SUMMARY OF THE FIRST 15-DAY COMMENT PERIOD MODIFICATIONS

ARTICLE 1. DEFINITIONS

§ 100137. Paramedic Training Program Approving Authority.

This definition was revised following a comment from Lena Rohrabaugh, NCTI. Adding “qualified,” to the definition identifies that the statewide public safety agency meets all requirements for conducting a paramedic training program. This change is necessary to improve clarity. “Paramedic” was deleted in the initial proposed text but added back because there are multiple types of training programs that fall under Division 9, Title 22. This change is necessary to eliminate or reduce confusion.

§ 100141.1. High Fidelity Simulation

This definition was revised following a comment from Tom O’Connor of Ventura College stating that the definition excluded existing simulators utilized and did not allow for emerging technologies. The definition was revised to include other types of acceptable simulators consistent with the Committee on Accreditation of EMS Professionals’ (CoAEMSP) and the Commission on Accreditation of Allied Health Education Programs’ (CAAHEP) standards. This change is necessary to improve consistency with other training program standards in the chapter.

§ 100144. Critical Care Paramedic.

This definition was revised based on comments from the San Joaquin County EMS Agency. The commenter recommended modifying the definition because flight paramedic (FP) and critical care paramedic (CCP) are not synonymous. They also recommended adding language to clarify that a paramedic’s local EMS agency (LEMSA) accreditation is relative to the area in which the paramedic is permitted to practice. In addition, John Clark, of the International Board of Specialty Certification (IBSC) suggested that the full name of the board be stated in the definition. These changes are necessary to ensure consistency with statutory authority and the proper title for the accrediting body for Critical Care Transport Paramedic Certification.

§ 100144.1. Flight Paramedic.

This definition was added based on comments from the San Joaquin County EMS Agency stating that flight paramedic (FP) and critical care paramedic (CCP) are not synonymous. This change is necessary to ensure that all levels of EMS providers are clearly defined and covered by the standards and protections found within the respective regulations and statutes.
ARTICLE 2. GENERAL PROVISIONS

§ 100146. Scope of Practice of Paramedic.

EMSA revised subsection (d) based on input from the San Joaquin County EMS Agency recommending that mobile intensive care nurse (MICN) be replaced with authorized registered nurse. EMSA accepted the recommendation to add authorized registered nurse but rejected the deletion because identifying both MICN and authorized nurse is consistent with Health and Safety Code (HSC) 1797.56. This change is necessary to maintain consistency with the authorizing statute.

§ 100148. Responsibility of the LEMSA.

EMSA revised subsection (b)(2) based on input from the San Joaquin County EMS Agency suggesting removing “facsimile number” and replace with “website address.” EMSA rejected the commenter’s notion of facsimile number lacking relevance but agreed with the suggestion to include website address in the required submission of a paramedic training program’s contact information by a LEMSA. This change is necessary to ensure the EMS Authority receives all relevant information regarding paramedic training programs operating in the state.

ARTICLE 3. PROGRAM REQUIREMENTS FOR PARAMEDIC TRAINING PROGRAMS

§ 100150. Teaching Staff.

EMSA deleted subsection (c)(4) based on comments from each of the San Joaquin County, Los Angeles County, and Orange County EMS Agencies. The requirement for tactical casualty care (TCC) instructors was incorrectly placed under subsection (c), which identifies criteria that must be met for a paramedic training program’s principal instructor. The intent of the added language is for the requirement to apply to any instructor who teaches the topic of TCC, not limited to the principal instructor only. This change is necessary to improve clarity and eliminate confusion.

Subsection (d) was revised based on a comment from John Clark of the International Board of Specialty Certification. This change is necessary to improve consistency by ensuring the proper title is used for the accrediting body for Critical Care Transport Paramedic Certification.

EMSA revised subsection (f)(4) based on comments from the Orange County EMS Agency and San Joaquin County EMS Agency stating that an paramedic training program’s preceptor guidelines should not be a LEMSA responsibility, but rather based on criteria of the accrediting body, the Committee on Accreditation for EMS
Professionals (CoAEMSP). EMSA agreed with the commenters and modified the language to improve clarity and eliminate confusion.

Subsection (h)(2) was revised based on a comment from Bakersfield College. The commenter recommended adding “areas of specialization” to the paramedic training program preceptor criteria because paramedic students perform many clinical rotations and may be placed in other hospital areas in addition to emergency room experience to gain more specialized training and experience. This change is necessary to ensure consistency with current practice for paramedic students.

Subsection (i) was added as a result of comments received for and the subsequent deletion of subsection (c)(4) of this section. The added language identifies the criteria for a paramedic training program instructor to provide instruction of tactical casualty care (TCC) principles. This addition is necessary to improve clarity.

§ 100153. Field Internship.

