

**EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR. STE. 400
RANCHO CORDOVA, CA 95670**

**TITLE 22, CALIFORNIA CODE OF REGULATIONS
ADOPT SECTIONS 100181, 100181.1, 100181.2, 100182, 100182.1, 100183, 100183.1,
100184, 100185, 100186, 100187, 100188, 100189, 100190, 100191, 100191.1,
100191.2, 100192, 100192.1, 100192.2, 100193, 100194, 100194.1, 100194.2,
100194.3, 100195, 100195.1, 100195.2, 100195.3, and 100196**

INITIAL STATEMENT OF REASONS

Hearing Date:

INTRODUCTION

In 1980, the Emergency Medical Services System and Prehospital Emergency Care Personnel Act were signed into law creating the Emergency Medical Services Authority (EMSA or Authority) and adding Division 2.5 Emergency Medical Services to the Health and Safety Code (Sections 1797-1799). This has been expanded through section 1857 through the following decades. EMSA is part of a two-tier system overseeing Emergency Medical Services. EMSA serves as the statewide oversight and a Local Emergency Medical Service Agency (LEMSA) provides oversight at the local level. Today, there are 33 LEMSAs in California. Most LEMSAs serve a single county, but other LEMSAs serve multiple counties.

In 2020, Assembly Bill 1544 (Statutes 2020, Chapter 138) [hereafter AB 1544], was passed and signed into law. AB 1544 provides for optional Community Paramedic or Triage to Alternate Destination programs to be instituted by the LEMSAs under the oversight of EMSA. AB 1544 also makes various requirements of EMSA in regards to these programs, which include creating statewide standards for the sites, facilities, practitioners, training, and reporting.

PROBLEM STATEMENT

The Emergency Medical Services Authority (EMSA) does not have a mechanism to evaluate the initial approval and renewal of a local emergency medical services agency's (LEMSA) Community Paramedicine and/or Triage to Alternate Destination Program. EMSA is mandated by AB 1544 to collect data from community paramedicine or triage to alternate destination providers, participating health facilities and local EMS agencies and submit a final report on these programs. Currently, no mechanism exists for this process. Likewise, no mechanisms currently exist or minimum standards for training and accreditation of the EMS personnel who will work in these programs.

ANTICIPATED BENEFITS

This proposal provides the basic structure and minimum requirements and standards at the state level to implement these programs at the local level as deemed necessary by the various LEMSAs. This ensures patient safety and enhances public health through the use of these programs. The regulations provide unified instruction to a LEMSA on the documentation required by EMSA for initial program approval and renewal. It also provides a standardized form for LEMSA use, which self-attests whether a LEMSA is in compliance with associated Community Paramedicine and/or Triage to Alternate Destination Program regulations. The regulation outlines timeframes for EMSA review and approval or disapproval of the submitted documentation to permit LEMSA time for program planning. Additionally, it combines a LEMSA's program renewal documentation submission to EMSA with the submission of a LEMSA's annual EMS plan through an annex, easing the burden on the LEMSA and EMSA to track a separate deadline. The community paramedicine program's intent is to improve patient care, improve community health and reduce the burden on California's EMS system by gathering EHR data to ensure quality improvement and patient care.

SPECIFIC PURPOSE OF, AND RATIONALE FOR, EACH PROPOSED CHANGE

§100181(a) Pursuant to HSC 1851, this section establishes that no organization can offer CP training or pose as a CP training program without obtaining LEMSA approval. It establishes LEMSAs as the agencies responsible for authorization of any organization desiring to offer CP training. Therefore, requiring LEMSAs to authorize any CP training program ensures that each program is reviewed and approved prior to training paramedics for new services.

§100181(b) This is the same and for the same reasons as provided in section §100181 (a) above, as applied to Triage to Alternate Destination programs.

§100181(c) This section establishes the timeframe permitted for Community Paramedicine or Triage to Alternate Destination accreditation for out-of-state paramedics, allowing out of state paramedics to temporarily provide these services. It prevents them from performing services indefinitely, without eventually obtaining a paramedic license in the State of California. The language in this section also presents the subsections listing the conditions for out-of-state paramedics who desire to obtain a temporary accreditation.

§100181(c)(1) This subsection specifically identifies the first condition for all temporary accreditation applicants. Requiring each applicant to be currently licensed, without restriction, in another jurisdiction of the United States helps to

ensure they have the training and competency required to function as a paramedic in California.

§100181(c)(2) Restricting paramedics to only the scope of practice allowed by their license or certification limits their authorization to practice only within the scope of subjects/skills they were trained for under the requirements of their license or certification. This ensures the public will receive services from paramedics only within the limits of paramedic licensee competency and capabilities, thereby protecting the health and safety of all patients within California.

§100181(c)(3) Requiring proof of active, unrestricted International Board of Specialty Certification (IBSC) for Community Paramedicine scope of service or proof of successfully completing a LEMSA approved Triage to Alternative Destination training program ensures each applicant has met the minimum training requirements necessary to show competency in administration of these services thus ensuring minimum standards are met to practice in California.

§100181(c)(4) HSC 1798(a) requires medical direction and management of an emergency medical services system to fall under the medical control of the medical director of a LEMSA. This serves as a reminder that this statutory requirement is in effect for Community Paramedicine and Triage to Alternate Destination programs and services which avoids any misinterpretation that these programs might be separate from other EMS services and protocols.

§100181(d) This section establishes that all paramedics accredited under the provisions of these regulations will have records available via public registry, consistent with HSC 1797.117. It ensures any member of the public can locate and verify a licensee's status and view any disciplinary history that is a matter of public record.

§100181(e) This section establishes employer reporting requirements for termination, disciplinary action, or investigation of any CP or TAD accredited paramedic. HSC 1799.112 describes the conditions under which an employer must report in writing to the LEMSA medical director and EMSA, when termination, investigation or removal from duties occurs. Additionally, reporting these activities is consistent with existing employer reporting requirements for EMS personnel in California, (see Title 22 CCR §100208.1.) This section serves as a reminder that this statutory and regulatory requirement is in effect for these employers. The requirements of this section and HSC 1799.112 ensure that both the LEMSA and EMSA are made aware of any investigation or action against a paramedic to protect the health, safety, and welfare of everyone in California.

§100181.1(a) This section presents the new subsections which identify areas of responsibility for LEMSAs. Pursuant to HSC 1797.206, each LEMSA is required to monitor training programs and ALS services in their area of operation. Monitoring programs ensures they are adhering to minimum training requirements. Monitoring ALS services ensures they are competently providing services in the LEMSA area of operation. This makes it clear that Community Paramedicine programs and providers are part of the same oversight responsibility as all other EMS services and programs.

§100181.1(a)(1) This subsection establishes that LEMSAs are responsible for approving the Community Paramedicine training programs in their areas, pursuant to HSC 1797.208 which states: “The local EMS agency shall be responsible for determining that the operation of training programs at the EMT-I, EMT-II, and EMT-P levels are in compliance with this division, and shall approve the training programs if they are found to be in compliance with this division.” LEMSA review and approval of CP training programs ensures each program is meeting minimum training requirements to ensure the competency of students who complete the program.

§100181.1(a)(2) This subsection establishes that LEMSAs are responsible for approving the Community Paramedicine program service providers in their areas. LEMSA review and approval of program service providers ensures each program is meeting minimum standards of provision of services to the public.

§100181.1(a)(3) This subsection identifies additional areas of responsibility for LEMSAs, regarding the developing and enforcing of standards, regulations, policies, and procedures. Pursuant to HSC 1797.220, each LEMSA medical director approves policies and procedures to assure medical control of the EMS system. The standards, regulations, policies, and procedures ensure program service providers are meeting minimum requirements for State standards at the local level. This creates a minimum standard to be met locally based on local needs and services being provided.

§100181.1(a)(3)(A) This subsection requires LEMSAs to provide a Community Paramedicine quality improvement program. Providing a quality improvement program assists EMSA in adhering to HSC 1797.174, in which EMSA is required to “monitor and promote improvement in the quality of care provided by EMT-Ps throughout the state”. Participation in a quality improvement program ensures each LEMSA is constantly and consistently evaluating current practices and results, to promote the best standard of care for the public.

§100181.1(a)(3)(B) This subsection requires LEMSAs to standards, regulations, policies, and procedures related to Medical Control. Pursuant to HSC 1797.220, each LEMSA medical director approves policies and procedures to assure

medical control of the EMS system. HSC 1797.90 defines “Medical control” as “the medical management of the emergency medical services system...” and is further asserted in HSC 1798(b) to exist “within an EMS system which complies with the minimum standards adopted by the authority”. Developing and maintaining appropriate medical control ensures each CP program complies with minimum standards for the following categories, including but not limited to protocol, treatment, patient transport, record retention, and performance evaluation.

§100181.1(a)(3)(C) This subsection requires LEMSAs to establish standards, regulations, policies, and procedures related to medical accountability of care provided by Community Paramedics. Holding Community Paramedics accountable for the care they provide ensures they are providing care that meets or exceeds the minimum standards established by the state of California to protect and promote public health and welfare.

§100181.1(a)(3)(D) This subsection requires LEMSAs to establish standards, policies, and procedures for the coordination of Community Paramedic personnel and training program(s). Coordinating personnel and training programs ensures that training programs are covering all curriculum needed to meet minimum standards of care, as well as address any needs identified by quality improvement and personnel evaluations. This, combined with medical control, accountability, and a quality improvement program ensures that each training program provides the best possible care and service for the area and ensures all programs are working together under the same standards and guidance.

