues.

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1. Trauma	Elizabeth Winward ext. 460	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC meeting scheduled for July 2019 was cancelled because several members indicated they would be on vacation and unable to attend. The next STAC meeting is being schedule for early November 2019. The next meeting will be scheduled for late summer/early fall of 2019.</p> <p><u>2020 Trauma Summit</u> The 11<sup>th</sup> annual Trauma Summit will take place May 12-13 at the Holiday In San Diego Bayside hotel. A “Save the Date” electronic postcard has been distributed to trauma stakeholders through email. Registration will open in January 2020.</p> <p><u>Annual Trauma Plan Status Updates</u> 25 of 33 LEMSAs have submitted trauma plan status updates within the past 12 months. In the process of reaching out to LEMSAs with overdue status updates, EMSA staff have heard various explanations for why submissions are late. These range from staffing shortages, training of new staff, or waiting for approvals from managers. EMSA will continue to follow-up on this issue.</p> <p><u>Trauma Regulations</u> The Regulations Revisions committee met on May 21, 2019 at EMSA headquarters. A second meeting took place by teleconference on July 17, 2019. The workgroup is making progress on drafting language and will meet again via teleconference in September 2019. EMSA directorate has appointed a Trauma Regulations Workgroup with representation of 13 organizations. The purpose of this workgroup is to collaborate on a draft of regulations revisions by October 2019. The first workgroup meeting will take place on May 21, 2019 at EMSA headquarters. Meetings will be scheduled thereafter every 8 weeks. Subcommittees from the workgroup may be formed by topic and will meet more frequently, depending on the need.</p> <p><u>Regional Trauma Coordinating Committees (RTCC)</u> Each Regional Trauma Coordinating Committee representative provides regional activity updates at the STAC meeting and provides documents approved by the RTCC and available for statewide use. The EMS Authority Trauma Coordinator is planning on providing presentations to the SE RTCC, the North RTCC, the Central</p>

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		RTCC, and the Bay Area RTCC either in-person or via teleconference during August, September, and October quarterly meetings.
<b>2. STEMI/Stroke Systems of Care</b>	Farid Nasr, ext. 424	<p><u>STEMI and Stroke Programs</u> The EMS Authority is establishing a State STEMI and Stroke Technical Advisory Committee which will function as advisory to the EMSA Director. This committee will be particularly important as the State moves toward the establishment of the statewide STEMI and Stroke systems through implementation of Specialty Care System Regulations effective on July 1, 2019. As these two Specialty Care systems are similar in operations, EMSA decided to form one committee with a general session for both programs and separate discussions on clinical issues for STEMI and Stroke held before and after the general kick-off. The member request letter has been sent to the related stakeholders, organizations, and subject matter experts. EMSA received the nominations and approved them by sending the appointment letter back. EMSA is working on scheduling the official kick-off meeting soon. The Commission will be kept informed on our progress with the STEMI and Stroke TAC and any implementation plan for the regulations statewide.</p>
<b>3. EMS System, Standards, and Guidelines</b>	Lisa Galindo, ext. 423	<p><u>Templates</u> EMS Plan templates are in the process of being updated to be able to capture the necessary information from LEMSA's to be able to fully evaluate the EMS system.</p>
<b>4. EMS Transportation</b>	Laura Little, ext. 412	<p><u>Competitive Processes for Ambulance Zones</u> Competitive Processes for Exclusive Operating Areas continue to go through a review process consistent with Health and Safety Code Section 1797.224, to ensure that they meet Federal and State statutory requirements, that there is no bid rigging, collusion, or bid chilling. EMSA continues to provide technical assistance to LEMSAs in order to help them create a RFP that meets statutes, regulations, and case law.</p> <p><u>EMS Plan Appeals</u> Review past EMS Plan submissions, correspondence, conduct public records requests, further historical documentation to map out the issue under appeal, and attend appeal hearings.</p>

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		<p><u>Complaints/Allegations</u> Conduct an initial investigation into any allegations involving violations of Federal and State laws, including but not limited to Sherman Act Violations. If allegations are proven to be true, a formal investigation is conducted and action is taken.</p> <p><u>Technical Assistance</u> Technical assistance is provided, via phone, email, or face to face, regarding matters concerning transportation queries.</p>
<p><b>5. Poison Center Program</b></p>	<p>Lisa Galindo, ext. 423</p>	<p>The California Poison Control System (CPCS) is one of the largest single providers of poison control services in the U.S. The CPCS is made up of four designated Poison Control Centers. Calls are received from both the public and health professionals through a toll-free hotline that is accessible 24-hours a day, 7 days a week. The CPCS manages more than 200,000 poison cases each year, 51% of poisonings involving children under age six.</p> <p><u>Quarterly Report</u> The Quarterly Report consists of data and narrative reports. The data and narrative reports for the 4<sup>th</sup> quarter, April 1, 2019 - June 30, 2019, were received by July 15, 2019. Both were reviewed for consistency with contractual objectives; there were no areas of concern.</p> <p><u>Contract</u> A proposed contract is currently in development for Fiscal Year 2019/2020 and incorporates additional contract deliverables, based on regulations and report findings from the Fiscal Management Evaluation and Program Performance Review concluded by Sjoberg Evashenk Consulting, Inc. on November, 8, 2018.</p> <p><u>Site Visits</u> The EMS Authority anticipates conducting at least one site visit (Fresno or San Francisco) during Fiscal Year 2019/2020.</p>

