

The Emergency Medical Services Authority has illustrated changes to the original text in the following manner:

- Additions to the existing Chapter 13 text are shown underlined.
- Deletions to the existing Chapter 13 text are shown in ~~strikethrough~~.

California Code of Regulations
Title 22. Social Security
Division 9. Pre-hospital Emergency Medical Services
Chapter 13. Emergency Medical Services System Regulations

ARTICLE 1. GENERAL PROVISIONS

§100450 Definitions.

For the purposes of this chapter, the following definitions apply:

(a) “ALS” means Advanced Life Support as defined in section 1797.52 of the Health and Safety Code.

(b) “Advanced Life Support Assessment” or “ALS Assessment” means a patient assessment performed by a paramedic in accordance with the policies, procedures, and protocols established by the medical director of the local emergency medical services agency.

(c) “Air Ambulance Provider” or “Air Rescue Service Provider” means the person or organization that owns and/or operates an air ambulance or air rescue service as described in California Code of Regulations, Title 22, Division 9, Chapter 8.

(d) “Ambulance” means a vehicle specially constructed, modified or equipped for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. An ambulance crew shall, at a minimum, consist of a driver and an attendant who are certified in basic life support.

(e) “Ambulance Provider” means a person or organization providing ground ambulance medical transportation services in accordance with state law and regulatory requirements, county ordinance, and LEMSA policies, procedures, and protocols.

(f) “BLS” means Basic Life Support as defined in section 1797.60 of the Health and Safety Code

(g) “Boundary Change” means a reconfiguration of the geographic borders or jurisdictional boundaries from those previously designated or recognized by the LEMSA for each EMS area or subarea.

(h) “Competitive Process” or “Request for Proposal” or “RFP” means the method utilized by a LEMSA and pre-approved by the Authority to select the provider or providers of services in the creation of an exclusive operating area or subarea.

(i) “Critical Care Transport” or “CCT” or “Specialty Care Transport” means special services, designed to provide ambulance services and special services for the medical care of critically injured or ill patients during an interfacility transfer, when staffed with physicians, registered nurses, critical care paramedics, or flight paramedics that are able to provide care above the basic scope of advanced life support as referenced in Chapter 4, Title 22 of the California Code of Regulations (CCR).

(j) “Critical Care Transport Program” or “CCT Program” means a detailed set of criteria established by LEMSA policy that describes requirements to be met by an ambulance provider for authorization to provide CCT services. LEMSA policy shall include requirements for ambulance capabilities, medical equipment, medical personnel staffing, medical oversight, data reporting and participation in the EMS Quality Improvement Program (EQIP) as defined in Chapter 12, Title 22 of the CCR.

(k) “Electronic health record” or “EHR,” or “electronic patient care record” or “ePCR” means real time, patient-centered records that make information available securely to authorized users in a digital format capable of being shared with other providers across more than one health care organization.

(l) “Emergency Ambulance Services” means an ambulance provider who delivers medical transportation services using an ambulance for emergency and non-emergency medical transports.

(m) “Emergency Medical Care Committee” or “EMCC” means an advisory committee appointed by a county Board of Supervisors who represent EMS system participants and advise the county Board of Supervisors and LEMSA on EMS system issues.

(n) “EMS” means Emergency Medical Services as defined in section 1797.72 of the Health and Safety Code.

(o) “EMS area” means Emergency Medical Services Area as defined in section 1797.74 of the Health and Safety Code.

(p) “Emergency Medical Services Aircraft” or “EMS Aircraft” means any aircraft utilized for the purpose of prehospital patient response and transport. EMS aircraft includes air ambulance and all categories of rescue aircraft as described in California Code of Regulations, Title 22, Division 9, Chapter 8.

(q) “Emergency Medical Services for Children Program” or “EMSC Program” means the prehospital and hospital pediatric care components integrated into an existing local EMS agency’s EMS Plan for pediatric emergency care as described in California Code

of Regulations, Title 22, Division 9, Chapter 14.

(r) “EMS Plan”, “Local EMS Plan”, or “local plan” means Emergency Medical Services Plan as defined in section 1797.76 of the Health and Safety Code.

(s) “Emergency Medical Services Subarea” or “EMS Subarea” means a geographical area which is a subset or subcomponent of the EMS area within the jurisdiction of the corresponding LEMSA.

(t) “EMS System” means an Emergency Medical Services System as defined in section 1797.78 of the Health and Safety Code.

(u) “EOA” means an Exclusive Operating Area as defined in section 1797.85 of the Health and Safety Code.

(v) “Interfacility Transfer” or “IFT” means an ambulance transport of patients between health care facilities pursuant to the policies and procedures of the LEMSA.

(w) “Level of Service” means the quantity of equipment, personnel or vehicles used to deliver prehospital emergency medical services.

(x) “LALS” means Limited Advanced Life Support as defined in section 1797.92 of the Health and Safety Code.

(y) “LEMSA” means Local EMS Agency as defined in section 1797.94 of the Health and Safety Code.

(z) “Manner and Scope” is defined as the operation of providers and the scope of operations for emergency ambulance services within a specific EMS area or subarea at a particular point in time.

(aa) “Non-Exclusive Operating Area” or “Non-EOA” means an EMS area or subarea that has no restrictions to limit operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support.

(bb) “Periodic Interval” means the timeframe between competitive processes established by a LEMSA as part of an EMS plan.

(cc) “Quality Improvement” or “QI” means methods of evaluation that are comprised of structure, process, and outcome evaluations that focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process, and recognize excellence in performance and delivery of care.

(dd) “Scope of Operations” means the range of services identified by the LEMSA in a local EMS plan that are being furnished by each provider of ground ambulance or EMS

aircraft in an EMS area or subarea that has been designated as an exclusive operating area with or without a competitive process, or a non-exclusive area.

(ee) “Special Services” means the level of emergency medical care provided by authorized personnel at the following levels:

- (1) Limited advanced life support.
- (2) Advanced life support.
- (3) Critical care specialized services.

(ff) “ST Elevation Myocardial Infarction Critical Care System” or “STEMI Critical Care System” means a critical care component of the local EMS system developed by a local EMS agency that links prehospital and hospital care to deliver treatment to heart attack patients experiencing an ST-segment Elevated Myocardial Infarction (STEMI) as described in California Code of Regulations, Title 22, Division 9, Chapter 7.1.

(gg) “Stroke Critical Care System” means a critical care component of the EMS system developed by a local EMS agency. This critical care system links prehospital and hospital care to deliver optimal treatment to the population of stroke patients as described in California Code of Regulations, Title 22, Division 9, Chapter 7.2.

(hh) “Trauma System” or “Inclusive Trauma Care System” means Trauma Care System as defined in section 1798.160(c) of the Health and Safety Code.

(ii) “Type of Exclusivity” means the types of EMS that may be restricted in the creation of an exclusive operating area as defined by the LEMSA in the development of a local EMS plan, which may include emergency ambulance services or providers of limited advanced life support or advanced life support.

Note: Authority: Sections 1797.103, 1797.105, 1797.107, 1797.122, 1797.176, and 1798.150 Health and Safety Code. Reference: Sections 1797.52, 1797.60, 1797.70, 1797.72, 1797.74, 1797.76, 1797.78, 1797.80, 1797.82, 1797.84, 1797.85, 1797.92, 1797.94, 1797.102, 1797.103, 1797.122, 1797.170, 1797.171, 1797.172, 1797.176, 1797.178, 1797.201, 1797.204, 1797.206, 1797.218, 1797.220, 1797.222, 1797.224, 1797.227, 1797.250, 1797.252, 1797.254, 1798.150, 1798.160, 1798.170, 1798.172, and 1799.204 Health and Safety Code.

ARTICLE 2. EMS PLAN SUBMISSION

§100450.40. Application of Chapter.

(a) A LEMSA shall develop a local EMS plan for the implementation of their local EMS system.

(1) A local EMS plan shall be submitted to the Authority for review and approval.

(A) The local EMS plan shall be submitted in a format as prescribed by the Authority.

(B) The local EMS plan shall be submitted by the LEMSA no later than March 31 of each year.

