

STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
March 16, 2022
10:00 A.M. – 1:00 P.M.

This meeting will be conducted pursuant to Governor Newsom's [Executive Order N-1-22](#) issued on January 5, 2022, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic.

Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by Zoom and teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in the Notice.

Zoom:

<https://us06web.zoom.us/j/86377496948>

Teleconference number: 1-669-900-6833

Webinar ID: 863 7749 6948

AGENDA

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of December 8, 2021 Minutes**
- 3. Director's Report**
- 4. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Legal Report
 - C. Enforcement Report

Regular Calendar

- 5. EMS Administration**
 - A. Legislative Report
 - B. Regulations Update

- a. Community Paramedicine and Triage to Alternate Destination
Regulation Development Update
- C. California EMS System Strategic Planning Advisory Committee

6. EMS Systems

- A. Ambulance Patient Offload Time Update

7. EMS Response to Behavioral Health Patients

- A. Behavioral Health Surveys

8. EMS Personnel

- A. Alameda EMS Corps Presentation
- B. Labor & Workforce Development Agency Presentation on the
Governor's Budget

9. Disaster Medical Services Division

- A. State Medical Response Update

10. Election of Officers

11. Items for Next Agenda

12. Public Comment

13. Adjournment

A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at www.emsa.ca.gov. This event will be held in an accessible facility.

Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Zoë Jones at executive.assistant@emsa.ca.gov, no less than 7 days prior to the meeting.

EMERGENCY MEDICAL SERVICES AUTHORITY

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: 2

SUBJECT: Review and Approval of December 8, 2021 Minutes

PRESENTER: Atilla Uner
Chair, Commission on EMSCONSENT: ___ ACTION: X INFORMATION: ___**RECOMMENDATION**

Approve the meeting minutes from the December 8, 2021, Commission on Emergency Medical Services (EMS) Meeting.

FISCAL IMPACT

None

SUMMARY

The prior meeting of the Commission on EMS occurred December 8, 2021. Each Commission on EMS meeting is transcribed by a third-party vendor. That vendor also drafts meeting minutes, which summarize what is said during the meeting. Those draft minutes are then edited by the Emergency Medical Services Authority (EMSA) to ensure accuracy and completion.

The Commission on EMS may request modifications to the meeting minutes or may approve the version of the minutes included in this agenda item.

ATTACHMENT(S)

Minutes of Teleconference Meeting: Wednesday, December 8, 2021.

**STATE OF CALIFORNIA
COMMISSION ON EMS**

**Minutes of Teleconference Meeting
Wednesday, December 8, Zoom
Call-In Number 669-900-6833; Code 810 2449 6375**

COMMISSIONERS PRESENT:

Steve Barrow, Sean Burrows, Curtis Brown, James Dunford, M.D., Thomas Gautreau, M.D., Thomas Giandomenico, Nancy Gordon, James Hinsdale, M.D., Lydia Lam, M.D., Ken Miller, M.D., Ph.D., Jodie Pierce, Karen Relucio, M.D., Paul Rodriguez, Carole Snyder, Jim Suver, Kristin Thompson, Atilla Uner, M.D., Todd Valeri, and Kristin Weivoda

COMMISSIONERS ABSENT:

None

EMS AUTHORITY STAFF PRESENT:

Elizabeth Basnett, Louis Bruhnke, Sergy El-Morshedy, Hernando Garzon, M.D., Kent Gray, Craig Johnson, Zoë Jones, Kim Lew, Jennifer Lim, Steven McGee, Tom McGinnis, and Lou Meyer

AUDIENCE PRESENT (partial list):

Mike Dayton, Assembly Committee on Emergency Management
Kristi Koenig, EMS Medical Director, San Diego County
Sheree Lowe, California Hospital Association
Dave Magnino, National EMS Memorial Bike Ride/Muddy Angels
Justin Matsushita, Santee Fire Department

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Atilla Uner, M.D., called the teleconference meeting to order at 10:12 a.m. Nineteen Commissioners were present. He led the Pledge of Allegiance and reviewed the meeting protocols and meeting agenda.

2. REVIEW AND APPROVAL OF SEPTEMBER 22, 2021, MINUTES

Action: Commissioner Hinsdale moved approval of the September 22, 2021, Commission on Emergency Medical Services Meeting Minutes as presented. Commissioner Snyder seconded. Motion carried unanimously with no abstentions.

3. DIRECTOR'S REPORT

A. EMSA Program Updates

Elizabeth Basnett, Acting Director, provided an overview of her background, her role at Agency, and the EMS Authority vision for 2022. She reviewed the three goals for 2022: data and technology; partnerships and service orientation, and strategic planning.

Hernando Garzon, M.D., Medical Director, provided an overview of the status of health care in California and what the EMS Authority has been doing to support and assist during the COVID-19 surge.

4. CONSENT CALENDAR

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

Action: Commissioner Gordon moved approval of all items on the consent calendar. Commissioner Relucio seconded. Motion carried unanimously with no abstentions. The item was noted and filed.

REGULAR CALENDAR

5. EMS ADMINISTRATION

- A. Legislative Report

Sergy El-Morshedy, Legislative Coordinator, summarized the EMSA 2021 Legislative Summary of the bills currently being tracked and analyzed by staff, which was included in the meeting packet and posted on the website.

Discussion

Commissioner Barrow asked how Assembly Bill (AB) 450 changed the Commission's authority to have a separate board for appeals or licensure issues.

Steven McGee, Counsel, stated, prior to AB 450, proposed decisions rendered by an administrative law judge went to the director of the EMS Authority for acceptance, modification, or rejection. The Paramedic Disciplinary Review Board will now review those decisions and determine whether to accept, modify, or reject them and send them back to the Office of Administrative Hearings.

Commissioner Gautreau asked about the makeup of this board and whether that is mandated in legislation.

Mr. El-Morshedy stated the seven-member board will be made up one California-licensed physician whose primary practice is emergency medicine, four members will be field paramedics with not less than five years of experience working as a paramedic for an ALS provider, and two members shall be public members with no pecuniary interest in the provision of EMS and are not employed in EMS or licensed by the EMSA.

Commissioner Barrow asked about the appointing authority.

Mr. El-Morshedy stated it is a mix of the Governor and the Legislature.

Public Comment

No public comment.

B. Regulations Update

Kent Gray, Regulations Manager, reviewed the Regulations Update of the regulations being promulgated, which was included in the meeting materials.

Public Comment

No public comment.

6. EMS RESPONSE TO BEHAVIORAL HEALTH PATIENTS

Chair Uner reviewed the background and details on the recommendations made by the Subcommittee on Behavioral Health, which were included in the meeting materials. The Subcommittee recommendations were as follows:

1. The topic of behavioral health in EMS becomes a standing agenda item for discussion at Quarterly Commission on EMS Meetings. This is not to be part of the Consent Calendar.
2. The Commission on EMS recommends the joint position paper Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners as a guiding principle for local emergency medical services agencies (LEMSAs), from which to create (or modify) policies and procedures.
3. The Commission requests EMSA to survey the LEMSAs regarding their current protocols and procedures for behavioral health responses.