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<b>6. EMS Plans</b>	Lisa Galindo, ext. 423	<p><u>Review</u> The EMS Authority continues to review EMS Plans/annual updates as they are submitted by Local EMS Agencies (LEMSA). In 2019, six EMS Plans have been approved, and 11 are currently under review.</p> <p><u>Technical Assistance</u> Technical assistance is provided to LEMSAs, as needed, on the EMS Plan development and submission process. Electronic reminders to the LEMSAs are provided approximately two-three months in advance of their scheduled EMS Plan submissions.</p>
<b>7. EMS for Children Program</b>	Heidi Wilkening, ext. 556	<p><u>Regulations</u> The EMS for Children regulations were passed by the Office of Administrative Law on April 23, 2019, and became effective July 1, 2019. The EMS for Children technical advisory committee is working on an implementation toolkit for the local EMS agencies that choose to have an EMS for Children program in their jurisdiction.</p> <p><u>Educational Forum</u> The 22nd Annual EMS for Children Educational Forum will be held on Friday, November 8, 2019 in Fairfield, CA. The venue will be the NorthBay HealthCare Administration Center. Speakers have been coordinated and the EMSC TAC is working on vendors and sponsors for the event. Eventbrite has been opened for registration.</p>

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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<b>8. CEMSIS Trauma</b>	Elizabeth Winward, ext. 460	<p>There are 27 Local EMS agencies (LEMSA) with designated Trauma Centers. Trauma Centers are physically located in 38 of the 58 counties. Currently, 27 LEMSAs are transmitting into CEMSIS-Trauma representing 79 of the 80 designated Trauma Centers.</p> <p>2019 trauma data submissions for quarter 1 are lagging for many LEMSAs. EMSA plans on sending a general reminder email to LEMSAs to submit data and to offer assistance if they are having any issues.</p>
<b>9. CEMSIS EMS Data</b>	Adrienne Kim, ext. 742	<p>CEMSIS now has 32 LEMSAs participating at some level in the submission of EMS data.</p> <p>As of May 2019, CEMSIS has over 3.7 million records for 2018 in Version 3.4. Once the final LEMSA begin submitting data, CEMSIS will have approximately submissions around 6 million records each year.</p> <p>EMSA has met with five LEMSAs to understand and strategize increase the quality of data in CEMSIS and to discuss any issues.</p> <p><u>Reports</u> The CY 2017 Annual EMS Report is currently developed and is under review.</p>
<b>10. Communications</b>	Heidi Wilkening, ext. 556	<p>EMSA personnel continues to attend various California communications meetings to learn more on public concerns on issues related to NextGen 9-1-1. The Statewide EMS Operations and Communications Manual has been revised will soon be ready for publication on the EMSA website.</p>
<b>11. Core Measures</b>	Adam Davis, ext. 409	<p>29 of the 33 LEMSAs provided Core Measures Information for 2017 data. EMSA is developing a blinded report based on the submissions. EMSA has released the updated Core Measures Set for 2018 with a reporting deadline of September 15<sup>th</sup>.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 18, 2019**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>12. Grant Activity/Coordination/ Maddy EMS Fund report</b></p>	<p>Lori O'Brien, ext. 401</p>	<p><u>Health Resource Services Administration (HRSA) Grant</u> Staff continues the work associated with the Health Resources Services Administration (HRSA) grant in furthering the integration of the Emergency Medical Services for Children (EMSC) into the State EMS system. The annual Non-competing Performance Report deadline was extended to all grantees by HRSA to August 15, 2019. EMSA submitted its report on August 5, 2019.</p> <p><u>Preventive Health and Health Services Block Grant (PHHSBG)</u> EMSA staff remains continually involved in the Preventive Health and Health Services Block Grant. The FFY 2019 PHHSBG State Plan was accepted by CDPH and submitted to CDC by June 30, 2019. EMSA received the Preliminary Allocation Memo and MOU on August 8, 2019. EMSA's preliminary allocation is \$2,686,037. The FFY 2018 Program Outcomes Report was completed and submitted to CDPH on July 17, 2019.</p> <p><u>Maddy EMS Fund Reporting</u> The report to the Legislature for SFY 16/17 was completed and approved by the EMSA Executive Office and forwarded to the California Health and Human Services agency for approval on April 26, 2019. Once agency approval is received, EMSA will forward to the appropriate members of the Legislature as statutorily required.</p> <p>A first draft of the SFY 17/18 Maddy EMS Fund report has been completed and is in the beginning stages of the review process.</p>
<p><b>13. Office Support</b></p>	<p>Vacant, ext. 900</p>	<p>Currently vacant.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 18, 2019**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<p><b>14. Ambulance Patient Offload Time (APOT)</b></p>	<p>Adam Davis, ext. 409</p>	<p>In 2018, Assembly Bill 2961, O'Donnell, Emergency Medical Services, was passed into law to add Sections 1797.123 and 1797.228 to the Health and Safety Code, relating to public health.</p> <p>1797.123 mandates that EMSA must report twice per year to the Commission on Emergency Medical Services regarding the Ambulance Patient Offload Time for each facility and each LEMSA. In addition, on or before 12/1/2020, EMSA shall submit a report to the legislature on Ambulance Patient Offload Time</p> <p>1797.228 mandates that on or before July 1, 2019, a local EMS agency shall transmit Ambulance Patient Offload Time data quarterly to the Authority, consistent with the policies and procedures developed pursuant to Section 1797.225. Currently, 20 of 33 LEMSAs have provided APOT information to EMSA on a voluntary basis. Only 12 LEMSA have provided information for Q1 of 2019. EMSA will be working directly with local partners to ensure compliance with the new law.</p> <p>Reporting specifications and APOT reporting spreadsheet for 2019 can be found on the EMSA website at <a href="http://emsa.ca.gov/apot">emsa.ca.gov/apot</a>. EMSA has called for APOT information no later than November 1, 2019.</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Jennifer Lim, Deputy Director  
Legislative, Regulatory and External Affairs

