Commenter	Section	Summary of Comment	Response
Seabloom	§100181	Commenter recommends deleting requirements and all language for 'Alternate Destination training program', 'Alternate Destination Paramedic"; Add language in this or other legislation authorizing EMS agency providers to triage and transport to alternate destinations	Reject - Not in compliance with HSC
Greene	§100181 (a)	Commenter recommended revising lastpart of sentence to say "...unless that person or organization is part of a Community Paramedicine Program that is authorized by the Local Emergency Medical Services Agency (LEMSA) and approved by the State Emergency Medical Services Authority (EMSA)" (See 1797.259 and 1815)	Accept - language has been added to 100182 (d)
Pearson	§100181 (a-b)	Commenter suggests the language of this section is restrictive and communicates that somehow "Community Paramedicine" is the intellectual property of the EMSA.	Reject- language is consistent with AB 1544
Roderick	§100181 (a-b)	Commenter suggests language that would allow some flexibility.	Reject- Training programs for community paramedicine and traige to alternate destination must be approved. Any training program that is not approved and explicitly or implicitly presents itself as being approved will violate the law and present a potential harm to public health and safety.
Greene	§100181 (b)	Commenter recommended revising last part of sentence to say "...unless that person or organization is part of a Triage to Alternate Destination (TAD) that is authorized by the Local Emergency Medical Services Agency (LEMSA) and approved by the State Emergency Medical Services Authority (EMSA)" (See 1797.259 and 1819)	Accept - language has been added to 100182 (d)
Roderick	§100181 (b)	Commenter suggests revisting the fees section and the current scope of practice.	Partially accept - fees section was updated to remove payment to the Authority.
Greene	§100181 (c)	Commenter recommended deleting this subsection entirely.	Accept - section has been removed

Commenter	Section	Summary of Comment	Response
Lynch	§100181 (c)	Commenter questions the necessity of this section as it relates to paramedic not licensed in California	Accept - section has been removed
McFaddon	§100181 (c)	Commenter suggests this section to be awkward as it relates to paramedics not licensed and/or accredited in California. If the intent is to permit out-of-state paramedics to function in these capacities during a disaster, the language should identify such. We agree that medical control authority resides with the LEMSA.	Accept - The use of Out of State Paramedics has been deleted.
Tadeo	§100181 (c)	Commenter suggests removing section on 180-day temporary waivers for paramedics not licensed in California.	Accept - The use of Out of State Paramedics has been deleted.
McFaddon	§100181 (c.3)	Commenter suggests the phrase 'medical control as specified in Section 1798' is vague, the section reference is to a chapter and no specific reference is given as to the specific subsection or subdivision of Section 1798	Reject- "Medical control" is a commonly used term throughout the industry and reflects the plain meaning of the text.
Kim	§100181 (c.4)	Commenter states that the proposed regulations do not include statewide standards for minimum medical protocols for each program specialty or triage and assessment protocols. Commenter recommends that statewide minimum medical protocols and triage and assessment protocols be added to this rulemaking. Commenter recommends removing all language from section C with the exception of sub-bullet #4.	Partialy accept - entire section was removed
Greene	§100181 (d)	Commenter recommended revising sentence to read “Active accreditation as Community Paramedic and/or TriageParamedic shall be added to data elements listed in the Emergency Medical Services Authority (EMSA) Central Registry and available to the public on the EMSA website.” (See 1797.117)	Accept - section has been removed
Holcomb	§100181 (d)	Commenter suggested removing requirement to accredit Alternate Destination paramedics and instead place the requirements within current paramedic accrediation; a seperate accreditation for community paramedicine is supported by SFEMSA	Reject - Required by HSC 1818

Commenter	Section	Summary of Comment	Response
McFaddon	§100181 (d)	Commenter suggests the intent of this text is unclear and is no indication as to under what circumstances or how often an employing entity should verify the paramedic status in the personnel registry	Reject - The regulations require a paramedic to have the proper accreditation to participate in a given program. How or how often an employer chooses to verify the information is up to the employer who would be responsible for assigning a paramedic to duties they are not accreditted for.
Greene	§100181 (e)	Commenter recommended deleting of this subsection entirely OR amend to read, “CP/TP employers shall report in writing to the Authority, and to the LEMSA Director, disciplinary actions in accordance with 1799.112.”	Accept - section has been removed
Ramirez	§100181 (f)	Commenter suggests new language for the section to read: (f) No LEMSA shall offer a Community Paramedicine training program or hold themselves out as offering a Community Paramedicine training program or hold themselves out as providing ALS services utilizing Community Paramedic personnel for the delivery of Community Paramedicine care unless an Emergency Medical Care Committee has been established as described in Section 1797.273 of this Code. (g) No LEMSA shall offer a Triage to Alternate Destination training program or hold themselves out as offering a Triage to Alternate Destination training program or hold themselves out as providing ALS services utilizing Triage to alternate destination paramedic personnel for the delivery of transportation to alternate destination facilities unless an Emergency Medical Care Committee has been established as described in Section 1797.273 of this Code.	Reject - Current Language meets the needs of this section
Choong	§100181.1	Commenter said while the Triage to AD Paramedic data is required to report to the LEMSA, they recommend it also be reported to the Authority.	Accept - "Community Paramedicine Programs shall submit to the local EMS agency at minimum a quarterly summary of patient outcomes in an EMSA provided template."

Commenter	Section	Summary of Comment	Response
Kim	§100181.1	Commenter states that there is no such material provided in reference to the "Community Paramedic Toolkit" and suggests either the documentation to be provided or the section to be deleted.	Accept
Lopez-Gusman	§100181.1	Commenter recommends this section be amended to require data to be reported to the Authroity as required by Health and Safety Code §1830 (c)(4)(E).	Accept - "Community Paramedicine Programs shall submit to the local EMS agency at minimum a quarterly summary of patient outcomes in an EMSA provided template."
Greene	§100181.1 (a)	Commenter recommended minor edits to align with similar to language in 1797.204 et seq. Please see recommendation.	Accept in part. Not exact wording recommended, but similar. "Secure an agreement with the alternate destination that requires the facility to operate in accordance with Section 1317. The agreement shall provide that failure to operate in accordance with Section 1317 will result in the immediate termination of use of the facility as part of the triage to alternate destination facility. [HSC 1843]"
Lynch	§100181.1 (a.3.A)	Commenter suggests replacing with “Integration of Community Paramedic Program into the Local EMS Agency’s existing Quality Improvement process”	Accept - language has been incorporated into 100186
Lynch	§100181.1 (a.3.A)	Commenter suggests replacing with “Integration of Community Paramedic Program into the Local EMS Agency’s existing Quality Improvement process”	Accept - language has been incorporated into 100186
McFaddon	§100181.1 (a.3.A)	Commenter recommends replacing with “Integration of Community Paramedic Program into the Local EMS Agency’s existing Quality Improvement process.”	Accept.Moved into the new QI section.
Lynch	§100181.1 (a.3.C)	Commenter suggests deleting section	Accept
McFaddon	§100181.1 (a.3.C)	Commenter recommends deleting as the section provides no parameters for the standards for quality improvement and KPIs. The phrase “medical accountability” is vague and ambiguous.	Accept in part. Reworded to "Provide medical control and oversight for the program(s)."

Commenter	Section	Summary of Comment	Response
Greene	§100181.1 (b)	Commenter recommended minor edits to align with similar to language in 1797.204 et seq. Please see recommendation.	Accept in part. Not exact wording recommended, but similar. "Secure an agreement with the alternate destination that requires the facility to operate in accordance with Section 1317. The agreement shall provide that failure to operate in accordance with Section 1317 will result in the immediate termination of use of the facility as part of the triage to alternate destination facility. [HSC 1843]"
Seabloom	§100181.1 (b)	Commenter recommends deleting section	Reject - commentor has recommended deleting all reference to TAD
McFaddon	§100181.1 (b.3.A)	Commenter recommends replacing with “Integration of Triage to Alternate Destination Paramedic Program into the Local EMS Agency’s existing Quality Improvement process”	Accept. Moved into the new QI section.
Lynch	§100181.1 (b.3.C)	Commenter suggests deleting section	Accept in part. Combined into subsection b.3.B) and reworded to "Provide medical control and oversight for the program(s)."
McFaddon	§100181.1 (b.3.C)	Commenter recommends deleting	Accept in part. Combined into subsection b.3.B) and reworded to "Provide medical control and oversight for the program(s)."
Tadeo	§100181.1 (c)	Commenter states quarterly submission is too frequest and unattainable and recommend biannual submissions that sunset after one year.	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
Bosson	§100181.1 (c)	Commenter suggested annual submission instead of quarterly. Also to clarify what data are to be submitted.	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program

Commenter	Section	Summary of Comment	Response
Freeman	§100181.1 (c)	Commenter suggested annual submission instead of quarterly. Also to clarify what data are to be submitted.	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
Kim	§100181.1 (c)	Commenter suggests language be changed to "Any LEMSA that authorizes Community Paramedicine Programs or Triage to Alternate Destination Programs, shall be responsible for submission of a summary data report for each approved program specialty operating within the LEMSA to the Authority no later than the 30th calendar day of January, April, July, and October"	Accept Partically - Language has been changed to quarterly,
Lynch	§100181.1 (c)	Commenter suggests striking "to the Authority no later than the 30th calendar day of January, April, July, and October"	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Miller	§100181.1 (c)	Commenter suggests CQI of a CP or AD program should be part of the LEMSA's CQI plan, reporting data to EMSA can be synchronized with the statutory reporting requirements rather than quarterly	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begining of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
McFaddon	§100181.1 (c)	Commenter recommends that authorizing Community Paramedicine or Triage to Alternate Destination Paramedic personnel, shall be responsible for submission of a summary data report to the in its annual EMS Plan update.	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program

Commenter	Section	Summary of Comment	Response
Seabloom	§100181.1 (c-g)	Commenter recommends deleting all 'Triage to Alternate Destination' language and requirements	Reject
Graterol (1)	§100181.1 (d)	Commenter expressed support for removal of a specific requirement to accredit AD paramedics and place the requirements within current paramedic accreditation.	Reject - Required by HSC
McFaddon	§100181.1 (d)	Commenter suggests the phrase “accountability of care” is vague and ambiguous. EMSA should provide more specific direction or define “accountability of care.”	Accept - The phrase "accountability of care" has been removed.
Tadeo	§100181.1 (e)	Commenter requests "Community Paramedicine Toolkit" be available.	The toolkit is available, it isn't incorporated into the regulations. This does not prohibit its use, it simply doesn't require that it be utilized.
McFaddon	§100181.1 (e)	Commenter recommends deleting; If an application for a Community Paramedic program or Triage to Alternate Destination program meets the requirements in the regulations it should be approved at the local level. It should be no different than a paramedic course. There is no need to get State approval	Reject - Required by HSC
Ramirez	§100181.1 (e)	Commenter recommends deleting section	Accept - Reference to a Tool Kit has been removed
Greene	§100181.1 (e)	Commenter asked what is the CP Toolkit? Regulation must be more specific about the document, where it resides, how it maintains its integrity to be a valid document referenced in this regulation.	Accept. Subsection removed.
Tadeo	§100181.1 (f)	Commenter recommends adding in language "EMSA shall respond within 30 days of application for approval or additional documentation requred". Also recomment adding language regarding "grandfathering" of existing programs and giving priority for evaluating existing programs.	Accept
Greene	§100181.1 (f)	Commenter recommended moving this provision up to (a) AND citing the intent expressed in 1840, “A LEMSA may develop and/or	Reject - Current Language meets the needs of this section
Lynch	§100181.1 (f)	Commenter suggests deleting section	Reject - Current Language meets the needs of this section