(b) The local EMS plan shall cover an annual period commencing on July 1 of each year and ending on June 30 for the following year.

(c) A LEMSA shall ensure that a local EMS plan proposed for implementation adheres to Division 2.5 of the Health and Safety Code and regulations established by the Authority under Title 22, Division 9 of the CCR.

(d) A LEMSA administrator shall attest to compliance with Division 2.5 of the Health and Safety Code and regulations established by the Authority upon submission of the annual local EMS plan.

(e) The Authority may obtain records and documentation from the LEMSA or providers, or inspect any aspect of the local EMS system, to determine compliance with Division 2.5 of the Health and Safety Code and regulations established by the Authority.

(f) At a minimum, the local EMS plan shall address the following components and their related planning and implementation guidelines and requirements:

(1) Systems organization and management.

(2) Manpower and training.

(3) Communications.

(4) Response and transportation

(5) Assessment of hospitals and critical care centers.

(6) Data collection and evaluation.

(7) Public information and education.

(8) Disaster medical response.

(g) Once an annual local EMS plan is approved by the Authority, a LEMSA may request revisions to the local EMS plan by submission of an amendment to the Authority for review and approval.

(h) The following shall apply if a LEMSA fails to submit the required annual local EMS Plan, or the local EMS plan is deemed to be incomplete by the Authority, prior to March 31 of each year:

(1) The Authority shall send the LEMSA notification of delinquency.

(2) If the LEMSA is not in compliance of this Chapter within 60 calendar days of initial notification, the Authority shall notify the LEMSA and their governing board in writing, by registered mail, of the provisions of this Chapter with which the LEMSA is not in compliance.

(3) If the LEMSA fails to submit the required local EMS plan, the authority may seek remedies as described in Health and Safety Code sections 1798.206 and 1798.208.

Note: Authority: Sections 1797.1, 1797.98, 1797.102, 1797.103, 1797.105, 1797.107, 1798.206, and 1798.208, Health and Safety Code. Reference: Sections 1797.72, 1797.74, 1797.76, 1797.78, 1797.94, 1797.250, 1797.252, 1797.254, 1797.257, 1797.258, and 1798.162, Health and Safety Code.

ARTICLE 3. EMS SYSTEM STANDARDS AND GUIDELINES

§100450.48. EMS Plan Submission Format.

(a) A LEMSA designated pursuant to Section 1797.200 of the Health and Safety Code shall submit a local EMS plan to the Authority that includes the following information:

(1) Verification of the LEMSA submitting the local EMS plan in compliance with Division

2.5 of the Health and Safety Code and regulations under Title 22, Division 9 of the CCR.

(2) A summary describing the existing local EMS system.

(3) A summary of key accomplishments and changes from the prior local EMS plan year.

(4) A description of the current LEMSA organization, including an organizational chart and budget for the fiscal year of the plan.

(5) EMS Plan System Assessment summary table of compliance, reporting whether the LEMSA meets or does not meet each standard as described in the EMS planning and implementation guidelines pursuant to Article 3 of this Chapter, submitted on Form 1: EMS Plan System Assessment Summary (9/2019) herein incorporated by reference.

(6) EMS system assessment narrative as described in the EMS planning and implementation guidelines pursuant to Article 3 of this Chapter, for each standard that was not met as of the submission date of the EMS plan, describing the current status, coordination efforts with other EMS agencies, needs, objectives and projected timeframe for meeting those objectives, submitted on Form 2: EMS Plan System Assessment of Standard (9/2019) herein incorporated by reference.

(7) Transportation Plan Annex as described in Section 100450.59.

(8) Annex for Quality Improvement Program pursuant to CCR, Title 22, Division 9, Chapter 12, §100404(a)(4).

(9) Annexes for Trauma Care System, STEMI Critical Care System, Stroke Critical Care System, and EMS for Children System plans that provide system status reports or updates if a LEMSA has implemented those specialty care systems.

(10) Data tables that identify system information, including:

(A) System Organization and Management, Table 1: System Organization and Management (9/2019) herein incorporated by reference.

(B) Manpower and Training, Table 2: Manpower and Training (9/2019) herein incorporated by reference.

(C) Communications, Table 3: Communications (9/2019) herein incorporated by reference.

(D) Response and Transportation, Table 4: Response and Transportation (9/2019) herein incorporated by reference. The table shall include a listing of response and transportation providers during emergency, non-emergency, and disaster response that have been integrated into an EMS system that include the following EMS system participants:

1. EMS first responders (non-transport).

2. Ground ambulance transportation (including pre-hospital and interfacility providers).

3. Prehospital and interfacility EMS aircraft transportation (rotary and fixed wing).

4. Other specialty transportation services (to include, but not be limited to, water, snow).

5. Non-ambulance medical transportation services, e.g.; litter van (gurney car) and wheelchair van.

6. System response times.

(E) Hospitals and Critical Care areas operating in its EMS area, Table 5: Assessment of Hospitals and Critical Care Centers (9/2019) herein incorporated by reference. The table shall include a description of the critical care or specialty care services provided and the number of EMS transports made to that facility for the prior calendar year that includes the following health facilities:

1. EMS Receiving Hospitals.
2. Critical Care Centers to include designated trauma, STEMI, Stroke, Pediatric, or other centers.
3. Alternate Receiving Medical Facilities, including psychiatric or sobering centers.
4. Alternate EMS Receiving Medical Facilities, in rural areas authorized under 1798.101(b).

(F) Public Information and Education, Table 6: Public Information and Education (9/2019) herein incorporated by reference.

(G) Disaster Medical Response, Table 7: Disaster Medical Response (9/2019) herein incorporated by reference.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.121, 1797.200 and 1797.204, Health and Safety Code.
Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.50. EMS Planning and Implementation Guidelines.

(a) The LEMSA, in the development of their local EMS plan, shall use EMS planning and implementation guidelines as described in this chapter.

(b) The LEMSA shall ensure the minimum requirements of the planning and implementation guidelines are incorporated as part of a local EMS system plan, and that policies, procedures and protocols are developed and maintained to operate an effective EMS system.

(c) The local EMS plan shall describe the local EMS system to enable the Authority to conduct a review of plan contents.

(d) The local EMS plan may include additional activities and requirements other than those specified in this chapter.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.121, 1797.200 and 1797.204, Health and Safety Code.
Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.51. System Organization and Management.

The LEMSA shall:

(a) Establish a formal organizational structure that includes reporting relationships, LEMSA staff, and a governing structure.

(b) Develop an annual budget for EMS administration.

(c) Employ a full- or part- time California state-licensed physician and surgeon who has experience in the practice of emergency medicine as the LEMSA medical director and meets the standards described in Section 1797.202 of the Health and Safety Code.

(d) Ensure that the medical director provides medical control for medical accountability throughout the planning, implementation, and evaluation phases of emergency medical services.

- (e) Engage appropriate technical and clinical experts available for consultation as needed.
- (f) Establish a formal process for obtaining input on plans, policies, and procedures from EMS participants, consumers, and health care providers, including an Emergency Medical Care Committee.
- (g) Establish written policies, procedures, and protocols for the planning, implementation, and evaluation of their local EMS system.
- (h) Establish policies, procedures, and protocols established, and updated as necessary, and available to all EMS system participants, that shall include, but not be limited to, the following:
- (1) Medical control of the EMS system.
 - (2) Triage.
 - (3) Triage of patients requiring critical care or specialty care.
 - (4) Refusal of treatment and/or transportation to the hospital.
 - (5) Medical dispatch center review and approval.
 - (6) Medical dispatch protocols.
 - (7) On-scene treatment times.
 - (8) Transfer of emergency patients.
 - (9) Standing orders.
 - (10) Base hospital contact.
 - (11) On-scene physicians and other medical personnel.
 - (12) Local scope of practice for prehospital EMS personnel, including accreditation of paramedics and accreditation of public safety and other basic life support personnel in early defibrillation.
 - (13) Scope of practice of prehospital EMS personnel during interfacility transfers
 - (14) "Do not resuscitate" situations and use of Physician's Order for Life Sustaining Treatment (POLST) in the prehospital setting.
 - (15) Determination of death.
 - (16) Reporting child abuse.
 - (17) Reporting elder abuse
 - (18) Reporting unexpected infantile death (formerly SIDS).
 - (19) Destination of patients based upon acuity and medical need.
 - (20) Data collection
 - (21) Planning, implementation, and evaluating the local EMS system as part of a quality improvement process.
 - (22) Closure of an Emergency Department.
 - (23) Alternative Base Station Approval.
 - (24) Ambulance patient offload times
- (i) The policies, procedures, and protocols established pursuant to subsection (h) of this section shall be updated as necessary and made available to all EMS system participants.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.126, 1797.200, 1797.220 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85,

1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.52. Staffing and Training.