Chair Uner noted that LEMSAs are already taking action to introduce extensive substance use and mental health response protocols in response to Recommendation 2. He stated data from the survey to the LEMSAs, as per Recommendation 3, will be reported at the next meeting.

Louis Bruhnke, Chief Deputy Director, confirmed that the survey was sent to the President of the Emergency Medical Services Administrators' Association of California (EMSAAC) yesterday for distribution to EMSAAC members. Responses to the survey will be returned to staff within the next two to three weeks.

Public Comment

Jennifer Lim, Deputy Director, read a comment from Dr. Kristi Koenig, EMS Medical Director, San Diego County and former Commissioner, from the Chat section. Dr. Koenig asked for the names of the drugs being moved from local optional scope to scope of practice and about the date the move will take place.

Kent Gray stated the drugs are acetaminophen, ketorolac, ketamine, and tranexamic acid (TXA). He stated the regulations package will be sent to the control agency early next year. The regulations should be in place around spring of next year.

7. SOBERING CENTERS AND CalAIM

Commissioner Dunford provided an overview of the Department of Health Care Service's (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) Initiative, which designates sobering centers as one of 14 reimbursable, nontraditional services to transform and strengthen Medi-Cal. A Staff Report on sobering centers was included in the meeting materials, and a link to the Medi-Cal In Lieu of Services (ILOS) Policy Guide put out by the DHCS was posted in the Chat section.

Commissioner Dunford noted that the CalAIM Initiative will correlate well with the new alternate destination regulations. Beginning as early as January 1, 2022, the initiative will potentially impact LEMSAs in that it will provide the opportunity for communities to partner with sobering centers to coordinate care and services across a range of care to reduce emergency department visits and hospitalizations.

Commissioner Dunford stated Assembly Bill (AB) 1544 focused on bringing patients to more appropriate destinations. CalAIM incentivizes insurance companies to provide alternate destination services, which will require LEMSA participation. It is important to understand how EMS will fit into the reimbursement process of bringing patients to alternate destinations.

Discussion

Commissioner Miller stated the proposed regulations include a high-level definition of a sobering center. He suggested looking at the regulations to consider how that definition affects the options, since not all sobering centers will be eligible.

Commissioner Dunford agreed that the definition of a sobering center is complicated. A sobering center in one community may not be what is needed in another. Flexibility is key. He stated in addition to EMS bringing individuals to sobering centers, the CalAIM Initiative also imagines emergency departments transferring individuals to sobering centers after medical clearance to help navigate them to treatment.

Commissioner Barrow stated the need to consider the special requirements of rural clinics and hospitals. There are increased costs in rural areas. He stated the need for an elevated cost recovery for providers such as EMS transport systems in rural areas. Also, there are few sobering centers in rural areas. He suggested allowing individuals to cross jurisdictions that are using community paramedicine to get to those more isolated sobering centers in the rural areas.

Chair Uner agreed it is important to consider the rural areas and their unique geographic and budgetary challenges.

Public Comment

No public comment.

8. EMS PERSONNEL

A. AB 2293 EMT Denial Report - Reporting Year: 2020

Kim Lew, Chief of the EMS Personnel Division, stated AB 2293 went into effect in 2019 and requires the EMS Authority to collect initial EMT and advanced EMT (AEMT) certification, age, gender, ethnicity, and criminal history data from California's 68

certifying entities and to annually report to the Commission and the Legislature the extent to which prior criminal history may be an obstacle to certification as an EMT or AEMT. The EMS Authority's second report for the calendar year of 2020 was included in the meeting materials. She noted that the EMS Authority found minimal correlation between age, gender, ethnicity, or criminal history and the approval or denial of EMT and AEMT certifications.

Discussion

Chair Uner asked about the restrictions for applicants that were restricted but certified.

Chief Lew stated it was typically probation for one to three years.

Commissioner Barrow asked about details of a criminal background check.

Chief Lew stated the legislation did not provide the level of detail to require specific criminal record information.

Chair Uner asked if the criminal history of those who were denied certification is known.

Chief Lew stated not at this time as it was not a required data element.

Vice Chair Burrows asked if there is a correlation to juvenile criminal history.

Chief Lew stated it is completely separate. Juvenile records are typically sealed.

Commissioner Dunford asked if there is a way to learn if individuals have been denied certification who have previously been through training and have fought fires in California.

Chief Lew stated there currently is no means of collecting that type of data.

Commissioner Gautreau stated there is no way to predict whether a potentially relatively minor youthful offense is going to result in candidates being denied certification. It also makes it difficult for the schools to know whether or not they should accept a candidate.

Chief Lew agreed and stated it is difficult to predict if someone will be accepted by a certifying entity or not. Also, individuals tend to try other certifying entities if they are denied due to differing requirements among the jurisdictions.

Chair Uner asked if candidates must divulge that they were denied by another certifying agency.

Chief Lew stated all certifying entities are expected to update the Share my License licensure and certification system as part of the certification process, where the disciplinary history should be placed, including the action of a denial in that particular jurisdiction.

Commissioner Barrow asked if EMSAAC OR the EMS Directors Association of California (EMDAC) has seen problems with variation across jurisdictions and how they deal with it.

Commissioner Miller, an EMDAC representative, stated his LEMSA strives to be consistent on the various conditions for licensure. It has been rare or nonexistent that a

case comes for approval or denial that is questionable. The regulations provide good guidance and are clear about the conditions that result in denial of an EMT license.

Public Comment

The following public comments were read from the Chat section:

A comment asked about standards for application acceptance or denial for EMT licensure.

Mr. McGee stated a standard set of criteria has been in regulation since 2010, which is virtually the same for paramedics and EMTs.

Cathy Chidester wrote there are standards and model disciplinary orders.

A comment stated individuals can work across county lines once they have been certified by one certifying agency.

A comment asked, if there are standards, how one LEMSA can allow certification while another denies it.

Mr. McGee stated certification denial is done on a case-by-case basis. Mitigation factors to take into consideration are listed in the regulations and the model disciplinary orders.

Cathy Chidester wrote that paramedic and EMT schools have access and know the absolute denials and can inform potential students. There are cases that require judgment, which is where the discrepancies may come in.

9. DISASTER MEDICAL SERVICES DIVISION

A. State Medical Response Update

Craig Johnson, Chief of the Disaster Medical Services Division, reviewed the State Medical Response Update, which was included in the meeting materials. He provided information on the EMS Authority's response activities to date and highlighted current activities underway.

Discussion

Commissioner Dunford asked if all volunteers guarantee that they have been vaccinated and if there has been a significant incidence of illness and burnout on the job that might hinder volunteerism.