Commenter	Section	Summary of Comment	Response
Pearson	§100181.1 (f)	Commenter recommends adjusting verbiage around "LEMSA must first receive approval from the Authroity"	Accept - updated language is in 100182 (b)
Tadeo	§100181.1 (g)	Commenter recommends that “reported complaints or unusual occurrences” be stricken as this is part of the LEMSA/QI Process.	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Bosson	§100181.1 (g)	Commenter suggested submission to the Authority be 72 hours from completion of the LEMSA investigation.	Reject - Notification within 72 hours of incident rather then 72 hours of completion of a investigation is approriate for EMSA to fulfill its oversight responsiblity.
Freeman	§100181.1 (g)	Commenter suggested submission to the Authority be 72 hours from completion of the LEMSA investigation.	Reject - Notification within 72 hours of incident rather then 72 hours of completion of a investigation is approriate for EMSA to fulfill its oversight responsiblity.
Graterol (1)	§100181.1 (g)	Commenter expressed support.	Accept.
Greene	§100181.1 (g)	Commenter asked several questions: Are there any requirements for the receiving facility to submit information/complaints/unusual occurrences? Or an ALS provider? Or a CP or TTAD provider? Should there be a state requirement that a LEMSA establish a method for submission of that information to a LEMSA?	Accept, under section 100181(e), 100181.1(a)(3)(A) and (c) and (g)
Holcomb	§100181.1 (g)	Commenter states that the current practice is 30 days to address any issues or complaints	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Lynch	§100181.1 (g)	Commenter suggests deleting section	Reject

Commenter	Section	Summary of Comment	Response
McFaddon	§100181.1 (g)	Commenter suggests deleting; Complaints or unusual occurrences should be handled at the local level. EMSA does not need to be involved at this level and this seems like overreach.	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Miller	§100181.1 (g)	Commenter suggests that reporting to EMSA within 72 hours will not allow suffiencet time	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Ramirez	§100181.2 (a)	Commenter recommends deleting authorization for an EMT-P accreditation renewal fee	Accept - removed subsection (b) and (c).
Tadeo	§100181.2 (b)	Commenter recomments deleting fees, particularly for Triage to Alternate Destination programs.	Accept. Subsection removed.
Bosson	§100181.2 (b)	Commenter requested removal of fees for Alternate Destination accreditation.	Partially Accept, removed subsection (b) and (c).
Holcomb	§100181.2 (b)	Commenter requests fee to be uniform across all accreditations; have neutral cost to the LEMSA's	Reject - EMSA Fee's have been removed
Nulty	§100181.2 (b)	Commenter requests no additional fee requirement	Partially Accept, removed subsection (b) and (c).
Pearson	§100181.2 (b)	Commenter suggests a new fee should not be levied for this accreditation.	Partially Accept, removed subsection (b) and (c).
Miller	§100181.2 (b)	Commenter suggests that additional credentialling by EMSA with associated fees is unnecessary and expensive	Partially Accept, removed subsection (b) and (c).
Kim	§100181.2 (b)	Commenter suggests adding the authority for LEMSA to establish a schedule of fees for triage paramedics	Accept - authority has been cited in 100193
Lynch	§100181.2 (b-c)	Commenter suggests deleting section	Accept
Roderick	§100181.6	Commenter suggests perhaps LEMSA could restrict transport but not shut them down.	Reject - Current Language meets the needs of this section
Lynch	§100182	Commenter questions "Community Paramedicine Site Requirements, Oversight, and Withdrawl" - questioning what it is referring to. If it is the training site, it should be deleted	Reject. It is not just referring to training site. EMSA has oversight responsbility based on HSC 1830.

Commenter	Section	Summary of Comment	Response
McFaddon	§100182	Commenter requests clarification on 'Community Paramedicine Site Requirements, Oversight, and Withdrawl' is this referring to the training site or the alternate destination site? If training site, Commenter requests it be deleted	Reject. It is not just referring to training site. EMSA has oversight responsbility based on HSC 1830.
McFaddon	§100182	Commenter suggests that it is not necessary or appropriate for EMSA to assert ultimate authority over local programs, the medical control of which is vested in the LEMSA.	Reject. EMSA has oversight responsbility based on HSC 1830.
Tadeo	§100182 (a)	Commenter recommends clarifying what "site" means in "Community Paramedicine program site".	Accept. Added language in the training sections, "As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements."
Bosson	§100182 (a)	Commenter suggested site visit should not be required and at the discretion of the LEMSA.	Reject - Site visits are permissable but not required
Freeman	§100182 (a)	Commenter suggested site visit should not be required and at the discretion of the LEMSA.	Reject - Site visits are permissable but not required
Greene	§100182 (a)	Commenter asked several questions: What constitutes a CP “site”? Does this refer to the location of a CP training program? CP services are typically provided in the field. Should the regulation establish the criteria for a site visit –what should be reviewed, what should be reported? Additionally, the language doesn’t state what the requirements are for “compliance”, nor does it specify how that gets reported to EMSA	Accept in part. Added language in the training sections, "As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements."
Holcomb	§100182 (a)	Commenter suggested if there are fees for accreditation, there should also be fees for site visits and cost recovery to implement	Reject - removed subsection (b) and (c).
Pearson	§100182 (a)	Commenter suggests the expansion of alternate destination facilities from just mental health or sobering centers to faciliites	Reject - Scope limied by HSC
Greene	§100182 (b)	Commenter stated clarity is necessary to provide effective oversight of these programs and certainty to the providers and facilities.	Reject- EMSA has oversight responsbility based on HSC 1830.

Commenter	Section	Summary of Comment	Response
Tadeo	§100182 (c)	Commenter recommends clarifying what "site" means in "Community Paramedicine program site".	Accept. Added language in the training sections, "As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements."
Tadeo	§100182 (c.1)	Commenter recommends clarification whether 10-day notification period is calendar vs business days. Commenter recommends business days.	Accept - Changed to Business days througout the document
Tadeo	§100182 (c.1)	Commenter suggests term "noncompliance" is too borad and may need additional language to clarify various levels of non-compliance.	Reject - Current Language meets the needs of this section
Bosson	§100182 (c.1)	Commenter requested change from 10 to 15 days to allow for holidays/long weekends.	Accept - Changed to Business Days to account for holidays/long weekends
Freeman	§100182 (c.1)	Commenter requested change from 10 to 15 days to allow for holidays/long weekends.	Accept - Changed to Business days througout the document
Greene	§100182 (c.1)	Commenter requested clarity on a process whereby a non-compliant program/provider can be acted on in a timely manner.	Accept. Section 100191 included the lanaguage: "A Local EMS Agency shall Immediately terminate from participation in the program any alternate destination facility, community paramedicine, or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317."
Greene	§100182 (c.3-4)	Commenter recommended revising to provide more clarity. In this paragraph and the preceding paragraphs, the facility should be subject to a specific timeline to bring the facility into compliance and clear standards that require closure of the facility or ceasing operation of the program.	Reject - Current Language meets the needs of this section
Tadeo	§100182 (c.6)	Please cite in statute EMSA's authority to take action against a Community Paramedicine "site".	HSC 1830-Immediate termination of participation in the program by the alternate destination facility or the community paramedicine or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317.

Commenter	Section	Summary of Comment	Response
Kim	§100182.1	Commenter suggests adding Triage and Alternate Destination Program sites requirements, oversight, and withdrawl and moving to beginning of section.	Partial Accept - CP and TAD now discussed together in this section
Lopez-Gusman	§100182.1	Commenter recommends this section be amended to require alternate destination site visitation and create a process for revocation for non-compliance	HSC 1830-Immediate termination of participation in the program by the alternate destination facility or the community paramedicine or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317.
Pearson	§100182.1	Commenter recommends the existing practice of site visits has worked for years and does not recommend a change	Partial accept - onsite visits are authorized but not prescribed
Greene	§100182.1 (a)	Commenter recommended clarity and define “sites” and deconflict with this section and the missing requirements for alternate destination facilities.	Accept in part. Added language in the training sections, "As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements."
Nulty	§100182.1 (a)	Commenter suggests addition of a pathway for future alternate destinations to urgent cares	Reject - Alternate Destination are limited by the HSC to Mental Health, Sobering Centers or Veterans Hospitals.
Cabrera (2)	§100182.1 (a.1.B)	Commenter suggested adding "Drug Medi-Cal Organized Delivery System Plan" as a provider site certifier.	Reject- Not within the scope of HSC
Cabrera (2)	§100182.1 (a.2)	Commenter added: "(E)An existing sobering center may continue operations until one year after the National Sobering Collaborative accreditation becomes available and then shall receive accreditation from the National Sobering Collaborative."	Accept - language is reflected in 100181 (c.3)
Tadeo	§100182.1 (a.2.B)	Commenter suggests more specific licensing requirements.	Reject- Definition in compliance with HSC 1810-1820.
Cabrera (2)	§100182.1 (a.2.C)	Commenter said it's unclear when standards for accreditation will be finalized. Recommended interim measures be included.	Accept - language is reflected in 100181 (c.3)

Commenter	Section	Summary of Comment	Response
Tadeo	§100182.1 (a.2.c)	Please cite the authority for the National Sobering Collaborative to conduct accreditation and developing standards. This is irrelevant as the new standards have not been developed. If the standards to be developed are too prescriptive and onerous, then existing successful programs will not meet the requirements	Reject - Required by HSC 1813 (a)(3)
Bosson	§100182.1 (a.2.D)	suggest removing the requirement for accreditation,	Reject - Required by HSC 1818
Freeman	§100182.1 (a.2.D)	suggest removing the requirement for accreditation,	Reject - Required by HSC 1818
Greene	§100182.1 (a.2.D)	Commenter said the statute only grandfathers sobering centers, but the regulation fails to identify this limitation. Asked- has the referenced National Sobering Collaborative accreditation become available? Recommended inserting the date identified in paragraph (3) of subdivision (a) of Section 1813 of the Health and Safety Code	Reject - Current Language meets the needs of this section
Tadeo	§100182.1 (a.2.D)	Commenter recommends deleting National Sobering Collaborative	Reject - Required by HSC 1813 (a)(3)
Graterol (1)	§100183	Commenter recommended that the frequency of renewal mirror CE programs (4 years cycle).	Reject - Required Annual renewal within the EMS Plan Update approval
Holcomb	§100183	Commenter requests this to be included as part of the EMS plan process instead of a parallel process for each LEMSA	Reject - 2nd year approval will be via the EMS Plan Update.
Lopez-Gusman	§100183	Commenter recommends this section of proposed regulation be amended to ensure compliance with Health and Safety Code §1832, §1841, and §1831(a).	Accept. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.