The LEMSA shall:

(a) Enter complete and accurate information in the Central Registry when initially certifying and re-certifying any emergency medical technician (EMT) or advanced emergency medical technician (AEMT).

(b) Query the Central Registry prior to certifying any EMT or AEMT to determine if a denied application exists or any disciplinary action has been taken by a different LEMSA.

(c) Establish a process for prehospital providers to identify and report to the LEMSA any action(s) or omission(s) on the part of an EMT or AEMT that could impact their certification.

(d) Take disciplinary action, including, but not limited to, denial, suspension, or revocation, on any EMT or AEMT when warranted, consistent with Title 22, Division 9, Chapter 6 of the CCR.

(1) If certification action is taken by the medical director that results in disciplinary action to an EMT or AEMT certificate, the LEMSA shall:

(A) Submit the certification status update in the Central Registry within three (3) working days of the final determination of the action.

(B) Report any EMT or AEMT action to the National Practitioners Data Base.

(2) If any EMT or AEMT voluntarily surrenders certification, the LEMSA shall:

(A) Report the voluntary surrender of certification to the Central Registry within three (3) working days.

(B) Report the voluntary surrender of certification to the National Practitioners Data Base.

(e) Accredit paramedics and report all paramedic accreditations, including any changes in accreditation, to the EMS Authority.

(f) Establish a process for paramedic providers to notify the LEMSA of any act or omission by a paramedic that may constitute grounds for disciplinary action pursuant to Title 22, Chapter 4, Article 9 of the Health and Safety Code.

(g) Establish a policy for the LEMSA medical director to temporarily suspend a paramedic license for cause pursuant to Health and Safety Code, Division 2.5, Chapter 7.

(h) Establish a process for making a recommendation to the Authority for further investigation or discipline when the LEMSA medical director has determined that there may be a need for paramedic licensure action.

(i) Ensure that training programs, including continuing education, for EMTs, AEMTs, and Paramedics offered in their jurisdiction are in compliance with California statutes and regulations.

(1) The LEMSA shall establish and implement processes for monitoring the training programs for continued compliance over time, investigating complaints against the training programs, and taking action when necessary following an investigation,

(2) The LEMSA shall notify the Authority of any changes to a training program.

- (3) The LEMSA shall report the required training program information in a format specified by the Authority.
- (j) Establish and make available a process for eligible individuals to challenge an approved EMT or AEMT training course.
- (k) Establish training standards for EMTs, AEMTs, and paramedics to assist in managing complex patients, including, but not limited to, individuals with alcohol or substance abuse issues, mental health or psychiatric conditions, homelessness issues, or frequent users of the EMS system.
- (l) Establish procedures for management of complex patients with alcohol or substance abuse issues, mental health or psychiatric conditions, homelessness, or frequent users of the EMS system.
- (m) Establish policies for Critical Care Paramedic (CCP) and Flight Paramedic (FP) training and accreditation.
- (n) Establish standards for the use of authorized registered nurses or mobile intensive care nurses working in the prehospital response system or providing on-line medical direction.
- (o) Establish a policy to coordinate with the employers in their jurisdiction who employ: public safety personnel, lifeguards, EMTs, AEMTs, or paramedics, whether volunteers, partly paid or fully paid, who perform first aid or cardiopulmonary resuscitation (CPR) services, to ensure that there is a process for these individuals to receive prophylactic medical treatment upon demonstration that the individual was exposed to a contagious disease while in the service of their employer.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.56, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code.
Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.53. Communications.

The LEMSA shall:

- (a) Review and approve medical dispatch centers. For those centers that dispatch medical resources and directly communicate with the caller, include requirements and standards for caller interrogation, use of pre-arrival/post-dispatch instructions, and medical call prioritization.
- (b) Establish policies that require simultaneous notification of EMS system providers within the jurisdiction of the incident and dispatch at the same response mode, unless a LEMSA has an approved emergency medical dispatch program that allows for a tiered or modified response.
- (c) Establish and implement policies and procedures that shall not unilaterally:
- (1) Reduce a public safety agency's response mode below that of the EMS transport provider.
- (2) Prevent a public safety response.
- (3) Alter the deployment of public safety emergency response resources within a public safety agency's territorial jurisdiction.

- (d) Establish policies and procedures for reviewing and approving each medical dispatch center's protocols to ensure:
- (1) The appropriate level of medical response is sent to each emergency medical response.
- (2) Quality improvement plans are in place.
- (e) Establish requirements for training and certification of emergency medical dispatchers that may include the use of nationally recognized programs for training and competency testing.
- (f) Develop a medical communication system plan that identifies and utilizes standardized communications frequencies.
- (1) A communications system plan shall include interoperability among system participants who provide medical dispatch centers, EMS response, and hospitals and health facilities which receive EMS patients.
- (g) Establish an emergency system for inter-hospital communications, electronic hospital and emergency department status tracking, and operational procedures for their use.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.54. Response and Transportation.

The LEMSA shall:

- (a) Establish EMS areas or subareas for emergency ambulance services for the EMS area.
- (b) Describe the scope of operations and special services available in each area or subarea.
- (c) Establish a policy to authorize providers of emergency ambulance services for each non-exclusive area or subarea as part of the EMS plan.
- (d) Select providers of emergency ambulance services for each exclusive area or subarea as part of the EMS plan, except cities and fire districts providing or directly contracting for ambulance services meeting the criteria of section 100450.90(c), or ambulance services provided on United States Military Reservations, National Parks, or Tribal Reservations.
- (e) Develop response time standards for emergency medical responses to effectively meet the needs of the persons served. Emergency medical service areas or subareas shall be designated, and response times established, for urban, rural, and wilderness areas as appropriate to the LEMSA's jurisdiction.
- (f) If the LEMSA creates exclusive operating areas for emergency ambulance services, submit to the EMS Authority for approval an ambulance zone summary form(s) for each exclusive operating area. Transportation, as specified in the ambulance zone summary form(s), shall be based on community needs and utilization of appropriate resources for the creation of exclusive operating areas which determine:

- (1) The optimal system design for ambulance service and ALS services in the EMS area.
- (2) The process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas and selecting providers.
- (3) The designation of exclusive operating areas without a competitive process, providing documentation in the EMS plan that shows that the area meets all of the requirements for continuation of existing provider(s) as part of the non-competitive selection.
- (4) The recognition of cities or fire districts who have been providing emergency ambulance services continuously since June 1, 1980, and that meet the provisions of Health and Safety Code Division 2.5, Section 1797.201, who may continue to provide those services in their respective subareas as described in section 100450.90(c).
- (g) Establish a process for the authorization of all paramedic and AEMT special services providers.
- (h) Establish a procedure for the review and approval of new applications to be an advanced life support (ALS) provider or limited ALS provider. Requirements may include, but not be limited to, agreements, skills maintenance for personnel, quality improvement, and communications.
- (i) Establish a plan for system status management during periods of peak demand, including disaster response.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.55. Hospitals and Critical Care Areas.