Subsection (d)(1) was added based on comments from the Los Angeles County EMS Agency, Orange County EMS Agency and Arthur Hsieh. The commenters expressed concerns over the use of paramedic training students in an unauthorized role and potential conflicts with CoAEMSP standards. EMSA added language to state that duties assigned to a student must be limited to duties associated with student training. This addition is necessary to improve clarity and eliminate varied interpretations.

Subsection (e)(1) was revised to remove the term “intern” because it is duplicative of the term “student.” This change is necessary to eliminate redundancy and varied interpretations.

EMSA revised subsection (j) based on a comment from the Inland Counties EMS Agency (ICEMA) recommending that “EMT” be removed from the requirement. The term was removed because other medical professionals, such as a nurse or physician, or a medical director, also often utilize the opportunity to ride in an emergency response vehicle for training purposes. This change is necessary to clarify that no more than one person in a training capacity may be present in an emergency response vehicle while a paramedic student is completing their internship.

§100154. Required Course Hours.

EMSA revised subsection (b)(1) based on comments from Lena Rohrabaugh, NCTI. The commenter stated concerns with the proposed language given that CoAEMSP standards do not allow pediatric simulations during their didactic training. EMSA modified the language to specify that high fidelity adult simulation may be utilized for up to ten of the required ALS patient contacts. This change is necessary to improve consistency and eliminate conflicts with standards established by the paramedic training program accrediting body.
Subsection (b)(2) was modified based on several comments regarding student use of an electronic health record (EHR) system. A student in a learning and training setting may not have access to an EHR system intended for use by employees only. As written, the requirement could limit the availability of internship opportunities for paramedic students. EMSA revised subsection (b)(2) to acknowledge that the student shall not be assigned duties under the supervision of the preceptor. This change is necessary to improve clarity and eliminate confusion and varied interpretations.

Subsection (c) was revised based on a comment by Arthur Hsieh stating that CoAEMSP requires a student to possess a minimum of twenty documented experiences performing the role of a team lead during a field internship, not ten. This change is necessary to improve consistency and eliminate conflicts with standards established by the paramedic training program accrediting body.

EMSA added subsection (f) in part based on comments from each of Lena Rohrabaugh, Douglas J. Boileau, and Arthur Hsieh. The commenters expressed concerns with the deletion of subsection 100153(e), which specified that students must provide the full continuum of care for at least half of the forty (40) ALS patient contacts identified in subsection 100154(b). The intent of the deletion of 100153(e) was to correctly place the ALS patient contact requirement in Section 100154, which outlines coursework duration requirements, and delete it from section 100153, which pertains to establishing a paramedic field internship program. EMSA added subsection (f) because the language was not added to Section 100154 in the initial proposed text. This change is necessary to improve clarity and consistency.

§ 100155 Required Course Content.

EMSA modified subsection (a) following a comment from the San Joaquin County EMS Agency that suggested the incorrect website for the National Highway Traffic Safety Association (NHTSA) was listed. EMSA rejected the recommended web address because the NHTSA website has not consistently used the address over the course of implementation of prior regulations. Subsection (a) was revised to describe the online location of the document incorporated by reference in place of a potentially flawed web address. This change is necessary to eliminate confusion.

§ 100157. Course Completion Record.

Subsection (b)(5) was revised based on a comment from Bakersfield College. EMSA modified the language to state program director instead of course director. This change is necessary to improve consistency with terms used throughout the chapter.

§ 100158. Student Eligibility.

EMSA revised subsection (a)(5) based on a comment by the Los Angeles County EMS Agency suggested "or A-EMT" be added. EMSA modified the language to state "Advanced-EMT" instead of "EMT-Intermediate" because, while both label the same
level of EMT, the former is commonly accepted terminology whereas the latter is no longer a frequently used term. This change is necessary to avoid confusion and varied interpretations of what level of EMT certification is required for an individual to be eligible to enter a paramedic training program.

EMSA removed the proposed subsections (b), (b)(1) and (b)(2) after receiving many comments suggesting the addition of prerequisite education courses in anatomy and physiology, and psychology was impractical. Commenters recommended deleting the prerequisite courses because the additions would create issues for certifying entities and paramedic training programs and barriers to employment for prospective paramedics. EMSA removed the proposed prerequisites in order to thoroughly explore any issues surrounding adding anatomy and physiology, and psychology courses to the paramedic student eligibility criteria. This change is necessary to ensure paramedics, paramedic training programs, and EMS providers are not adversely impacted by these regulations.

§ 100159. Procedure for Training Program Approval.

Subsection (b)(4) was revised based on a comment from Bakersfield College. EMSA modified the language to state program director instead of course director. This change is necessary to improve consistency with terms used throughout the chapter.