Commenter	Section	Summary of Comment	Response
McFaddon	§100183	Commenter suggests they do not need EMSA approval. This should be similar to a paramedic program, which is approved at the local level	Reject. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.
Pearson	§100183	Commenter recommends approval to remain at the local level with the multi-level oversight as unnecessary	Reject. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.
Seabloom	§100183	Commenter recommends deleting all 'Triage to Alternate Destination' language and requirements; it should be allowed as part of the statewide scope of practice	Reject - Required by HSC
Greene	§100183 (a)	Commenter said regarding H/S Code Sections 1842 and 1843; recommend adding: (a)(8) A narrative on the process to select community paramedicine providers and a clear demonstration of compliance with H/S Code Section 1842. (a)(9) A narrative on the process to select TTAD providers and a clear demonstration of compliance with H/S Code Section 1843. This narrative shall include a description of any providers excluded from TTAD and the for-cause reasons for exclusion	Reject - The current language meets the needs of this requirement.
Lynch	§100183 (a)	Commenter suggests striking "(a) The LEMSA shall submit a written request to the Authority for approval of a"	Reject - The use of a written request meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
McFaddon	§100183 (a)	Commenter suggests alternative language for "The LEMSA shall submit a written request to the Authority for approval of a Replace with, “An application for a Community Paramedicine or Triage to Alternate Destination program shall be submitted to the LEMSA, which shall include:”	Reject - The use of a written request meets the needs of this requirement.
Tadeo	§100183 (a.2)	Commenter suggests defining "contracts" and "sites"	Reject - The current language meets the needs of this requirement.
Betts	§100183 (a.2)	Commenter suggests that this subsection should be changed from 'Contracts with specialty program sites' to 'Executed contracts with each proposed Alternative Destination site"	Reject - The current language meets the needs of this requirement.
McFaddon	§100183 (a.5)	Commenter suggests replacing with "If a Community Paramedic and/or Triage to Alternate Destination program is implemented, the LEMSA shall develop Policy, procedures, and processes for approving Community Paramedic and/or Triage to Alternate Destination sites and providers.”	Reject - The current language meets the needs of this requirement.
McFaddon	§100183 (a-d)	Commenter suggests deleting; Not necessary and approval should be at the local level	Reject. The Emergency Medical Services Authority shall review a local EMS agency’s proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency’s program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.

Commenter	Section	Summary of Comment	Response
Lynch	§100183 (b-d)	Commenter suggests deleting – Not necessary, approval should be at the local level.	Reject. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.
Tadeo	§100183 (c)	Commenter suggests defining what constitutes a modification.	Reject - Section Removed
Tadeo	§100183 (c)	Commenter suggests including a specific timeframe for EMSA to approve/ respond to request for modification.	Accept - changed to 30 days
Greene	§100183 (c)	Commenter asked: What is meant by modification? Addition of new facilities? New program services? Allwithin the services authorized by statute?	Accept - appears provisions for modification of program have been removed
Tadeo	§100183 (d)	Commenter recommends replacing "expire" with "shall be for" to allow for the continued operation while awaiting EMSA's review and approval of the EMS plan. "Expire" will mean the community paramedicine program is not approved and will disrupt continuation of the programs.	Accept.
Holcomb	§100183 (d)	Commenter asked for this to mirror CE programs (4 years cycle).	Reject - Current Language meets the needs of this section
Miller	§100183 (d)	Commenter supports annual renewal of CP or AD for accreditation of all paramedics at the LEMSA level	Accept.
Greene	§100183 (e)	Commenters asked: Programs are subject to review and required to submit data, but where is the requirement to have annual renewals of the programs?	Accept
Ramirez	§100183 (e)	Commenter suggests adding the following language: (e) A LEMSA submitting a request for approval of a Community Paramedicine Program shall include in the application, when indicated, evidence that the public agency has declined to implement a CP Program.	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Choong	§100183.1	Commenter said the suspension and revocation provisions of this section are permissive. Recommends termination of programs that endanger patients.	Accept.
Choong	§100183.1	Commenter suggested that a LEMSA which has not reported required data be suspended immediately.	Reject - Currently covered within the program oversight authority.
Kim	§100183.1	Commenter states that the placement of new authority for EMSA to approve community paramedicine and triage to alternate destinations programs is confusing and the logical order for regulation is accurately refelced in the ISOR statement.	Accept - Future Public Comment version will have a revised order.
Lopez-Gusman	§100183.1	Commenter recommends these regulation be amended to include mandatory termination of programs that endager patients, to require the LEMSA which has not reported data as required by the Authority, including that required by §100181.1(c), be suspended immediately.	Accept.
Seabloom	§100183.1	Commenter recommends deleting all 'Triage to Alternate Destination' language and requirements	Reject - Required by SB 1544
Tadeo	§100183.1 (a)	Commenter suggests citing statute authorizing EMSA to immediately investigate, susped, or revoke approval of any Community Paramedicine and/ or Triage to Alternate Destination programs.	Accept. HSC 1830.
Greene	§100183.1 (a)	Commenter recommended that this requirement be EMSA shall immediately investigate a program or facility that it is found to be non-compliant or when EMSA discovers evidence that the program is operating in a manner that is a threat to the patient’s health and safety.The follow-on sentence can then talk about the remedies or consequences.	Partially accept

Commenter	Section	Summary of Comment	Response
Holcomb	§100183.1 (a)	Commenter suggests clarification on this requirement as LEMSA has jurisdiction over receiving facility destinations, providers, and education programs	Reject. EMSA has oversight responsbility based on HSC 1830.
Lynch	§100183.1 (a)	Commenter suggets deleting "LEMSA" and "Authority" from verbiage in this section	Accept - LEMSA has been defined as "local EMSA agency" and "Authority" is not used
Greene	§100183.1 (a.1)	Commenter suggested that notice should be to the program providers as well.	Accept - language has been added to 100184(c)
McFaddon	§100183.1 (a.1)	Commenter suggests that the Authority LEMSA shall notify the LEMSA Community Paramedicine and/or Triage to Alternate Destination program in writing of any investigation, suspension, or revocation.	Accept
McFaddon	§100183.1 (a.1-4)	Commenter suggests that the Authority LEMSA may immediately investigate, suspend, or revoke approval of any Community Paramedicine and/or Triage to Alternate Destination program if it is found non-compliant with the requirements of this division or if the program puts patient safety at risk.	Accept.
Greene	§100183.1 (a.2)	Commenter said there is an existing process for suspension of a program –why not just mirror that process with the same notice and appeal rights? See Section 100162	Accept
McFaddon	§100183.1 (a.2)	Commenter suggests the LEMSA Community Paramedicine and/or Triage to Alternate Destination program may appeal a decision to suspend or revoke program approval by submitting a written appeal request.	Accept
McFaddon	§100183.1 (a.3)	Commenter suggests the Authority LEMSA will have 30 days from receipt of the written appeal to request additional information.	Accept
McFaddon	§100183.1 (a.4)	Commenter suggests the Authority LEMSA will make a decision on the appeal within 30 days of receiving all requested documentation	Accept
Choong	§100184	Commenter suggested that programs be required to submit an annual summary of the quarterly data and specifying how the renewal will be evaluated to determine a program's renewal.	Accept

Commenter	Section	Summary of Comment	Response
Nulty	§100184	Commenter questions if a LEMSA currently operating a Community Paramedicine or Triage to Alternate Destination program, will current programs that were previously approved be grandfathered in or will those programs have to realign with current requirements?	Current Pilot Project programs will be grandfathered until 1 year after the implimentation of the CP/TAD Regulations per statute.
Seabloom	§100184	Commenter recommends deleting all Triage to Alternate Destination 'Program' and 'plan' language and replace with Alternate Destination Paramedic Services	Reject
Greene	§100184 (a)	Commenter said these requirements for annual “renewal” appear more extensive and specific than the proposed regulations around initial development of a program and its approval.	Accept - renewal now refers back to initial approval process
Lynch	§100184 (a)	Commenter suggests striking "developed and received approval for"	Partially accept - text now reads "elects to develop"
Greene	§100184 (a.1)	Commenter recommended that statewide standards be developed and included in this regulation per the requirements of article 3, of Chapter 13 of Division 2.5	Partially accept - requirement for narrative has been deleted adn standards are defined
Kim	§100184 (a.1)	Commenter suggests that EMSA add the required minimum standards and curriculum for each of the authorized program specialties in order to initially approve LEMSA programs and to provide the standard by which the narrative descriptions required under §100184 (a)(1) EMS Plan Annex for Community Paramedicine and Triage to Alternate	Accept - minimum standards and topics have been definied and requirement for narrative has been removed
Greene	§100184 (a.2)	Commenter recommended specifying major sections–presumably it references the program specialties as they are defined in Sections 1815 and 1819 of the Health and Safety Code?	Accept - Future Public Comment version will have a revised order.
Ramirez	§100184 (a.3)	Commenter suggests revising language to say: (3) A narrative on the process to select Community Paramedicine providers consistent with Sections 1841 and 1842 of the Health & Safety Code or Triage to Alternate Destination providers consistent with Section 1841 and 1843 of the Health and Safety Code	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Tadeo	§100184 (a.4)	Commenter suggests it should suffice to let LEMSA identify, in the central registry, paramedics who have successfully obtained local accreditation to function as a community paramedic. Also, LEMSA should list ALS provider agencies that have been approved to implement Community Paramedicine and/or Triage to Alternate Destinations and facilities that have met designation criteria to be alternate destination sites.	Reject - The current language meets the needs of this requirement.
McFaddon	§100184 (a-b)	Commenter suggests deleting the following section since a plan already exists; ”A LEMSA that has developed and received approval for approved a Community Paramedicine or Triage to Alternate Destination Program shall submit as part of its annual EMS plan update the following to renew program approval:”	Accept.
Lynch	§100184 (b)	Commenter suggests deleting section	Partially accept - approval decision is required in writing within 30 days of submission per lanaguage in 100191
Choong	§100185	Commenter recommended that EMSA further define QI data that should be collected by all programs.	Reject. Language changed to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
Greene	§100185	Commenter recommended identifying minimum standards for data quality and metrics as required by the statute.	Reject. Language changed to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.

Commenter	Section	Summary of Comment	Response
Tadeo	§100185	Commenter suggests revising language to refer, incorporate, and follow the same quality imporovement concepts explicitly defined in Chapter 12.	Accept in part. Removed and reduced language to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
Lynch	§100185 (a)	Commenter suggests striking "in collaboration with their LEMSA"	Reject. Language changed to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
McFaddon	§100185 (a.2)	Commenter suggests that the section does not define “quality improvement data,” “quality improvement metrics,” or “significant complications.” These terms are vague and ambiguous. EMSA should clarify the meaning of these terms or use a more widely recognized term such as “sentinel event.”	Accept. Removed and reduced language to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
Greene	§100185 (a.2-3)	Commenter recommended EMSA define what constitutes “significant complications”.	Accept in part. Language in 100183 now states "Notify EMSA of any reported complaints or unusual occurence for any approved Community Paramedicien or Triage to Alternate Destination program to the EMS Authority with 72 hours of recieving them.
Tadeo	§100185 (a.4)	Commenter recommends deleting.	Accept.
Bosson	§100185 (a.5)	Commenter stated the current Quality Improvement infrastructure will meet the statement of reasons.	Accept

Commenter	Section	Summary of Comment	Response
Freeman	§100185 (a.5)	Commenter stated the current Quality Improvement infrastructure will meet the statement of reasons.	Accept
Lynch	§100185 (a.5)	Commenter suggests deleting section	Reject
McFaddon	§100185 (a.5)	Commenter suggests deleting this section as it is described inHealth &Safety Code Section 1797.273 and does not need to be repeated here.	Accept.
Tadeo	§100185 (a.5)	Commenter suggests further defining "local public health officials".	Reject. Removed sub-section.
Greene	§100185 (a.6)	Commenter said participation requirements should include TTAD providers.	Accept. New language reads: "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
Tadeo	§100185 (a.7)	Commenter recommends this be incorportated in LEMSA's QI Plan and Program.	Accept.
McFaddon	§100185 (a.8)	Commenter recommends striking this reference (Evid Code 1157.7) as it is superfluous and is inconsistent with Evid. Code 1157.7.	Accept
Tadeo	§100185 (a.8)	Commenter recommends this be incorportated in LEMSA's QI Plan and Program.	Accept
Roderick	§100185 and §100186	Commenter suggests providing more information on what the data will be used for.	Reject - The current language meets the needs of this requirement.
Lynch	§100186 (a)	Commenter recommends clarifying the last sentence, as it is confusing and vague	Accept. Last sentence was removed.