Chief Johnson stated a vaccination requirement is in place at the state level. Regarding burnout, volunteers have stood strong with excellent camaraderie and team effort throughout this long response. Although there were problems, limiting the duration of deployments and giving down time when possible have added to the effectiveness of the volunteer program.

Commissioner Relucio asked if the state Health Corps training can also be offered to the local Medical Reserve Corps (MRC), since some volunteers have signed up for both. There is an opportunity to unify the training.

Chief Johnson stated the plan is to include the Health Corps, Disaster Healthcare Volunteers (DHV), and the MRC volunteers in as many activities as possible.

Public Comment

A comment was posted in the Chat section congratulating Chief Johnson on the great work completed.

10. EMS SYSTEMS

A. Community Paramedicine Pilot Project Status

Lou Meyer, Project Manager Consultant for the Community Paramedicine Pilot Project, reviewed the background, summary, enrollment status, and statutory and fiscal responsibility changes to the 14 remaining community paramedicine or alternate destination pilot projects. Detailed information was included in the meeting materials. He stated the EMS Authority has executed an agreement with UCSF for continuation of providing the independent evaluation of the project, as required under AB 1544. UCSF's next quarterly report, due by the end of 2021, reveals a combined project total of 13,617 patients; 686 of those were enrolled during the last quarter, which is consistent with past reports.

Discussion

Chair Uner asked for verification that future areas interested in launching a new pilot project would need to wait until the regulation is finalized.

Mr. Meyer stated the original authorized Office of Statewide Health Planning and Development (OSHPD) pilot projects are now under the EMSA. There will be no pilot project applications once the regulation is implemented.

Commissioner Barrow stated the reimbursement rate in rural areas needs to be differentiated to allow the utilization of community paramedicine to its full extent. Without reimbursement, it will be difficult to get those destinations up and running in rural areas.

Mr. Meyer stated he was unable to respond about reimbursements, but he agreed that the provider should be reimbursed for services rendered. One of the main arguments from the insurance companies in the past was to come back and discuss reimbursements when this is no longer a pilot project. It is getting close to that time.

Public Comment

No public comment.

B. Ambulance Patient Off-Load Time (APOT) Report

Tom McGinnis, Chief of the EMS Systems Division, reviewed the background, process to date, and the second report to the Commission for this year regarding the APOT tracking. Future reports will come out in June and December. Staff is considering

display options for the tracking data. The APOT Committee has been established with 20 members, including EMSA staff and stakeholders, and is chaired by Sean Trask, former Chief of the EMS Personnel Division. The Committee is discussing avenues, processes, and toolkits to help decrease APOT and to make the data more useable and accessible.

Discussion

Chair Uner stated the third APOT Committee meeting will be held on January 5th. The Committee will continue discussions on the goal patient offload times.

Commissioner Suver encouraged the Committee to continue to refine the data metrics. A key problem to be resolved is the difference in methodology between the hospitals.

Commissioner Gautreau requested including all ranges of offload times in the data so that the extreme offload times are not lost. The high-end and low-end times would be good data to have because it implicates two different problems. Midrange data shows the routine offload time during standard conditions. It is important to note what happens when the hospital gets stressed, which may be very different.

Commissioner Miller agreed that the maximum APOT data can be a sensitive indicator when throughput stress is happening in health care systems.

Commissioner Thompson agreed that having real-time data is important. She stated appreciation that the Committee is addressing the problem, even though there are inconsistencies in the data.

Commissioner Hinsdale asked where to start to get better at getting accurate hospital data.

Chief McGinnis stated it is difficult to specify exactly what will provide the best data. There are differing scales of value on all sides. While APOT is a significant issue in California, many other places across the country have similar problems and are also experiencing different types of issues with getting reliable data. The APOT Committee is made up of a broad representation of stakeholders, which provides a unique opportunity to get the best information possible to make these assessments.

Commissioner Gautreau stated some hospitals do a better job than others. He suggested that the Committee look at factors that may influence that, such as case mix index and percentage of patients coming by ambulance to determine if management practices need to be considered.

Public Comment

Chair Uner read a comment from Mike Dayton, Assembly Committee on Emergency Management, in the Chat section asking if the APOT Committee meetings are open to the public.

Chief McGinnis stated these meetings are not generally open to the public.

Sheree Lowe, California Hospital Association representative on the APOT Committee, stated the Acting Director's goals of data and partnership fit well with the offload issue. Data integrity reliability must first be assured before solution development can be informed. She noted that the reports presented in the last two EMSA meetings are not reliable for decision-making or policy purposes. For example, there are closed hospitals that are listed and other hospitals that are listed multiple times. It is important to note that, of the hospitals identified, 75 percent of the offloads were handled in under 20 minutes and that those hospitals' performances held steady in the September and December reports.

Commissioner Gautreau stated data is rarely perfect. Looking at imperfections in the data and suggesting that they overestimate the problem is incorrect. Also, a 75 percent performance is not considered good.

Vice Chair Burrows asked about the sense of urgency this work requires. He stated the data from his county supports what is seen anecdotally in the field.

Chair Uner read a comment from Cathy Chidester in the Chat section stating this is an excellent argument for ambulance companies to bill individual hospitals within 30 days for the time their staff are waiting inside the hospital.

Chair Uner read a comment from Justin Matsushita, Santee Fire Department, in the Chat section asking about the disproportionate impact to ambulance personnel and about the end result of the APOT report.

Chair Uner stated the result will be to make suggestions to effect change, but this cannot happen until solutions are found.

11. VACCINATION MANDATES FOR EMS PERSONNEL

Chief Deputy Director Bruhnke stated the California State Public Health Officer issued a health order on August 5th requiring COVID-19 vaccinations for individuals who work in specified health care facility settings. While the health order does not address the EMS work force, EMSA released a memo on August 9th strongly encouraging all EMS personnel to voluntarily receive the COVID-19 vaccine.

Discussion

Commissioner Barrow stated, at a certain point, if the vaccines have been proven safe and the science is solid, there is a responsibility to require emergency medical services personnel to be vaccinated so the most vulnerable populations are not being put at risk.

Chair Uner agreed that this is a complex issue.

Public Comment

No public comment.

12. OPEN NOMINATIONS FOR ELECTION OF OFFICERS (MARCH 2022 - MARCH 2023)

Chair Uner asked for nominations for Chair of the Commission on EMS for March of 2022 to March of 2023.

Commissioner Barrow nominated Chair Uner for another term. Commissioner Snyder seconded.

Chair Uner asked for nominations for Vice Chair of the Commission on EMS for March of 2022 to March of 2023.

Commissioner Barrow nominated Vice Chair Burrows for another term. Commissioner Rodriguez seconded.

Chair Uner asked for nominations for Administrative Committee of the Commission on EMS for March of 2022 to March of 2023.

Commissioner Barrow nominated Todd Valeri to serve on the Administrative Committee.

Commissioner Dunford nominated Ken Miller to serve on the Administrative Committee.