The LEMSA shall:

- (a) Establish policies for designating receiving hospitals and medical facilities for pre-hospital EMS.
- (b) Assess EMS-related capabilities of acute care facilities in its service area as it relates to critical care including, but not limited to, trauma, STEMI, and Stroke Systems, and an EMS for Children program.
- (c) Include the following subsystem areas as part of the annual EMS plan if established by the LEMSA:
 - (1) Trauma Care System.
 - (2) STEMI Critical Care System.
 - (3) Stroke Critical Care System.
 - (4) EMS for Children (EMSC) Program.
- (d) A LEMSA that develops a critical care system(s) shall develop a plan for each specialty care selected, based on community needs and utilization of appropriate resources, which determines the optimal system design, including, but not limited to, establishing processes for:
 - (1) Allowing eligible facilities to apply to participate in the system.
 - (2) Assigning roles to system participants.

- (2) Obtaining input from both prehospital and hospital providers and consumers.
- (3) Designation of catchment areas, including areas in other counties, as appropriate, with consideration of workload and patient mix.
- (4) Identification of patients who should be triaged or transferred to a designated critical care center.
- (5) Monitoring and evaluating the system.
- (e) Establish protocols approved by the medical director, and send to the EMS Authority as part of the EMS plan, addressing patient safety and the use of a non-permit facility in a rural area where the use of a base hospital having a basic emergency medical service special permit pursuant to Section 1277(c) of the Health and Safety Code is precluded because of geographic or other extenuating circumstances.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.88, 1797.102, 1797.103, 1797.105, 1797.107, 1797.114, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.56. Data Collection, Evaluation, and Quality.

The LEMSA shall:

- (a) Establish a data management system that is compliant with the most current version of the California EMS Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards.
- (b) Require all providers submitting data to the LEMSA to use an electronic health record (EHR) and submit data in the current NEMSIS format. Data from the provider shall be submitted to the LEMSA within twenty-four (24) hours after the response.
- (c) Ensure that prehospital records for all patient responses are electronically completed and securely shared with public health oversight agencies and covered entities.
- (d) Establish an integrated data management system using CEMSIS and NEMSIS standards that includes prehospital, hospital, and specialty care data that shall include deterministic patient matching.
- (d) Require hospitals and health facilities approved by the LEMSA to have a process to securely exchange electronic patient health information with other covered entities that are involved in the care of an emergency patient.
- (e) Require use of the current versions of CEMSIS and NEMSIS to submit their pre-hospital emergency medical services and specialty care data to the Authority.
- (f) Establish an EMS quality improvement (QI) program in accordance with Title 22, Division 9, Chapter 12 of the CCR.
- (g) Establish a policy for review and approval of the EMS Quality Improvement Program for each EMS service provider and base hospital within its EMS area
 - (1) Program approval shall be in accordance with Section 1797.227 of the Health and Safety Code and Title 22, Division 9, Chapter 12 of the CCR.
- (h) Submit EMS Quality Core Measures annually as defined in EMS Quality Core Measures Guidelines EMSA169, dated September 2019, incorporated herein by reference.

(i) Evaluate ambulance patient offload times that includes use of a standard methodology for collection and reporting of times by ambulance providers and hospitals and obtain information on the costs of ambulance patient offload times to ambulance providers.

(1) Cost assessment shall include unit-hour utilization changes and unit-hour costs for ambulance services.

(j) Ensure that designated critical care and specialty care centers specified in subsection 100450.55(c) submit all required data to the EMS agency, including, but not limited to, patient-specific information required for quality improvement and system evaluation measures.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.57. Public Information and Education.

The LEMSA shall:

(a) Establish goals and objectives for improving public information about EMS awareness, first aid competency, and injury and illness prevention activities.

(b) Establish and make available programs that ensure public awareness of the EMS system, and ways for the public to access and use the system.

(c) Promote publicly available programs intended to educate and train interested individuals and groups in, at a minimum:

(1) Bleeding control, CPR, and other first aid practices.

(2) Injury and illness prevention programs.

(3) Disaster preparedness.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.58. Disaster Medical Response.

The LEMSA shall:

(a) Establish and implement multi-casualty response plans and procedures that shall include provisions for on-scene management using the Incident Command System (ICS) / Standardized Emergency Management System and National Incident Management System (NIMS).

(b) Participate in the development of medical response plans for multi-hazard emergencies and disasters in coordination with the local office of emergency services (OES). The medical response plans and procedures for catastrophic disasters shall utilize ICS.

- (c) Establish written procedures for distributing disaster casualties to the most medically appropriate facilities in its service area as determined by the LEMSA medical director.
- (d) Ensure the development of a medical and health disaster plan for the operational area in cooperation with the following:
 - (1) Medical Health Operational Area Coordinator (MHOAC).
 - (2) County OES.
 - (3) Local health department(s).
 - (4) Local health officer.
 - (5) Local environmental health department(s).
 - (6) Local department of mental health.
 - (7) Local fire department(s).
 - (8) Regional Disaster Medical and Health Coordinator.
 - (9) California Office of Emergency Services (Cal OES) regional office.
- (e) Establish written procedures for situation status reporting during a disaster.
- (f) Establish procedures for communicating emergency requests to the state and other jurisdictions as needed through the MHOAC.
- (g) Assist the MHOAC in identifying EMS resources, including, but not limited to, equipment, supplies, personnel, and facilities within the Operational Area for the purposes of developing a local medical and health disaster plan.
- (h) Ensure that sufficient emergency medical resources shall be available during periods of extraordinary system demand through the existence of medical mutual aid agreements with other counties.
- (i) Verify the completion of disaster medical training of EMTs, AEMTs and paramedics in its service area. Training shall include, at a minimum:
 - (1) ICS / Standardized Emergency Management System and NIMS.
 - (2) Triage and local management of mass casualty incidents.
 - (3) Integration of EMS with law enforcement during active shooter events and terror incidents, including tactical casualty care (TCC).
 - (4) Awareness and response to hazardous materials incidents.
- (j) Establish policies and procedures for integration of all hospitals' disaster emergency plans into the county's multi-hazard operational area plan.
- (k) Develop a disaster plan that includes the development of guidelines for the management of the medical consequences of disasters.
 - (1) The guidelines shall be developed in cooperation with all prehospital medical response agencies and all acute care hospitals in the EMS area.
 - (2) The guidelines shall address training programs for the prehospital medical response agencies and acute care hospital staff.
- (l) Consult and coordinate with hospitals on hospital evacuation plans. The plans shall address the use of the hospital incident command system and impact on other EMS system providers, including, but not limited to, transportation resources, closures, and disasters.
- (m) Establish policies and procedures that allow ALS personnel and limited ALS mutual aid responders from other EMS systems to respond to and function during any increased need for EMS due to a disaster. The policies and procedures shall specify that the responders operate under the policies and procedures of their own respective LEMSA.

(n) Coordinate with the administration of any designated critical care center in the EMS area on the role of that center in response to the public health and medical consequences of a disaster.

(n) Establish policies that ensure a process exists for exclusive operating area providers to request and receive mutual aid in order to respond to any increase in prehospital EMS needs of the public as a consequence of a disaster.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.59. Transportation Plan Annex.

The transportation plan component of the EMS plan shall be submitted as an annex to the EMS Plan and shall include, at a minimum, the following:

(a) A narrative summary highlighting the major sections of the transportation plan and any changes to EMS area or subarea providers or the operations in any exclusive or non-exclusive operating area.

(b) A narrative description of the mechanisms in place to ensure that all emergency ambulance services and emergency ambulances are properly licensed or approved by the LEMSA and are fully integrated into the local EMS system, including those licensed by the California Highway Patrol (CHP). The mechanisms may include, but not be limited to, ambulance ordinances, contracts or agreements, and policies and procedures.

(c) Submission of an Ambulance Operating Area (Zone), Form 3: Ambulance Operating Zone Summary Form (9/2019), herein incorporated by reference, for each area or subarea identified in the local EMS system. The form shall contain the following descriptions and specifications:

(1) Area name and geographic description.

(2) Current Ambulance Provider(s).

(3) Specifications related to whether the area or subarea is designated as an EOA or non-EOA.

(4) Type of Exclusivity as described in Section 100450.82, if applicable.

(5) A description of the scope of operations for transportation in each EMS area or subarea, including whether they have been established as an EOA or non-EOA, based upon the following categories:

(A) 9-1-1 system requests for emergency medical response.