§ 100160. Program Review and Reporting.

Subsection (c) was revised based on a comment from Bakersfield College. EMSA modified the language to state program director instead of course director. This change is necessary to improve consistency with terms used throughout the chapter.

§ 100162. Withdrawal of Program Approval.

Subsection (b)(1) was revised based on a comment from Bakersfield College. EMSA modified the language to state program director instead of course director. This change is necessary to improve consistency with terms used throughout the chapter.

ARTICLE 5. LICENSURE

§ 100165. Licensure.

Subsections (a)(3), (a)(3)(A) and (a)(3)(B) were modified based on input from the San Joaquin County EMS Agency recommending that mobile intensive care nurse (MICN) be replaced with authorized registered nurse. EMSA accepted the recommendation to add authorized registered nurse but rejected the deletion because identifying both MICN and authorized nurse is consistent with Health and Safety Code (HSC) 1797.56. This change is necessary to maintain consistency with the authorizing statute.
ARTICLE 7. SYSTEM REQUIREMENTS

§ 100170. Medical Control.

EMSA revised subsection (a)(5) following comments from Orange County EMS Agency and ICEMA indicating a need for additional clarification regarding the meaning of “treated in place.” EMSA modified the subsection to more closely align with the intent behind the language, to require a LEMSA medical director to establish requirements that must be followed when a patient is treated “on scene without transport.” In addition, EMSA added the words “care for” as recommended by ICEMA to reflect that an emergency patient has the option to refuse either or both care and transportation. These changes are necessary to improve clarity and eliminate varied interpretations.

Subsection (a)(7) was revised based on a comment by Kristi Koenig, MD, from the County of San Diego Health & Human Services Agency. The commenter noted the confusing use of “alternative” destination. EMSA modified the language to state “alternate” destination, which is consistent with the terms commonly used on EMSA’s website and in proposed legislation, and in the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project #173, which identifies alternate destination as a concept for transporting patients to care sites appropriate to meet their needs. This change is necessary to improve consistency and eliminate confusion and varied interpretations.

Subsection (a)(7)(B) was modified based on a comment by ICEMA in which they recommended a change, citing the proposed language as vague. EMSA revised the requirement by accepting the commenter’s more specific proposed language. This change is necessary to eliminate vagueness and improve clarity.

Subsection (a)(7)(F) was revised based on a comment by Kristi Koenig, MD, from the County of San Diego Health & Human Services Agency. The commenter noted the confusing use of “alternative” destination. EMSA modified the language to state “alternate” destination, which is consistent with the terms commonly used on EMSA’s website and in proposed legislation, and in the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project #173, which identifies alternate destination as a concept for transporting patients to care sites appropriate to meet their needs. This change is necessary to improve consistency and eliminate confusion and varied interpretations.

Subsection (a)(7)(F)(2) was modified following comments submitted by the Los Angeles County EMS Agency recommending that mental health facilities be labeled as “LEMSA-designated.” EMSA added the suggested language because a mental health facility receiving triaged prehospital patients must be designated by a LEMSA. This change is necessary to improve clarity.
In addition, EMSA made modifications to this subsection based on input from Jacey Cooper of California Department of Health Care Services (DHCS) stating that the proposed language referenced the incorrect statute and inadequately defined the type of mental health facilities to be utilized for prehospital triage of non-emergency patients. EMSA change the Welfare and Institutions Code referenced to the correct code section and added language to recommended by DHCS to cite facilities designated at the county level that are approved by DHCS to accept mental health patients and the facility types that DHCS permits to provide specific mental health-related services. The added language and modifications to code sections are necessary to ensure the regulations refer to and specify the types of facilities that a LEMSA may designate as a mental health facility capable of receiving and treating triaged non-emergency patients.

Subsection (a)(7)(F)(3) was modified based on comments from the California Hospital Association (CHA) and Los Angeles County EMS Agency. The Health and Safety Code referenced was not applicable to the type of facilities intended to be designated by a LEMSA as a sobering center alternate destination. The modifications are necessary to ensure the regulations make reference to the types of facilities that may qualify as a sobering center to receive patients that have been assessed and determined to have a non-emergency condition who require transport and triage to a sobering center facility.

EMSA modified subsection (a)(7)(G) based on comments from the Los Angeles County EMS Agency and San Joaquin County EMS Agency expressing concerns over the current feasibility of implementing bi-directional exchange of electronic information. EMSA added language to ease the concerns that will provide local EMS agencies that utilize an electronic health record system that cannot currently meet the requirement. This change is necessary to eliminate potential conflicts between existing system capabilities and the proposed regulations.

Subsection (a)(7)(H) was modified to more specifically state that an alternate destination facility must review its own records and quality measures, and the terms of such review shall be determined by the local EMS agency. This change is necessary to improve clarity and eliminate confusion and varied interpretations.