**SUBJECT:** Legislative Report

**RECOMMENDED ACTION:**

Receive information regarding current bills potentially affecting EMS.

**FISCAL IMPACT:**

None

**DISCUSSION:**

Due to the dynamic nature of the legislative process, the Legislative Report to the Commission on EMS will be posted on the EMSA website at [http://www.emsa.ca.gov/current\\_legislation](http://www.emsa.ca.gov/current_legislation). Copies of the printed Legislative Report will also be available at the Commission Meeting on September 18, 2019.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Rick Trussell, Chief  
Fiscal and Administration Unit

**SUBJECT:** Administrative and Personnel Report

**RECOMMENDED ACTION:**

Information Only

**FISCAL IMPACT:**

None

**DISCUSSION:****Emergency Medical Services Authority (EMSA) Budget:****2019-20**

The 2019-20 enacted California State budget includes expenditure authority in the amount of \$35.1 million and 78 permanent positions. Of this amount, \$16.2 million is delegated for State operations and \$18.9 million is delegated to local assistance.

Accounting data for the new fiscal year is not yet available and we are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

**2018-19**

The 2018-19 enacted California State budget includes expenditure authority in the amount of \$44.9 million and 70 permanent positions. Of this amount, \$16.6 million is delegated for State operations and \$28.3 million is delegated to local assistance.

As of August 19, 2019, accounting records indicate that the Department has expended and/or encumbered \$16.1 million or 64.2% of available expenditure authority. Of this amount, \$13.6 million or 82.2% of State Operations expenditure authority has been expended and/or encumbered and \$15.2 million or 53.8% of local assistance expenditure authority has been expended and/or encumbered.

The Department is still in the midst of the fiscal year-end closing process and an updated report will be distributed prior to the next Commission meeting.

**EMSA Staffing Levels:**

As of August 19, 2019, the Department is authorized 78 positions and also has 15 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 93. Of the 93 positions, 10 positions are vacant at this time.

	Division				
	Admin/Exec	DMS	EMSP	EMS	Total
Authorized	23.0	19.0	22.0	14.0	78.0
Temporary Staff	10.0	2.0	1.0	2.0	15.0
<b>Staffing Level</b>	<b>33.0</b>	<b>21.0</b>	<b>23.0</b>	<b>16.0</b>	<b>93.0</b>
Authorized (Vacant)	-2.0	0.0	-1.0	-4.0	-7.0
Temporary (Vacant)	-2.0	-1.0	0.0	0.0	-3.0
<b>Current Staffing Level</b>	<b>29.0</b>	<b>20.0</b>	<b>22.0</b>	<b>12.0</b>	<b>83.0</b>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Steven A. McGee  
Administrative Adviser

**SUBJECT:** Legal Report

**RECOMMENDED ACTION:**

Receive information on Legal Office Activities.

**FISCAL IMPACT:**

None

**DISCUSSION:**Disciplinary Cases:

From May 17, 2019, to August 16, 2019, the Authority issued fifteen new accusations against existing paramedic licenses, two statements of issues, three administrative fines, two temporary suspension orders and accusations, two accusations and petitions to terminate probation, and three decisions on petitions for reduction of penalties. Of the newly issued actions, seven of the Respondents have requested that an administrative hearing be set. There are currently fourteen hearings scheduled. There are currently twenty-eight open active disciplinary cases in the legal office.

Litigation:

Tagliere v. Backer: Los Angeles County Superior Court #BS1707101, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of his license subsequent to an administrative hearing. A hearing was held on February 14, 2019. The superior court remanded the matter back to OAH for a new hearing; hearing to be scheduled.

Contra Costa County EMS v. EMSA: The Authority is currently working to determine hearing dates and request a hearing through OAH for the appeal of a denial of a local EMS plan.

El Dorado County EMS v. EMSA: This appeal of a denial of a local EMS plan was settled by mutual agreement of the parties on July 18, 2019.