(B) Other emergency requests for medical response not initiated through the 9-1-1 system.

(C) IFT of patients, which may include CCT of patients.

(D) Prehospital EMS aircraft transportation of patients.

(E) Non-emergency ambulance transport.

(F) Any emergency ambulance transport originating from the scene of a medical emergency to an acute care hospital or other LEMSA-approved destination.

(G) Other scopes of operation as defined by the LEMSA.

(6) Method for determining exclusivity (if applicable).

(A) For an area or subarea identified as an EOA and created without a competitive process, the LEMSA shall submit documentation to demonstrate compliance with criteria to create the EOA without a competitive process pursuant to Section 1797.224 of the Health and Safety Code, or if a city or fire district provides emergency ambulance services in the EMS operating area as described in Article 7 of this Chapter and Section 1797.201 of the Health and Safety Code.

(B) For an area or subarea defined as an EOA created through a competitive process, the LEMSA shall reference the competitive process approved by the Authority.

(7) A description of the ambulance dispatch process for the EMS area and subareas.

(8) A description of the system status management plan for the EMS area and subareas.

(d) An electronic geographic information system (GIS) map or maps of the service areas with the information required to create a GIS map(s) to represent the service areas.

(e) A description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to federal autonomy, including, but not limited to, military bases, national parks and some tribal reservations in accordance with federal statute and state statutes.

Note: Authority: Sections 1797.1, 1797.4, 1797.6, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.92, 1797.94, 1797.178, 1797.201, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

ARTICLE 4. EMS PLAN DETERMINATION

§100450.60. Authority Review of EMS Plans.

(a) A LEMSA shall submit plans to the Authority for the implementation of EMS, critical care systems, and EMS system quality improvement developed pursuant to Division 2.5 of the Health and Safety Code.

(b) The Authority shall notify a LEMSA in writing of its decision to approve or disapprove the local EMS plan within sixty (60) calendar days of receiving a complete plan submission.

Note: Authority: Sections 1797.1, 1797.102, 1797.103, 1797.105, and 1797.107, Health and Safety Code. Reference: Sections 1797.94, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.61. Authority Disapproval of EMS Plans.

(a) The Authority shall use a standardized process for notifying a LEMSA of disapproval of its local EMS plan, as follows:

(1) The Authority shall provide a disapproval to a LEMSA and an account of the reason(s) for disapproval.

(2) A LEMSA shall have sixty (60) calendar days from the date of notification of the preliminary disapproval of the local EMS plan to either:

- (A) Submit a revised local EMS plan.
- (B) Notify the Authority of its intent to not revise its local EMS plan.
- (3) If a LEMSA submits a revised local EMS plan, the Authority shall have sixty (60) calendar days to approve or disapprove the revised local EMS plan.
- (4) A LEMSA shall have thirty (30) calendar days from the date of notification of the final disapproval of the local EMS plan to notify the Authority of its intent to appeal the Authority's determination to the Commission.
- (b) If a LEMSA appeals the Authority's determination to the Commission, the Authority shall notify the LEMSA in writing within thirty (30) calendar days acknowledging receipt of the appeal and request LEMSA dates of availability for submittal to the Office of Administrative Hearings.
- (1) A LEMSA shall have sixty (60) calendar days upon receipt of the Authority's notification to provide dates of availability for hearing(s) to the Authority.
- (2) The Authority shall serve a LEMSA a Statement of Issues setting forth the specific reasons for denial of the local EMS plan.
- (d) If a LEMSA does not submit a revised EMS plan or does not notify the Authority of the LEMSA's intent to appeal the Authority's determination to the Commission, following disapproval by the Authority, then the disapproval of the local EMS plan shall become final ninety (90) calendar days from the date of the Authority's notification of disapproval. In such circumstance, a LEMSA shall implement its last approved EMS plan.

Note: Authority: Sections 1797.1, 1797.102, 1797.103, 1797.105, and 1797.107, Health and Safety Code. Reference: Sections 1797.94, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.

§100450.62. Revocation of an Approved EMS Plan.

- (a) The Authority may suspend or revoke approval of a local EMS plan for the following reasons:
- (1) If the Authority determines a LEMSA has not implemented their local EMS system in accordance with the approved local EMS plan.
- (2) A LEMSA is engaging in acts or practices which constitute a violation of any provision of Division 2.5 of the Health and Safety Code or the rules and regulations promulgated thereto.
- (3) The local EMS plan as implemented does not effectively meet the needs of the persons served and is not consistent with coordinating activities in the geographical area served.
- (b) The Authority shall notify a LEMSA of its suspension or revocation of approval of the local EMS plan.
- (1) The notification shall be in writing and include a detailed account of the reason(s) for and proposed remedies to the suspension or revocation.
- (2) A LEMSA shall have sixty (60) calendar days from the date of notification of suspension or revocation of the local EMS plan to submit a revised local EMS plan correcting the reason(s) for suspension or revocation.
- (3) The Authority shall serve upon a LEMSA an accusation setting forth the specific reasons for revocation of the local EMS plan.

- (3) A LEMSA may appeal the Authority's suspension or revocation to the Commission.
(4) In the event the Authority suspends or revokes an EMS plan, the LEMSA may implement its last approved EMS plan until such time as the matter is resolved or a revised EMS plan is approved by the Authority.

Note: Authority: Sections 1797.1, 1797.102, 1797.103, 1797.105, and 1797.107, Health and Safety Code. Reference: Sections 1797.250, 1797.254, 1797.257, 1797.258, and 1798.208, Health and Safety Code.

ARTICLE 5. APPEAL OF EMS PLAN DISAPPROVAL, SUSPENSION, OR REVOCATION

§100450.100100450.70 Appeal Proceedings to the Commission.

- (a) Any proceeding by the Commission to hear an appeal of a ~~local emergency medical services agency's (LEMSA's)~~ ~~emergency medical services (EMS)~~ plan, pursuant to ~~Health and Safety Code, Section 1797.105 of the Health and Safety Code,~~ shall be conducted in accordance with the provisions of the Administrative Procedure Act, and Government Code, Section 11500 et seq, and its associated regulations as contained in Title 1 of the ~~California Code of Regulations~~CCR.
- (b) The Office of Administrative Hearings, using an administrative law judge, shall hold a public hearing and receive evidence according to the Administrative Procedure Act.
- (c) The administrative law judge, in making a proposed decision to the Commission, shall ~~only make a~~ be limited in its recommendation ~~as described in pursuant to Section 1797.105(d) of Division 2.5 of the Health and Safety Code to.~~ The administrative law judge may recommend that the Commission:
- (1) ~~s~~Sustain the determination of the ~~a~~Authority, or
 - (2) ~~e~~Overrule the determination of the ~~a~~Authority and permit local implementation of the disapproved, revoked, or suspended EMS plan.
- (d) Upon receipt of the Proposed Decision and Order from the Office of Administrative Hearings, the Commission shall calendar a discussion and vote regarding the proposed decision at the next regularly scheduled Commission meeting.
- (e) The Commission shall permit public comment concerning the proposed decision pursuant to the Bagley-Keene Open Meeting Act.
- (f) In voting on the proposed decision, ~~the Commission's vote on the proposed decision~~ is limited to one of the following:
- (1) ~~a~~Adopting the administrative law judge's proposed decision, ~~or,~~
 - (2) ~~n~~Not adopting the administrative law judges proposed decision, ~~or,~~
 - (3) ~~r~~Returning the proposed decision to the office of Administrative Hearings for re-hearing.
- (g) The decision by the Commission shall be by simple majority vote of a quorum of those members present at the meeting where the proposed decision is scheduled ~~as an agenda item for discussion and vote.~~
- (h) ~~Costs of the a~~Administrative hearing costs shall be borne equally by the parties. Such C~~c~~osts shall not include attorney's fees.
- (1) Appeal costs specified in subsection (h) shall not include any costs associated with Commission meetings or discussions.

Note: Authority: Section 1797.107, Health and Safety Code. Reference: Sections 1797.105 and 1797.254, Health and Safety Code; and Section 11517(c)(2)(D), Government Code.