Subsection (b)
Subsections (b) and (c)(1) were modified based on input from the San Joaquin County EMS Agency recommending that mobile intensive care nurse (MICN) be replaced with authorized registered nurse. EMSA accepted the recommendation to add authorized registered nurse but rejected the deletion because identifying both MICN and authorized nurse is consistent with Health and Safety Code (HSC) 1797.56. These changes are necessary to maintain consistency with the authorizing statute.

ARTICLE 8. RECORD KEEPING AND FEES

§ 100171. Record Keeping.
Subsection (e)(6)(F) was modified based on a comment from the Orange County EMS Agency stating that the existing information field should not have been deleted because it is required documentation according to National Emergency Medical Services Information System (NEMSIS) standards. EMSA acknowledges that the intent of the proposed modification was to add a field for Primary Provider impression and not to delete the chief complaint field. The existing text was added back under subsection (e)(6)(F) and Primary Provider impression was reinserted more appropriately as its own unique field, rather than included under patient information. These changes are necessary to ensure compliant with NEMSIS standards and eliminate conflict with HSC 1797.227.

EMSA revised subsection (h) after receiving comments from the Orange County, Los Angeles, and San Joaquin County EMS agencies stating that the proposed language was unclear and confusing. EMSA revised the requirement to clarify that providers are required to submit EHR data in a feasible, timely manner, and added language to provide flexibility for a LEMSA to establish a different frequency if agreed upon with EMSA. This change is necessary to ensure local EMS agencies submit EHR data when it becomes available.

SUMMARY OF THE SECOND 15-DAY COMMENT PERIOD MODIFICATIONS

ARTICLE 3. PROGRAM REQUIREMENTS FOR PARAMEDIC TRAINING PROGRAMS

§ 100150. Teaching Staff.

Subsection (g)(4) was revised based on a comment from the Los Angeles County EMS Agency stating that the CoAEMSP guidelines referenced do not exist. EMSA revised the requirement to correctly incorporate by reference the CAAHEP Standards and Guidelines for the Accreditation of Educations Programs in the Emergency Medical Services Profession. The previous draft of the regulations incorrectly referenced CoAEMSP guidelines, which only exist as interpretations of the CAAHEP standards and guidelines. This change is necessary to eliminate confusion and ensure paramedic training programs comply with the appropriate accreditation standards.

ARTICLE 7. SYSTEM REQUIREMENTS

§ 100170. Medical Control.

EMSA modified subsection (a)(7) by deleting language that could be interpreted to mean that the requirements under subsection (a)(7) apply in situations when a patient requires transport to an emergency room. The requirements are specific to triage and transport of patients that have been assessed and determined to have a non-emergency condition, which would not include patients requiring assessment in an
emergency situation. This change is necessary to improve clarity and eliminate confusion.

Subsection (a)(7)(F)(2) was revised because the term “authorized” was mistakenly removed when the requirement was revised prior to the first 15-day public comment period. This change was made because the regulations intended to specify that a mental health facility can only be designated as an alternate receiving center consistent with Welfare and Institutions Code section 5404. This modification was reversed following additional comments received during the third 15-day public comment period.

Subsection (a)(7)(F)(3) was modified based on comments from Jacey Cooper of DHCS stating that no state statute for the authorization of sobering centers exists. This change is necessary to eliminate confusion and ensure a qualified sobering center is able to obtain designation as an alternate destination facility.

ARTICLE 8. RECORD KEEPING AND FEES

§ 100172. Fees.

Subsections (b)(1)(B), (b)(2)(B), (b)(3)(B), (b)(9)(B), and (b)(10)(B) were revised based on comments submitted by Ray Ramirez, EMT-P stating that there was a timeline gap between the proposed fee increases. EMSA did not intend to create a gap in the fee dates and revised the effective dates accordingly. These changes are necessary to meet one of the key objectives set out by this regulatory proposal.

SUMMARY OF THE THIRD 15-DAY COMMENT PERIOD MODIFICATIONS

ARTICLE 3. PROGRAM REQUIREMENTS FOR PARAMEDIC TRAINING PROGRAMS

§ 100150. Teaching Staff.

EMSA revised subsection (b) based on a comment from Jamie Hirsch of Mt. San Antonio College. EMSA modified the paramedic training program director education criteria after determining that it would be exceedingly limiting to narrow the requirement to “health related education” fields of study. EMSA revised subsection (b) to revert the amended education qualification to the previous “health field or education field” language. This change is necessary because the proposed regulations intended to clarify the types of qualifying education experience for paramedic training program directors, not exclude existing program directors who have met or exceeded existing qualifications.

ARTICLE 7. SYSTEM REQUIREMENTS
§ 100170. Medical Control.