Chair Uner stated votes will be taken for these positions at the March meeting. Nominations for Chair, Vice Chair, and the Administrative Committee remain open until March. Other candidates can be nominated up to and including at the March meeting.

13. APPROVAL OF 2023 MEETING DATES

Chair Uner reviewed the proposed meeting dates and locations for calendar years 2022 and 2023, which were included in the meeting materials. The next meeting is planned to be an in-person meeting on March 16, 2022, in Garden Grove.

Discussion

Commissioner Thompson asked that future meetings be a hybrid of in-person and virtual due to the increase in stakeholder attendance with the virtual option.

Chair Uner agreed that that is important.

Deputy Direct Lim stated staff is looking at offering a hybrid approach.

Commissioner Hinsdale asked that in-person meeting participants show up doubly vaccinated, boosted, masked up, and socially distant.

Action: Commissioner Gordon moved approval of the proposed meeting calendar. Commissioner Hinsdale seconded. Motion carried unanimously.

14. ITEMS FOR NEXT AGENDA

No next agenda items were offered.

15. PUBLIC COMMENT

Deputy Director Lim stated the EMS awards will be held on Monday, March 14th at the Los Angeles County Fire Museum in Bellflower. The awards link was posted in the Chat section. Nominations for awardees will be open until December 31st. She thanked Cathy Chidester for suggesting the event location and acknowledged Ridgecrest Regional

Hospital, Life Assist, AMR Reach, California Health Care Foundation, CARESTAR, AlphaOne, and the California Paramedic Foundation, who have enlisted sponsorship to keep this awards program going. Commissioners were encouraged to send the names of additional potential sponsors for the event to staff.

Dave Magnino, Administrator, Sacramento County EMS Agency, announced that he was voted as the West Coast Board of Director representative for the National EMS Memorial Bike Ride Foundation for the next three years. He thanked everyone including the EMSA for their involvement in the 2021 bike ride. He asked everyone to nominate future honorees on the National EMS Memorial Bike Ride's website, which is nemsmbbr.org.

16. ADJOURNMENT

Action: Commissioner Brown moved to adjourn the meeting. Commissioner Hinsdale seconded. Motion carried unanimously.

Chair Uner adjourned the meeting at 12:52 p.m.

EMERGENCY MEDICAL SERVICES AUTHORITY

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 16, 2022

ITEM NUMBER: 3

SUBJECT: Director's Report

PRESENTER: Elizabeth Basnett
Acting Director

CONSENT:

ACTION:

INFORMATION:

FISCAL IMPACT

None

SUMMARY

Elizabeth Basnett will provide her Director's report to the Commission on EMS.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **4A**

SUBJECT: Administrative and Personnel Report

PRESENTER: Rick Trussell
 Chief, Fiscal and Administration Unit

CONSENT: X ACTION: INFORMATION: **FISCAL IMPACT**

None

DISCUSSION**Emergency Medical Services Authority (EMSA) Budget:****2022-23**

The Governor's Proposed Budget for 2022-23 released in January of this year includes expenditure authority in the amount of \$58.7 million and 112 permanent positions. Of this amount, \$38 million or 64.7% is delegated for State operations and \$20.7 million or 35.3% is delegated to local assistance. The following budget adjustments are included in the proposed budget:

- EMSA is requesting a Local Assistance augmentation of \$1,056,000 General Fund in 2022-23, \$1,470,000 General Fund in 2023-24, and ongoing funding of \$1,715,000 General Fund and \$349,000 Reimbursements to support the California Poison Control System (CPCS). This augmentation is being requested due to increased salaries and benefit expenses resulting from negotiated union bargaining agreements and will continue stable funding for day-to-day operations of the CPCS and continued statewide access to poison center services in the event of an emergency.
- EMSA is requesting three positions (3) and \$703,000 Emergency Medical Services Personnel (EMSP) Fund in 2022-23 and \$665,000 EMSP Fund in 2023-24

and ongoing to implement Chapter 463, Statutes of 2021 (AB 450), which establishes the Paramedic Disciplinary Review Board (Board) to take disciplinary action against a paramedic (EMT-P) license holder, review and revise the criteria for the revocation or suspension of an EMT-P license, the probation of EMT-P personnel, and the appeal of a licensure decision by EMSA, and hear appeals regarding the denial of licensure by EMSA.

- EMSA is requesting a General Fund augmentation of \$8,664,000 in Fiscal Year 2022-23 and \$50,000 in 2023-24 and ongoing. The one-time funding will be utilized to replace aging fleet assets. The ongoing request for \$50,000 will cover the California Radio Interoperability System's (CRIS) subscription fees required for the radio equipment. The resources will fund EMSA emergency medical response fleet and equipment upgrades by addressing identified safety and operational gaps experienced during recent wildfire, earthquake, and pandemic disaster responses.

2021-22

The 2021-22 California State budget includes expenditure authority in the amount of \$85.1 million and 110 permanent positions. Of this amount, \$65.4 million is delegated for State operations and \$19.7 million to local assistance.

As of February 22, 2022, accounting records indicate that the Department has expended and/or encumbered \$32.9 million or 38.7% of available expenditure authority. Of this amount, \$20.8 million or 31.8% of State Operations expenditure authority has been expended and/or encumbered and \$12.1 million or 61.6% of local assistance expenditure authority has been expended and/or encumbered.

We are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

EMSA Staffing Levels:

The Department staffing level includes 109 permanent positions and 12 temporary (blanket and retired annuitant) positions. Of the 122 positions, 38 positions are vacant as of February 22, 2022. The majority of the vacant positions are new positions approved through the budget process with an effective date of July 1, 2021.

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	Department					
	Admin	DMS	EMS	EMSP	HITEMS	Total
Authorized	22.0	17.0	15.0	22.0	1.0	77.0
BCP Positions	12.0	18.0	0.0	2.0	0.0	32.0
Temporary Staff	8.0	2.0	0.0	2.0	7.0	12.0
Staffing Level	42.0	37.0	15.0	26.0	8.0	121.0
Authorized (Vacant)	-3.0	-3.0	-2.0	-3.0	0.0	-11.0
BCP Positions (Vacant)	-9.0	-11.0	0.0	-2.0	0.0	-22.0
Temporary (Vacant)	0.0	-1.0	0.0	0.0	-1.0	-2.0
Current Staffing Level	30.0	22.0	13.0	21.0	7.0	86.0

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **4B**

SUBJECT: Legal Report

PRESENTER: Steven A. McGee
Administrative Adviser, CounselCONSENT: X ACTION: INFORMATION: **FISCAL IMPACT**

None

DISCUSSION

*NOTE: Due to the Covid-19 pandemic, the Office of Administrative Hearings and most courts in the state are conducting hearings only remotely through services such as Zoom, Microsoft Teams, etc.