California Fire Chiefs Association, Inc. v. EMSA: Sacramento Superior Court Case No. 34-2019-80003163, filed June 7, 2019. California Fire Chiefs Association, Inc. (CalChiefs) filed 3 petitions with the Office of Administrative Law (OAL) seeking a determination that EMSA Publications #141 (approved by the Commission), draft 141-B, and 310 were alleged underground regulations. Pursuant to CCR Title 1 Section 280, the Authority certified that it would not use or enforce those publications. CalChiefs has filed suit against EMSA, alleging that “Despite its Section 280 Certification, EMSA has continued to use, enforce, or attempt to enforce the alleged underground regulations in CalChiefs' petitions and rebuffed CalChiefs' demands that it comply with its certification.” Counsel are currently working on mutual dates for a hearing.

Other Matters:

California Fire Chiefs Association, Inc. Petitions to OAL: CalChiefs filed two petitions with the Office of Administrative Law on June 14, 2019, alleging that EMSA Publication #101, “EMS System Standards and Guidelines” (approved by the Commission), was an underground regulation. On August 13, 2019, OAL declined to accept CalChiefs petitions.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Sean Trask, Chief  
EMS Personnel Division

**SUBJECT:** Enforcement Report

**RECOMMENDED ACTION:**

Receive information on Enforcement Unit activities.

**FISCAL IMPACT:**

None

**DISCUSSION:****Unit Staffing:**

As of August 1, 2019, the Enforcement Unit is budgeted for 5 full-time Special Investigators, 1 part-time Retired Annuitant Special Investigator and 1 full-time Associate Government Program Analyst (AGPA-Probation Monitor). Two Special Investigator positions were recently filled on January 16, 2019. Mike Smith, the Supervising Special Investigator retired on April 1, 2019. Alexander Bourdaniotis replaced Mr. Smith as of August 30, 2019. Mr. Bourdaniotis comes to the EMS Authority from the California Dental Board and brings over 10 years of investigative experience to the EMS Authority.

**Investigative Workload:**

The following is a summary of currently available data extracted from the paramedic database:

Cases opened since January 1, 2019, including:

Cases opened:	210
Cases completed and/or closed:	198
EMT-Paramedics on Probation:	204

In 2018:

Cases opened:	272
Cases completed and/or closed:	265
EMT-Paramedics on Probation:	220

Status of Current Cases:

The Enforcement Unit currently has 124 cases in “open” status.

As of August 1, 2019, there are 60 cases that have been in “open” status for 180 days or longer, including: 8 Firefighters’ Bill of Rights (FFBOR) cases and 11 cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 60 cases are divided among 6 Special Investigators and are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

Delays in the interview process are common due to unforeseen difficulties in obtaining certified copies of documents, court records, availability of witnesses and/or the subject(s) of an investigation due to medical action/disability issues, on-going investigations for FFBOR staff or on-going criminal investigations, court actions, plus the routine requirement for two or more follow-up interviews.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Sergy El-Morshedy, Legislative Analyst  
Legislative, Regulatory and External Affairs

**SUBJECT:** Paramedic Regulations Revision

**RECOMMENDED ACTION:**

Receive information regarding the status of the revision of Paramedic Regulations.

**FISCAL IMPACT:**

The proposed regulations will increase paramedic license fees by \$50, to be phased in over two, staggered years: \$25 in 2020-21 and \$25 in 2021-2022. Following an evaluation of the current paramedic licensure fees, it was determined by the Emergency Medical Services Authority (EMSA) that a fee increase is necessary to fund the actual costs of the EMSA paramedic program sufficiently. Paramedic license fees are assessed directly to the individual applicant, though some public agencies cover fees for the licensed paramedics they employ through an employment contract or union agreement.

The proposed regulations will also require paramedic training programs to increase their hours of training from the current minimum of 1090 hours to the proposed minimum of 1094 hours to include additional training in tactical casualty care (TCC) principles. The proposed changes will impact local government paramedic training programs, which include 20 community colleges, one (1) University of California, one (1) California State University, and three (3) governmental agencies.

Community colleges and state universities may be able to recoup any potential costs to paramedic training programs impacted by the additional curriculum through tuition. Specific costs to local government(s) are unknown, though based on input received during stakeholder workgroup meetings and discussions with various state agencies providing training to EMS personnel, these regulations are not likely to result in an adverse economic impact.

This rulemaking may also impact statewide public safety agencies through the implementation of a \$2,500 fee for approval and reapproval of a continuing education (CE) provider. Existing regulations (Chapter 11, Title 22) specify that the EMS Authority is the

agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out of state and require CE providers to permit the EMS Authority to make site visits to individual classes, courses, or activities of the CE provider.

In order to carry out these responsibilities, and in the best interest to the health and safety of the public, EMSA believes that these programs should be periodically reviewed and audited. However, the EMS Authority has been unable to perform reviews and audits of its CE provider programs due to lack of available resources. The EMS Authority has determined that a fee increase for all EMS Authority-approved CE providers is necessary to cover costs necessary to review and audit statewide public safety and out-of-state programs.

These regulations are not likely to result in an adverse economic impact on any business. The cost increase for CE providers will be \$2,500 every four years, or \$625 annually. Each public safety agency is charged one fee for all of its sites and will only be required to pay this fee upon renewal, which occurs every four years. Following stakeholder discussions, EMSA believes that this minimal cost can be absorbed by the programs.