§100181.1(b) This is the same and for the same reasons as provided in section §100181.1(a) for Community Paramedicine, as applied to Triage to Alternate Destination programs.

§100181.1 (c) HSC 1844 (a) requires EMSA to submit an annual report on the community paramedicine or triage to alternate destination programs and publish the report on EMSA’s website. Without the LEMSA’s report, EMSA cannot fulfil this requirement.

§100181.1 (d) All LEMSAs are required to have policies and procedures for EMS data collection and Quality Improvement program under 22 CRC § 100404 (a) submitted to EMSA. The current industry standard for collecting EMS data is the most current version of NEMSIS and CEMSIS database under HSC 1797.227. These elements are consistent with reporting current requirements for EMS data and clearly indicate that these requirements include Community Paramedicine and Triage to Alternate Destinations.

§ 100181.1 (e) During the pilot project this Toolkit was created, and many participants find it useful. The toolkit isn't a minimum standard, rather it is a resource tool. It would be overbearing to require its use. However, given the work and positive feedback, making it clear that it can be used and having it posted to the website gives LEMSAs who choose to pursue these programs clear understanding and access to its resources.

§ 100181.1(f) This requires a LEMSA to get approval before starting or modifying an approved Community Paramedicine program. This is necessary to ensure State oversight and minimum requirements are being met for establishing or making changes to an existing program. This safeguards the health and safety of people in California by maintaining a minimum standard that all programs must meet.

§ 100181.1 (g) This program remains in its infancy. This is a requirement of the current pilot project. To ensure that the program is working properly and assisting the people of California, complaints and unusual occurrences need to be addressed quickly to avoid adverse long-term outcomes. Seventy-two (72) hours is consistent with the current requirement. Furthermore, under the pilot project, this has not been a regular occurrence and is unlikely to prevent present a burden on the LEMSA while at the same time providing additional oversight to ensure patient safety and protect the general welfare.

§100181.2 (a) This section establishes that each LEMSA may charge an additional fee during the Community Paramedic application process, to recover the cost of resources expended during the process. This is optional for the LEMSA but allows them to recover costs of instituting a program; thereby removing the LEMSA cost as an obstacle to providing and maintaining these programs which potentially benefit all the residents and visitors in California.

§100181.2 (b) This section establishes that each LEMSA will collect a fee on behalf of the Emergency Medical Services Authority during the Community and Triage to Alternate Destination Paramedic application process. The fees collected provide funding to support the licensing and accreditation system and Central Registry public lookup.

§100181.2 (c) Pursuant to HSC 1797.217(e), this section establishes the general parameters for fee submission by each LEMSA. This section is consistent with current business practices already established for the purpose of collecting EMT certification fees from LEMSA's and Certifying Entities in the manner in which the collected fees are to be remitted to EMSA.

§100182(a) This provides that a LEMSA must annually do a site visit for any Community Paramedicine site the LEMSA approves to ensure the site is

remaining complaint with all standards and requirements. Site visits are critical to maintain public health and safety in verifying that the sites are meeting the various requirements that have been established to protect the public. Having more frequent site visits could prove burdensome on LEMSAs and sites. This is balanced with maintaining public safety, resulting in an annual site visit requirement.

§100182(b) This provides the potential actions that a LEMSA may take regarding a site that is noncompliant. Having requirements and standards needs to be backed up with the ability to take action when the requirements are not met. This provides four potential actions for the LEMSA to choose from based on the gravity of the noncompliance and the need to protect the public.

§100182(c) This provides a standard procedure in the instance of noncompliance. Providing a standard avoids confusion and potential miscommunications or bias.

§100182(c)(1) This provides that a notice must be in writing, sent by certified mail to the site director, and that it must be sent within 10 days. Written notice sent via certified mail provides for a tracking and documentation that such notice was sent and delivered. Identifying the site director as recipient keeps the notice from being directed to the individual identified as being in charge of the site to ensure the notice is attended to. As a matter of public safety, this needs a short time frame to make a site aware of any violation to avoid any potential hazards to the public.

§100182(c)(2) and (c)(2)(A)&(B) This provides the options, timeframe, and manner for the Community Paramedicine site to respond to the notice of noncompliance from the LEMSA. Requiring the response also to be in writing and submitted via certified mail assures a continuing record and tracking of the correspondence in the matter. The 15-day requirement is a balance of providing the site some time to address the matter, while still maintaining protection of public safety. There are two options provided for responding. One option is to provide evidence of compliance. With evidence of compliance, this would prove that the site is currently in compliance following the violation. In circumstances where compliance may not be accomplished within the 15-day deadline for submitting a response, a second option for submitting a plan for compliance to be accomplished within 60 days of receiving the notification. Noncompliance by a site that cannot be corrected within 60 days is a danger to public health and safety as it indicates a serious issue.

§100182(c)(3) and (c)(3)(A-D) This provides for the standard for LEMSA decision regarding the noncompliance, what actions can be taken, the time period for acting, and how that decision is to be delivered. The decision is to be in a letter

and via certified mail for the reasons provided above in subsections (c)(1) & (2). This requires the LEMSA to provide a decision letter either with 15 days of receiving the site's response or 35 days from mailing the original notification. While these can seem like short time periods, given the risk to public safety, providing additional time is problematic. This also provides deadlines for LEMSA based on a response and if there is no response. Sending a second notification allows the noncompliance to continue longer, further endangering public safety. This is why notification and responses are to be sent via certified mail so the sender can be aware if their writing wasn't delivered in a timely manner. Finally, the LEMSA has four options for acting in the situation. The first two options require that the site responded, and these are to accept either the proof of current compliance or accept the plan for meeting compliance within the specified 60 days. This shows compliance and would conclude the matter. The third alternative is to place the site on probation. There are numerous reasons for probation, multiple instances of noncompliance for example. This allows the site to continue operating while increasing the scrutiny upon the site for a period of time. The fourth alternative is various forms of shutting the site down, suspension and revocation. Suspension would allow a site to comply over a longer time or restructure the way it operates as may be necessary without endangering public safety. Revocation is to protect public safety. This terminates the site's approval. The site would have to apply anew to restart operations, thereby proving compliance before restarting operations and obtaining a new approval, thus ensuring public safety is the primary goal of the site and program.

§100182(c)(4) and (c)(4)(A-E) This subsection provides for the inclusion of specific, applicable content within the decision letter, but allows for the LEMSA to include other content beyond those applicable requirements. The letter must include the date. This gives a time frame and verifies that other regulatory requirements are being met. The letter must include the specific provisions of the noncompliance. This clearly outlines what is at issue and should be consistent with the original notice. If the site is being placed on probation or having its approval suspended, the letter must include the effective date and the ending date of the action, as well as the terms and conditions of the action. This provides the length of the probation or suspension and the terms and condition to be met to operate while under probation or for emerging from suspension. Finally, if the approval is being revoked, the date of revocation. This provides the date when the site must cease operation as its approval will be removed upon that date.

§100182(c)(5) This subsection establishes that probation, suspension, or revocation must be at least five days after the decision letter is issued. This is a balance of public health and safety. Keeping the site operating for too long can pose a danger to public health but closing too quickly might deprive those the program serves of vital health care with little alternative and no time to find

any alternatives. Allowing a site at least a few days to finish up treatment or assist patients in finding alternatives is necessary to protect public health too.

§100182(c)(6) This subsection provides that EMSA retains the ability to also take action for noncompliance in addition to any action taken by a LEMSA. Ultimately, EMSA is responsible for the program at a statewide level. Furthermore, some LEMSAs are understaffed, and the reality is that local issues and politics can create obstacles to action. To protect the health and safety of all people in California, it is necessary and proper that EMSA retain a measure of authority to take action to protect the public.

§100182.1(a) This provides what can be an alternate destination and the requirements to be met to be considered an alternate destination. This is addressed in greater detail in the falling subsections of section 100182.1(a) but are also informed and restricted by AB 1544.

§100182.1(a)(1) and (a)(1)(A-B) This subsection provides for a mental health facility to be an alternate destination and the requirement for the facility to be recognized as an authorized mental health facility. An authorized mental health facility must meet one of the two requirements provided in subsections (A) and (B). Per AB 1544, EMSA worked with the California Department of Health Care Services (CDHCS) in creating these requirements. The requirements are directly from laws, statute and regulation, under the purview of the CDHCS which oversees these facilities and the minimum standards they are required to meet ensuring that the facilities competently provide the related services thereby protecting the health and safety of the public.

§100181.1(a)(2) and (a)(2)(A-D) This subsection provides for sobering centers to be an alternate destination and the minimum requirements to be used as a sobering center within the Triage to Alternate Destination program. There are four possible ways to be recognized as sobering center as provided in subsections (A-D). As with mental health facilities, a sobering center needs to only meet one of the four requirements to participate. Likewise, EMSA and CDHCS collaborated on the requirements as directed under AB 1544. In this instance, the four requirements are consistent with CDHCS existing standards for a sobering center as there are multiple ways to obtain this recognition through either state or federal entities. This provides that the centers meet these standards described by the recognizing authority which are also created to protect public health and safety and consistent with AB 1544 requirements.

§100183(a) This section provides what is to be submitted by a LEMSA to obtain an initial approval for a Community Paramedicine or Triage to Alternation Destination program or both. This is required to be in writing so that there can be a record if future review is needed.