Disciplinary Cases:

From November 9, 2021, to February 11, 2022, the Authority issued seventeen new accusations against existing paramedic licenses, two statements of issues, eight administrative fines, accepted one license surrender in lieu of legal action, issued two temporary suspension orders, and issued three decisions on petitions for reduction of penalties and license reinstatements. Of the newly issued actions, four of the Respondents have requested that an administrative hearing be set. There are currently six hearings scheduled with the Office of Administrative Hearings. There are currently twenty-nine open active disciplinary cases in the legal office.

Litigation:

Tagliere v. Director of EMSA: Los Angeles County Superior Court #22STCP00253, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the

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revocation of his license subsequent to an administrative hearing. This is the second writ of mandate filed by this individual. Trial setting conference set for May 3, 2022.

Gurrola v. Duncan: United States District Court, Eastern District, 2:20-CV-01238-JAM-DMC

Plaintiff sued for a violation of his constitutional rights, alleging a violation for being precluded under the regulations from receiving an EMT certificate due to two felony convictions. The complaint was amended to add another individual with similar claims. On February 10, 2021 the Court granted the Authority's motion to dismiss the complaint and found that the regulations barring certification to someone with two felony convictions are rationally related to the State's interest in protecting the public's health and safety. Gurrola appealed that dismissal and the court re-instated the suit. The Court heard oral argument and asked for supplemental briefing. Awaiting decision.

Waters v. EMSA: Sonoma County Superior Court #SCV-268267, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of her license subsequent to her violation of a "last chance" agreement for testing positive on a random drug/alcohol test. Hearing set for March 22, 2022.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **4C**

SUBJECT: Enforcement Report

PREPARED BY: Alexander Bourdaniotis
Supervising Special InvestigatorCONSENT: ACTION: INFORMATION:

RECOMMENDATION

Receive information on Enforcement Unit activities.

FISCAL IMPACT

None

BACKGROUNDUnit Staffing:

The Enforcement Unit is budgeted for five full-time Special Investigators, one retired annuitant Staff Services Manager I (Specialist), and one full-time Associate Government Program Analyst (AGPA-Probation Monitor). In January, the Special Investigator and AGPA positions were filled. The Enforcement Unit is currently fully staffed.

Investigative Workload:

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

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Cases opened since January 1, 2022, including:

Cases opened:	12
Cases completed and/or closed:	16
EMT-Paramedics on Probation:	242

In 2021:

Cases opened:	309
Cases completed and/or closed:	282
EMT-Paramedics on Probation:	242

Status of Current Cases:

The Enforcement Unit currently has 139 cases in “open” status.

As of February 1, 2022, there are 86 cases that have been in “open” status for 180 days or longer, including: 20 Firefighters’ Bill of Rights (FFBOR) cases and 20 cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 86 cases are divided among five special investigators and one Staff Services Manager I (Specialist) and are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

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

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: 5A

SUBJECT: Legislative Report

PRESENTER: Jennifer Lim
Deputy Director
Legislative, Regulatory & External Affairs

CONSENT: ACTION: INFORMATION:

RECOMMENDATION

Receive information regarding current bills potentially affecting EMS.

FISCAL IMPACT

None

DISCUSSION

Due to the dynamic nature of the legislative process, the Legislative Report to the Commission on EMS will be posted on the EMSA website at https://emsa.ca.gov/legislative_activity/.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: 5B

SUBJECT: Regulations Update

PRESENTER: Kent Gray
Regulations ManagerCONSENT: ACTION: INFORMATION: **FISCAL IMPACT**

None

DISCUSSION

The following information is an update to the Emergency Medical Services Authority (EMSA) rulemaking. In accordance with California Health and Safety Code § 1797.107, the EMSA is promulgating the following regulations:

- Training Standards for Child Care Providers & Merger of Chapters 1.1 and 1.2.
 - Status: Hold
 - Purpose: General update.
- Public Safety First Aid (Ch. 1.5)
 - Status: Agency
 - Purpose: Updates to include volunteers.
- Lay Rescuer Epinephrine Auto-Injector Training Certificate Standards (Ch. 1.9)
 - Status: Under review by EMSA
 - Purpose: Updates, including required form.
- Paramedic Fees (Ch 4)
 - Status: In development.
 - Purpose: Fee increase based on costs from AB 450.
- Administered Medications (Ch. 4 § 100146)
 - Status: In development.

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- Purpose: Add new medications to list under subsection (c)(1)(R)
- Community Paramedicine and Alternate Destination (Ch. 5)
 - Status: In APA process having been Noticed December 3, 2021.
 - Purpose: Implement AB 1544 (Statutes of 2020)
- Trauma Care Systems (Ch. 7)
 - Status: Under review by EMSA
 - Purpose: General update.
- California Emergency Medical Technician Central Registry (Ch. 10)
 - Status: Hold
 - Purpose: General update.
- Emergency Medical Services System Quality Improvement (Ch. 12)
 - Status: Hold
 - Purpose: General update.
- EMS Plans (Ch. 13)
 - Status: Review and redraft
 - Purpose: Provide new and updated regulations for annual EMS plans required by statute.
- Dispatch
 - Status: Pending
 - Purpose: Implement SB 438 (Statutes of 2019)

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **5C**

SUBJECT: California EMS System Strategic Planning Advisory Committee

PRESENTER: Elizabeth Basnett
Acting DirectorCONSENT: ACTION: INFORMATION: **RECOMMENDATION**

Endorse the EMSA Acting Director's proposal to initiate a California EMS System Strategic Planning Advisory Committee.

FISCAL IMPACT

None

BACKGROUND

Strategic planning is essential to solidify our north star and outline collective, measurable goals for the future of the California EMS system. EMSA is initiating a two-prong strategic planning process; prong one has been initiated within EMSA to undergo an internal strategic planning process for EMSA. The second prong is being initiated with the announcement of the EMS Strategic Planning Advisory Committee.

SUMMARY

EMSA is committed to a strategic planning process which is transparent and inclusive. The California EMS System Strategic Planning Advisory Committee will be made up of key partners and stakeholders whom initial focus will be on the mission, vision, values, guiding principles and culture of the California EMS system. The Acting Director envisions a minimum of four sub-working groups who are considering the following four overarching topics: evidence-based

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decision/policy making, equity, administration and resilience, and operational management.

NEXT STEPS

The Acting Director will be sending formal letters to key stakeholders and partners during the month of March for participation in the California EMS System Strategic Planning Advisory Committee.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: 6A

SUBJECT: Ambulance Patient Off-Load Time (APOT) Update

PRESENTER: Tom McGinnis
Chief, EMS Systems DivisionCONSENT: ACTION: INFORMATION: **RECOMMENDATION**

No Action Recommended.

FISCAL IMPACT

No Fiscal Impact.

BACKGROUND

In 2018, AB 2961 (O'Donnell, Chapter 656) required that LEMSAs submit APOT reports quarterly to the EMS Authority effective July 1, 2019. The bill also requires the EMS Authority to calculate APOT times provided by the LEMSAs.