Commenter	Section	Summary of Comment	Response
Tadeo	§100186 (a)	Commenter recommends striking phrase "transmission of interoperable health records".	Accept.
Tadeo	§100186 (a)	Commenter suggests deleting “Authority” as a recipient of Health Records. Suggests cite in statute the authority for EMSA to receive patient health records.	Accept.
McFaddon	§100186 (a)	Commenter suggets this section is unclear and has concerns around the Health and Safety code regulations in regards to alternate destination to provide patient information	Reject - The current language meets the needs of this requirement.
Seabloom	§100186 (a, d)	Commenter reccomeds deleting ‘Triage to Alternate Destination providers, programs and facilities’ and replace with ‘EMS agencies and Alternate Destination facilities.	Reject - The current language meets the needs of this requirement.
Lynch	§100186 (b)	Commenter suggested this section is too open ended	Reject - The current language meets the needs of this requirement.
McFaddon	§100186 (b)	Commenter suggests this section is too open-ended as it relates to the data/ information that would be provided by the facility	Reject - The current language meets the needs of this requirement.
Tadeo	§100186 (b)	Commenter recommends changing the last portion of the sentence “by the Authority and LEMSA” to “standards.”	Reject - The current language meets the needs of this requirement.
Tadeo	§100186 (b)	Commenter recommends adding language that the LEMSA determines data to be collected with review and approval by EMSA.	Reject. This is under EMSA's authority to determine data to be collected as supported by HSC 1833.b.1-2.
Tadeo	§100186 (c)	Commenter recommends striking NEMSIS.	Accept.Removed NEMSIS.
Lynch	§100186 (d)	Commenter questions if the Health and Safety Code regulations compel an alternate destination to provide patient information?	Accept. Yes, they do. HSC 1830.c.5

Commenter	Section	Summary of Comment	Response
Tadeo	§100186 (d)	Commenter suggests restating to avoid confusion. There will be nuances to EMSA and LEMSA data collection requirements. As recommended above adding language that the LEMSA determines data to be collected with review and approval by EMSA.	Reject. EMSA has authority to determine data collected based on HSC 1833.b.1-2.
Bosson	§100186 (e)	Commenter stated that this is an excessive requirement resulting in issues of implementation.	Reject - Required by HSC 1831.b.2
Freeman	§100186 (e)	Commenter stated that this is an excessive requirement resulting in issues of implementation.	Reject - Required by HSC 1831.b.2
Lynch	§100186 (e)	Commenter questions what is the definition of “interoperable health records”?	Term removed
McFaddon	§100186 (e)	Commenter suggests defining "interoperable health records"	Term removed
Tadeo	§100186 (e)	Commenter recommends striking "interoperable".	Accept.
Bosson	§100186 (f)	Commenter suggested maintaining consistency with other data maintenance requirements.	Accept
Freeman	§100186 (f)	Commenter suggested maintaining consistency with other data maintenance requirements.	Accept

Commenter	Section	Summary of Comment	Response
McFaddon	§100186 (f)	Commenter suggests deleting this section as it mandates the LEMSA to be the custodian of the EHRs by requiring the LEMSA to "store" them. This section would create additional expense to the LEMSA for acquiring data storage and for staff resources to manage the data and storage systems.	Accept.
Cabrera (2)	§100187 (a)	Commenter added caveat of "to the extent possible under federal or state law."	Reject - Reject - The current language meets the needs of this requirement.
Lynch	§100187 (a)	Commenter questions 'what does “exchange patient health information” mean?'	Reject. The content and technical specifications for HIE are beyond AB 1544 and these regulations, and are addressed in detail in AB 133.
McFaddon	§100187 (a)	Commenter suggests defining "exchange patient health information"	Reject. determination of data elements for exchange in a CP program should be made by the LEMSA medical dirctor in consideration of existing HIE platform and available information.
Tadeo	§100187 (b)	Commenter recommends deleting.	Accept.
Lynch	§100187 (c)	Commenter suggests striking EMSA from “……the required facilities data to the LEMSA and EMSA on a monthly basis	Accept in part. EMSA was removed. It was changed from monthly to quarterly.
McFaddon	§100187 (c)	Commenter suggest the following modification: “……the required facilities data to the LEMSA and EMSA on a monthly basis.”	Reject. EMSA was removed and it was changed to quarterly.
Tadeo	§100187 (c)	Commenter suggests citing where "required facilities data" is defined.	Reject. Language reworded. Required data is listed out and in compliance with HSC 1833.b.1-2.
Tadeo	§100187 (c)	Commenter recommends deleting statement that "data should be sent to the EMSA by the Community Paramedicine program".	Accept. EMSA was removed.
Bosson	§100187 (d)	Commenter suggested removal of the specified ’24 hours’.	Partially Accept, changed to "72 hours".
Freeman	§100187 (d)	Commenter suggested removal of the specified ’24 hours’.	Partially Accept, changed to "72 hours".
Graterol (1)	§100187 (d)	Commenter proposed the timeframe change to be within 72 hours after care, in line with current CEMSIS standards.	Accept.

Commenter	Section	Summary of Comment	Response
McFaddon	§100187 (d)	Commenter requests the section that mandates that an EHR be completed within 72 hours be deleted. The setting of EHR completion time requirements at the local level should be the responsibility of the LEMSA so long as the requirement meets or exceeds EMSA standards	Reject - 72 hours is currently an EMSA requirement
Tadeo	§100187 (d)	Commenter recommends striking “and to the CEMSIS repository within 24-hours” and instead suggests 30-day submission timeframe.	Reject - 72 hours is currently an EMSA requirement
Pearson	§100187 and §100188	Commenter highlights the 24-hour window is too short of a window to complete the required data report, requests it should be 72 hours at a minimum	Accept
Choong	§100188	Commenter recommended regulations be amended to authorize the EMSA director to issue an EHR waiver for a period of 1 year at a time with no more than 5 renewals and that EHR status of AD sites should be reviewed as part of the annual program approval.	Reject. HSC 1830.c.5.c
Lopez-Gusman	§100188	Commenter recommends the proposed regulations be amended to have the EHR waiver also be annual and for renewal, if necessary, to coincide with renewal of the program	Reject. Needs to comply with HSC 1830.c.5.c
Bosson	§100188 (a)	Commenter suggested striking ‘and to the data repository designated by EMSA’. Data submission should also be required to the LEMSA.	Accept/Removed -
Freeman	§100188 (a)	Commenter suggested striking ‘and to the data repository designated by EMSA’. Data submission should also be required to the LEMSA.	Accept/Removed -
Lynch	§100188 (a)	Commenter advises the additional submission of data to CEMSIS and a new "data repository" designated by EMSA is a costly addition	Comment Noted
Tadeo	§100188 (a)	Commenter suggests this is redundent and onerous.	Accept

Commenter	Section	Summary of Comment	Response
Seabloom	§100188 (a-d)	Commenter recommends deleting 'program' and 'program providers' wherever associated with Triage to Alternate Destination. Keep Triage to Alternate Destination Facilities. Delete wording 'bidirectional exchange' and replace with 'provide'. Delete section (d) in its entirety as this CEMSIS requirement already exists in other legislation. Consider deleting facility EHR electronic data submission of multiple data points and instead request only summary outcome data.	Accept in part. Kept "program" and "program providers". Removed bidirectionally. Kept (d) but changed from 24 hours to 72 hours. Changed to " submit to the local EMS agency at minimum a quarterly summary of patient outcomes with an EMSA provided template". HSC 1833.b.1-2.
Bosson	§100188 (b)	Commenter requested clarity on definition of 'triage'. as it pertains to 'triage to an alternate destination'.	Accept in part. Used HSC 1810-1820 to provide definition.
Cabrera (2)	§100188 (b)	Commenter added caveat of "to the extent possible under federal or state law."	Reject - The current language meets the needs of this requirement.
Feit (1)	§100188 (b)	Commented stated the need for selective data sharing methods, like Fast Health Interoperability Resources (FHIR); and the use of standard, effectively data sharing models that avoid federally protected data.	Comment Noted
Freeman	§100188 (b)	Commenter requested clarity on definition of 'triage'. as it pertains to 'triage to an alternate destination'.	Accept in part. Used HSC 1810-1820 to provide definition.
Greene	§100188 (b)	Commenter asked: the subdivision references minimum data submission, doesn't cross reference another regulatory section but seems to indicate that the EMSA has minimum data standards –are they contained in proposed Section 100188?	Accept
Lynch	§100188 (b)	Commenter questions if the Health and Safety Code regulations compel an alternate destination to provide patient information?	Accept. Yes, they do. HSC 1830.c.5

Commenter	Section	Summary of Comment	Response
McFaddon	§100188 (b)	Commenter notices that there are implications to the local EMS system and local data systems taht may inconsistent with waiving the EHR requirement	Reject. HSC 1830.c.5.c
Tadeo	§100188 (b)	Commenter state that requiring bidirectional data between provider and facility is not achievable as written.	Rejected. Required by 1544
Greene	§100188 (b, f)	Commenter suggested and asked: "References prehospital and facility data and informationas determined by the Authority (b) –this is too broad and instead should reference the specific regulations that identify what that data is. Also, the “processes shall include...data” is poorly worded. Do the processes govern the collection of requireddata? (f) Is the 5-year requirement consistent with other data requirements in the prehospital setting? We can find no requirement assigning a time period to the storage of EHR; a (5) year record retention provision does exist for paramedic accreditation.(See current Regs 100171) WHO is being tasked with storage (LEMSA and/or Local Providers)? WHAT data specifically (EHR or aggregate data)?"	Reject - The current language meets the needs of this requirement.
Feit (1)	§100188 (b.11)	Commenter presented several questions about the requirement to capture and manage a Unique Patient Care Record Identifier.	Reject - The current language meets the needs of this requirement.
Feit (1)	§100188 (b.4)	Commenter said terms are vague and do not comport to any standard data system, there is insufficient information here to meet and prove compliance.	Reject - The current language meets the needs of this requirement.
Graterol (1)	§100188 (b.5)	Commenter recommended changing item b.5 “Diagnosis”to “Impression”in line withother prehospital data.	Accept in part. This subsection was removed.
Bosson	§100188 (c)	Commenter suggested removal of the 30-day window for data submission.	Accept
Lynch	§100188 (c)	Commenter questions if the Health and Safety Code regulations compel an alternate destination to provide patient information?	Accept. Yes, they do. HSC 1830.c.5