§100183(a)(1-6) These are the required elements. The first is an application, so that EMSA can know which LEMSA is making the request and the geographic area that it has jurisdiction over. The second are contracts with any specialty program site(s). Through these contracts, EMSA can ensure that the sites or facilities meet the minimum required standards under these programs. Third are the various program policies and protocols that are required under this division and any others that the LEMSA may deem necessary. This ensures that these policies and protocols are in place at the start and are reasonable, fair, and ensure patient protection. Fourth is the curriculum that will be used by training programs. This ensures that the LEMSA approved training programs do meet the requirements set forth in this chapter for the proposed program(s). Fifth is an identification of the local need and the recommendation for filling this need. Section 1801 (i) provides that it is the intent of the legislature not to replace or eliminate health care workers or endanger the emergency care system through the use of these programs. Finally, all policies, procedures, and processes for approving the programs and providers. As in subsection (3), this is to ensure that all the requirements are in place and the minimum requirements are being met.

§100183(b) This requires EMSA to provide an approval or denial writing or request additional information. This maintains a written record of approvals, denials, and requests for future reference as needed.

§100183(c) This provides that any modifications, which includes any change, expansion, contraction, or otherwise, must be approved by EMSA prior to the modification being made. This is to ensure that LEMSAs maintain minimum compliance and don't arbitrarily make changes in their program(s). This ensures that the public health is protected continuously.

§100183(d) This provides that the approval is for twelve months, and that the renewal process is covered under section 100184 below and will be part of the annual EMS plan process. This provides for an expiration date, so that programs can be continually monitored. By having the renewal included in the annual EMS plan process that LEMSAs are already required to submit, it minimizes the burden on LEMSAs by allowing them to submit all their materials at one time rather than at different times throughout the year.

§100183.1(a) and (a)(1) This provides that EMSA may investigate and as necessary suspend or revoke the approval of a LEMSA's program(s) under chapter for noncompliance or program(s) that put patient safety at risk. This ensures state oversight and allows EMSA to take any necessary action to protect public health as it regards these programs. Subsection (1) adds the requirement that it provide notice of any investigation, suspension, or revocation in writing, thereby ensuring a record of the matter and notice is provided to the LEMSA.

§100183.1(a)(2) and (a)(2)(A-C) These subsections provide for the LEMSA to appeal the action taken by EMSA and the process of the appeal, which is that the appeal must be in writing, EMSA has 30 days to request additional information for receiving the written appeal, and that EMSA must make a final decision within 30 days of receiving all requested information. This maintains the consistency of having everything done in writing thus maintaining a record throughout the process. EMSA may need more information from the LEMSA based on the appeal request. The LEMSA should be made aware of EMSA's final decision in a timely manner. Thirty days has been the standard time period in this area for other programs and issues that arise, so this is consistent with that general standard.

§100184 The section establishes a method for a LEMSA to submit the Community Paramedicine Program and/or Triage to Alternate Destination Program renewal to EMSA. LEMSAs must report annually on their local EMS system to EMSA by submitting an EMS plan that includes all components of their EMS System to ensure compliance with all statutes, regulations, and case law. With the addition of Community Paramedicine to a local EMS System, this component should be included with the local EMS Plan. Additionally, by requiring the request for program renewal be submitted as part of a LEMSA's annual EMS plan submission, this reduces the need for EMSA and a LEMSA to track a separate deadline, and it consolidates LEMSA EMS program submissions to EMSA. Established programs such as Trauma, ST Elevation Myocardial Infarction, Stroke, EMS for Children, and Quality Improvement are also submitted with the annual EMS plan which consolidates all requirements into one action reducing the burden on the impacted LEMSAs.

§100184 (a) The subsection is developed to provide a LEMSA that has already received EMSA approval to develop a Community Paramedicine Program and/or Triage to Alternate Destination Program with a list of program renewal requirements for submission to EMSA. It also specifies how the list of items must be submitted to EMSA and how often. By requiring the documentation be submitted as part of a LEMSA's annual EMS plan submission, this reduces the need for EMSA and a LEMSA to track a separate deadline, and it consolidates LEMSA EMS program submissions to EMSA. Established programs such as Trauma, ST Elevation Myocardial Infarction, Stroke, EMS for Children, and Quality Improvement are also submitted with the annual EMS plan.

§100184 (a)(1) The subsection is developed for a LEMSA to describe how it meets the statewide minimum standards and training curriculum for the program specialties within the Community Paramedicine Program and/or Triage to Alternate Destination Program. This information is necessary to assist in the

determination of a LEMSA's program compliance and EMSA's determination to approve or disapprove program renewal.

§100184 (a)(2) The subsection is developed for a LEMSA to highlight the major sections of the Community Paramedicine Program and/or Triage to Alternate Destination Program. This narrative requirement will also permit a LEMSA to identify program changes that occurred since the last approval. This information is necessary to assist in the determination of a LEMSA's program compliance and EMSA's determination to approve or disapprove program renewal. It also allows the LEMSA to specify successes and or short falls of the program providing EMSA the opportunity to facilitate proper oversight of the program statewide and make any necessary changes.

§100184 (a)(3) The subsection is developed for a LEMSA to describe the process used to select Community Paramedicine providers or Triage to Alternate Destination providers. This information will enable EMSA to determine whether a fair process is used to select these providers, providing EMSA with the ability to make process recommendations.

§100184 (a)(4) The subsection is developed for a LEMSA to disclose excluded advanced life support (ALS) providers from the Community Paramedicine Program and/or Triage to Alternate Destination Program and the specific reasons for exclusion, as mandated by Section 1843 of the Health and Safety Code.

§100184 (a)(5) The subsection incorporates by reference, a standardized form for all LEMSAs use to submit various program details. The information collected on the form will assist in the determination of a LEMSA's program compliance and EMSA's determination to approve or disapprove program renewal.

- Form, Certification section. The reporting component requires a LEMSA to provide the number of personnel certified and accredited, and reaccredited as Community Paramedics and Triage Paramedics, requiring a LEMSA to track and monitor these changes. The section also requires a LEMSA to provide the number of personnel certification reviews that resulted in disciplinary actions and the type of disciplinary actions, or no disciplinary action. The statistics provided will assist EMSA to evaluate the progress of a LEMSA's Community Paramedicine Program and/or Triage to Alternate Destination Program and document areas of concern. The reporting component is necessary for reporting on the Manpower and Training component of the EMS Plan, as mandated by Section 1797.103(a) of the Health and Safety Code. This section is also necessary to ensure current and sufficient information is included in the EMS plan for EMSA to

carry out its mandate of Section 1797.102 of the Health and Safety Code, to assess the Manpower and Training component of an EMS system.

- Form, Facility Resource section. The reporting component was developed per Section 1831 of the Health and Safety Code, to satisfy the requirement of LEMSAs to certify and provide periodic updates to EMSA to demonstrate the alternate destination facility authorized to receive patients maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to EMSA's standards and the provisions of this chapter.
- Form, Provider Resource section. The reporting component was developed to ensure an ALS provider has a written agreement to participate as a Provider, as mandated by 22 CCR Section 100168(b)(4) which states, "An approved paramedic service provider shall: Have a written agreement with the LEMSA to participate in the EMS system and to comply with all applicable State regulations and local policies and procedures, including participation in the LEMSA's EMSQIP as specified in Chapter 12 of this Division." The Responses and Transports section is necessary for reporting on the Transportation component of the EMS Plan, as mandated by Section 1797.103(c) of the Health and Safety Code. This section is also necessary to ensure current and sufficient information is included in the EMS plan for EMSA to carry out its mandate of Section 1797.102 of the Health and Safety Code, to assess the Transportation component of an EMS system.

§100184 (b) The subsection specifies the number of days EMSA must complete the review of a Community Paramedicine Program and/or Triage to Alternate Destination Program renewal and provide a written determination to approve or disapprove based on the documentation submitted by a LEMSA. This will ensure a LEMSA receives notification within a reasonable timeframe after submission to plan and coordinate program functions accordingly, while ensuring that EMSA has sufficient time to thoroughly review the submission.

§100184 (b)(1) The subsection requires EMSA to provide a LEMSA with the reason(s) for disapproval of a Community Paramedicine Program and/or Triage to Alternate Destination Program renewal within the written notification required in Section §100184, subsection (b). This will allow a LEMSA to review and correct any areas found to be non-compliant, allowing a LEMSA to simply correct the issue rather than starting over.

§100184 (b)(2) The subsection specifies the number of days a LEMSA must provide an amended plan to EMSA when a Community Paramedicine Program

and/or Triage to Alternate Destination Program renewal is disapproved. This will ensure EMSA receives the amendment within a reasonable timeframe after receipt of a notice of disapproval if the LEMSA plans on maintaining its Community Paramedicine program. Without this requirement, there would be nothing in place to ensure noncompliant programs correct their deficiencies ensuring the safety of the patients and citizens in that jurisdiction.

§100184 (c) This subsection specifies a timeframe for program renewal submission for a LEMSA who implemented the Community Paramedicine and/or Triage to Alternate Destination Program prior to the effective date of this regulation. It also specifies the due date for the LEMSA's next submission. This will ensure a LEMSA who has implemented the Community Paramedicine Program and/or Triage to Alternate Destination Program prior to the establishment of regulations submits a program to EMSA for review. Previously approved programs need to be reviewed to ensure compliance with the newly adopted regulations. This requirement is for the submission of plans, per statute an existing program may operate for one year after the regulations are approved. However, if they wish to continue operation beyond that, they must submit a program renewal request and have it approved.