At the request of the EMS Commission, EMSA has convened an advisory committee of EMS and Hospital stakeholders with the purpose of developing recommendations to reduce ambulance patient offload delays.

The California State Assembly Committee on Emergency Management, led by Committee Chair Freddie Rodriguez, convened a two-panel meeting featuring EMS and Hospital stakeholders to further the discussion and identify potential solutions to alleviate EMS System activities and resources impacted as a result ambulance patient offload delays.

DISCUSSION

EMSA continues to collect and analyze APOT submissions from participating LEMSAs. The current submission status through Quarter 4 of 2021 for each LEMSA can be found below.

EMSA continues to monitor COVID-19's impact on APOT in each of California's EMS Systems through the analysis of CEMSIS data. Data is being analyzed on a weekly basis and will continue as needed. EMSA will maintain communication with LEMSAs to further understand the correlation between COVID-19 and offload times.

APOT Committee:

The mission of the APOT Committee is to develop advisory recommendations, including legislative or regulatory changes, if necessary that will assist in the preservation of the Hospital and EMS system and protection of California's healthcare consumers through the identification and sharing of successful pre-hospital and hospital system efficiencies that reduce or eliminate ambulance patient offload delays (APOD) in the transfer of care from EMS ambulance personnel to receiving hospital emergency medical personnel.

The Ambulance Patient Offload Time (APOT) Committee has adjusted their meeting schedule to meet twice a month, rather than the previous schedule of once per month. As of March 2, 2022, the APOT Committee has held six (6) meetings, with one (1) additional meeting scheduled the week of the March Commission Meeting. The Committee continues to move toward the goal of developing three sets of recommendations: one set for the Emergency Medical Services System, one set for the Hospital System and an "other" set of recommendations. This committee will conclude no later than June 30, 2022.

The final recommendation deliverable will be presented to the EMS Commission and, where appropriate and practical, all recommendations will be acted upon in a timely manner.

APOT Hearing:

On Wednesday, January 19th, The California State Assembly Committee on Emergency Management hosted a virtual hearing regarding "The Impact of Ambulance Patient Offload Delays on Emergency Response." The two-panel session focused on "Operational Perspectives and Potential Solutions" as well as "Current local and statewide efforts to reduce wall times and enhance patient care." The first panel's testimonies of the "Operational Panel" had a similar theme noting that offload delays tie up EMS resources and impact the availability of services to provide adequate services to the volume of 9-1-1

requests. In addition, the panel agreed COVID-19 has made an existing problem go from bad to worse.

Similar to the first panel, this second panel agreed that problems surrounding the delay in patient offloads at hospitals impacts EMS resource response availability and that COVID-19 has made an existing problem significantly worse.

Following the hearing, the Assembly Committee on Emergency Management sent a letter to Governor Gavin Newsom on January 24, 2022. The letter, included in part of this EMS Commission Packet, further calls out the issue of offload delays, calls for an executive level discussion of EMS stakeholder to develop short-term solutions, and provides additional recommendations to Governor Newsom.

Current APOT Reporting by LEMSA:

Below is a list of LEMSAs of quarterly report APOT data.

Note: Non-compliant LEMSAs are highlighted in orange.

LEMSA	2021			
	Q1	Q2	Q3	Q4
Alameda	4/2/2021	7/2/2021	10/5/2021	1/5/2022
Central California	4/26/2021	7/27/2021	10/28/2021	1/20/2022
Coastal Valleys				
Contra Costa	7/7/2021	7/7/2021	1/5/2022	1/5/2022
El Dorado	11/23/2021	11/23/2021	11/23/2021	1/21/2022
Imperial			11/1/2021	2/1/2022
Inland Counties	9/10/2021	9/10/2021		
Kern	4/12/2021	7/13/2021	10/4/2021	1/18/2022
Los Angeles	8/31/2021			
Marin	11/1/2021	11/1/2021	1/31/2022	1/31/2022
Merced	4/12/2021	10/14/2021	10/14/2021	1/27/2022
Monterey	4/9/2021	7/19/2021	10/7/2021	1/14/2022
Mountain Valley	7/13/2021	7/13/2021	10/4/2021	1/3/2022
Napa	5/4/2021	8/23/2021	10/31/2021	1/26/2022
Northern Cal	4/19/2021	7/7/2021	10/13/2021	
North Coast	4/14/2021	10/6/2021	10/5/2021	1/7/2022
Orange	4/8/2021	7/8/2021	10/12/2021	1/6/2022
Riverside	5/12/2021	9/21/2021	10/25/2021	1/25/2022
Sacramento	4/8/2021	7/7/2021	12/8/2021	1/10/2022
San Benito	4/13/2021	7/14/2021	10/11/2021	1/10/2022

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San Diego	4/12/2021	7/19/2021	10/14/2021	
San Francisco	7/2/2021	1/26/2022	1/26/2022	1/26/2022
San Joaquin	4/9/2021	7/6/2021	10/14/2021	1/24/2022
San Luis Obispo	5/19/2021	9/13/2021		1/28/2022
San Mateo	4/5/2021	7/5/2021	10/4/2021	1/3/2022
Santa Barbara	5/24/2021	8/2/2021	10/13/2021	1/3/2022
Santa Clara	4/22/2021	8/25/2021		
Santa Cruz	4/6/2021	8/4/2021	10/12/2021	1/26/2022
Sierra-Sac Valley	4/2/2021	7/8/2021	2/8/2022	2/8/2022
Solano	4/27/2021	8/4/2021	10/27/2021	
Tuolumne	11/2/2021	11/2/2021	11/2/2021	
Ventura	7/30/2021	8/2/2021	10/6/2021	1/19/2022
Yolo	9/1/2021	9/1/2021	12/8/2021	2/3/2022

*Updated 2/8/2022

ATTACHMENT(S)

Letter from Assembly Committee on Emergency Management to Governor Gavin Newsom dated January 24, 2022.

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CONSULTANT
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JAMES GALLAGHER
ADAM GRAY
CHRISTOPHER WARD

January 24, 2022

Governor Gavin Newsom
State of California
State Capitol
Sacramento, California
95814

Dear Governor Newsom:

Last week the Committee on Emergency Management held an information hearing on Ambulance Patient Offload Times, which is commonly known as wall times in emergency medical services professions. While we appreciate the updates provided by the Emergency Medical Services Authority (EMSA) and the California Department of Public Health (CDPH) at the hearing and in a subsequent meeting, it is clear we need to do more to immediately address this decades old issue that has only been exacerbated by the ongoing pandemic and surge of COVID-19 cases due to the Omicron variant.

We understand EMSA and the Emergency Medical Service Commission are convening a task to identify long term solutions. However, we are unclear of the task force's composition, expected outcomes or deadlines for this task force. EMSA has also made it clear they are engaged in frequent conversations with their state and local EMS partners, but we think it is time for an executive level discussion to identify immediate steps that could be taken to alleviate the burden of wall times.