### **DISCUSSION:**

The regulations initially noticed for this rulemaking action intended to clarify and make specific the methods for training program reviews, approvals, and accreditation requirements, update the paramedic licensure applications and processes, add curriculum content for TCC principles to the required paramedic training 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 local EMS agency medical director.

The EMS Authority submitted a Notice of Proposed Regulatory Action and initial rulemaking documents to the Office of Administrative Law (OAL) on March 26, 2019. The 45-day public comment period began on April 5 and concluded on May 20, 2019. Upon completion of the comment period, the EMS Authority reviewed all comments submitted by the public and made additional modifications to the proposed regulation text accordingly. Those changes were noticed during a 15-day public comment period, which concluded on June 26, 2019.

The EMS Authority made additional modifications based on comments received and held additional 15-day public comment periods from July 30 to August 14, 2019, and August 19 to September 3, 2019, respectively. A fourth 15-day public comment period was noticed on Friday, September 13, and will close on September 28, 2019.

In the latest public comment draft, EMSA removed the proposed alternate destination language found under subsection (a) of from Section 100170 under Article 7 of Chapter 4, Title 22 of the California Code of Regulations (CCR).

Throughout the regulatory process, it has become clear to EMSA that further discussion about these details will take more time than initially expected. The changes noticed on September 13 are necessary to allow a new EMS Authority Director the opportunity to work with stakeholders and collaborate on a path forward for both alternate destination and community paramedicine policy.

Presently, EMSA's immediate priority is to proceed with the remaining proposed revisions to Chapter 4 of Title 22 of the CCR, including, but not limited to, modifying paramedic licensure fees and paramedic training program requirements.

In order to meet the one-year (1) rulemaking process timeline pursuant to Section 11346.4 of the Government Code, and the Rulemaking Calendar schedule approved during the December 2018 Commission meeting, the EMS Authority is requesting the Commission on Emergency Medical Services to consider the proposed regulatory action for approval at the meeting scheduled for December 4, 2019.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Priscilla Rivera, Manager  
Personnel Standards Unit

Lou Meyer  
Community Paramedicine Pilot Project Manager

**SUBJECT:** Community Paramedicine Pilot Project Status Update

**RECOMMENDED ACTION:**

Receive information regarding the Community Paramedicine Pilot.

**FISCAL IMPACT:**

The community paramedicine project manager and the independent evaluator are funded by the California Health Care Foundation (CHCF). Local pilot site providers participate with in-kind contributions and any local grants or reimbursement.

**DISCUSSION:**

On November 14, 2014, the California Office of Statewide Health Planning and Development (OSHPD) approved an application from the California Emergency Medical Services Authority (EMSA) to establish a Health Workforce Pilot Project (HWPP) to test multiple community paramedicine concepts. OSHPD has since renewed the HWPP for one-year periods in 2015, 2016, 2017, and 2018. OSHPD's current authorization will expire on November 14, 2019. EMSA submitted a request for an additional one-year extension on August 27, 2019. The community paramedicine HWPP has encompassed 17 projects in 13 communities across California that have tested seven different community paramedicine concepts.

The data provided by the current community paramedicine projects, as well as the independent evaluator's quarterly reports and public report, continues to show these projects safely improve patient care as well as reducing hospital re-admissions and unnecessary visits to emergency departments.

Independent Evaluation:

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost-effectiveness. A team of evaluators at the Philip R. Lee Institute for Health Policy Studies and the UCSF Healthforce Center, San Francisco continue to serve as the independent evaluators for the HWPP #173.

On August 6, 2019, UCSF published its 5<sup>th</sup> Update to the Public Report <https://healthforce.ucsf.edu/publications/evaluation-california-s-community-paramedicine-pilot-program>, which concludes the following: “The California community paramedicine pilot projects were designed to integrate with existing health care resources and utilize the unique skills of paramedics and their round-the-clock availability. Findings from the evaluation indicate that Californians always benefit from these innovative models of health care that leverage an existing workforce operating under medical control – either directly or by protocols developed by physicians experienced in EMS and emergency care. No other health professionals were displaced. Instead, these pilot projects have demonstrated that community paramedics can partner with physicians, nurses, behavioral health professionals, and social services workers to fill gaps in the health and social services safety net. No adverse patient outcome is attributable to any of these pilot projects”.

Additional Pilot Sites Status:

The Pilot Sites listed below were approved by OSHPD to become additional projects pending the completion of their implementation requirements, i.e. training and receiving institutional review board approval.

Local EMS Agency	Sponsor	Concepts	Status
Sierra Sacramento Valley	Dignity Health	Post Discharge	Given that the Post Discharge Concept has been removed from any enabling legislation, this project has been placed on hold to avoid the expense of training and other implementation costs.
El Dorado County	Cal Tahoe JPA	Alt Destination Behavioral Health Post Discharge	This project has notified EMSA that they are currently in negotiations with their local EMS agency to renew their current EOA contract of which community paramedicine is part of those discussions.
Los Angeles County EMS Agency	Los Angeles City Fire Department	Alt Destination Behavioral Health	Received OSHPD, EMSA and LA County LEMSA approval to implement on June 21, 2019
Los Angeles County EMS Agency	Los Angeles City Fire Department	Alt Destination Sobering Center	Received OSHPD, EMSA and LA County LEMSA approval to implement on June 21, 2019.