§100185 (a) Any entity that provides EMS care in California is required by 22 CCR § 100404 (a) to have a quality improvement process that meets minimum standards and HSC 1830 (c)(5) reiterates that Community Paramedicine and Triage to Alternative Destinations programs must do the same. The requirements listed in (1- 8) represent the current industry standard when collecting EMS data in California for the quality improvement process.

§100185 (b) All LEMSAs are required have a quality improvement program for their EMS system. This subsection specifies the local EMS agency who has an approved Community Paramedicine and Triage to Alternative Destination program is responsible for on-going performance evaluation and quality improvement of the program, which helps to ensure that the programs are operating within requirements and protects public health and safety and thereby clearly stating that the quality improvement process is to include these programs.

§100186 (a)-(d) All LEMSAs are required to have policies and procedures for EMS data collection and Quality Improvement program under 22 CRC § 100404 (a) submitted to EMSA. The current industry standard for collecting EMS data is the most current version of NEMSIS and CEMSIS database under HSC 1797.227. These elements are consistent with reporting current requirements for EMS data and clearly indicate that these requirements include Community Paramedicine and Triage to Alternate Destinations.

§100186 (e) HSC 1280.18 requires health providers to establish and implement administrative, technical, and physical safeguards to protect the privacy of patient's medical information. This serves as a reminder of this statutory requirement is in effect for these patient's information too.

§100186 (f) The time frame (five (5) years) was chosen because a longer time could be burdensome of all entities with maintenance and storage and a shorter time could not be enough time to analyze data or to maintain valuable current health records for the patient.

§100187 (a) & (b) Under HSC 1797.227 (a)(1), emergency medical care providers shall use an electronic health record (EHR) that exports data. The Community Paramedicine program providers are required to submit EHR data to CEMSIS and to the data repository designated by EMSA to meet EMSA's reporting requirement under HSC 1833 and HSC 1834.

§100187 (c) The time frame (monthly) was chosen because a shorter time frame could be burdensome on the facility and a longer period could reduce the ability to analyze quality improvement programs thereby delaying beneficial updates to the public welfare.

§100187 (d) The time period (24 hours) was chosen because a shorter time period could be burdensome, particularly during a mass event, if should the paramedic needs to immediately respond to one or more subsequent patients. A longer time period could endanger the patient by not having the most current data available for future medical evaluation and treatment.

§100188 (a) & (b) All Triage to Alternative Destination Programs are required to submit EHR data into CEMSIS and to the data repository designated by EMSA to meet EMSA's reporting mandate under HSC 1833 and HSC 1834. For Triage to Alternative Destination Programs that do not have an EHR implemented, they may request a waiver from the EMS Director. These data points are needed to meet EMSA's reporting requirement. The minimum required program data and information is needed from the approved Triage to Alternative Destination programs and facilities to oversee the programs and protect the health and safety of the patients, to meet EMSA's statutory reporting requirement, to provide evidence of the effectiveness of the programs, to foster best practices, and to encourage the development of additional programs.

§100188 (c) This is the same and for the same reasons as provided in section 100187(c) above.

§100188 (d) This is the same and for the same reasons as provided in section 100187(d) above.

§100189 (a) & (b) The data elements listed are already being collected and submitted to CEMIS by paramedics and is not an extra burden to the EMS provider. The current industry standard for collecting EMS data is the most current version of NEMIS and CEMIS database under HSC 1797.227. This ensures that standard EMS provider practice and data are used and maintained for these programs too.

§100189 (c) Under HSC 1830 (c) (4) (E), the requirements list in (1-2) is to be taken into consideration when a triage to alternate destination program utilizes an alternate destination facility. These requirements are included for quality improvement purposes and analysis.

§100190 (a) This section identifies the LEMSA as the approving authority for training programs in its area of operation, whether that area be a single county or multiple counties. The section also establishes the basic duties of a LEMSA, to inspect, investigate, and discipline a training program for any violations of this division, or failure to fulfill any additional requirements established by the LEMSA. This section also identifies the disciplinary actions a LEMSA may take against a training program: denial, probation, suspension, or revocation of program approval. LEMSA oversight of training programs ensures each program meets minimum requirements for operation. The authority to enforce disciplinary actions allows a LEMSA to take corrective action with a training program that fails to fulfill the requirements, which ensures public safety by preventing a non-compliant training program from continuing to educate paramedics.

§100190 (b) This section establishes that each LEMSA must develop policies and procedures for the submission of training program applications and requirements, based on patient population and needs. Establishing a specific process and policies surrounding the training program application process ensures that each LEMSA is holding all applicants accountable for the same requirements and is applying one set of policies to all applications processed. Basing the policies and procedures of the application process on patient population and needs ensures each LEMSA is identifying gaps in current services. This fulfills the requirement set by 100181 (f), in which no Community Paramedicine or Triage to Alternate Destination program is intended to displace any currently existing program and is also pursuant to HSC 1801 (c) by "maximizing existing efficiencies within the first response and emergency medical services system". This also ensures that local needs are met, rather than a statewide solution that may not address local strengths and weaknesses.

§100190 (c) This section establishes that eligible training programs must submit a written request for training program approval to the LEMSA for their area. This is consistent with current business practices for EMS training programs. A written

request creates a record of a training program's application and provides evidence of submission date for the purpose of adhering to application processing timelines identified in regulations

§100190 (d) This subsection presents the new subsections which identify documentation requirements for training program approval. This is consistent with current business practices for EMS training programs. Consistent application requirements ensure all approved training programs meet the same minimum standards for EMS personnel training. The specific documents are detailed in subsections (1)-(11) below, which are to ensure consistent and proper training of EMS personnel who directly serve the health, safety, and welfare of everyone in California.

§100190 (d)(1) This subsection identifies the first document requirement for training program approval, a statement verifying that course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009. This is consistent with current business practices for EMS training programs. This requirement ensures the representative(s) of a training program take responsibility for verifying that course content fulfills requirements set by DOT National Education Standards.

§100190 (d)(2) This subsection identifies the second document requirement for training program approval, an outline of course objectives. This ensures a training program provides verification that the curriculum objectives cover the minimum requirements for program course objectives, set by the State of California.

§100190 (d)(3) This subsection identifies the third document requirement for training program approval: performance objectives for each skill. When training programs fulfill this requirement, they are providing verification that it is mandatory for students to meet performance objectives for each skill taught during their training. Requiring a minimum standard of skill performance promotes the success of Community Paramedicine and Triage to Alternate Destination programs by ensuring competency of EMS personnel who complete the training prior to their accreditation and participation in these programs.

§100190 (d)(4) This subsection identifies the fourth document requirement for training program approval: names and qualifications of the training program director, medical director, and instructors. This ensures each training program has secured the staffing levels required to meet minimum standards for Community Paramedicine and Triage to Alternate Destination training of EMS personnel.

§100190 (d)(5) This subsection identifies the fifth document requirement for training program approval: Provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating Community Paramedic students; and monitoring of preceptors by the training program. This is consistent with current business practices for EMS training programs. Providing evidence of plans for supervised clinical training and preceptor oversight are factors that ensure students have access to the training needed to exhibit Community Paramedicine or Triage to Alternate Destination clinical competency. Evidence of standard evaluation forms and evaluation criteria ensures that training programs are assessing student skill and success to determine whether their clinical skills meet the minimum requirements for competency within these program areas.

§100190 (d)(6) This subsection identifies the sixth document requirement for training program approval: Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating Community Paramedic students; and monitoring of preceptors by the training program. This is consistent with current business practices for EMS training programs. Providing evidence of plans for supervised field internship and preceptor oversight are factors that ensure students have access to the training needed to exhibit Community Paramedicine or Triage to Alternate Destination field competency. Evidence of standard evaluation forms and evaluation criteria ensures that training programs are assessing student skill and success to determine whether their field skills meet the minimum requirements for competency within these program areas.

§100190 (d)(7) This subsection identifies the seventh document requirement for training program approval: identifying the location at which training program courses are to be offered and their proposed dates. This ensures the LEMSA, prospective students, and the public are aware of training program locations relevant dates. This allows for LEMSA to know the location to go to when inspecting or investigating as needed and for students to also have a location for their respective course work.

§100190 (d)(8) This subsection identifies the eighth document requirement for training program approval: exhibiting written agreements between the training program and hospital(s) and other clinical setting(s) for student placement and clinical education. Fulfilling this requirement assures the LEMSA that a training program can satisfy all clinical training requirements in appropriate training settings. This also ensures the LEMSA, prospective students, and the public are aware of the hospital(s) and other clinical setting(s) a training program will use for student placement during the clinical portion of training. This also serves to ensure agreements are in place and no students will be left waiting to complete their respective educations because the settings aren't in place.

§100190 (d)(9) This subsection identifies the ninth document requirement for training program approval: exhibiting written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training. Fulfilling this requirement assures the LEMSA that a training program can satisfy all field internship training requirements in appropriate training settings. This also ensures the LEMSA, prospective students, and the public are aware of the field setting(s) a training program will use for student placement during the internship portion of training. This also serves to ensure agreements are in place and no students will be left waiting to complete their respective educations because the internships aren't in place.

§100190 (d)(10) This subsection identifies the tenth document requirement for training program approval: providing samples of written and skills examinations administered by the training program. Fulfilling this requirement ensures the training program has created written and skills exams to measure the competency of students during training and that the LEMSA can ascertain that these examples do meet the minimum requirements.