EMSA revised subsection (a)(7)(F)(2) based on comments from Jacey Cooper of DHCS. The commenter stated that the addition of the word “authorized” may cause confusion because statutes and regulations require county approval and LEMSA designation, but do not specific call out the authorizing of the types of facilities referenced. This change is necessary to eliminate confusion regarding the requirements a facility must meet in order to operate as a sobering center facility capable of receiving patients that have been assessed and determined not to have an emergency condition.

SUMMARY OF THE FOURTH 15-DAY COMMENT PERIOD MODIFICATIONS

ARTICLE 3. PROGRAM REQUIREMENTS FOR PARAMEDIC TRAINING PROGRAMS

§ 100150. Teaching Staff.

Subsection (h)(3) was revised based on a comment from Bakersfield College submitted during the initial 45-day public comment period. EMSA modified the language to state program director instead of course director. This change is necessary to improve consistency with terms used throughout the chapter.

§ 100155 Required Course Content.

Subsection (a) was revised based on input from the Office of Administrative Law reference attorney. EMSA sought clarification regarding the placement of a web address in regulation text. The Office of Administrative Law communicated that a full web address was appropriate for the use illustrated in this subsection. This change is necessary to eliminate conflict with the Administrative Procedures Act and relevant statutes and regulations.

ARTICLE 7. SYSTEM REQUIREMENTS

§ 100170. Medical Control.

This section was modified by removing subsection (a)(7) and all of the underlying subsections that specified proposed LEMSA alternate destination requirements. EMSA determined that it was necessary to remove the proposed language to allow additional time to work with stakeholders on the alternate destination policy area without impacting the department’s ability to proceed forward with other changes to the chapter being proposed by this regulatory action.

ARTICLE 8. RECORD KEEPING AND FEES
§ 100171. Record Keeping.

Subsections (a) and (b) were revised based on a comment from Bakersfield College submitted during the initial 45-day public comment period. EMSA modified the language to state program director instead of course director. These changes are necessary to improve consistency with terms used throughout the chapter.

THE COMMISSION ON EMERGENCY MEDICAL SERVICES FINAL TEXT

The Commission on Emergency Medical Services saw and approved the fourth 15-day modified text (final text) at the December 4, 2019 meeting. The transcript for that meeting is located under Tab 30.

SUMMARY OF RESPONSES TO PUBLIC COMMENTS

The summary and response to comments received during the initial notice period of April 5, 2019, through May 20, 2019, are provided in Tab 20 of this rulemaking file, and incorporated by reference herein.

The summary and response to comments received during the first 15-day notice period of June 11, 2019, through June 26, 2019, are provided in Tab 22 of this rulemaking file, and incorporated by reference herein.

The summary and response to comments received during the second 15-day notice period of July 30, 2019, through August 14, 2019, are provided in Tab 24 of this rulemaking file, and incorporated by reference herein.

The summary and response to comments received during the third 15-day notice period of August 19, 2019, through September 3, 2019, are provided in Tab 26 of this rulemaking file, and incorporated by reference herein.

The summary and response to comments received during the fourth 15-day notice period of September 13, 2019, through September 28, 2019, are provided in Tab 28 of this rulemaking file, and incorporated by reference herein.

UPDATES TO INITIAL STATEMENT OF REASONS

Modifications to the regulation text were explained in the public comment table developed following the close of the 45-day public comment period and each of the four 15-day public comment periods. Additionally, changes to the proposed regulation text were summarized in the Notice of Public Comment distributed electronically to those persons specified in subsections (a)(1) through (4) of Section 44 of Title 1 of the CCR and made generally available by posting on the EMSA public comment webpage.
In addition to regulation text changes that were adopted and publicly noticed, and justification of comments not adopted, non-substantive changes were made to correct grammatical and numerical deficiencies throughout the Chapter, inclusive of Section 100137 through Section 100172.

**DOCUMENTS INCORPORATED BY REFERENCE**

- Form #EMSA-0391, revised 01/17
- Initial In-State Paramedic License Application, Form #L-01, revised 03/2019
- Initial Out-of-State Paramedic License Application Form #L-01A revised 03/2019
- Initial Challenge Paramedic License Application, Form #CL-01A revised 03/2019
- Renewal Paramedic License Form #RL-01, revised 03/2019
- Audit Renewal Paramedic License Application, Form #AR-01, revised 03/2019
- Reinstatement Paramedic License Application Lapsed Less than One Year, Form #RLL-01A, revised 03/2019
- Reinstatement Paramedic License Application Lapsed of One Year or More, Form #RLL-01B, revised 03/2019
- Request for Licensure/Certification Verification, Form #VL-01, revised 03/2019
- CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions (2015)

**LOCAL MANDATE DETERMINATION**

The EMS Authority has determined that this action will not result in a local mandate on local agencies or schools.