Community Paramedicine Pilot Project Status Update

September 18, 2019

Page 3

Regulatory Status:

EMSA is in the process of revising the paramedic regulations. In addition to several amendments to the paramedic regulations, EMSA is proposing to include transportation of eligible patients to behavioral health facilities and sobering centers. Here is the proposed timeline for this regulation revision:

<b>Dates (2019)</b>	<b>Activity</b>	<b>Status</b>
April 5 – May 20	45-day public comment period.	<b>Completed</b>
June 11 – June 26	15-day public comment period for modifications to the initial proposed regulation text.	<b>Completed</b>
June 19	Commission on EMS meeting – regulation status update provided.	<b>Completed</b>
July 24 – August 8	Second 15-day public comment period.	<b>Completed</b>
August 19 – September 3	Third 15-day public comment period.	<b>In Progress</b>
August 27	EMSA submitted a request to OSHPD for an extension of its current pilot project.	<b>Completed</b>
September 18	Commission on EMS meeting - draft regulations presented to EMS Commission for approval.	<b>Pending</b>
September 20	EMSA submits the proposed rulemaking file to the Office of Administrative Law (OAL) for final review.	<b>Pending</b>
November 4	Deadline for OAL to approve or disapprove rulemaking file.	<b>Pending</b>
November 14	Community Pilot Project expires unless an extension is approved by OSHPD.	<b>Pending</b>
<b>Dates (2020)</b>	<b>Activity</b>	<b>Status</b>
January 1, 2020	Paramedic Regulations become effective	<b>Pending</b>
April 5, 2020	OAL required Deadline for Approval ( <i>one calendar year from initial Notice date</i> )	

Legislative Status:

AB 1544 (Gipson) *Community Paramedicine or Triage to Alternate Destination Act*, was introduced on February 22, 2019. This bill would establish the Community Paramedicine or Triage to Alternate Destination Act of 2019, which would permit local emergency medical services agencies (LEMSAs), with approval by EMSA, to develop programs to provide community paramedic or triage to alternate destination services in one of the following specialties:

- (1) providing directly observed tuberculosis therapy;
- (2) providing case management services to frequent emergency medical services (EMS) users;
- (3) providing hospice services to treat patients in their homes; and,
- (4) providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center.

The bill requires changes to the structure of the Commission on EMS and multiple data reporting requirements. As drafted, this bill would sunset on January 1, 2030.

As amended on July 11, 2019, AB 1544 removes the provision of providing short-term post-discharge follow-up from the authorized community paramedicine services, thereby eliminating a core element of a community paramedic program.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Tom McGinnis, Chief  
EMS Systems Division

**PREPARED BY:** Lisa Galindo  
EMS Plans Coordinator

**SUBJECT:** EMS Plan and Critical Care Plans Update

**RECOMMENDED ACTION:**

Receive updated information on the status of Emergency Medical Services (EMS) Plan appeals and submission activity related to EMS, Quality Improvement (QI), and Critical Care (Trauma, ST-Elevation Myocardial Infarction [STEMI], Stroke, and EMS for Children [EMSC]) Plans.

**FISCAL IMPACT:**

None

**DISCUSSION:**

Local EMS Agencies (LEMSA) must submit an EMS Plan annually to the EMS Authority, in accordance with Health and Safety Code (HSC) § 1797.254. An EMS Plan is a plan for the delivery of EMS consistent with HSC § 1797.103 that addresses the following components:

1. System Organization and Management
2. Staffing and Training
3. Communications
4. Response and Transportation
5. Facilities and Critical Care Centers
6. Data Collection and System Evaluation
7. Public Information and Education
8. Disaster Medical Response

The information contained in an EMS Plan is used to ensure compliance with all applicable laws, regulations, and case law, and to be able to assess the functionality of an EMS system to ensure safety and quality EMS to the public. The EMS Authority will continue to review EMS Plans annually.

## EMS Plan and Critical Care Plan Update

September 18, 2019

Page 2

The EMS Authority is responsible for the review of EMS, QI, Trauma, STEMI, Stroke, and EMSC Plans and for making a determination on the approval or disapproval of the plans, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b), HSC § 1797.257, HSC § 1797.258, and Chapters 7, 7.1, 7.2, 12, and 14 of Title 22, CCR, Division 9.

In accordance with Title 22, California Code of Regulations § 100450.100, LEMSAs maintain the ability to appeal an EMS Plan disapproval to the Commission on EMS.

### EMS Plan Appeals:

The following EMS Plan appeals are currently in progress:

LEMSA	EMS Plan	Disapproval	Appeal Hearing
Contra Costa County	2016	4/13/18	Awaiting dates of availability
El Dorado County	2011	8/5/14	Settlement agreement

El Dorado County EMS Plan appeal was resolved on July 18, 2019, through a stipulated settlement and will be removed from the tracking of appeals.

### Regulation Changes:

In July 2019, regulations for STEMI, Stroke, and EMSC became effective. These plans are due to the EMS Authority as part of the LEMSAs' next EMS Plan update, or by December 31, 2019, whichever is sooner. Annual submissions are required thereafter, as part of the annual EMS Plan update.