§100190 (d)(11) This subsection identifies the eleventh document requirement for training program approval: providing evidence of adequate training program facilities, equipment, examination securities, and student record keeping. Fulfilling this requirement ensures that training programs have the necessary facilities and materials to successfully train students, while also maintaining confidentiality and protection of the personal information of students. This is necessary to prove that a physical location exists with the equipment needed to properly educate students and the security is in place for both testing and privacy.

§100190 (e) This subsection establishes that training programs will be approved if they meet all the requirements listed in subsections (b) and (d). This assures that any approved training program has shown evidence of all minimum requirements necessary to successfully train EMS personnel in Community Paramedicine or Triage to Alternate Destination. Only through meeting these requirements can a training program be approved, thus demonstrating that the minimum requirements are met, and the training will safeguard the health and safety of the people in California.

§100190 (f) This subsection establishes that a LEMSA will establish an effective date for program approval in writing once the LEMSA has documented a training program's compliance with all program requirements. Establishing an effective date in writing provides training programs with written evidence of their approval and establishes the four-year deadline for when they will need to

renew that approval. Training programs can use this as evidence of approval when they announce or publish information about their course offerings. This is a written record that can be reviewed and verified by anyone.

§100190(g) This section establishes the response timeframe required for a LEMSA when a prospective training program submits incomplete documentation for approval. Requiring the LEMSA to notify the training program of incomplete documentation within ninety days ensures that the training program will be made aware of incomplete documentation, and ensures the approval process will not be stopped, indefinitely. Ninety (90) days is provided as some rural LEMSAs have very small staffs and need more time than might normally be needed in similar circumstances. On the other hand, applying programs should not have to wait indefinitely for a response, especially in the instance of a deficiency as the program will need to supply the missing requirements to obtain an approval.

§100190(h) This subsection establishes the timeframe for training program approval and determines when a program will need to submit their renewal documentation. A four-year timeframe for program renewal is consistent with current business practices for continuing education programs in EMS within California. Having a required renewal process every four years ensures that LEMSAs continue to review training program curriculum, staff, and student records, to evaluate the success of the program and determine whether the program is continuing to provide the most up-to-date curriculum and are meeting any new or changing requirements within the field.

§100190(i) This section establishes that a LEMSA will notify EMSA, in writing, when a training program is approved. This allows EMSA to maintain a database of training program contact information and approval/renewal timeframes for public lookup and ensure that training programs are renewing their approval in a timely manner. Likewise, this provides EMSA with a list of approved programs and contacts in the event that EMSA has questions or needs to take action involving a training program.

§100190(j) This subsection presents the new subsections which identify requirements of the process LEMSAs must use to address non-compliant training programs. This is consistent with current business practices for EMS training programs. Consistent non-compliance processes ensure all training programs are afforded the same level of communication and equal opportunity to regain compliance with established standards for approval. Subsections (1) – (5) below provide the specific requirements and actions to be taken to ensure due process, and that all programs throughout the state are provided the same opportunity and process in the event of noncompliance regardless of geographic location.

§100190(j)(1) This subsection establishes that a LEMSA must notify a training program director of non-compliance in writing, via certified mail. This ensures every non-compliant training program is notified of their non-compliance by the identified means providing for consistent methodology for everyone.

§100190(j)(2) This subsection establishes a fifteen-day response window for a non-compliant training program to submit their response to a non-compliance notification from their approving LEMSA. Establishing a specific timeframe for adherence by all training programs ensures the process to resolve non-compliance is timely and effective. The fifteen-day timeframe allows for training program staff to make changes and provide documented evidence of those changes to get a program back into compliance quickly, to assure the approving LEMSA that students in the program are receiving the required training and meeting the required performance objectives. This subsection also presents the subsections below which identify response options training programs may use to reply to a LEMSA and resolve or begin to resolve non-compliance issues.

§100190(j)(2)(A-B) These subsections identify the two possible responses a non-compliant training program may provide to their approving LEMSA, should they want to regain compliant status. A training program may show evidence of immediate compliance, or they may provide a written plan to comply with all Chapter provisions within sixty (60) days from the day of receipt of notification of non-compliance. The first option allows a training program to immediately address and correct an issue of non-compliance, should they have the resources to do so. In the event a training program cannot immediately address and correct an issue, providing a sixty-day plan allows them time to seek the resources or make the changes required to return to compliance, without experiencing approval suspension or revocation.

§100190(j)(3) This subsection establishes a fifteen-day response window for a LEMSA to issue a decision regarding non-compliant training program who submits their response to a non-compliance notification within the timeframe described in §100190(j)(2). It also established a thirty-day timeframe from the original mailing date of a noncompliance notification, for the LEMSA to issue a decision without a response from the training program. Establishing a specific timeframe for adherence by all training programs ensures the process to resolve non-compliance is timely and effective. The fifteen-day timeframe allows for the LEMSA to evaluate and determine whether documented evidence returns a training program to compliance, or alternatively whether a sixty-day plan for compliance is acceptable. The thirty-day timeframe allows the LEMSA to proceed to take action regarding a training program's approval, should the program not respond to a noncompliance

notification. This allows for quick action to protect public health and safety by ensuring that the program is compliant and no longer training students at least temporarily.

This subsection also presents the subsections below which identify response options the LEMSA may use to reply to training program, to resolve or begin to resolve non-compliance issues.

§100190(j)(3)(A-D) These subsections identify the responses the LEMSA may choose to provide based on a training program's response, or lack of response, to a noncompliance notification. The LEMSA may accept evidence of compliance provided, accept the plan for meeting compliance provided, place the training program on probation, or suspend or revoke the training program approval. Abiding to a specific list of potential responses provides consistent responses to programs throughout the state. Likewise, it provides options for both continuing to operate or halting operations a may be necessary to protect the health and safety of the local people within its jurisdiction and the state as a whole.

§100190(j)(4) This subsection presents the subsections which identify the minimum requirements for information included in a decision letter sent by a LEMSA to a training program. Requiring specific components as a minimum ensures that the most critical information regarding a noncompliance decision is provided consistently, in writing, to a training program.

§100190(j)(4)(A-E)

These subsections identify the information required in any decision letter regarding a noncompliant program. The date of the decision establishes probation, suspension, revocation, or return-to-compliance of a noncompliant training program. Issues of noncompliance, probation/suspension effective and ending dates, terms and conditions of any probation or suspension, and revocation effective dates are all essential to a training program's record. They inform the training program, and the public, of the timeframe. This allows for various responses to issues of noncompliance from accepting actions that solve the noncompliance to revoking approval for those occurrences that might present a danger to health and safety.

§100190(j)(5) This section explains the timeframe a LEMSA must establish for probation, suspension, or revocation effective dates as no sooner than sixty (60) days after the date of a decision letter. This requirement establishes a consistent deadline for LEMSAs to act on a decision and ensures that every training program is aware and has a minimum timeframe to respond to a probation, suspension, or revocation decision.

§100191(a) This subsection establishes that each training program must have a program medical director who is a physician currently licensed in the State of California. The program medical director must also have experience in emergency medicine and have education or experience in methods of instruction and LEMSA protocols and policies. This is consistent with program requirements for current paramedic training program medical directors (see 22 CCR § 100150) and ensures minimum standards of competency are met by individuals selected for the position. This requirement ensures the program medical director is capable of performing the duties required of a program medical director, and ensures the program has a medical expert who understands minimum requirements of standards and curriculum for the program and can assure that the program is meeting the requirements. The language in this subsection also establishes the subsections below which specify the primary duties of a program medical director. Clearly establishing these basic duties ensures that minimum requirements are met for all curriculum content, standards, and policies required of a training program.

§100191(a)(1-4) These subsections establish the primary duties of a training program medical director. This is consistent with program requirements for current paramedic training program medical directors (see 22 CCR § 100150) and ensures minimum standards of competency are met by individuals selected for the position. These duties ensure curriculum and curriculum objectives, as well as clinical and field instruction, meet the minimum requirements for training program approval. Additionally, the program medical director will ensure all approved instructors meet the minimum qualifications required to teach their assigned courses, meaning they are competent and capable of successfully training future CP personnel.

§100191(b) The language in this subsection establishes the subsections which specify the requirements of a program director. Clearly establishing these basic duties ensures that minimum requirements are met for all curriculum content, standards, and policies required of a training program and ensures the program has a director who understands minimum requirements of standards and curriculum for the program and can assure that the program is meeting the requirements.

§100191(b)(1-3) This section establishes the requirements of a program director, including knowledge or experience in local protocol and policy. Additionally, the program director must be either a California licensed physician, a registered nurse with a baccalaureate degree, a licensed paramedic with a baccalaureate degree, or an individual with a baccalaureate degree in a related health field or in education. This is consistent with program requirements for current paramedic training program directors (see 22 CCR § 100150(b)) and ensures minimum standards of competency are met by individuals selected for

the position. Requiring knowledge or experience in local protocol and policy ensures the program director is running a program consistent with LEMSA requirements for training programs. Possessing a qualified healthcare license and/or baccalaureate degree in a qualified field also ensures the program director is a deeper knowledge about healthcare and/or education. Additionally, this section establishes the subsections which specify the background experience requirements of a program director. This ensures any potential program director must attest to a minimum standard of experience prior to obtaining employment as a program director.