ARTICLE 6. EXCLUSIVE OPERATING AREAS FOR EMERGENCY AMBULANCE SERVICES

§100450.79. Criteria for Manner and Scope

The criteria for evaluation of changes to Manner and Scope by a LEMSA, when considering the creation of an exclusive operating area without a competitive process within a geographical area or subarea, shall include: the number of providers serving a geographic area, changes in methodology for distribution of emergency responses, continuity of service of providers, the methodology used to select providers, ownership of providers, and geographical boundaries over a specified time period.

Note: Authority: Section 1797.107, Health and Safety Code. Reference: Sections 1797.224 and 1797.226, Health and Safety Code.

§100450.80. Non-Exclusive Operating Area.

(a) All EMS areas or subareas are non-exclusive until such time as a LEMSA submits a local EMS plan creating the EOA or subarea, and the plan is approved by the Authority.

(b) A LEMSA shall authorize all eligible emergency ambulance providers seeking to provide services in a non-EOA that meet the minimum standards established by the LEMSA in its local EMS plan.

(c) A LEMSA, as part of its local EMS plan, shall describe the manner in which EMS resources are deployed and assigned within a non-EOA.

Note: Authority: Sections 1797.1, 1797.85, 1797.107, 1797.201, 1797.204, 1797.224, and 1797.252, Health and Safety Code. Reference: Sections 1797.94, 1797.103, 1797.220, 1797.222, and 1797.226, Health and Safety Code.

§100450.81. Exclusive Operating Area Created Without a Competitive Process.

(a) A LEMSA may create one or more EOAs without a competitive process in the development or implementation of a local EMS plan that continues the use of an existing provider or providers if the provider or providers:

(1) Have operated within the EMS area or EMS subarea without interruption since January 1, 1981, and;

(2) Are providing services in the same manner and scope without interruption since January 1, 1981, as determined by the LEMSA.

(b) Changes to manner and scope make an area or subarea ineligible for the establishment or continuation of an EOA using existing providers without a competitive process. This shall include, but not be limited to, changes to:

(1) The number of providers serving a geographic area.

(2) The methodology for distribution of emergency ambulance responses.

(3) Interrupted service by providers.

- (4) The methodology to select providers.
- (5) Less than total changes in ownership of providers.
- (6) Significant boundary changes, greater than ten (10) percent of the total geographic area or subarea, over the specified time period, since January 1, 1981.
- (c) These changes shall include any portion of an EMS area or subarea previously included in a competitive process for the same scope of operations.
- (d) These changes shall include an area or subarea that has experienced an increase or decrease in the number of providers since January 1, 1981.

Note: Authority: 1797.1, 1797.4, 1797.6, 1797.74, 1797.76, 1797.102, 1797.105, 1797.107, 1797.201, 1797.204, and 1797.224 Health and Safety Code.

Reference: Sections 1797.72, 1797.74, 1797.76, 1797.85, 1797.222, 1797.224, 1797.250, 1797.252, and 1797.254, Health and Safety Code.

§100450.82. Exclusive Operating Areas Created with a Competitive Process.

If a LEMSA decides to create an EOA using a competitive process, the following conditions shall apply:

- (a) A LEMSA shall develop and conduct an open, competitive process for the selection ground ambulance provider(s) for an area or subarea designated as an EOA created with a competitive process.
- (b) A LEMSA shall be responsible for the selection of provider(s) based upon a scoring method utilizing an unbiased, neutral evaluation process.
- (c) A LEMSA shall utilize a competitive process, pre-approved by the Authority, consisting of a Request for Proposal (RFP) for creating an EOA for ground ambulance transportation. An RFP shall serve as documentation of the LEMSA's description of the specific services to be provided in addition to other contractual requirements. The competitive process for awarding the area shall, at a minimum, address the following:
 - (1) Formal advertising of the opportunity to compete for areas.
 - (2) A scope of work that sufficiently states the requirements of the county.
 - (3) The submission of adequate documentation of the responder's EMS capability and fiscal status.
 - (4) A responders conference prior to bid submission to provide a forum for answering questions regarding the solicitation.
 - (5) Formal policies for:
 - (A) Submission of responses.
 - (B) Receipt of responses.
 - (C) Response scoring and evaluation.
 - (D) Response rejection.
 - (E) Award notification.
 - (F) Protests and appeals.
 - (G) Contract cancellation.
- (d) LEMSA policies and procedures shall be sent to the Authority as part of the local EMS plan submittal. Approval of the competitive process may be secured prior to plan submittal, provided that the approved process is incorporated into the plan.
- (e) A LEMSA shall submit its RFP to the Authority for approval no later than sixty (60) calendar days prior to the scheduled release date of the competitive process.

(f) All competitive process documents, including preliminary drafts of documents that have been submitted to the Authority for technical assistance and advice, or review, are confidential and not subject to disclosure under the Public Records Act pursuant to Section 6254 of the Government Code until such time as the solicitation is released by the LEMSA to the public.

(g) Bid submission fees, contract monitoring fees for the successful awardee, LEMSA surcharges, and other fees required of responders, if included in the RFP, must be authorized by a local county ordinance which must be adopted and in effect prior to the time set for the bid submission.

(h) Subcontracting of the primary provision of ambulance services by the responder is prohibited. This prohibition does not prevent two or more entities from forming a legally recognized corporation or organization for the purposes of conducting business as a separate legal entity. Subcontracting for ancillary services, including, but not limited to, backup or mutual aid services, or billing, vehicle, or equipment maintenance, is without restriction.

(i) An RFP shall include the following requirements:

(1) A serial or solicitation number for the RFP.

(2) The name and address of the LEMSA.

(3) The date of intended issuance.

(4) The time, place, and format for submission of responses, including disposition of late responses and potential reasons for rejecting any response.

(5) The time and place of response opening.

(6) The period of time for which the response is to remain in effect.

(7) Guarantee, performance, and payment bond requirements, not to exceed twenty-five percent (25%) of the annual estimated emergency ambulance services revenue.

(8) Responder's certification that all statements in the response are true. This shall constitute a certification under penalty of perjury, the falsity of which shall entitle a LEMSA to pursue any remedy authorized by law, which shall include the right, at the option of the LEMSA, of declaring any contract made as a result thereof to be void.

(9) When needed for the proposal evaluation, pre-award surveys, or inspection, a requirement that the responder state the place(s), including the street address(es) from which the services will be furnished.

(10) Description or specification of services to be furnished in sufficient detail to permit open competition.

(A) A LEMSA shall obtain and distribute information from incumbent contractors that is necessary for fair responses by all eligible providers.

(11) Specific scoring criteria with descriptions, including service and price, to permit open competition.

(A) Preference points to prospective local responders or incumbent emergency ambulance providers or other than those provided for in state statute are prohibited.

(12) Time, place and method of service delivery.

(13) Citation of, and required responder conformance to, all applicable provisions of law and regulations.

(14) Requirement for each responder to submit a detailed budget and budget narrative wherein line items are identified as yearly or contract period costs.

(j) A LEMSA shall conduct a responders conference at a pre-designated time during the early stages of the competitive process to answer questions pertaining to the solicitation and its requirements.

(1) The date and time of the conference shall be stated in the RFP.

(2) Questions and answers from responders shall not be required to be made in writing.

(3) If a written response to a question is provided, then all prospective responders must receive a copy of the question and the written response provided.

(k) The RFP shall require responders to submit a statement of experience which shall include, but not be limited to, the following information:

(1) Business name and legal business status (i.e., partnership, corporation, etc.) of the prospective contractor.

(2) Number of years the prospective contractor has been in business under the present business name, as well as related prior business name(s).

(3) Number of years of experience the prospective contractor has in providing the required services.

(4) Contracts completed during last five (5) years showing year, type of services, gross dollar value of the contract services provided, location, and contracting agency.

(5) Details of any refusal to complete a contract(s).

(6) Whether the responder holds a controlling interest in any other organization, or is owned or controlled by any other organization.

(7) Financial interests in any other related business(es).