For this reason, we will be inviting the Acting Director of EMSA and the Director of CDPH to join us in meeting with the leaders of the California Hospital Association, California Nurses Association, California Fire Chiefs Association, California Professional Firefighters, California Ambulance Association, California Chapter of the Emergency Physicians, and the Chair of the EMS Commission to help break the logjam in identifying short-term action. Additionally, the Committee recognizes the challenges of recruiting volunteers for the California Health Corps Program to support the COVID-19 response and relying on contractors to help health care providers meet the surge in demand for emergency medical transport and treatment at hospital emergency departments. To augment these ongoing efforts, the Committee recommends the Administration consider the following:

1. Provide Local Emergency Medical Services Authorities (LEMSAs) the flexibility to allow local and tribal fire departments, that are currently prohibited from transporting

patients to hospitals due to Exclusive Operating Areas, to transport patients under certain circumstances, such as low levels of available ambulances or when firefighting resources are expected to wait for extended periods of time for an available ambulance.

2. Revitalize the California Health Care Program by providing incentives for volunteers to deploy to heavily impacted hospital emergency departments.
3. Increase investments at EMSA and CDPH that encourage the: rapid recruitment and deployment of nurses in 9-1-1 call centers and other pre-hospital settings; use of telemedicine in EMS systems; and expansion of successful community paramedicine programs across the state.
4. Dedicate federal recovery funds to offset the recruiting and training costs of EMTs, paramedics and nurses.

For additional information, we are attaching a recent report by EMSA, *Ambulance Patient Offload Delays*, which was submitted to the Legislature in December of 2020. We look forward to working with you and your Administration.

Sincerely,



Assemblymember Freddie Rodriguez, Chair



Assemblymember Kelly Seyarto,
Vice Chair



Assemblymember Cecilia Aguiar-Curry



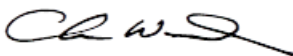
Assemblymember Lisa Calderon



Assemblymember James Gallagher



Assemblymember Adam Gray



Assemblymember Christopher Ward

Members of the Assembly Committee on Emergency Management

Enclosure: *Ambulance Patient Offload Delays*, EMSA, December 2020.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: 7A

SUBJECT: Behavioral Health Surveys

PRESENTER: Sean Trask
EMS Analyst and ConsultantCONSENT: ACTION: INFORMATION: **RECOMMENDATION**

No Action Recommended

FISCAL IMPACT

No Fiscal Impact

BACKGROUND

The Commission on EMS's Subcommittee on Behavioral Health Emergencies was formed after the March 17, 2021 Commission meeting. The purpose of the Subcommittee is to discuss the clinical care and restraint of agitative or combative patients, as described in the 2021 National Association of EMS Physicians (NAEMSP) position paper¹. The Subcommittee also suggested using the recommendations in the NAEMSP position paper as a guiding principle for local EMS agency behavioral health emergency policies.

The Subcommittee also recommended that the EMS Authority survey California's 33 local EMS agencies regarding their current policies, procedures, and protocols for behavioral health emergencies and report the aggregate survey

¹ Douglas F. Kupas, MD, Gerald C. Wydro, MD, David K. Tan, MD, Richard Kamin, MD, Andrew J. Harrell IV, MD, Alvin Wang, DO, (2021), ClinicalCare and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners, Prehospital Emergency Care.

data back to the Commission. The goal of this survey is to identify current behavioral health emergency policies and procedures and identify plans to modify those policies over the following six to twelve months. The Subcommittee also recommended repeating this survey annually for three years.

SUMMARY

Summary of Behavioral Health Survey Questions and Responses

Survey Question	Yes	No	Percentage Yes	Skipped
Does your LEMSA have a policy for responding to Behavioral Health Emergencies?	24	9	73%	0
If yes, does your policy include an agitation assessment tool for behavioral health emergencies?	7	21	21%	5
If yes, do you require training for behavioral health emergencies, including de-escalation techniques?	4	23	12%	6
Do you require periodic training with law enforcement?	2	31	6%	0
Do you require periodic training with behavioral health providers?	2	31	6%	0
Do you have clear definitions of prohibitive techniques for restraining patients during a behavioral health emergency?	24	9	73%	0
Do you have protocols governing pharmacological management of a patient experiencing a behavioral health emergency?	29	4	88%	0
Do you have standardized quality assurance processes for behavioral emergencies?	14	19	42%	0

DISCUSSION

The behavioral health emergency survey questions were developed by the Subcommittee and after some minor modifications were approved, placed in Survey Monkey, and released in early December 2021. All 33 local EMS agencies have responded to the survey.

The table above reflects the questions and responses.

After reviewing a sampling of LEMSA policies, a few LEMSAs have a specific Behavioral Health policy or protocol, others have a combination of policies regarding the use of restraints and sedation of the agitative or combative patient.

Of the LEMSA policies reviewed, there are many similarities, such as:

Use of Restraints – Many LEMSAs prohibit restraining a patient in the prone position, hog-tying, use of hard plastic restraints, and sandwiching the patient under a longboard or scoop stretcher. LEMSA policies also require the use of padded or soft restraints, and frequent assessment of circulation, motor, and sensory functions below the restraints. If a patient is handcuffed by law enforcement, the law enforcement officer is required to accompany the patient in the ambulance for quick release, if necessary. Many LEMSA policies also require thorough documentation of the need for restraints and the findings from repeated assessments.

Chemical Restraint – Many LEMSAs have a protocol for sedation of the combative or agitated patient. The sedative of choice is midazolam with specific indications and doses.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **8A**

SUBJECT: Alameda EMS Corps Presentation

PRESENTER: Michael Gibson
Executive Director, Alameda EMS CorpsCONSENT: ACTION: INFORMATION:

FISCAL IMPACT

The Employment Development Department is requesting \$20 million General Fund annually from 2022-23 through 2024-25, totaling \$60 million, to launch a program that provides targeted Emergency Medical Technician training.

SUMMARY

The Targeted EMT Training Program targets at-risk youth and those who may have barriers to employment for roles as Emergency Medical Technicians. Trainings will be developed, in partnership with local public health systems and their contracted emergency medical providers, building on the Emergency Medical Services Corps Alameda County model, with replication in 5-10 counties throughout the State.

The program, developed and tested in Alameda County, includes 380 hours of classroom instruction following a pre-course in medical terminology. Students will also participate in 20 hours of direct medical treatment and job shadowing, and receive intensive wrap-around support, including case management, mentoring, life coaching and job readiness. A training stipend of \$1,000 a month will allow participants to focus on their training program without part-time or full-time employment.

Funding for this program will additionally support a comprehensive evaluation of the pilot programs to demonstrate results, as well as, coordinated program development, technical assistance, and community of practice.

Local EMS Agencies are central to this program. Labor and Workforce Development Agency is proposing that LEMSAs, or their overarching Public Health Departments, will be the recipients of this operational funding, as they certify all training programs hosted within their jurisdictions.