### Submission Status:

Attached is a statewide activity report on LEMSAs submissions related to EMS, QI, Trauma, STEMI, Stroke, and EMSC Plans. The activity report identifies LEMSAs who are current, under review, and overdue in submissions to the EMS Authority.

Below is a statewide summary of the submission compliance as of August 12, 2019:

Submission	Number of LEMSAs	Percentage Compliance
EMS Plan/Update	25/33	76%
QI Plan/Update	24/33	73%
Trauma Update	25/33	76%
STEMI Plan	0/33	N/A
Stroke Plan	1/33	3%
EMSC Plan	0/33	N/A

There may be LEMSAs out of compliance due to a variety of factors, including but not limited to LEMSA fiscal year close-out, limited staffing or staff turnover, or critical EMS matters such as natural disaster. Each LEMSA is unique and has dynamic factors impacting their ability to submit timely plans.

The EMS Authority will continue to keep the Commission apprised of the activity involving EMS, QI, Trauma, STEMI, Stroke, and EMSC Plans/annual updates.

Attachment



## Status of Local EMS Agency Plan/Update As of August 12, 2019



EMS AGENCY	EMS PLAN	QI	TRAUMA	STEMI	STROKE	EMSC
Alameda	Current	Current	Current			
Central California	Overdue	Overdue	Current			
Coastal Valleys	Current	Current	Current			
Contra Costa *	Under Review	Current	Current			
El Dorado	Overdue	Current	Current			
Imperial	Overdue	Overdue	Overdue			
Inland Counties	Under Review	Current	Current			
Kern	Current	Current	Current			
Los Angeles	Under Review	Current	Current			
Marin	Under Review	Current	Current			
Merced	Current	Current	Overdue			
Monterey	Under Review	Current	Current			
Mountain-Valley	Under Review	Current	Current			
Napa	Current	Current	Current			
North Coast	Current	Current	Current			
Northern California	Current	Current	Current			
Orange	Current	Current	Current			
Riverside	Current	Current	Current			
Sacramento	Under Review	Current	Current			
San Benito	Under Review	Current	Overdue			
San Diego	Under Review	Current	Current			
San Francisco	Overdue	Overdue	Overdue			
San Joaquin	Current	Current	Current			
San Luis Obispo	Current	Current	Overdue			
San Mateo	Current	Current	Current			
Santa Barbara	Overdue	Overdue	Current			
Santa Clara	Overdue	Overdue	Overdue			
Santa Cruz	Overdue	Overdue	Overdue			
Sierra-Sac Valley	Current	Overdue	Current			
Solano	Under Review	Current	Current			
Tuolumne	Overdue	Overdue	Overdue			
Ventura	Current	Current	Current			
Yolo	Under Review	Overdue	Current		Current	

* EMS Plan Appeal in Progress
Current plan on file
Pending submission
No current plan on file
Due December 31, 2019

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Craig Johnson, Chief  
Disaster Medical Services Division

**SUBJECT:** Ridgecrest Earthquake Response

**RECOMMENDED ACTION:**

Receive information regarding the EMS Authority's activities in response to the July 2019 Ridgecrest Earthquakes.

**FISCAL IMPACT:**

None

**DISCUSSION:**

The July 2019 Ridgecrest Earthquakes were a series of large tremors in the Ridgecrest, California area highlighted by a 6.4 M. earthquake on the morning of July 4, 2019 and a 7.1 M. earthquake on the evening of July 5, 2019. The city of Ridgecrest (population approx. 28,000) in Kern County, CA and the township of Trona (population approx. 1700) in San Bernardino County, CA suffered the most damage necessitating significant local and region-level support and limited State-level support.

Medical impacts from the earthquakes included a partial loss of power and facilities at Ridgecrest Regional Hospital leading to a full patient evacuation (approx. 20 patients), temporary loss of power at Bella Sera Skilled Nursing Facility (SNF) in Ridgecrest, and multiple civilian injuries throughout the Ridgecrest and Trona areas. Local EMS resources also experienced high 911 call volumes following both mainshocks. Medical mutual assistance throughout the incident included two (2) Ambulance Strike Teams (AST) from Bakersfield, four (4) immediate-need Advanced Life Support (ALS) ambulances from San Bernardino County and three (3) Air Ambulances from L.A. County. In addition, medical and behavioral health resources were provided to the Kerr McGee Community Center general population shelter by local Kern County healthcare professionals. Kern County Behavioral Health Recovery Services maintained Critical Incident Stress Management (CISM) teams at the shelter for the duration of the event and provided resources for the community through

the Local Assistance Center (LAC). Outreach and offers of CISM debriefing were made by the Kern County Behavioral Health Recovery Services team to Ridgecrest Regional Hospital and other responders providing services in the community.

EMSA provided medical support and coordination for this response under Emergency Support Function (ESF) 8 and under the direction of the California Governor's Office of Emergency Services (Cal OES) and the California Health and Human Services (CHHS) Agency. EMSA's response activities included support and coordination for local medical missions, ESF 8 representation at the State Operations Center (SOC) and support for the Regional Disaster Medical Health Coordination (RDMHC) and Medical Health Operational Area Coordination (MHOAC) programs.