§100191(b)(3)(A-B) These subsections state the minimum experience required for an individual to work as a CP training program director. They include at least one year in administrative or management-level work, and at least three years of academic or clinical experience in prehospital care education. This is consistent with program requirements for current paramedic training program directors (see 22 CCR §100150(b)) and ensures minimum standards of competency are met by individuals selected for the position, including being current in standards, practices, and knowledge of these areas.

§100191(c) The language in this subsection establishes the subsections which specify the primary duties of a training program director. This clearly establishes the basic duties and ensures that minimum requirements are met for all administration, instruction, evaluation, and policies required of a training program and who is responsible for meeting these requirements. The specific requirements are provided in the subsections below.

§100191(c)(1)-(5) These subsections identify the primary duties of a training program director. They include administration, organization and supervision of the educational program, coordination with the medical director to approve faculty and clinical and internship assignments, development of curriculum and evaluation methods, and ensuring overall training program compliance with this chapter. Program directors verify and assume responsibility for the completion of each student's coursework, and they verify all preceptors as competent and capable of precepting for students during clinical and field experience. This is consistent with program requirements for current paramedic training program directors (see 22 CCR §100150(b)). These duties are essential as the program director provides assurance to both the approving LEMSA and the public that the training program is completely qualified to train EMS personnel in the scope and functions of community paramedicine. Maintaining the duties is essential to maintaining minimum requirements to provide quality training and education for all who participate in the programs.

§100191(d) The language in this subsection establishes the subsections which specify the requirements of training program instructors. This is necessary to

provide clear requirements for instructors to guarantee that only qualified individuals are acting in this capacity and thereby providing quality education and training to the students who will be the individuals implementing these programs every day. The specific requirements are provided in the subsections below.

§100191(d)(1-6) This section establishes the minimum requirements for all instructors. They include a qualified healthcare license, knowledge of course content, teaching experience, a combination of education and experience in an allied health field, and evidence of documented teaching methodology instruction. This is consistent with program requirements for current paramedic training program instructors (see 22 CCR § 100150(c)). These minimum requirements assure the competency of faculty to train EMS personnel in the field of community paramedicine.

§100191.1 This language establishes the new subsections which outline the training program education standards for Community Paramedic Training Programs. This section was created to adhere to HSC 1830(c)(1), which requires the development of minimum standards and curriculum for the Community Paramedicine program specialty.

The standards listed in this section are outlined in the “California Community Paramedic - Education Standards”, which were created by a subcommittee of experts in the fields of healthcare systems/programs and community paramedicine. The standards draw on current community paramedicine domains of learning prescribed by the International Board of Specialty Certifications, which also currently offers an evaluation process to certify community paramedics.

Providing core framework by outlining educational standards for CP training programs ensures that all CP training programs are teaching EMS personnel the same required information to meet minimum standards for effective Community Paramedicine. Without an outline of the standards for curriculum, there would be no practical way to determine whether all approved Community Paramedicine training programs are meeting the minimum training requirements set.

§100191.1(a)(1)(A-K) This subsection outlines the minimum curriculum requirements for the first educational standard set for Community Paramedicine training programs: Foundations of Community Paramedicine. The curriculum “encompasses the foundational knowledge on which the other education standards rest” (CCP-ES, pg. 6). It establishes the roles and responsibilities of the community paramedic and provides an overview of health care and health care systems in both the United States and California. The information required for this standard will equip EMS personnel with background knowledge of CP and the scope in which they will practice.

§100191.1(a)(2)(A-C) This subsection establishes the knowledge and ability milestones EMS personnel should reach through training in the curriculum prescribed under the first CP standard. Requiring training program pupils to reach these milestones ensures that they are grasping the foundational concepts of the standard and are prepared to move forward in the Community Paramedicine training course and ultimately to practice competently within the program.

§100191.1(a)(3)(A-B) This subsection describes the most qualified instructors and preferred instruction methodology for teaching the curriculum prescribed under the first Community Paramedicine standard. The subject matter experts described are ideal for teaching the curriculum of the first standard, as they have direct experience with Community Paramedicine and can provide evidence-based references from their experience, while also teaching the curriculum objectives set under the first standard. The preferred instruction methods are designed to maximize education and training in transmitting the various theories and knowledge to the students.

§100191.1(b)(1)(A-I) This subsection outlines the minimum curriculum requirements for the second educational standard set for Community Paramedicine training programs: Cultural Humility, Equity and Access within Community Paramedicine and Healthcare. The curriculum “provides the community paramedic the tools and perspectives necessary to sustain a successful practice within disadvantaged populations and communities,” (CCP-ES, pg. 6). Through gaining an understanding of diversity and health outcomes determined by age, race, gender, ethnicity, language, ability, socioeconomic status, mental health, and other factors, Community Paramedicine students will learn how to work effectively within a variety of communities to provide better Community Paramedicine for all.

§100191.1(b)(2)(A-E) This subsection establishes the knowledge and ability milestones EMS personnel should reach through training in the curriculum prescribed under the second CP standard: Cultural Humility, Equity and Access within Community Paramedicine and Healthcare. Requiring training program pupils to reach these milestones ensures that they are grasping the foundational concepts of the standard and are prepared to move forward in the Community Paramedicine training course and ultimately to practice competently within the program.

§100191.1(b)(3)(A-B) This subsection describes the most qualified instructors and preferred instruction methodology for teaching the curriculum prescribed under this Community Paramedicine standard. The subject matter experts described are ideal for teaching the curriculum of this standard, as they have direct

experience with Community Paramedicine and health care knowledge from their experience, while also teaching the curriculum objectives set under this standard. The preferred instruction methods are designed to maximize education and training in transmitting the various theories and knowledge to the students.

§100191.1(c)(1)(A-F) This subsection outlines the minimum curriculum requirements for the third educational standard set for Community Paramedicine training programs: Interdisciplinary Collaboration and Systems of Care Navigation. The curriculum “prepares the Community Paramedicine to successfully integrate their role within an interdisciplinary care team and to navigate often complex systems of care (CCP-ES, pg. 7). The lay-person public is not always aware of their options, or the processes required of them to receive treatment. Completion of the curriculum outlined under this standard will ensure that community paramedics are competent in the navigation of the health care systems accessed by their patients, increasing the likelihood that those patients will receive the most appropriate treatment or services they require.

§100191.1(c)(2)(A-D) This subsection establishes the knowledge and ability milestones EMS personnel should reach through training in the curriculum prescribed under the third CP standard: Interdisciplinary Collaboration and Systems of Care Navigation. Requiring training program pupils to reach these milestones ensures that they are grasping the foundational concepts of the standard and are prepared to move forward in the Community Paramedicine training course and ultimately to practice competently within the program.

§100191.1(c)(3)(A-B) This subsection describes the most qualified instructors and preferred instruction methodology for teaching the curriculum prescribed under this Community Paramedicine standard. The subject matter experts described are ideal for teaching the curriculum of this standard, as they have direct experience with Community Paramedicine and health care knowledge from their experience, while also teaching the curriculum objectives set under this standard. The preferred instruction methods are designed to maximize education and training in transmitting the various theories and knowledge to the students.

§100191.1(d)(A-J) This subsection outlines the minimum curriculum requirements for the fourth educational standard set for Community Paramedicine training programs: Client-centered Care. The curriculum “provides the knowledge and tools needed by the Community Paramedic to meet the client where they are and respect the environment in which they operate.” (CCP-ES, pg. 7). The curriculum under this standard teaches the community paramedic to assess, formulate, and revise a client-centered health management plan for each

patient. This ensures each patient is receiving appropriate services and treatment based on their specific needs.

§100191.1(d)(2)(A-B) This section establishes the knowledge and ability milestones EMS personnel should reach through training in the curriculum prescribed under the fourth CP standard: Client-centered Care. Requiring training program pupils to reach these milestones ensures that they are grasping the foundational concepts of the standard and are prepared to move forward in the Community Paramedicine training course and ultimately to practice competently within the program.

§100191.1(d)(3)(A-B) This subsection describes the most qualified instructors and preferred instruction methodology for teaching the curriculum prescribed under this Community Paramedicine standard. The subject matter experts described are ideal for teaching the curriculum of this standard, as they have direct experience with Community Paramedicine and health care knowledge from their experience, while also teaching the curriculum objectives set under this standard. The preferred instruction methods are designed to maximize education and training in transmitting the various theories and knowledge to the students.

§100191.1(e)(1)(A-J) This subsection outlines the minimum curriculum requirements for the fifth educational standard set for Community Paramedicine training programs: Community and Public Health. The curriculum “prepares the Community Paramedicine to work collaboratively and effectively within the community and public health infrastructure.” (CCP-ES, pg. 7). The curriculum under this standard teaches the community paramedic to study and engage in the local community through public health planning, response, and monitoring. This teaches each community paramedic to have situational awareness of the overall community they serve and ensures they will have the competency to actively participate in a support response for mass events.

§100191.1(e)(2)(A-C) This section establishes the knowledge and ability milestones EMS personnel should reach through training in the curriculum prescribed under the fifth CP standard: Community and Public Health. Requiring training program pupils to reach these milestones ensures that they are grasping the foundational concepts of the standard and are prepared to move forward in the Community Paramedicine training course and ultimately to practice competently within the program.