BACKGROUND

The Alameda EMS Corps Program was originally established in 2017. The purpose of this program is to increase the number of underrepresented Emergency Medical Technicians through youth development and job training. The Alameda County Health Care Services Agency's EMS Corps is a 5-month paid (stipend) program for young people between the ages of 18 to 26. Participants receive Emergency Medical Technician (EMT) training and life coaching, and additionally participate in community service events.

Over the past decade, the Alameda EMS Corps Program has graduated 19 cohorts and boasts 250 total graduates with over 200 currently working in the field as EMS Personnel. Since piloting in 2017, the program has achieved a 100% passing rate on the National Registry Exam – well above the national average.

The Alameda EMS Corps Vision Statement is as follows:

To be a national model that provides an opportunity for young adults to become competent and successful health care providers.

The Alameda EMS Corps Mission Statement is as follows:

To increase the number of underrepresented emergency medical health care professionals through youth development, mentorship, job training, and sponsorship.

More information on the Alameda EMS Corps can be found on their website at:
<https://ems.acgov.org/index.page>

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **8B**SUBJECT: Labor and Workforce Development Agency Presentation on
the Governor's BudgetPRESENTER: Abby Snay
Deputy Secretary, Future of Work
California Labor and Workforce Development AgencyCONSENT: ACTION: INFORMATION: **FISCAL IMPACT**

The Governor's Budget includes a one-time \$1.7 billion investment over three years in care economy workforce development, across both the Labor and Workforce Development Agency and California Health and Human Services Agency.

SUMMARY

This one-time \$1.7 billion investment over three years in care economy workforce development will create more innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, wages, and health equity outcomes. The Care Economy investments will be jointly coordinated by the Labor and Workforce Development Agency and CalHHS through the CalHHS/Health Care Access and Information (HCAI) Health Workforce Education and Training Council.

Included in these specific investments is \$60 million General Fund to expand Emergency Medical Technicians, in partnership with local public health systems and their contracted emergency medical providers.

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**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: **9A**

SUBJECT: State Medical Response Update

PRESENTER: Craig Johnson
Chief, Disaster Medical ServicesCONSENT: ACTION: INFORMATION: **FISCAL IMPACT**

None.

BACKGROUND

Beginning in March 2020, EMSA provided statewide medical support for the COVID-19 Pandemic and 2020/21 Wildfires. EMSA's support continued through four significant COVID surges and two fire seasons. EMSA expanded all Mobile Medical Assets programs, increased warehouse space, logistics operations, and bolstered staffing levels for state medical teams to unprecedented levels to meet the substantial statewide needs. EMSA support extended to Alternate Care Sites, Federal Medical Stations, medical strike teams for Long-term Care Facilities, shelters, Migrant Hubs to support border communities, vaccinations clinics, and Monoclonal Antibody Infusion Centers. EMSA also established a mobile field hospital in Southern California on multiple occasions and supported the buildout of hospitals across the State to increase bed capacity.

SUMMARY

During this fourth surge, EMSA's primary focus has been to support EMS and hospital surge. We are continuing to provide medical staffing and equipment where needed. In addition, we are supporting general acute care hospital and skilled nursing facility surge buildouts to increase staffed bed capacity across the State. We have also extended and expanded support for Monoclonal Antibody Infusion Centers and vaccination sites.

DISCUSSION

Below is a high-level description of the accomplishments obtained over the past two years and a list of current response activities.

Accomplishments:

EMSA expanded the CAL-MAT program from a base of 180 members to approximately 1,200 members to meet statewide medical needs. During the COVID and Wildfires response, EMSA fulfilled over 4,400 individual CAL-MAT member deployments to support 143 medical missions resulting in over 85,000 patients treated.

EMSA oversaw the implementation and management of 26 Monoclonal Antibody Infusion Centers throughout CA, providing treatment to over 15,000 patients, effectively mitigating the impacts of COVID.

EMSA supported the buildout of 34 hospitals to increase bed capacity by adding over 1,500 surge beds in hard-hit areas, including Imperial County, San Joaquin Valley, and rural communities in the northern part of the State. EMSA also established a Mobile Field Hospital in Imperial County to expand the critical capabilities of one of the only two hospitals in a county heavily impacted by COVID.

EMSA coordinated the acquisition of much-needed staffing for hospitals and processed over 58,000 out-of-state medical personnel to support the COVID response. At the COVID peak, nearly 6,000 out-of-state medical staff supported medical facilities statewide on any given day. The State currently supports 245 facilities with more than 4,800 contract staff statewide.

EMSA provided medical screening and vaccination support at migrant hubs in Southern CA. The support extended over 12 months and spanned over multiple sites in San Diego and Imperial Counties. Working with State and local partners, EMSA provided medical care for over 60,000 migrants.

EMSA supported statewide COVID patient movement, effectively transporting approximately 7,000 patients. We activated the All Access Transfer Center to assist with regional and state-level patient movement coordination, which validated the regional concept identified in the California Patient Movement Plan. Over the past month, the State deployed five ambulance strike teams (50 medics) to Southern California to support inter-facility transfers and Emergency Departments to assist with patient care and reduce ambulance wall time.

Current Response Activities:

- EMSA continues to process out-of-state approvals for medical personnel.
- EMSA continues to provide contract staffing to support hospitals throughout California.
- EMSA continues to support hospital buildouts to expand bed capacity in the State's Central Valley, Southern, and Northern portions.
- EMSA continues to provide medical equipment (ventilators and associated equipment, including oxygen support) to medical facilities as needed.
- EMSA continues to provide Ambulance Patient Offload Time (APOT) teams to support hospital Emergency Departments to reduce wall time and free up EMS resources for 911 support.
- EMSA continues to provide resource support for 26 Monoclonal Antibody Infusion Centers throughout California.
- EMSA continues to provide COVID patient movement support and level loading.

EMERGENCY MEDICAL SERVICES AUTHORITY

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

**COMMISSION ON EMERGENCY MEDICAL SERVICES****QUARTERLY MEETING**

MEETING DATE: March 16, 2022

ITEM NUMBER: 10

SUBJECT: Election of Officers

PRESENTER: Atilla Uner
 Chair, Commission on EMS

CONSENT: ACTION: INFORMATION: **RECOMMENDATION**

Close the nominations for Chair, Vice Chair, and Administrative Committee, and hold the election.

FISCAL IMPACT

None

DISCUSSION

Per the Commission on EMS By-Laws, all Commission Officers are eligible for re-election except the immediate past chair who is automatically a member of the Administrative Committee. Chair Uner has served one term Chair of the Commission on EMS; he was first elected in March of 2021 and is thus eligible for re-election to Chair of the Commission on EMS.

The following individuals were nominated for Commission Officers at the December 8, 2021 Commission meeting:

Nominees for Chair: 1) Atilla Uner

Nominees for Vice Chair: 1) Sean Burrows

Nominees for Administrative Committee: 1) Todd Valeri
 2) Ken Miller