#### Successes:

In response to the Ridgecrest earthquakes, EMSA was able to successfully utilize the existing statewide medical and health disaster response structure to facilitate mutual aid and mutual assistance. EMSA worked closely with local MHOAC's, RDMHS's and State-level agencies to respond to all medical and health needs throughout this incident.

#### Lessons Learned:

1. The importance of consistent coordination and communication between all levels of the emergency medical response system. This includes communicating realistic expectations of our medical mutual aid system regarding response timeframes and resource capabilities.
2. The need to improve communications and collaborative efforts concerning utilization of ambulances owned/contracted by medical facilities during large scale disasters. Local EMS Agencies and healthcare systems/hospitals need to establish clear expectations and work together to ensure patient needs are met.
3. Improve situational awareness, especially as may be directly necessary for decision making.
4. Continue to encourage ambulance providers to utilize the newly implemented statewide Ambulance Strike Team / Medical task Force Reimbursement Schedule when billing for AST deployments. Also, continue work to codify the concept through the Statewide Cooperative Assistance Agreement currently under development.
5. The need to continually train and reinforce the Public Health and Medical Emergency Operations Manual (EOM) process with stakeholders at all levels of the Standardized Emergency Management System (SEMS).
6. Continuing to recognize the vital importance of providing mental and behavioral health resources for impacted communities and emergency responders during and after disaster responses.

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**DATE:** September 18, 2019

**TO:** Commission on EMS

**FROM:** Julie Souliere  
Acting Director

**PREPARED BY:** Tom McGinnis, EMT-P  
Chief, EMS Systems Division

**SUBJECT:** Status of EMS Guidelines

**RECOMMENDED ACTION:**

Receive information on the Status of EMS Guidelines.

**FISCAL IMPACT:**

None

**DISCUSSION:**

On February 4, 2019, the California Fire Chiefs Association Inc. (CFCA) filed three (3) petitions with the Office of Administrative Law (OAL) requesting a determination if publications EMSA #141, draft EMSA #141B, and EMSA 310 were underground regulations:

- EMSA #141 contained guidelines related to conducting a competitive process and was approved by the EMS Commission in 1985.
- EMSA #141B was a draft document. As a result of dialogue from that draft, a taskforce and work group were later formed that attempted to complete regulations concerning EMS systems and exclusive operating areas. The workgroup stopped meeting in 2016.
- EMSA #310 was a report that EMSA presented at a summit in 2010 titled “.201 Today & Tomorrow: A Workshop of EMS System Coordination” where major EMS stakeholders were invited to submit position papers on their views of local EMS systems to determine areas of commonality.

The Office of Administrative Law notes that State agencies, with few exceptions, are required to adopt regulations following the procedures established in the Administrative Procedure Act (APA). A regulation is defined in Government Code section 11342.600: “Regulation means every rule, regulation, order, or standard of general application or the

amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure.”

If a state agency issues, utilizes, enforces, or attempts to enforce a rule without following the APA when it is required to, the rule is called an “underground regulation.” State agencies are prohibited from enforcing underground regulations. If a state agency has issued an alleged underground regulation, a member of the public may challenge the alleged underground regulation by filing a petition with the Office of Administrative Law (OAL). If the petition is accepted, OAL may issue a determination.

After a petition to OAL for possible underground regulations is filed, but before a determination is made, an agency or department of the State may certify under Section 280 that they will not “use, enforce, or attempt to enforce the alleged underground regulations”. The agency or department is required to serve the petitioner of the alleged underground regulations a copy of the certification. In answer to these three (3) petitions, and pursuant to California Code of Regulations (CCR) Title 1, Division 1, Chapter 2, Section 280, EMSA provided OAL with a certification that it would not issue, use, enforce, or attempt to enforce the alleged underground regulations.

The filing of a Section 280 certification is not an admission that the items mentioned in the petition are indeed underground regulations. Any statutory requirements or properly enacted regulations pertaining to the subject still apply and are not eliminated as a result of a Section 280 certification.

On June 14, 2019, the California Fire Chiefs Association Inc. filed two (2) additional petitions with OAL, asking that two portions of EMSA Guideline #101 be determined to be an underground regulation. The two petitions related to medical control authority and requirements for advanced life support agreements with providers. OAL declined to accept CalChiefs’ petitions for review on August 13, 2019.

EMSA is currently in the process of reviewing existing guideline documents for compliance with the Americans with Disabilities Act (ADA), consistent with direction from the Office of the Governor. Many of the documents were published long before the tools to create them in an ADA compliant format existed. Thus, many guidelines have been removed from the EMSA website as we work through the process of re-publishing them in an ADA compliant format. As informed by the petitions from CFCA, EMSA is also reviewing each guideline, previously approved by the EMS Commission, to determine if it could be reasonably interpreted as an enforceable rule, rather than as a resource document or technical assistance to be used in local EMS planning.

EMSA continues to review EMS plans consistent with Division 2.5 of the Health and Safety Code and other regulations already established under California Code of Regulations, Title 22, Division 9. EMSA remains available to provide technical assistance to stakeholders on any given subject matter while the guidelines are being reformatted and reviewed.