§100191.1(e)(3)(A-B) This subsection describes the most qualified instructors and preferred instruction methodology for teaching the curriculum prescribed under this Community Paramedicine standard. The subject matter experts described are ideal for teaching the curriculum of this standard, as they have direct

experience with Community Paramedicine and health care knowledge from their experience, while also teaching the curriculum objectives set under this standard. The preferred instruction methods are designed to maximize education and training in transmitting the various theories and knowledge to the students.

§100191.1(f) This subsection identifies the minimum length of 150 hours for any community paramedicine training program and specifies that the curriculum may be delivered through a combination of classroom hours, out of classroom assignments, standardized patient experiences, clinical experiences, and internship.

The 150-hour minimum was determined based on a national data review, (indicating a range of 120 to 250+ hours for Community Paramedicine training programs throughout the nation,) and the UCLA community paramedicine education pilot, which was 150 hours, in length. This ensures each training program is long enough to deliver the curriculum required to meet the minimum standards of Community Paramedicine education. Specifying that each program can use a combination of teaching methods, and experience through training and internships, allows each program to structure their curriculum delivery based-on the areas of greatest need in the local community.

§100191.2(a) This section establishes the testing requirements for EMS personnel completing Community Paramedicine training. The requirements include two formative examinations and one final, comprehensive, competency-based examination to test the knowledge and skills imparted during attendance at a training program. This is consistent with program requirements for current paramedic training program testing (see 22 CCR §100156) and is designed to show a minimal level of competency has been achieved by the individual following the required training.

§100191.2(b) This section establishes successful student clinical and field internship performance as requirements prior to course completion. Requiring successful internship completion ensures that each student is competent in the practice of community paramedicine and provides for first-hand experience for each student while under direct supervision, allowing the student to gain experience while maintaining high quality health care for the patient.

§100192(a) and (a)(1-3) This is the same and for the same reasons as provided in section §100191(a) and subsections (a)(1-3) above, as applied to Triage to Alternate Destination training programs.

§100192(b) This is the same and for the same reasons as provided in section §100191(a) above, as applied to Triage to Alternate Destination training program medical director duties.

§100192(b)(1-4) This is the same and for the same reasons as provided in section §100191(a)(1-4) above, as applied to Triage to Alternate Destination training programs.

§100192(c)(1-3) & (3)(A-B) This is the same and for the same reasons as provided in section §100191(b)(1-3) & (3)(A-B) above, as applied to Triage to Alternate Destination training programs.

§100192(d)(1-5) This is the same and for the same reasons as provided in section §100191(c)(1-5) above, as applied to Triage to Alternate Destination training programs.

§100192(e) and (e)(1) & (2) This is the same and for the same reasons as provided in section §100191(d) and subsection (d)(1) and (2) above, as applied to Triage Alternate Destination training programs.

§100192(e)(3) This section establishes that each TAD instructor must demonstrate at least two years of experience in the subject matter they are teaching, within the past five years. This can include a current license and/or certification in the specialized subject matter, where applicable. Requiring each instructor to have a combination of licensing/certification and experience in the field of the specialized subject matter covered through their instruction ensures they are competent and current in their expertise to teach the subject matter to students.

§100192(e)(4-6) This is the same and for the same reasons as provided in section §100191(d)(4-6) above, as applied to Triage to Alternate Destination training programs.

§100192(e)(7) This subsection establishes the minimum requirements for an instructor of mental health crisis intervention curriculum for a TAD program. Pursuant to HSC 1831, any instructor in this area must be a licensed physician or surgeon with experience in patient mental health services and in the emergency department of a general acute hospital. This experiential background ensures the instructor has been in the emergency department, assessing patients and solidifying their own awareness of the needs of individuals in a mental health crisis.

§100192.1(a) The language in this subsection establishes the subsections identifying specific training topics to include in all Triage to Alternate Destination training programs. Providing core framework by outlining educational standards for these training programs ensures that all training programs are teaching EMS personnel the same information. Without an outline of the standards for curriculum, there would be no practical way to determine whether all approved Triage to Alternate Destination training programs are meeting the minimum training requirements set by the Authority and allow the LEMSA to include areas that are relevant to that geographic area. The provides a state minimum standard for all that benefits everyone's health and safety, while allowing for local needs to further the benefits for local peoples.

§100192.1(a)(1-4) These subsections list the specialty topics required in any Triage to Alternate Destination training program, pursuant to HSC 1831 (c). These training topics ensure each paramedic certified for these program services is competent to provide the essential services of a Triage to Alternate Destination program.

§100192.1(b) This subsection identifies the minimum length of Triage to Alternate Destination training programs as 40 hours, with up to 8 hours of internship experience. The hours may be a combination of in-classroom work, out-of-classroom work, standardized patient experiences, and clinical experiences. Requiring a minimum length for the program ensures each training program is long enough to deliver the curriculum required to meet the minimum standards of Triage to Alternate Destination education. Specifying that each program can use a combination of teaching methods, and experience through field experiences, allows each program to structure their curriculum delivery based-on the areas of greatest need in the local community.

§100192.2 This is the same and for the same reasons as provided in section §100191.2 above, as applied to Triage to Alternate Destination training programs.

§100193 This section identifies the scope of practice to be utilized by Community Paramedicine and Triage to Alternate Destination paramedics, including any local optional scope developed to address population needs of a specific geographic area. Identifying the scope of practice to be utilized ensures both types of paramedics are providing approved services, for which they have been trained. This promotes continuity of care throughout each community and protects the public from any unauthorized treatments that may not have been included in the respective training curriculums.

§100194(a) Pursuant to HSC 1852, this subsection establishes that a community paramedic shall only utilize community paramedicine skills when accredited by

the LEMSA as a Community Paramedic within that LEMSA jurisdiction, and when associated with that LEMSAs overseen, approved Community Paramedicine Service Program(s). This ensures each community paramedic in the field has been appraised by the accrediting LEMSA for the area they are serving. Without this requirement, there would be no process to ensure paramedics are properly trained in the provision of community paramedicine services as it pertains to a specific jurisdiction and state minimum standards.

§100194(b) Pursuant to HSC 1852, this subsection establishes that a LEMSA must register the Community Paramedic accreditation in the Central Registry public look-up database within five (5) business days of application approval. The Central Registry is a public look-up which allows employers, applicants, and the communities they serve to view the accreditation status of any paramedic licensed, (currently or in the past,) in the State of California. Requiring accurate information in this system prevents errors such as an employer allowing a paramedic to work in community paramedicine when they are unaccredited. Five days provides ample time for a LEMSA to register the new accreditation, while avoiding long delays that would defeat the Central Registry's purpose as for providing current, accurate information to the public.

§100194(c) This subsection establishes that an initial Community Paramedic accreditation is becomes effective once recorded in the Central Registry public-lookup database. The Central Registry is directly connected to the licensure system in which accreditations are processed and approved. Once approved, the Central Registry instantly updates a license record to reflect accreditation, which ensures the public that a paramedic can begin functioning in a community paramedicine capacity. This creates a public record and prevents "word of mouth" approval that can neither be tracked nor relied upon.

§100194(d) This subsection establishes that a community paramedicine accreditation expires on the last day of the month, two years from the effective date of the initial accreditation. This ensures a limit is placed on the amount of time a paramedic can provide community paramedic services after completing training. Without a term limit for the accreditation, a paramedic could continue practicing for years, without updating their training or learning new techniques and improved methods in the world of community paramedicine which could create a danger to public health. Two years is the current standard in the EMS industry for licensing, certificate, and accreditation renewal.

§100194(e) This subsection establishes that community paramedicine accreditation must be renewed every two years by the LEMSA overseeing the program in the jurisdiction where the Community Paramedic is associated. This

ensures a limit is placed on the amount of time a paramedic can provide community paramedic services before they must acquire new training. Without a renewal requirement for the accreditation, a paramedic would have no way to renew their accreditation.

§100194.1(a) This subsection establishes the following subsections, which specify the requirements for a community paramedicine accreditation initial application. Clearly establishing the requirements ensures that the same minimum requirements are met for all applicants approved for accreditation.

§100194.1(a)(1-4) These subsections establish the eligibility documentation required for a complete community paramedicine initial application. The first requirement, proof of an active, unrestricted California issued paramedic license, ensures that an applicant has completed a paramedic training program and is competent to perform paramedic services in the field. The second requirement, a Social Security Number or Tax Identification number ensures that an individual applicant has a form of identification specifically unique to them, allowing them to work as a paramedic. The third requirement, a course completion certificate from a LEMSA approved community paramedicine training program, ensures the applicant has completed the minimum training requirements to provide community paramedicine services to the public. Lastly, proof of passing the IBSC Community Paramedic-C examination for Community Paramedicine within the past two years ensures each paramedic has demonstrated that they have retained the knowledge from their training, and they are competent in community paramedicine practices. Combined, these requirements ensure each, individual paramedic who applies for a community paramedicine accreditation has completed all background training and has shown they have retained the information essential to the provision of community paramedicine services.

§100194.1(b) This subsection establishes the response timeframe required for a LEMSA when a community paramedicine applicant submits documentation for approval. Requiring the LEMSA to notify an applicant of approval or incomplete documentation within thirty days ensures that the applicant will be made aware of approval or of incomplete documentation, and ensures the approval process will not be stopped, indefinitely.

This subsection also establishes the following subsections, which specify the notifications a LEMSA may provide to an applicant, within the designated timeframe. Clearly establishing these responses ensures a LEMSA is consistently notifying each applicant, using the same standards.