**CONSIDERATION OF ALTERNATIVES**

In accordance with Government Code Section 11346.5, subdivision (a)(3), the EMS Authority has determined that no reasonable alternative considered by the agency or that has otherwise been identified and brought to the attention of the EMS Authority would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

The amendments adopted by the EMS Authority are the only regulatory provisions identified by the EMS Authority that accomplish the goal to clarify and make specific the methods for training program reviews; clarify and make specific the methods for training program approvals; clarify and make specific the methods
training program accreditation requirements; update paramedic applications; update the paramedic licensure processes; and add curriculum content for tactical casualty care principles to the required course content. Except as set forth and discussed in the summary responses to comments, no other alternatives have been proposed or brought to the EMS Authority’s attention.
NECESSITY OF INITIAL PROPOSED MODIFICATIONS

ARTICLE 2. GENERAL PROVISIONS

§ 100146. Scope of Practice of Paramedic

(c)(2)(C) – Form #EMSA-0391, revised 01/17

The Request For Approval of Undefined Scope of Practice form incorporated by reference was modified to add three new questions. The third question on the revised form was added to the form to request that a local EMS agency describe the patient population that will benefit from the requested undefined scope of practice addition. This change is necessary to define who will be impacted by the requested addition and allows a local EMS agency to further establish the need for the item they are requesting. This change improves clarity and will ensure the total impact of requested changes can be adequately measured.

The fourth question on the revised form was added to the form to allow submitters to provide a description of a proposed study’s design. The question was added to the form because it was not uncommon for a need for additional details regarding proposed studies to arise during the review of requests for approval of undefined scope. This change is necessary to ensure that, in reviewing requests for undefined scope of practice, the Emergency Medical Services Authority is not operating with underground regulations.

The twelfth question on the revised form was added for local EMS agencies to share the make up of a local medical advisory committee that assists with evaluation of a trial study. This change is necessary to ensure qualified individuals are evaluating the results of a trial study, and to specify that the evaluation is performed by persons other than those who conducted the study. This change improves consistency in the evaluation of local EMS agencies’ requests for undefined scope statewide.

ARTICLE 4. APPLICATIONS AND EXAMINATIONS

§ 100164. Date and Filing of Applications

Subsection (a)(1) – Initial In-State Paramedic License Application, Form #L-01, revised 03/2019

The Initial In-State Paramedic License Application form incorporated by reference was modified to include additional types of documents that can be provided for the purposes of identification. This change is necessary to ensure that a paramedic license issued by the Emergency Medical Services Authority is for the correct person. The previous
version of the form may have excluded non-US citizens eligible for licensure by limiting the types of identification documents to either a US passport or birth certificate.

Subsection (a)(2) – Paramedic License Application Form #L-01A revised 03/2019

This Paramedic License Application form incorporated by reference was modified to include additional types of documents that can be provided for the purposes of identification. This change is necessary to ensure that a paramedic license issued by the Emergency Medical Services Authority is for the correct person. The previous version of the form may have excluded non-US citizens eligible for licensure by limiting the types of identification documents to either a US passport or birth certificate.

Subsection (a)(3) – Initial Challenge Paramedic License Application, Form #CL-01A revised 03/2019

This Initial Challenge Paramedic License Application form incorporated by reference was modified to include additional types of documents that can be provided for the purposes of identification. This change is necessary to ensure that a paramedic license issued by the Emergency Medical Services Authority is for the correct person. The previous version of the form may have excluded non-US citizens eligible for licensure by limiting the types of identification documents to either a US passport or birth certificate.

ARTICLE 8. RECORD KEEPING AND FEES

§ 100172. Fees

Paramedic License Fee Increases

The Authority proposes to increase paramedic fees to offset increased operating costs. Since the last fee increase in 2010, the operating costs have increased by $1,082,000. The increase will be $50 offset over two years. This increase will balance the budget in 2024, barring any unforeseen expenditures.

<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Expenditures</td>
<td>$1,565,000</td>
<td>$2,011,000</td>
<td>$2,408,000</td>
<td>$2,258,000</td>
<td>$2,647,000</td>
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<tr>
<td>Pro Rata</td>
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<td></td>
<td></td>
<td>$208,000</td>
<td>$324,000</td>
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</table>

Other notes on the costs:

- One hundred percent of the Paramedic Licensure and Enforcement Units, and portions of the Legal Unit are funded by paramedic licensure fees.
- The Authority does not receive any General Fund for paramedic licensing, enforcement and legal activities.
- Paramedic licensure fees are established in regulation and have not been adjusted since 2010.
- Since 2010, salary, benefits, department shared costs, and pro rata costs have increased. In the Governor’s budget pro rata increased 56% in the previous fiscal year ($208,000 to $304,000).
- Without a licensing fee increase the EMS Personnel fund (0312) will be insolvent by SFY2021/22.