Commenter	Section	Summary of Comment	Response
McFaddon	§100188 (c)	Commenter recommends defining what level of provider is vested with the authority/ approval to make such an 'assessment' as the term "upon assessment" is vague and ambiguous - Commenter suggests use of Paramedic, Registered Nurse or Physician and	Reject. HSC 1831.b.1
Tadeo	§100188 (c)	Commenter requests citation of statute that provides EMSA with authority to require patient level data from Alernate Destination facilities. Commenter requests section defining "required data" from Alternate Destination Sites.	Reject. Required data is listed out and in compliance with HSC 1833.b.1-2.
Miller	§100188 (c-d)	Commenter advises EHR data may not be complete within 24 hours of patient discharge, and monthly reporting of data outside of the lcoal CQI program is excessive	Accept. Changed from 24 hours to 72 hours. Changed from monthly to quarterly based on HSC 1833.b.1-2.
Bosson	§100188 (d)	Commenter suggested removal of the specified '24 hours'	Partially Accept, changed to "72 hours".
Greene	§100188 (d)	Commenter suggested that it should say "Community Paramedicine Providers" or EMS Providers participating in CP Program delivery shall...Also, consider a more flexible timeline.	Accept in part. Changed from 24 hours to 72 hours.
Greene	§100188 (d)	Commenter suggested it should say "Community Paramedicine Providers" or EMS Providers participating in CP Program delivery shall...Also, consider a more flexible timeline than 24 hours.	Accept in part. Changed from 24 hours to 72 hours.
Lynch	§100188 (d)	Commenter suggests changing to submitting HER data to CEMSIS instead of LEMSA	Comment Noted
McFaddon	§100188 (d)	Commenter suggests the Approved Triage to Alternative Destination facilities shall provide the required data to the LEMSA and EMSA in accordance with LEMSA requirements.	Accept in part. Changed to " submit to the local EMS agency at minimum a quarterly summary of patient outcomes with an EMSA provided template". HSC 1833.b.1-2.
Tadeo	§100188 (d)	Commenter suggests deleting "EMSA".	Accept in part. Changed to " submit to the local EMS agency at minimum a quarterly summary of patient outcomes with an EMSA provided template". HSC 1833.b.1-2.
Tadeo	§100188 (d)	Commenter recommends changing submission of records from 24 hours to 30 day submission timeframe.	Reject - 72 hours is currently an EMSA requirement
McFaddon	§100188 (e)	Commenter suggests the Triage to Alternative Destination Program providers shall submit EHR data to the LEMSA and EMSA in accordance with LEMSA requirements.	Acceptin part. Combined with 100188 (d) and only submitted to LEMSA with using an EMSA template. Still in line with HSC 1833.b.1-2.

Commenter	Section	Summary of Comment	Response
Graterol (1)	§100189 (a)	Commenter expressed concern that the current CEMSIS/NEMSIS standards are not equipped to capture Community Paramedicine encounters and parameters. Recommended that requirement for compliance with this regulation be delayed untilat least one (1)calendar year.	Reject - The current language meets the needs of this requirement.
Tadeo	§100189 (a)	Commenter recommends striking NEMSIS	Accept.
Tadeo	§100189 (b)	Commenter suggests more specific Community Paramedicine CEMSIS/NEMSIS compliant state specific elemenrts and values.	Reject - The current language meets the needs of this requirement.
Seabloom	§100189 (c)	Commenter recommends deleting section	Reject. Needs to comply with HSC 1830.c.5.D-E
Tadeo	§100189 (c.1)	Commenter recomments adopting the APOT reporting requirements as previously defined by EMSA.	Reject - The current language meets the needs of this requirement.
Tadeo	§100189 (c.2)	Commenter suggests deleting requirement to report “number of patients and reasons for turning away or diverting” to an emergency department.	Reject. Needs to comply with HSC 1830.c.5.D-E
Greene	§100189 (c-d)	Commenter recommends a more flexible timeframe for technology limitations and call volume with respect to submission pursuant to subdivisions (c) and (d). Current LEMSA to EMSA reporting is 72 hours. Additionally, the language of subsection (d) should match that of 100186(c) however they are inconsistent.	Reject - The current language meets the needs of this requirement.
Greene	§100189 (c-d)	Commenter state: subdivision (c) references minimum required data (referring to the data in (b)? Again –consider a more flexible timeframe with respect to submission pursuant to subdivisions (c) and (d). Current LEMSA to EMSA reporting is 72 hours. The language of subsection (d) should match that of 100186(c).	Reject - The current language meets the needs of this requirement.
Nulty	§100190	Commenter questions if internship for community paramedics is after a program fully established, does not recommend a field internship at another provider	Reject - The current language meets the needs of this requirement.
Tadeo	§100190	Commenter recommends Community Paaramedicine and Triage to Alternate Destination have separate distinct training, oversight, approval, and reapproval standards and requirements.	Accept in part. Some separation in training programs, but the rest remain integrated.

Commenter	Section	Summary of Comment	Response
Greene	§100190 (a)	Commenter said this section confers full training program authority to the LEMSA. That conflicts with the statute. Recommended clarifying that EMSA has full training program authority.	Reject - The current language meets the needs of this requirement.
Greene	§100190 (a)	Commenter stated this section confers full training program authority to the LEMSA. That conflicts with the statute. Recommended clarifying that EMSA has full training program authority.	Reject - The current language meets the needs of this requirement.
Holcomb	§100190 (b)	Commenter suggested the requirements should include and clarify a requirement for an in-person site visit	Accept in part. Site visit requirement included. Unsure what is meant by clarify that requirement.
Greene	§100190 (d)	Commenter said this regulatory design and requirement to review documents will create a scenario where each LEMSA will have a significantly different training process. While the statute recognizes that there will need to be training and education unique to each system and population, the statute also directs the EMSA to set up a curriculum to ensure educational consistency across systems.	Reject - The current language meets the needs of this requirement.
Bosson	§100190 (d.1)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept. Added "current version of the United States Department of Transportation (U.S. DOT) National Education Standards".
Freeman	§100190 (d.1)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept. Added "current version of the United States Department of Transportation (U.S. DOT) National Education Standards".
McFaddon	§100190 (d.1)	Commenter suggests provides little guidance on the criteria for a community paramedic program. The DOT curriculum is the paramedic curriculum. The standards do not set forth required skills or performance objectives. EMSA should set this standard so there is a statewide minimum standard for community paramedicine. There are no minimum patient contact requirement or field skills requirements.	Reject. Not required by 1544. As with other EMS training programs, determination of skills and performance objectives is approved at the LEMSA level

Commenter	Section	Summary of Comment	Response
Graterol (1)	§100190 (d.4)	Commenter asked for removal of several of the proposed qualifications for program "instructors". Training programs and their directors and medical directors should have leniency and authority to choose qualified instructors.	Reject. 100190(d.1) does not specify instructor qualifications
Greene	§100190 (h)	Commenter asked if 4 years the right timeline for review? Should it be more or less frequent?	Reject. Consistent with other training program terms or approval
Tadeo	§100190 (i)	Commenter suggests delineating requirements for new applicants for Community Paramedicine programs, those previously approved, and those previously approved with identified deficiencies	Accept. Separate sections for new applicants, renewals, and application after suspension or revocation.
Cabrera (1)	§100190 and §100190.1	Commenter noted that the application of AD pilots under OSHDHWD Pilot 173 was relatively limited. The proposed education, training and site oversight and approvals outlined under these regulations will be essential.	Accept
Greene	§100190-§100193.2	Commenter recommended clarifying that EMSA is required to establish minimum standards for training programs that govern a LEMSA's process for approving such programs.	Reject - The current language meets the needs of this requirement.
Greene	§100190-§100193.2	Commenter recommended that regulation clarify that EMSA is required to establish minimum standards for training programsthat govern a LEMSA's process for approving such programs.	Reject - The current language meets the needs of this requirement.
Choong	§100191	Commenter recommended adding a requirement that the medical director be board certified by the ABME or practiced 3 years minimum in emerg. Medicine after board cert.	Partially Accept
Choong	§100191	Commenter recommended amending the list of potential instructors for each subject area to include physicians with education and experience in providing instruction on those topics listed in §100191 through 100192.	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Greene	§100191 (a)	Commenter asked "Why are they saying that the program's medical director should have "experience in LEMSA protocols and policies?" One training program may serve multiple LEMSAs. The training program MDs will have to be the LEMSA MDs, which in many cases we don't like.	Reject - The current language meets the needs of this requirement.
Tadeo	§100191 (a)	Commenter recommends the Program Director to be Board Certified or Board Eligible for Emergency Medicine, Emergency Medical Services or Pediatric Emergency Medicine.	Accept.
Tadeo	§100191 (b.1)	Commenter suggests inserting "EMS" between the words "local protocol" and "has knowledgfe or experience in local EMS protocol and policy".	Accept.
Pearson	§100191 (b.2)	Commenter suggests dropping the baccalaureate degree requirement since there are many qualified paramedics in the state available to teach prior to that requirement	Accept.
Freeman	§100191 (b.2)	Commenter requested removal of the 'baccalaureate degree' requirement for a paramedic to be program director.	Accept. Removed "baccalaurate degree"
Graterol (1)	§100191 (b.2)	Commenter recommended removal of requirement for paramedics to have a baccalaureate degree.	Accept.
Nulty	§100191 (b.2)	Commenter mentions how potentially prohibitive it would be to exclude paramedics without baccalaureate degrees to provide training for these programs	Accept
Lynch	§100191 (b.2-3)	Commenter suggetsts deleting everything in (2) and (3) aside from "Is either a California licensed physician, a registered nurse..., or a Community Paramedic"	Reject. Removed "baccalaurate degree"
McFaddon	§100191 (b.2-3)	Commenter requests the following change: "(2) …who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education, and (3) Has education and experience in methods, materials, and evaluation of instruction including: (A) A minimum of one (1) year experience in an administrative or management level position, and (B) A minimum of three (3) years academic or clinical experience in prehospital care education."	Accept.

Commenter	Section	Summary of Comment	Response
McFaddon	§100191 (d)	Commenter suggests the registered nurse would not be qualified unless they have administrative/management experience and prehospital experience. (d)The qualifications seem to be limiting and unnecessary. Many areas would not have personnel that meet	Accept.
Seabloom	§100191 (d.1)	Commenter recommends deleting phrase 'with Community Paramedicine experience'.	Accept
Bosson	§100191 (d.2)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept. Added "current version of the United States Department of Transportation (U.S. DOT) National Education Standards".
Freeman	§100191 (d.2)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept. Added "current version of the United States Department of Transportation (U.S. DOT) National Education Standards".
Lynch	§100191 (d.3-5)	Commenter suggests that the qualifications seem to be limiting and unnecessary; requests striking "within the past 5 years" from (3), deleting all of (4), and striking "at least forty (40) hours of" from (5)	Reject - The current language meets the needs of this requirement.
Bosson	§100191 (d.4)	Commenter suggested removing requirement for an associate degree, instead use "degree, licensure or certification appropriate to the instructor's field of expertise."	Reject - The current language meets the needs of this requirement.
Freeman	§100191 (d.4)	Commenter suggested removing requirement for an associate degree, instead use "degree, licensure or certification appropriate to the instructor's field of expertise."	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Graterol (1)	§100191 (d.4-5)	Commenter recommend the removal of the need for the qualifications (4) and (5). Suggested 3 years of experience within EMS or an Allied Health field, with no specific requirement for teaching methodology instruction be sufficient qualifications.	Reject - The current language meets the needs of this requirement.
Bosson	§100191.1	Commenter said the required content does not directly pertain to frontline providers. Suggested allowing training program to customize.	Reject. HSC 1831.c-d, HSC 1831.c.1.A.
Freeman	§100191.1	Commenter said the required content does not directly pertain to frontline providers. Suggested allowing training program to customize.	Reject. HSC 1831.c-d, HSC 1831.c.1.A.
Graterol (1)	§100191.1	Commenter said they would argue that a dedicated standardized curriculum is required to establish minimum competency for Community Paramedic training. We expect these standards may change as field evolves.	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Greene	§100191.1	Commenter asked the question –does this replicate what was outlined for the pilots?	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Nulty	§100191.1	Commenter suggests LEMSA should approve curriculum and training based on the needs of the community and scope of the program	Accept in part. Reduced hours from 150 to 80. Curriculum standards can be set by EMSA. HSC 1831.c-d, HSC 1831.c.1.A.
Pearson	§100191.1	Commenter requests amending this section as 40-hours of training and an additional 12 hour CE is expensive and restrictive for some LEMSAs as they are unfunded	Accept in part. Hours were reduced significantly.
Roderick	§100191.1	Commenter recommends revising educational standards and minimize to what is allowable within scope.	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Tadeo	§100191.1	Commenter suggests citing Community Paramedicine Education Standards.	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.