(8) Names of persons with whom the prospective contractor has been associated in business as a partner(s) or business associate(s) within the last five (5) years;

(9) Explanation of any litigation involving the prospective contractor or any principal officers thereof, in connection with any contract for similar services.

(10) Whether the responder has been debarred from any government contract(s).

(11) An explanation of experience in the service(s) to be provided or similar experience of principal individuals of the prospective contractor's present organization.

(12) A list of major equipment to be used for the direct provision of services.

(13) Financial information disclosing the true cost of the proposed operation and the intended source of all funding related to the provision of services as specified in the RFP. This may include, but is not limited to:

(A) Current financial statements

(B) Letters of credit

(C) Guarantor letters from related entities

(D) Other materials required by the LEMSA.

(14) A list of commitments, and potential commitments which may impact assets, lines of credit, guarantor letters, or otherwise affect the responder's ability to perform the contracted services.

(15) Business or professional license(s) or certificate(s) required by the nature of the contract work to be performed which are held by the responder.

(16) An agreement to provide the LEMSA with any other information the LEMSA determines is necessary for an accurate determination of the prospective contractor's qualifications to perform services.

(17) An agreement to the right of the LEMSA to audit the prospective contractor's records, including financial records.

(l) Management of the proposal process shall require:

(1) A proposal be submitted and received in the designated office no later than the exact time specified within the RFP document.

(2) Proposals, with required attachment documents, shall be submitted in the format specified by the LEMSA and signed by the proposing party. The format shall provide for the desired sequence of the proposal's content and a model budget.

(3) Proposals shall be completed, executed, and submitted in accordance with the instructions contained in the RFP. If the proposal is not submitted in the format specified, it may be considered only if the responder meets and accepts all terms and conditions of the RFP.

(m) Any proposal received at the designated office after the exact time specified for receipt shall only be considered under the following conditions:

(1) A LEMSA has set forth an option, to be contained in the RFP document, for acceptance of proposals by registered or certified mail, mailed prior to the date specified for the receipt of proposals.

(2) It is determined that the late receipt was due solely to mishandling by a LEMSA after agency receipt. Acceptable evidence to establish whether a proposal is late or meets some of the exceptions listed above may include:

(A) The date of mailing of a proposal, proposal modification, or withdrawal, sent either by registered or certified mail, is the U.S. Postal Service postmark on the envelope or on the receipt from the U.S. Postal Service. If neither postmark shows a legible date, the proposal, modification, or withdrawal shall be deemed to have been mailed late.

(B) The time of receipt at a LEMSA is the time-date stamp of such agency on the proposal envelope or other evidence of receipt such as electronic receipt.

(n) Any modification or withdrawal of a proposal shall be subject to the same conditions cited above. A proposal may also be withdrawn in person by a responder or an authorized representative, provided the person's identity is made known and the person signs a receipt for the proposal

(1) Such withdrawal of a proposal shall only be allowed if the withdrawal is made prior to the award being announced.

(o) All proposals received prior to the time set for opening shall remain sealed and secured in a locked receptacle.

(p) If the number of proposals received is less than anticipated, the LEMSA shall examine the reasons for the limited number of proposals received.

(q) Should administrative difficulties be encountered after proposal opening which may delay contract award beyond the state deadline for contract award, the responders shall be notified before that date and the acceptance period shall be extended in order to avoid the need for re-advertisement.

(r) Any proposal which fails to conform to the requirements regarding responsibility or essential requirements of the RFP documents, such as specifications or the delivery schedule shall be rejected as non-responsive.

(s) Any proposal in which the proposer(s) or potential proposers engage in price fixing, including, but not limited to, bid rigging, bid suppression, bid rotation or other anti-competitive behavior, shall be rejected.

(t) When rejecting a proposal, the LEMSA shall notify each unsuccessful responder that the proposal has been rejected.

(u) A proposal shall not be rejected when it contains a minor irregularity or when a defect or variation is immaterial or inconsequential. A minor irregularity means a defect or variation which is merely a matter of form and not of substance, as follows:

(1) Failure of the responder to return the required number of copies of signed proposals.

(2) Apparent clerical errors.

(3) Immaterial or inconsequential means the defect or variation is insignificant as to price, quantity, quality, or delivery when contrasted with the total costs or scope of the services being procured.

(v) The LEMSA shall give the responder an opportunity to remedy any deficiency resulting from a minor informality or irregularity in a proposal or waive such deficiency, whichever is to the advantage of the LEMSA.

(w) Contracts shall be reviewed annually and at such time may be amended if the option is included in the contract. A contract may be extended without re-bidding if allowed for in the RFP. In no case shall such an extension of the contract cause the total contract period to exceed ten (10) years.

(x) The rate of reimbursement for an annual amendment under the contract shall be negotiated with the contractor based on the following:

(1) Actual expenditures by the contractor, as documented during the first contract term and approved by the LEMSA.

(2) Changes in state program requirements.

(3) Other reasonable costs or increases in cost over which the contractor has no control.

(y) In negotiating costs, a LEMSA shall assure the costs accurately reflect current contract performance and are not inflated to recover costs which may have been understated by the contractor during the RFP process. A LEMSA shall assure, by audit, if necessary, that all cost increases are reasonable and necessary to the continuation of the contract.

(z) A LEMSA shall consider a protest to the requirements of the RFP or a request to change the requirements of the RFP only prior to the time called for the submission of bids.

(1) The protesting party shall notify the LEMSA in writing of the specific RFP section that is being protested, and the reason for the protest or request to change the specific requirement.

(2) A LEMSA may set a time for the submission of a requirements protest in the RFP.

(3) A LEMSA shall consider the protest and determine whether to amend the RFP, or to reject the protest.

(4) If a change is made, the requested change shall be notified in writing in the same manner as the original solicitation was published, and any responders who have submitted intents to bid or responses shall be notified directly.

(5) A LEMSA shall notify the protester directly if it rejects the protest. The notification shall explain the basis for the decision.

(aa) A LEMSA shall consider any protest or objection regarding the notice of intent to award of the contract, provided such protest is filed within the time period established in the RFP.

(1) The protest shall be limited to the basis that the responders' submission would have been selected, had the LEMSA correctly applied the scoring criteria to its bid.

(2) The protesting party shall be notified in writing of the LEMSA's decision on the protest within the time frame specified in the RFP.

(3) The notification shall explain the basis for the decision.

(4) The decision of the LEMSA regarding the protest may be appealed to a higher authority.

(bb) The procurement process may be canceled after opening, prior to award, when the contracting officer determines in writing cancellation is in the best interest of the agency for reasons as follows:

(1) The services are no longer required.

(2) All otherwise acceptable proposals received are at unreasonable prices.

(3) The proposals were not independently arrived at in open competition, were collusive, or were submitted in bad faith.

(4) No proposal is received which meets the minimum requirements of the RFP.

(5) The LEMSA determines after analysis of the proposals that its needs can be satisfied by a less expensive method.

(cc) In the event that the responder is in breach of the contract subsequent to the award of the contract, and informs the LEMSA in writing that it will not perform the services called for in the contract, the LEMSA may award the contract to the next responsive and responsible bidder with the highest score to the solicitation upon the terms of its bid.

(1) The ability to select the next responsive and responsible bidder in the event of a breach subsequent to contract award shall exist for a period of ninety (90) calendar days after the commencement of the contract.

Note: Authority: 1797.1, 1797.4, 1797.6, 1797.74, 1797.76, 1797.102, 1797.105, 1797.107, 1797.201, 1797.204, and 1797.224 Health and Safety Code.

Reference: Sections 1797.72, 1797.74, 1797.76, 1797.85, 1797.222, 1797.224, 1797.250, 1797.252, and 1797.254, Health and Safety Code.

§100450.83. Periodic Intervals.

(a) For all EOAs that are created by a LEMSA pursuant to a competitive process, a new competitive process shall be conducted at periodic intervals established in the local EMS plan based upon the needs of the population being served and initial investment in the provision of service.

(b) The amount of time between competitive processes shall not exceed ten (10) years, except when:

(1) (A) A LEMSA has made a substantial investment of system reconfiguration that requires greater than ten (10) years in which to amortize costs.