A review of the Authority’s EMSP fund has shown that the increased expenditures are exceeding its current revenue and the fund will become insolvent by 2021. Below is a table showing the EMSP funds projected revenue vs expenditures without a fee increase.

**Fiscal Projections without Fee Increase:**

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Start of Year Fund Balance</th>
<th>Revenue Generated</th>
<th>Program Expenses</th>
<th>Year End Fund Balance</th>
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<tr>
<td>2017/18</td>
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<td>$2,227,996</td>
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<td>2018/19</td>
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<td>2024/25</td>
<td>$(2,519,597)</td>
<td>$2,663,047</td>
<td>$2,974,608</td>
<td>$(356,953)</td>
</tr>
</tbody>
</table>
### Fiscal Projections with $50 Fee Increase:

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Start of Year Fund Balance</th>
<th>Revenue Generated</th>
<th>State Operations</th>
<th>ProRata</th>
<th>Year End Fund Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>$2,463,000</td>
<td>$2,227,996</td>
<td>(2,747,000)</td>
<td>(324,000)</td>
<td>1,619,996</td>
</tr>
<tr>
<td>2018/19</td>
<td>$1,951,000</td>
<td>$2,284,581</td>
<td>(2,608,000)</td>
<td>(312,960)</td>
<td>1,314,621</td>
</tr>
<tr>
<td>2019/20</td>
<td>$1,314,621</td>
<td>$2,625,663</td>
<td>(2,830,238)</td>
<td>(339,629)</td>
<td>770,418</td>
</tr>
<tr>
<td>2020/21</td>
<td>$770,418</td>
<td>$2,983,498</td>
<td>(2,858,540)</td>
<td>(343,025)</td>
<td>552,350</td>
</tr>
<tr>
<td>2021/22</td>
<td>$552,350</td>
<td>$3,060,932</td>
<td>(2,887,126)</td>
<td>(346,455)</td>
<td>379,701</td>
</tr>
<tr>
<td>2022/23</td>
<td>$379,701</td>
<td>$3,140,769</td>
<td>(2,915,997)</td>
<td>(349,920)</td>
<td>254,554</td>
</tr>
<tr>
<td>2023/24</td>
<td>$254,554</td>
<td>$3,223,085</td>
<td>(2,945,157)</td>
<td>(353,419)</td>
<td>179,064</td>
</tr>
<tr>
<td>2024/25</td>
<td>$179,064</td>
<td>$3,307,954</td>
<td>(2,974,608)</td>
<td>(356,953)</td>
<td>155,456</td>
</tr>
</tbody>
</table>

In the absence of a fee increase, the Authority will need to reduce its rank and file positions by 5 PYs, which is 30% of its staffing. This may result in implementing layoffs and reducing program services to offset increased costs. EMSA will no longer be able to:

1. Ensure proper training and skills maintenance of the paramedic workforce; eliminating audits of continuing education and review of programs.
2. Respond to and investigate public complaints; putting the public’s health and safety at risk.
3. Data and financial analysis for revenue recovery; leading to further degradation of the fund.
4. Data and compliance analysis to ensure regulatory and statutory compliance by stakeholders.
5. Implement system efficiency improvements.
6. Ensure access and integrity of licensure and certification testing; negatively impacting the availability of new members of the workforce.
7. Review licensure application for initial and renewals in a timely manner, leading to reduction in available workforce.
8. Effectively monitor probationary paramedics; putting the public’s health and safety at risk.
9. Provide timely and through investigations to paramedic infractions; failure to comply with FFBOR requirements and statuary responsibilities.
10. Provide educational outreach to the public regarding the Authority’s programs or the EMS system.
11. Ensure minimum training of remaining staff to perform essential functions of the job.
12. Will be unable to participated Agency’s data collection projects or improvements.

With the proposed $50 increase the Authority will be able to offset its increased expenditures, meet the above responsibilities and the EMSP fund will remain solvent until 2024/2025.

**(b)(1)(A) and (b)(1)(B) – Initial In-State Paramedic License Application**

The Authority determined that a fee increase is necessary to sufficiently fund the actual costs of the Authority’s paramedic program, and to maintain a healthy fund balance in the Emergency Medical Services Personnel (EMSP) Fund for the long term. The current licensure fees were established in 2010 and, following an evaluation of the current paramedic licensure fees, the Authority determined that they are no longer sufficient to fund the activities of the paramedic licensure and enforcement program. As such, the EMS Authority is proposing to increase the Initial In-State Paramedic License application fee by $50, to be phased in over two, staggered years: $25 in 2020-2021 and $25 in 2021-2022. Given that paramedic licenses are renewed biennially, the Authority determined that phasing in the fees over two years is necessary to ease any undue burden caused by an immediate fee increase.