Commenter	Section	Summary of Comment	Response
Eisner	§100191.1	Commenter said that requiring paramedics to formally train as Community Paramedics is unwarranted. LA Dept of Health Services developed complete and effective training program.	Reject - Training required by HSC
Cabrera (1)	§100191.1	Commenter said Community paramedicine education curricula and training standards should include screening and response not only to mental health conditions, but also to SUD conditions.	Reject - The current language meets the needs of this requirement.
Cabrera (2)	§100191.1 (a.1)	Commenter suggested consideration of the inclusion of substance use disorder condition related education and training. Commenter specifically added "(I) Screening and responding to mental health and substance use crises and conditions."	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Tadeo	§100191.1 (a.1.c)	Commentery suggests adding more detail to the “Effect of Affordable Care Act on development of Community Paramedicine nationally and in California”	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Tadeo	§100191.1 (a.1.J)	Commenter suggests spelling out IBSC.	Accept.
Nulty	§100191.1 (a1, b1, c1, d1, e1)	Commenter suggests including content that makes sense for the individual program, as approved by the specific LEMSA	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Tadeo	§100191.1 (b.1.A-E)	Commenter states that these are very prescriptive and overreaching requirements which may not be applicable to the	Reject - The current language meets the needs of this requirement.
Cabrera (2)	§100191.1 (b.1.E)	Commenter stated that a significant population of focus are likely to be individuals who may be experiencing homelessness. In addition, there is a significant amount of bias and discrimination within the healthcare sector toward individuals with mental health and substance use disorder conditions. These systemic factors must be understood. Commenter added "housing status, and behavioral health" in place of mental health.	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.

Commenter	Section	Summary of Comment	Response
Cabrera (2)	§100191.1 (c.1.F)	Commenter added "(F) Electronic health record (EHR) systems.	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Cabrera (2)	§100191.1 (c.1.G)	Commenter added: "(vi) Mental health and substance use care."	Reject - Current language adequately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education SubCommittee.
Cabrera (2)	§100191.1 (c.3.A)	Commenter added "substance use counselor, psychiatrist, behavioral health peer,"	Reject. Subsection removed.
Pearson	§100191.1 (e)	Commenter recommends allowing the LEMSAs to determine appropriate cirriculum and training based on their needs	Reject. Curriculum standards can be set by EMSA. HSC 1831.c-d, HSC 1831.c.1.A.
Roderick	§100191.1 (e)	Commenter suggests allowing the LEMSAs to determine appropriate curriculum and training based on their needs	Reject. Curriculum standards can be set by EMSA. HSC 1831.c-d, HSC 1831.c.1.A.
Seabloom	§100191.1 (f)	Commenter recommends deleting proposed language and replace with language authoring the LEMSA to determine the appropriate length based on programs offered, not to exceed 24 hours	Accept
Tadeo	§100191.1 (f)	Commenter states the Community Paramedicine Pilot Program through EMSA (80 hours) is more than adequate.	Accept.
Graterol (1)	§100191.1 (J)	Commenter suggested that a specific assessment provider or examination not be named within this document. Reasoning provided.	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Feit (2)	§100191.1 and §100192.1	Commenter stated that data-related requirements are positive, but the program does not include any training about how to ensure compliance.	Reject - The current language meets the needs of this requirement.
Feit (2)	§100191.1 and §100192.1	Commenter recommended that the program incorporate more details to documentation technology and data interoperability.	Reject - The current language meets the needs of this requirement.
Feit (2)	§100191.1 and §100192.1	Commenters said without a “lay of the land,” data mandates cannot be successfully abided.	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Bosson	§100191.2	Commenter suggested removal of specific requirements for number of examinations; determination of competency should be per the program Medical Director.	Accept in part. Reduced from three exams to one final comprehensive exam.
Freeman	§100191.2	Commenter suggested removal of specific requirements for number of examinations; determination of competency should be per the program Medical Director.	Accept in part. Reduced from three exams to one final comprehensive exam.
McFaddon	§100191.2	Commenter suggests paragraph is incoherent and suggests the following change: "Training programs shall develop and administer a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this Chapter in accordance with requirements stipulated by the LEMSA."	Reject - The current language meets the needs of this requirement.
Nulty	§100191.2	Commenter recommends the International Board of Specialty Certification is not needed for program approvals	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Ramirez	§100191.2	Commenter suggests clarifying whether the training/retesting certification process for Triage Paramedic and Community Paramedic is recognized statewide or is LEMSA specific, thereby requiring retraining and and recertification within the same given specialty.	Reject. Not required by 1544. Training programs are approved locally and discretion for which training program certifications are accepted is a local medical director decision
Roderick	§100191.2	Commenter recommends that having paramedics become baccalaureates is a future goal and to allow those presently teaching/ directing/ instructing to be grandfathered in or have a pathway to continue teaching.	Accept - language allowing experience in place of baccaluarate degree has been added to 100189
Graterol (1)	§100191.2 (a)	Commenter said there is no clearly documented benefit of a minimum number of examinations, recommended removal of this specification.	Reject reduction in # of exams. Formative exams support student engagement and real-time instructor feedback for competency.
Pearson	§100191.2 (a)	Commenter recommends amending this section as it is prohibitive and restrictive; it is an unfunded requirement that will eliminate many providers from being able to obtain the qualifications needed	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Roderick	§100191.2 (a)	Commenter suggests allowing the LEMSAs to determine appropriate curriculum and training based on their needs	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Graterol (1)	§100192	Commenter recommended against designated parallel training program for AD training as this can be rolled into general paramedic training and CE.	Reject. Required by HSC 1831.c-d and HSC 1831.c.1.A
Greene	§100192	Commenter recommended that sobering center programs should have a requirement that the instructor be an RN or MD specializing in the comprehensive care of individuals with cooccurring mental health or psychosocial and substance use disorders.	Reject - The current language meets the needs of this requirement.
Holcomb	§100192	Commenter suggested that Alternate Destination does not need a parallel training program - the LEMSA could implement this training through LEMSA driven continuing education program via Medical Director	Reject. Required by HSC 1831.c-d and HSC 1831.c.1.A
Lopez-Gusman	§100192	Commenter recommends this section be amended to require the program medical director to be a physician who is board certified in emergency medicine, rather than simply having experience in emergency medicine as is currently proposed	Accept.
Cabrera (2)	§100192 (a.2)	Commenter suggested, "(2) Has experience in emergency medicine and specialized expertise in behavioral health emergency conditions,	Reject - The current language meets the needs of this requirement.
Tadeo	§100192 (a.2)	Commenter recommends the Program Director to be Board Certified or Board Eligible for Emergency Medicine, Emergency Medical Services or Pediatric Emergency Medicine.	Accept.

Commenter	Section	Summary of Comment	Response
Tadeo	§100192 (c.1)	Commenter suggests inserting "EMS" between the words "local protocol" and "has knowledgfe or experience in local EMS protocol and policy".	Accept.
Bosson	§100192 (c.2)	Commenter requested removal of the 'baccalaureate degree' requirement for a paramedic to be program director.	Reject - 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 competency standards are met by individuals selected for the position.
Freeman	§100192 (c.2)	Commenter requested removal of the 'baccalaureate degree' requirement for a paramedic to be program director.	Reject - 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 competency standards are met by individuals selected for the position.

Commenter	Section	Summary of Comment	Response
Graterol (1)	§100192 (c.2)	Commenter requested removal of requirement for paramedics to have a baccalaureate degree for this position. Reasoning provided.	Reject - 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 competency standards are met by individuals selected for the position.
Lynch	§100192 (c.2)	Commenter requests deleting "who has a baccalaureate degree...who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education"	Reject - 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 competency standards are met by individuals selected for the position.
McFaddon	§100192 (c.2)	Commenter requests the following alteration: (2) Is a California licensed physician, registered nurse who has a baccalaureate degree, or paramedic who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education, and…"	Reject for more concise language.
Tadeo	§100192 (e.1)	Commenter suggests delineating reasonable requirements for Program Director vs Instructors.	Accept.

Commenter	Section	Summary of Comment	Response
Bosson	§100192 (e.2)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept. Updated to "the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards".
Freeman	§100192 (e.2)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept. Updated to "the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards".
McFaddon	§100192 (e.3-5)	Commenter suggests the following alteration: (3) “Able to demonstrate expertise and a minimum of 2 1 year of experience within the past 5 years in the subject matter being taught by that individual. (4) Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. (5) Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.”	Accept.
Bosson	§100192 (e.4)	Commenter suggested removing the requirement for an associate degree or creating an additional option without a degree.	Reject - 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.