(B) Approved by the Authority.

(2) The LEMSA's substantial investment of system reconfiguration shall be documented in the local EMS plan.

(c) At a minimum, a successor competitive process shall begin two (2) years prior to the expiration date of the current contract.

(d) An EOA created pursuant to a competitive process shall expire at the conclusion of the approved periodic interval, except when:

(1) A new competitive process has been completed, or

(2) An extension is granted by the Authority.

(e) The Authority may approve a request from a LEMSA to extend the approval of an existing EOA transportation plan for up to one (1) year to allow for the completion of an active competitive process, in extraordinary circumstances.

Note: Authority: Sections 1797.1, 1797.6, 1797.102, 1797.103, 1797.105, 1797.107, 1797.201, 1797.222, and 1797.224, Health and Safety Code. Reference: Sections 1797.72, 1797.74, 1797.76, 1797.85, 1797.204, 1797.206, 1797.250, 1797.252, and 1797.254, Health and Safety Code.

§100450.84. EOA Contract Content.

(a) The terms and provisions of the EOA contract shall conform to the provisions stated in the competitive process.

(1) An RFP submission is a firm and binding offer by the responder to provide the services at the levels specified in its solicitation response.

(2) Any contract negotiations subsequent to bid submission shall be limited only to administrative matters and finalization of contract documents.

(3) Further negotiation of price, service, response, or other significant terms specified in the RFP subsequent to bid submission are not allowed.

(4) A LEMSA may not include in its contract significant changes to the scope of operations or price structure changes not identified in the competitive process approved by the Authority.

(b) The LEMSA shall submit the final contract to the Authority for review.

(c) The Authority may revoke a previously approved local EMS plan that includes an EOA created with a competitive process for a specific area or subarea when amendments to the contract significantly reduce the requirements for service levels or response times or reduce penalties or costs from the terms specified in the RFP at any point throughout the term of the agreement.

Note: Authority: Sections 1797.1, 1797.6, 1797.102, 1797.103, 1797.105, 1797.107, 1797.201, 1797.222, and 1797.224, Health and Safety Code. Reference: Sections 1797.72, 1797.74, 1797.76, 1797.85, 1797.204, 1797.206, 1797.250, 1797.252, and 1797.254, Health and Safety Code.

ARTICLE 7. CITIES AND FIRE DISTRICTS PURSUANT TO SECTION 1797.201 OF THE HEALTH AND SAFETY CODE

§100450.90. Recognition of Cities and Fire Districts in EMS Plans.

(a) A LEMSA shall identify all cities and fire districts administering prehospital EMS that contracted for, or provided, as of June 1, 1980, ambulance services, ALS, or LALS pursuant to Section 1797.201 of the Health and Safety Code.

(b) For each city and fire district administering prehospital EMS pursuant to Section 1797.201 of the Health and Safety Code, a LEMSA shall describe the type of service and any special services administered by the city or fire district, and the date when operations began at that type and level.

(c) A recognized city or fire district administering prehospital EMS pursuant to Section 1797.201 of the Health and Safety Code shall adhere to medical control requirements of

the LEMSA.

(d) A LEMSA may establish an EOA for emergency ambulance services without a competitive process to be served by a city or fire district as part of the local EMS plan, if that city or fire district has continuously either contracted for or provided emergency ambulance services since June 1, 1980.

(1) A LEMSA shall not require the city or fire district to enter into an agreement for the continuation of its provision of emergency ambulance services that meet the provisions of Section 1797.201 of the Health and Safety Code.

(2) In the creation of such an EOA, the LEMSA and the city or fire district may allow for the continued administration of prehospital EMS by the city or fire district pursuant to Section 1797.201 of the Health and Safety Code.

(3) A LEMSA shall not establish an EOA created with a competitive process that would displace a level and type of service administered by a city or fire district pursuant to Section 1797.201 of the Health and Safety Code.

(4) Should a city or fire district that has continuously contracted for or provided emergency ambulance services in an EOA without a competitive process since June 1, 1980, pursuant to Section 1797.201 of the Health and Safety Code, request to enter into an agreement with a LEMSA, the agreement shall include provisions that recognize the city or fire district's exclusive right and responsibility to provide emergency ambulance transport services in the EOA.

(A) This provision in the agreement is subject to the city or fire district adhering to the terms of the agreement and adhering to the policies and procedures of the LEMSA related to EMS, medical control, data reporting and EMS system quality improvement.

(e) A LEMSA shall recognize and continue to integrate the delivery of ALS or LALS by a city or fire district, when that entity has continuously directly contracted for or provided those services since June 1, 1980, and that entity has not already entered into an agreement with the LEMSA for services or operations directly related to the provision of the ALS or LALS services.

(1) A LEMSA may not require an agreement for the continuation of ALS or LALS services by the city or fire district.

(2) For those cities or fire districts that were not providing ALS on June 1, 1980, the delivery of ALS shall be approved, upon request to a LEMSA, for ALS non-transport services when that city or fire district meets the requirements of the LEMSA for such services and has entered into an agreement with the LEMSA directly for the provision of ALS services.

(3) For those cities or fire districts that were not providing LALS on June 1, 1980, the delivery of LALS shall be approved upon request to a LEMSA that has implemented a LALS program for LALS non-transport services when that city or fire district meets the requirements of the LEMSA for such services and has entered into an agreement with the LEMSA directly for the provision of LALS services.

Note: Authority: Sections 1797.1, 1797.2, 1797.107, 1797.201, and 1797.204, Health and Safety Code. Reference: Sections 1797.6, 1797.85, 1797.103, 1797.105, 1797.178, 1797.184, 1797.185, 1797.220, 1797.224, 1797.227, 1797.250, and 1797.252, Health and Safety Code.

§100450.91. Changes in Organization and Reorganization for a City or Fire District.

(a) A city or fire district recognized under Section 1797.201 of the Health and Safety Code that makes changes to its jurisdictional boundaries through annexation, reorganization, or consolidation may not expand services the city or fire district administers that would displace an EOA provider authorized by the LEMSA.

(b) A city or fire district may increase or decrease their level of service as it pertains to equipment, personnel, and vehicles without affecting their designation as a provider that meets the provisions of Section 1797.201 of the Health and Safety Code.

(c) If a city or fire district has expanded into a new type of service or scope of operations after June 1, 1980, the new type of service or scope of operations shall not be recognized pursuant to Section 1797.201 of the Health and Safety Code.

(d) Nothing in this section is intended to prohibit or govern the provision of prehospital EMS with respect to automatic aid or mutual aid agreements.

Note: Authority: Sections 1797.1, 1797.107, 1797.201, and 1797.204, Health and Safety Code. Reference: Sections 1797.6, 1797.85, 1797.103, 1797.105, 1797.178, 1797.184, 1797.185, 1797.220, 1797.224, 1797.250, and 1797.252, Health and Safety Code.

ARTICLE 8. RECORDKEEPING AND DATA

§100450.95. Notification Changes.

(a) A LEMSA shall submit all changes concerning their EMS system to the Authority within thirty (30) calendar days of the effective date of the change for the following information:

(1) LEMSA administrator or medical director.

(2) EMS training programs.

(3) EMS dispatch centers.

(4) Ambulance providers.

(5) EMS prehospital aircraft providers.

(6) Hospitals, medical facilities, or alternate destination facilities.

(7) Base hospitals or alternative base stations.

(b) It is the responsibility of a LEMSA to ensure any change to their EMS system shall not be implemented in a manner that conflicts with other applicable statutes or regulations.

Note: Authority: Sections 1797.1, 1797.76, 1797.102, 1797.103, 1797.105, 1797.107, 1797.200 and 1797.204 Health and Safety Code. Reference: Sections 1797.52, 1797.53, 1797.58, 1797.67, 1797.72, 1797.74, 1797.76, 1797.78, 1797.85, 1797.88, 1797.92, 1797.94, 1797.178, 1797.201, 1797.220, 1797.222, 1797.224, 1797.250, 1797.252, 1797.254, 1797.257, and 1797.258, Health and Safety Code.