**(b)(2)(A) and (b)(2)(B) – Initial Out-of-State Paramedic License Application**

The Authority determined that a fee increase is necessary to sufficiently fund the actual costs of the Authority’s paramedic program, and to maintain a healthy fund balance in the Emergency Medical Services Personnel (EMSP) Fund for the long term. The current licensure fees were established in 2010 and, following an evaluation of the current paramedic licensure fees, the Authority determined that they are no longer sufficient to fund the activities of the paramedic licensure and enforcement program. As such, the EMS Authority is proposing to increase the Initial Out-of-State Paramedic License application fee by $50, to be phased in over two, staggered years: $25 in 2020-2021 and $25 in 2021-2022. Given that paramedic licenses are renewed biennially, the Authority determined that phasing in the fees over two years is necessary to ease any undue burden caused by an immediate fee increase.
(b)(3)(A) and (b)(3)(B) – Renewal Paramedic License Application

The Authority determined that a fee increase is necessary to sufficiently fund the actual costs of the Authority’s paramedic program, and to maintain a healthy fund balance in the Emergency Medical Services Personnel (EMSP) Fund for the long term. The current licensure fees were established in 2010 and, following an evaluation of the current paramedic licensure fees, the Authority determined that they are no longer sufficient to fund the activities of the paramedic licensure and enforcement program. As such, the EMS Authority is proposing to increase the Renewal Paramedic License application fee by $50, to be phased in over two, staggered years: $25 in 2020-2021 and $25 in 2021-2022. Given that paramedic licenses are renewed biennially, the Authority determined that phasing in the fees over two years is necessary to ease any undue burden caused by an immediate fee increase.

(b)(7) – Continuing Education (CE) Approval and Re-Approval

The increase in cost for in-state CE providers and adoption of fees for out-of-state CE providers is necessary to cover programmatic costs of oversight. EMSA believes it’s in the best interest of the health and safety of the public that these programs be reviewed and audited. A review would be done in-person, by one staff member, and the costs would be incurred whether this is being performed in-state or out-of-state.

Total costs broken out by in-state and out-of-state providers:

<table>
<thead>
<tr>
<th>Costs</th>
<th>In-State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Approval Review</td>
<td>$2,550</td>
<td>$2,550</td>
</tr>
<tr>
<td>($75 per hour x 34hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Audit – Travel</td>
<td>$500</td>
<td>$1,200</td>
</tr>
<tr>
<td>Program Audit – Hotel</td>
<td>$270-$500</td>
<td>$270-$500</td>
</tr>
<tr>
<td>Program Audit – Incidentals</td>
<td>$120</td>
<td>$120</td>
</tr>
<tr>
<td>Program Audit – Car Rental</td>
<td>$135</td>
<td>$135</td>
</tr>
<tr>
<td><strong>Total Cost:</strong></td>
<td><strong>$3,575-$3,805</strong></td>
<td><strong>$4,275-$4,505</strong></td>
</tr>
</tbody>
</table>
(b)(9)(A) and (b)(9)(B) – Reinstatement Paramedic License Application

The Authority determined that a fee increase is necessary to sufficiently fund the actual costs of the Authority’s paramedic program, and to maintain a healthy fund balance in the Emergency Medical Services Personnel (EMSP) Fund for the long term. The current licensure fees were established in 2010 and, following an evaluation of the current paramedic licensure fees, the Authority determined that they are no longer sufficient to fund the activities of the paramedic licensure and enforcement program. As such, the EMS Authority is proposing to increase the Reinstatement Paramedic License Application fee by $50, to be phased in over two, staggered years: $25 in 2020-2021 and $25 in 2021-2022. Given that paramedic licenses are renewed biennially, the Authority determined that phasing in the fees over two years is necessary to ease any undue burden caused by an immediate fee increase.

(b)(10)(A) and (b)(10)(B) – Initial Challenge Paramedic License Application

The Authority determined that a fee increase is necessary to sufficiently fund the actual costs of the Authority’s paramedic program, and to maintain a healthy fund balance in the Emergency Medical Services Personnel (EMSP) Fund for the long term. The current licensure fees were established in 2010 and, following an evaluation of the current paramedic licensure fees, the Authority determined that they are no longer sufficient to fund the activities of the paramedic licensure and enforcement program. As such, the EMS Authority is proposing to increase the Initial Challenge Paramedic License Application fee by $50, to be phased in over two, staggered years: $25 in 2020-2021 and $25 in 2021-2022. Given that paramedic licenses are renewed biennially, the Authority determined that phasing in the fees over two years is necessary to ease any undue burden caused by an immediate fee increase.