Commenter	Section	Summary of Comment	Response
Freeman	§100192 (e.4)	Commenter suggested removing the requirement for an associate degree or creating an additional option without a degree.	Reject - 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 competency standards are met by individuals selected for the position.
Graterol (1)	§100192 (e.4-5)	Commenter recommended remove of the qualification requirements from (4) and (5). Suggest 3 years experience to be qualified.	Reject - The current language meets the needs of this requirement.
Bosson	§100192 (e.7)	Commenter suggested adding other qualified instructors such as Social Workers, Pas, NPs, and Depart. of Public Health physicians with experience.	Reject - The current language meets the needs of this requirement.
Freeman	§100192 (e.7)	Commenter suggested adding other qualified instructors such as Social Workers, Pas, NPs, and Depart. of Public Health physicians with experience.	Reject - The current language meets the needs of this requirement.
Lynch	§100192 (e.7)	Commenter suggests including LCSW since this classification works with and haswith behavioral health patients, remove reference to emergency department since experience engagement with these pateients are not always in an emergency department. (7) delete "surgeon" and "services and in the emergency department of a general acute care hospital.”	Reject - The current language meets the needs of this requirement.
Seabloom	§100192, §1001921.1, §100192.2, §100192.2	Commenter recommends deleting section	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Graterol (1)	§100192.1	Commenter said a 40-hour minimum requirement is excessive and not evidenced-based. Suggested the minimum be changed to 8 hours.	Accept.
Cabrera (1)	§100192.1	Commenter suggested EMSA include language to ensure AD facilities education requirements are inclusive of both mental health and substance use disorder conditions.	Accept. HSC 1831.c-d
Cabrera (2)	§100192.1 (a.1)	Commenter modified to read as: "(1) Screening and responding to Mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders."	Accept.
Cabrera (2)	§100192.1 (a.4)	Commenter added "or a mental health facility." Commenter recommneded that any alternate destination trainings be combined to cover both substance use disorders, including alcohol, and mental health conditions, regardless of the focus of the pilot. Community paramedics transporting to sobering centers must receive training and education related to mental health conditions, and pilots focused on transport to a medical facility, likewise, need to understand the potential for substance use disorder-related factors influencing overall medical need and the ultimate decision to transport to an appropriate alternate destination.	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Cabrera (2)	§100192.1 (a.4. A-I)	Commenterd said that the focus here on the impact of an individual with a medical condition on a health system is reflective of the type of bias and discrimination often faced by individuals with behavioral health conditions. No other medical conditions are considered to act negatively on the medical system. We strongly urge revision of the proposed curriculum to take a more person-centered approach and to work to develop a more impartial and medical condition focused approach toward both mental health and SUDs, consistent with all other medical conditions. Commenter proviced specific wording changes.	Reject - The current language meets the needs of this requirement.
Bosson	§100192.1 (b)	Commenter suggested that 40 hours is excessive for initial AD training, suggested this be revised to a minimum of 8 hours	Accept - Minimum Training Hours has been deleted
Freeman	§100192.1 (b)	Commenter suggested that 40 hours is excessive for initial AD training, suggested this be revised to a minimum of 8 hours	Accept - Minimum Training Hours has been deleted
Greene	§100192.1 (b)	Commenter said 40 hours appears to be extensive requirements for TTAD. The overly restrictive training requirements could be a deterrent to program implementation and success.	Accept - Minimum Training Hours has been deleted
Holcomb	§100192.1 (b)	Commenter suggests the requirement of 40 cont. ed. hours far exceeds what is needed, recommends 1 hour per alternate destination as many of the same destination could use same criteria	Accept - Minimum Training Hours has been deleted
Lynch	§100192.1 (b)	Commenter suggests that 40 hours is too costly and demanding, requesting the following change: "A Triage to Alternate Destination training program be a minimum of 8 total hours" and striking ", and up to 8 hours of the 40 hours may include internships at approved alternate destination sites"	Accept - Minimum Training Hours has been deleted
Nulty	§100192.1 (b)	Commenter suggests that 40 hours of training is not warranted for transporting to an alternate destination, and should be specific to the approving LEMSA to reduce cost	Accept - Minimum Training Hours has been deleted

Commenter	Section	Summary of Comment	Response
Miller	§100192.1 (b)	Commenter suggests the educational requirements of AD programs should nt be prescriptive, but rather agreed upon between the LEMSA and EMSA based upon the scope of the mission	Accept - Minimum Training Hours has been deleted
Eisner	§100192.1 (b)	Commenter said the mandatory 40-hour training is excessive, time and cost prohibitive. Suggested language of "recommend" the 40-hour and to allow the LEMSA to determine the appropriate training.	Accept in part. Reduced the training hours to 8.
Braum	§100192.1 (b)	Commenter suggested 8-hour training for assessment and transport of psychiatric patients to PUCC's, 40-hour training is excessive and unwarranted.	Accept.
Holcomb	§100192.2	Commenter suggests exams are excessive for training	Accept in part. Reduced from three exams to one final comprehensive exam.
Bosson	§100192.2 (a)	Commenter suggest removal of specific requirements for number of examinations, three exams should not be required for an AD program.	Reject - Formative exams support student engagement and real-time instructor feedback for competency.
Freeman	§100192.2 (a)	Commenter suggest removal of specific requirements for number of examinations, three exams should not be required for an AD program.	Reject - Formative exams support student engagement and real-time instructor feedback for competency.
Graterol (1)	§100192.2 (a)	Commenter said there is no clearly documented benefit of a minimum number of examinations, recommended removal of this specification.	Accept in part. Reduced from three exams to one final comprehensive exam.
Greene	§100192.2 (a-b)	Commenter said they have concerns related to allowing each LEMSA to approve individual testing formats. This could create scenarios whereby vastly different standards exist depending on the LEMSAs.	Reject - The current language meets the needs of this requirement.
Lynch	§100192.2 (a-b)	Commenter suggests replacing formative with "simulated or field observed" and deleting section (b)	Reject. Removed 2 formative exams and kept section b.
Miller	§100192.2 (a-b)	Commenter suggests the AD program be determined on an individual basis between the LEMSA and EMSA	Accept
Greene	§100193	Commenter said this appears to be inconsistent with the Legislative authorization. Not aware of any vaccine pilot programs.	Accept - Reference to Vaccine Pilot Programs have been deleted

Commenter	Section	Summary of Comment	Response
Greene	§100193	Commenter suggested the revision: "A community paramedic or triage Paramedic may perform any activity in the scope of practice of a paramedic or any activity under an approved LEMSA local optional scope as identified in Section 1000146, or any activities or procedures authorized under a trial study scope as identified in Section 100147. A Community Paramedic or Triage Paramedic shall be authorized to perform these activities while operating pursuant to an approved Community Paramedicine or Triage to Alternate Destination program." No need to reference specific activities. Once they are authorized pursuant to the program or under a local optional scope or trial study, this language would capture without naming any specific item.	Reject - The current language meets the needs of this requirement.
Seabloom	§100193	Commenter recommends deleting term 'Alternate Destination Paramedic' and replace with 'paramedics triaging and transporting to alternate destinations'	Reject - The current language meets the needs of this requirement.
Holcomb	§100194	Commenter suggests consistent EMT-P accreditation to mirror paramedic licensure	Reject- it is an accreditation that is NOT tied to licensure (ever). Medics can start/stop being accredited for CP/TAD anytime based on their interest and ability to retain CE's for continued accreditation.
Bosson	§100194 (b)	Commenter said prior requirements specified 'days' whereas this specifies 'business days'. We suggest consistency with prior.	Reject. There are other "business days" referrence in the final document.
Freeman	§100194 (b)	Commenter said prior requirements specified 'days' whereas this specifies 'business days'. We suggest consistency with prior.	Reject. There are other "business days" referrence in the final document.
Tadeo	§100194 (b)	Commenter recommends that the Community Paramedicine accreditation expiration coincide with their paramedic license expiration	Reject - Need to remain consistent with current EMSA Paramedic Accreditation Expiration Date policies
Tadeo	§100194 (b)	Commenter recommends that the timeframe to register a community paramedic accreditation within 5 business days be changed to 30 business days.	Accept

Commenter	Section	Summary of Comment	Response
Seabloom	§100194 and §100195	Commenter recommends deleting section	Reject - The current language meets the needs of this requirement.
Roderick	§100194.1	Commenter suggests that this is asking for duplicative information.	Reject - The current language meets the needs of this requirement.
Graterol (1)	§100194.1 (a.4)	Commenter suggested removal of this requirement until more clarity is provided regarding theprocedures regarding examination formulation and quality assurance.	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Bosson	§100194.2 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Freeman	§100194.2 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Miller	§100194.2 (a.2) and §100195.2 (a.2)	Commenter suggests CE hours for accreditation renewal of paramedic engaged in a community paramedicine or triage to alternate destination project should be based upon the scope of that project and content identified through CQI rather than a prescribed number of hours	Reject - The current language meets the needs of this requirement.
Tadeo	§100194.2 (a.2-3)	Commenter suggests that the additional training and continuing education will limit participation and to remove it.	Reject - The current language meets the needs of this requirement.
Bosson	§100194.3 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Freeman	§100194.3 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Nulty	§100194.3 (a.2)	Commenter questions recertification and requirements surrounding paramedic recertification, including that 12 hours of specific alternate destination CE seems to also be excessive	Accept in part. CP remained at 8 and TAD was reduced to 4 hours.

Commenter	Section	Summary of Comment	Response
Pearson	§100194.3 (a.2-3)	Commenter recommends adjusting hours as these hours should be allowed to be included in paramedic recertification and used for both purposes, not in addition to the 48 hours already requried	Reject - The current language meets the needs of this requirement.
Tadeo	§100194.3 (a.2-3)	Commenter suggests that the additional training and continuing education will limit participation and to remove it.	Reject - The current language meets the needs of this requirement.
McFaddon	§100194.3 (b.3)	Commenter suggests deleting this section (b) (3) as standard should be set by the LEMSA under its medical control authority	Reject- CP accreditation requires IBSC examination for any/all CP medics. EMSA's authority is supported by HSC 1830, and 1852.
Holcomb	§100195	Commenter suggests additional accreditation should be changed to CE training that could be required under currently existing EMT-P accreditation practices (instead of creating new)	Reject. HSC Sections 1797.117, 1830, and 1853.
Tadeo	§100195	Commenter recommends striking entire section.	Reject. Community Paramedicine and Triage to Alternate Destination training programs must comply with relevant sections of Title 22, Division 9, Chapter 4, Article 3, §100149-100154
Greene	§100195 (a)	Commenter recommended deleting “overseen EMSA”	Accept.
Lynch	§100195 (d)	Commenter questions if there is an alternate destination paramedic need to be identified in the Central REgistry system? If it goes forward, it needs to be aligned with existing paramedic license expiration date	Reject - Need to remain consistent with current EMSA Paramedic Accreditation Expiration Date policies
McFaddon	§100195 (d)	Commenter suggests aligning this with existing paramedic license expiration dates, so we are not adding an additional certification to monitor. Consider allowing the initial expiration date to expire on the paramedic license expiration date if the date of expiration is greater than one year, otherwise the expiration date is extended to the next licensure cycle.	Reject - Need to remain consistent with current EMSA Paramedic Accreditation Expiration Date policies
Tadeo	§100195.1 (a)	Commenter suggests if §100195 is retained, a requirement that the Community Paramedic needs to be sponsored by a LEMSA approved Community Paramedicine provider agency.	Reject - The current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Holcomb	§100195.2	Commenter recommends 1 hour of CE per facility in the jurisdiction	Reject. Reduced from 12 hours to 4 hours.
McFaddon	§100195.2	Commenter suggests the proposed regulation also does not require EMSQIP compliance for a triage to alternate destination paramedic to be accredited and should	Reject - Current language requires a LEMSA to integrate its Community Paramedicine and Triage to Alternate Destination Quality improvement program into the LEMSA's current QI Program. Providing a quality improvement program assists EMSA in adhering to HSC 1797.174. EMSA must "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.
Tadeo	§100195.2	Commenter recommends striking entire section.	Reject. HSC 1830
Bosson	§100195.2 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Freeman	§100195.2 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Graterol (1)	§100195.2 (a.2)	Commenter said the completion of 12 hours of approved local Triage to AD Paramedicine CE is excessive and not evidence based. Recommneded 1 hr of CE per facility or min of 4 hrs.	Accept. Reduced to 4.
Tadeo	§100195.2 (a.2)	Commenter suggests if §100195 is retained, no additional educational materials are necessary.	Reject - The current language meets the needs of this requirement.
Tadeo	§100195.3	Commenter recommends striking entire section.	Reject. HSC 1830
Greene	§100195.3 (a)	Commenter asked- What is the rationale behind 12 hours of CE for a post 12-month renewal?	Accept in part. Reduced from 12 to 4 hours.
Bosson	§100195.3 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Bosson	§100195.3 (a.2)	Commenter suggested a minimum of 8 hours of CE every 2 years, rather than 12. 8 hours is sufficient for AD programs.	Accept.