§100194.1(b)(1-3) These subsections identify the notification options a LEMSA may choose from, based on the completeness of a community paramedicine accreditation application. A LEMSA may notify an applicant of incomplete or

illegible documentation requiring corrective action, an approved application including data that has been entered into the Central Registry, or application denial including reason and notification of the applicant's right to appeal. Notifying an applicant of incomplete or ineligible documentation and required corrective action allows each applicant to amend their application to show completion of all requirements. Notification of approval establishes an effective date for a license and alerts a paramedic that they may begin to provide community paramedicine services. Notification of denial ensures a paramedic is aware that they did not meet the minimum requirements for community paramedicine accreditation and ensures the paramedic is aware they are not approved to provide services and to know reason for the denial and the local appeal process if they believe the denial is in error.

§100194.2(a) This subsection establishes the following subsections, which specify the requirements for a community paramedicine accreditation renewal application. Clearly establishing the requirements ensures that the same minimum requirements are met for all applicants approved for accreditation renewal.

§100194.2(a)(1-3) These subsections establish the eligibility documentation required for a complete community paramedicine renewal application. The first requirement, proof of a current, unrestricted California issued paramedic license, ensures that an applicant has completed a paramedic training program and is competent to perform paramedic services in the field. The second requirement, proof of completion of 12 hours approved local community paramedicine related continuing education (CE) within the two-year licensure cycle, ensures the applicant has completed continuing education to ensure continued competency in current community paramedicine practices. Lastly, continued active, unrestricted IBSC certification ensures each paramedic has proven they have retained the knowledge from their training, and they are competent in community paramedicine practices. Combined, these requirements ensure each accredited community paramedic continues to meet the minimum competency requirements to provide community paramedicine services.

§100194.2(b) This subsection establishes the response timeframe required for a LEMSA when a community paramedicine applicant submits documentation for approval. Requiring the LEMSA to notify an applicant of approval or incomplete documentation within thirty days ensures that the applicant will be made aware of approval or of incomplete documentation, and ensures the approval process will not be stopped, indefinitely.

This subsection also establishes the following subsections, which specify the notifications a LEMSA may provide to an applicant, within the designated

timeframe. Clearly establishing these responses ensures a LEMSA is consistently notifying each applicant, using the same standards.

§100194.2(b)(1-2) These subsections identify the notification options a LEMSA may choose from, based on the completeness of a community paramedicine accreditation renewal application. A LEMSA may notify an applicant of incomplete or ineligible documentation requiring corrective action, or of an approved application and that renewal data that has been entered into the Central Registry. Notifying an applicant of incomplete or ineligible documentation and required corrective action allows each applicant to amend their application to show completion of all requirements. Notification of approval establishes an effective date for license renewal and alerts a paramedic that they may continue to provide community paramedicine services.

§100194.3(a) This subsection establishes the following subsections, which specify the requirements for a community paramedicine accreditation reinstatement application for an accreditation that has expired 12 months or less. Clearly establishing the requirements ensures that the same minimum requirements are met for all applicants approved for accreditation reinstatement.

§100194.3(a)(1-3) These subsections establish the eligibility documentation required for a complete community paramedicine reinstatement application. The first requirement, proof of a current, unrestricted California issued paramedic license, ensures that an applicant has completed a paramedic training program and is competent to perform paramedic services in the field. The second requirement, proof of completion of 12 hours approved local community paramedicine related continuing education (CE) within the two-year licensure cycle, ensures the applicant has completed continuing education to ensure continued competency in current community paramedicine practices. Lastly, continued active, unrestricted IBSC certification ensures each paramedic has proven they have retained the knowledge from their training, and they are competent in community paramedicine practices. Combined, these requirements ensure each accredited community paramedic continues to meet the minimum competency requirements to provide community paramedicine services.

§100194.3(b) This subsection establishes the following subsections, which specify the requirements for a community paramedicine accreditation reinstatement application for an accreditation that has expired more than 12 months. Clearly establishing the requirements ensures that the same minimum requirements are met for all applicants approved for accreditation reinstatement.

§100194.3(b)(1-3) These subsections establish the eligibility documentation required for a complete community paramedicine reinstatement application for a certification that has expired more than 12 months. The first requirement, proof of an active, unrestricted California issued paramedic license, ensures that an applicant has completed a paramedic training program and is competent to perform paramedic services in the field. The second requirement, a course completion certificate from a LEMSA approved community paramedicine training program, ensures the applicant has completed the minimum training requirements to provide community paramedicine services to the public. Lastly, proof of passing the IBSC Community Paramedic-C examination for Community Paramedicine within the past two years ensures each paramedic has proven they have retained the knowledge from their training, and they are competent in community paramedicine practices. Combined, these requirements ensure each, individual paramedic who applies to reinstate a community paramedicine accreditation has updated all background training and has shown they have retained the information essential to the provision of community paramedicine services.

§100194.3(c) This subsection establishes the response timeframe required for a LEMSA when a community paramedicine applicant submits documentation for approval. Requiring the LEMSA to notify an applicant of approval or incomplete documentation within thirty days ensures that the applicant will be made aware of approval or of incomplete documentation, and ensures the approval process will not be stopped, indefinitely.

This subsection also establishes the following subsections, which specify the notifications a LEMSA may provide to an applicant, within the designated timeframe. Clearly establishing these responses ensures a LEMSA is consistently notifying each applicant, using the same standards.

§100194.3(c)(1-3) These subsections identify the notification options a LEMSA may choose from, based on the completeness of a community paramedicine accreditation application. A LEMSA may notify an applicant of incomplete or ineligible documentation requiring corrective action, an approved application including data that has been entered into the Central Registry, or application denial including reason and notification of the applicant's right to appeal. Notifying an applicant of incomplete or ineligible documentation and required corrective action allows each applicant to amend their application to show completion of all requirements. Notification of approval establishes an effective date for a license and alerts a paramedic that they may begin to provide community paramedicine services. Notification of denial ensures a paramedic is aware that they did not meet the minimum requirements for community paramedicine accreditation and ensures the paramedic is aware they are not approved to provide services and to know reason for the denial and the local appeal process if they believe the denial is in error.

§100195 This is the same and for the same reasons as provided in section §100194 and its respective subsections above, with the exception that this subject is pursuant to section 1853 HSC, as applied to the Triage to Alternate Destination programs.

§100195.1 This is the same and for the same reasons as provided in section §100194.1 and all its respective subsections above, as applied to the Triage to Alternate Destination programs.

§100195.2 This is the same and for the same reasons as provided in section §100194.2 and all its respective subsections above, as applied to the Triage to Alternate Destination programs.

§100195.3 This is the same and for the same reasons as provided in section §100194.3 and its respective subsections, as applicable, above, as applied to the Triage to Alternate Destination programs.

§100196(a) This subsection establishes that Community and Triage to Alternate Destination Paramedics are accredited pursuant to maintaining an active, unrestricted California issued paramedic license and in accordance with the requirements and responsibilities of Sections 100135 through 100144.1 of this division. This section serves as a reminder that this statutory requirement is in effect for Community Paramedicine and Triage to Alternate Destination paramedics, thereby ensuring that if an action is taken against a paramedic's license, they will not be able to continue working in these programs.

§100196(b) This subsection establishes that Community and Triage to Alternate Destination Paramedics are subject to discipline proceedings and standards described in Sections 100173 through 100176 of this division. This provides that a paramedic is subject to the standard disciplinary process while engaging in these programs.

OTHER REQUIRED SHOWINGS – GOVERNMENT CODE §11346.2(b)(2)-(5)

Studies, Reports, or Documents Relied Upon – Gov. Code §11346.2(b)(3):
California Community Paramedic Education Standards (as presented to the regulations oversight committee June 2021).

The CALIFORNIA COMMUNITY PARAMEDIC EDUCATION STANDARDS was developed according to the provisions of Division 2.5, Chapter 13, Section 1830(a) of the Health and Safety code (AB 1544) and fulfills the requirement for minimum standards and curriculum for the development of community

paramedic programs and program specialties. This document was drafted and reviewed by the advisory committee formed pursuant to Health and Safety Code section 1825.

Reasonable Alternatives That Would Lessen the Impact on Small Business – Government Code §11346.2(b)(4)(B): None

Reasonable Alternatives That Would Be Less Burdensome and Equally Effective – Government Code §11346.2(b)(4)(A): No such alternatives have been proposed, however, EMSA welcomes comments from the public.

Evidence Relied Upon to Support the Initial Determination That the Regulation Will Not Have a Significant Adverse Economic Impact on Business – Government Code §11346.2(b)(5): Participation at all levels, government, business, and individual, in these new programs is optional. The regulations provide the guidance, standards, and requirements for those who choose to participate in the new programs. There is no requirement that the programs anyone participate in the programs. Additionally, a handful of areas have been participating in the pilot project of these programs for over five years without a significant adverse economic impact.

ECONOMIC IMPACT STATEMENT – GOVERNMENT CODE § 11346.3(b)(1)(A)-(D)

The regulatory proposal may create new jobs, create new businesses and/or expand existing businesses, as requires new training for all personnel who wish to practice in the new programs. Therefore, new training and new training programs would be necessary, thereby expanding the potential for more and new training. It might, but is unlikely to result in a significant impact, increase the number of EMS personnel given new duties and responsibilities as it relates to a Community Paramedicine program. The health and welfare of California residents and anyone in California, as well as to a lesser degree worker safety, will benefit from these programs, which would expand the scope of practice of EMS personnel providing additional ways of delivering health care. There are no known impacts on the state's environment.