

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 20, 2022

FROM: Elizabeth Basnett, EMEDM
Acting Director

SUBJECT: POLICY TO IMPLEMENT THE EMERGENCY PROCLAMATION OF THE GOVERNOR ON THE AUTHORIZATION OF OUT OF STATE MEDICAL PERSONNEL

POLICY:

Pursuant to the Emergency Proclamation of the 4th day of March 2020 by Governor Gavin Newsom, and Business and Professions Code Section 900, the following procedure shall be followed to implement subsection 3 of the Order concerning allowing the use of out-of-state medical personnel to respond to the COVID-19 outbreak.

“3. Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services Authority for medical personnel and the Director of the Office of Emergency Services for non-medical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.”

The EMS Authority will only accept requests for out of state medical personnel approval from a California medical facility, telehealth agency contracted with a California medical facility or a staffing agency providing staffing to California medical facilities, that intends to utilize these resources.

A California medical facility is interpreted as a hospital, facility, doctor’s office, alternate care site or health care business currently approved and/or located in California to provide medical care, or medical advice. Any entity that is not currently approved to provide care within California will need to contract with a California medical facility prior to approval being granted.

A medical facility that is unable to secure sufficient staffing from California certified and licensed healthcare professionals or a staffing agency seeking to provide services to such a medical facility may seek out-of-state healthcare professionals to fill the gap with approval from the EMS Authority. A medical facility, telehealth agency or staffing

agency that desires to utilize out-of-state healthcare professionals, in preparing for and responding to the COVID-19 State of Emergency, shall submit a written request to the EMS Authority and receive approval for such hires in advance.

PROCEDURE:

A medical facility, telehealth agency or staffing agency which desires to utilize medical professionals with out-of-state certifications or licenses during the COVID-19 State of Emergency shall submit the following to the EMS Authority prior to receiving approval:

- (A) A complete and signed "Request for Temporary Recognition of Out-Of-State Medical Personnel During a State of Emergency" form. This form shall include:
 - a. Information on the facility/staffing agency, location and functions within the State of California.
 - b. Information on the out-of-state healthcare professional providing services at the facility, including name, healthcare license information and state where the license/certification is held.
 - c. Copies of the individual's certification or license and photo identification issued by the state where the healthcare provider holds their certification or license.
 - d. For Telehealth agencies, a copy of a contract with a California based medical facility or business approved to provide medical advice within California.
- (B) Email the temporary recognition form and supporting documents to the EMS Authority at COVID19@emsa.ca.gov.
- (C) The California EMS Authority shall review and make a written determination within two (2) – four (4) business days after receipt of a complete request.
- (D) The duration of the approval shall continue through the end of the State of Emergency.
- (E) The medical facility or staffing agency shall notify and receive approval from the EMS Authority of any changes to the list of healthcare providers being used, or discontinuation of this approval prior to the changes taking affect.
- (F) The medical facility will be responsible for monitoring the healthcare providers hired based on this approval and will notify the EMS Authority of any unusual occurrence within 24 hours of the event occurring.
- (G) If the form is submitted by a staffing agency, the staffing agency will, once it has placed an approved healthcare professional, notify the EMS Authority of the placement, the facility name and the expected duration of the placement.



REQUEST FOR TEMPORARY RECOGNITION OF OUT-OF-STATE MEDICAL PERSONNEL DURING A STATE OF EMERGENCY

In response to the Governor's Emergency Declaration, subsection three (3), concerning the preparation and response to the COVID-19 outbreak; out-of-state medical personnel must obtain authorization from the Director of the EMS Authority before they may practice in California.

Authorization for temporary recognition is requested for the below medical personnel assigned to:

FACILITY/STAFFING AGENCY _____ in the **COUNTY(S)** of:
_____ Beginning on: _____ and ending on _____.

Type of entity requesting staffing authorization:

Alt. Destination ___ Clinic ___ Hospice ___ Hospital ___ Pharmacy ___ SNF ___
Staffing Agency ___ Telehealth ___ Other Medical Facility (describe): _____

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Expiration Date
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2.					
3.					
4.					
5.					
<i>*continue on page 2 if needed</i>					

Additional Instructions:

- A copy of the healthcare professionals' current license/certification and a photo identification must be submitted with this form.
- All telehealth facilities must submit proof of a contract with a CA medical facility to provide care.

I attest that I have the authority to hire medical professionals for the facility named above:

Facility/Agency Representative -Print	Facility/Agency Name	Telephone	E-mail
Facility/Agency Address		City	ST Zip
Signature			Date

EMSA Use Only:

License(s) Confirmation Date: _____ Verifier's Signature: _____
List Approval Date: _____ Approver's Signature: _____

List Continued from first page:

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Expiration Date
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