Commenter	Section	Summary of Comment	Response
Freeman	§100195.3 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Freeman	§100195.3 (a.2)	Commenter suggested a minimum of 8 hours of CE every 2 years, rather than 12. 8 hours is sufficient for AD programs.	Accept.
Tadeo	§100195.3 (a.2)	Commenter suggests if §100195 is retained, no additional educational materials are necessary.	Reject - The current language meets the needs of this requirement.
Seabloom	§100196 (a-b)	Commenter recommends deleting 'Paramedic' and wording in (a) and (b) 'Triage to Alternate Destination Paramedic'.	Reject - The current language meets the needs of this requirement.
Cabrera (1)	General	Commenter requested further legal exploration of the intersection with federal confidentiality laws for substance use disorder and alternate destinations, which may or may not fall within 42CFR Part 2.	Reject - The current language meets the needs of this requirement.
Eisner	General	Commenter said we have benefited from our immunization program and belive that our AD program will have similar benefits to our community.	Reject - Outside the scope of AB 1544
Cabrera (1)	General	Commenter requested removing stigmatizing language and move toward parity for substance use disorder conditions with all other medical conditions. Provides several recommendations to do this.	Reject - The current language meets the needs of this requirement.
Cabrera (1)	General	Commenter requested the pilot is overseen by a physician with expertise in behavioral health conditions to ensure curricula and training informed by subject matter expertise.	Reject - The current language meets the needs of this requirement.
Cabrera (1)	General	Commenter suggested sobering center accreditation by aligning standards for sobering centers which were not active under Pilot Project No. 173 with those that were. Recommended sober centers have a year to become accredited.	Reject - the current language meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Henricksen	General	Commenter stated statute and the proposed regulations are silent how long the public agency has once they have invoked their "right of refusal". Requested that language be added requiring a public agency exercising this right to complete implementation within six (6) months. If the public does not, they forfeit their "right of refusal".	Reject - The current language meets the needs of this requirement.
Bosson	General	Commenter suggested keeping the Community Paramedicine Program processes parallel with our other EMS processes. Regulations should avoid being overly prescriptive to meet the local need.	Reject - The current language meets the needs of this requirement.
Feit (1)	General	Commenter stated that the phrase "bidirectionally exchange" as described is not tenable due to contravening requirements. Federal restrictions prevent some EMS data sharing overseen by Substance Use and Mental Health Services Admin. Asked several follow up questions.	Reject. Required by AB 1544
Freeman	General	Commenter suggested keeping the Community Paramedicine Program processes parallel with their other EMS processes, programs integrated into existing QI programs, EMS plan approval, and requirements for data submission.	Reject - The current language meets the needs of this requirement.
Graterol (2)	General	Commenter stated that this section does not adequately acknowledgethe significance and role that the San Francisco Fire Department(SFFD)and Niels Tangherlini,played in spearheading community paramedicine. This document should acknowledge the work that was done to create the curriculum(California Curriculum, current v. 4.0), which would go on to be the educational standard for the CA Community Paramedicine Pilot Program.	Accept - Document removed
Graterol (2)	General	Commenter stated that the San Francisco FD Community Paramedicine Division recommends against the decision of not specifying a curriculum for community paramedic training.	Reject - Current language appropriately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education Subcommittee.

Commenter	Section	Summary of Comment	Response
Graterol (2)	General	Commenter stated that moving away from a standardized curriculum separates California from national conversations and could impact the ability of CP programs to obtain Federal grants or take part in insurance reimbursement programs.	Reject - Current language appropriately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education Subcommittee.
Graterol (2)	General	Commenter stated that each CP program will be homegrown based on loosely written set of standards and then all students will pass the existing national examination represents a confused approach at best. The national exam is largely based on the curriculum that is being used in California. It is highly unlikely that many students will pass the national exam based on the approach outlined in this document.	Reject - Current language appropriately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education Subcommittee.
Greene	General	Commenter stated that throughout this process their extensive feedback has been ignored without explanation. Our concerns center around the requirements enacted by AB 1544 (2019) that are unheeded in this regulatory package. This regulatory package is nearly devoid of a state standard in any category.	Reject. standards are well defined for program requirements, training program approval processes, curriculum content, reporting requirements, etc, throughout the regulatons
Greene	General	Commenter stated that despite the clear intent, there are no express guidelines to local EMS agencies that delineates how a such collaborations be achieved. Expressed concern about three possible outcomes of the CP and TAD programs if they LEMSAs must interpret EMSA intent without clear direction.	Reject. 1544 does not require guidelines that deliniate how to achive collaborations.
Karsteadt	General	Commenter advises that the requirements associated with implementation of a Community Paramedic Program pursuant to these draft regulations are expensive and it is doubtful that this predominantly rural agency will be able to adopt them in the future.	Reject. 1544 does not address CP program costs.
Kazan	General	Commenter recommends minimum of 4-8 hours of training from the EMS Authority instead of 40	Accept.
Kim	General	Commenter requests definiton section to be utilized to help generalize referenced terminology	Accept.

Commenter	Section	Summary of Comment	Response
Lopez-Gusman	General	Commenter recommends statutory requirements (AB 1544) be incorporated into the regulations	Accept
Lynch	General	Commenter suggested the regulations need to create speration between the Community Paramedic program and the Triage to Alternate Destination program	Accept in part. Delineated the two in training as they require different types of training, but combined them in other sections.
Roderick	General	Commenter suggests that language should be revisited, as current regulations seem restrictive and over-reaching.	Reject - The current language meets the needs of this requirement.
Roderick	General	Commenter suggests that additional behavioral health training for paramedics but should not be mandated.	Reject - Current language appropriately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education Subcommittee.
Rogers	General	Commenter shared gratitude and support of regulations.	Accept.
Tadeo	General	Commenter recommends requirements for Community Paramedicine and Triage to Alternate Destination be developed separately.	Accept
Tadeo	General	Commenter recommends Triage to Alternate Desitination should not require local accredidation. Requirements such as ISBC certification will limit participation.	Reject- Accreditation is required by statute and in EMSA's experience the ISBC is a reasonable requirement.
Tadeo	General	Commenter suggests implementing consisitent terminology used between Community Paramedicine and Triage to Alternate Destination.	Accept. Included a definitions section.
Braum	General	Commenter suggested that EMSA review and immediately approve the policies developed and submitted by the Los Angeles County LEMSA for the triage and transport to alternate destinations.	Reject - Prohibited by statute.
Braum	General	Commenter said Community Paramedicine and Triage to Alternate Destinations should be viewed as two separate but congruent strategies to improve the pre-hospital system.	Accept
Ramirez	HSC 1797.201	Commenter suggests clearly incorporating the legislative intent relating to Section .201 into the proposed text	Reject - Falls outside the scope of AB 1544
Ramirez	HSC 1797.224	Commenter suggests clearly incorporating the legislative intent relating to Section .224 into the proposed text	Reject - Falls outside the scope of AB 1544

Commenter	Section	Summary of Comment	Response
Kim	HSC 1810	Commenter states that proposed regulation makes incorreect reference to Triage Paramedics thoughtout the proposed text.	Accept
Ramirez	HSC 1817	Commenter suggests clearly incorporating the legislative intent relating to 'public agency' or 'public agencies' into the proposed text	Reject - The current language meets the needs of this requirement.
Ramirez	HSC 1841	Commenter suggests clearly incorporating the legislative intent relating to H&SC Section 1841 into the proposed text	Reject - Falls outside the scope of AB 1544
Ramirez	HSC 1842	Commenter suggests clearly incorporating the legislative intent relating to H&SC Section 1842 into the proposed text	Reject - Falls outside the scope of AB 1544

Commenter	Section	Summary of Comment	Response
Jensen	General - Data	Commenter reccomends modification to data; while alternate destinations may be a good fit for existing NEMSIS/CEMSIS data structures, the Community Paramedic interaction may require a modified data set to be effective.	Reject - HSC 1835 allows EMSA to review, approve, renew, and impose conditions on the lcoal EMS agency's Alternate Destination program and therefore this issue may be addressed via that mechanism
Jensen	General - IBSC	Commenter suggets considering alternative options if available	Accept - removed from general section, but still listed under Foundations of Community Medicine
Sullivan	General - Training	Commenter reccomends 4 hours of training instead of the proposed 40 hours	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs
Thomas	General - IBSC	Commenter questions why the training requirements are spelled out as IBSC has a reputation for writing exams that are only passable if they have mastered the subject	Partially Accept - training requirements have been removed from Community Paramedicine training program requirements in 100189, but remain in the training program requirements for Triage Paramedic
Thomas	General - IBSC	Commenter questions why the Triage vs the Community paramedic are seperated if they both are required to keep the same certification levels and its controlled by the LEMSA. Suggests both to occur under law vs. making it virtually two seperate programs	Reject - Community Paramedicine training and Triage to Alternative Desitnation training require different minimum training hours and per HSC 1831 have different curriculums. They are also defined under different HSC sections

Commenter	Section	Summary of Comment	Response
Thompson	100190 (5, 6)	Commenter suggests clinical and field internships may not be necessary depending on the program; to allow LEMSA to determine if necessary based on their program needs in their jurisdiction	Partially Accept - language was added to caveat "if" a program includes "field internship" and "clinical training". Field and/or clinical internships are not required by HSC 1831
Thompson	100190 (7)	Commenter suggests notifying LEMSA of specific Location and proposed dates of training – excessive. Can be a general statement by the program to the LEMSA on locations/proposed number of classes, etc	Accept. Updated language to "proposed location(s) and date(s) for courses."
Thompson	100191 and 1000192	Commenter suggets that CP requiements are extensive, clinical and field internships (d) instructor requiements excessive; reccomending 2 years and AA or 1 year and Bachelors	Reject - he 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.
Thompson	100191 and 1000192	Commenter suggests requiring 2 years experience in subject matter being taught	Reject - two years experience was already required
Thompson	100192	Commenter reccomends 4-8 hour minimun, allowing LEMSA leeway to determine times, working with the ALS program, based on the program	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs
Thompson	1000192.2	Commenter reccomends changing testing to 1 comprehensive exam only	Accept- Accredidation requires community paramedic course completion certificate and passing IBSC Community Paramedic-C exam

Commenter	Section	Summary of Comment	Response
Thompson	100194.2 and 100095.2	Commenter reccomends CE provisions renewal to be 2 hours every 2 years	Partially accept - CE was reduced to 8 hours every 2 years OR proof of continued active, unrestricted IBSC certification
Thompson	100191.1	Commenter suggests excessive training components for educational standards, instead tailor standards to the program being provided in that LEMSA jurisdiction IBSC requirements	Reject - education requirements are defined in HSC 1819
Thompson	100189 (2)	Commenter requests clarification on what number of patients EMSA is looking to have reported	Accept - details were added to 100185(d)
Thompson	100189 (2)	Commenter suggests transferring a patient to an emergency department should be reported by the facility itself	Accept
Thompson	100187	Commenter suggests reporting on retriage of patient to an Emergency Room within 2 hours of admission to their facility, and include the reasons why	Reject - The current language meets the needs of this requirement.
Thompson	100183	Commenter suggests LEMSA submitting curriculum should only have to verify the approval of the curriculum	Reject - The current language meets the needs of this requirement.
Thompson	100183	Commenter suggests the LEMSA should have final approval on sites and providers, and EMSA only on the overall approval of a CP or Alt destination program	Accept
Thompson	100181.2	Commenter reccomends that it is prohibitive to public agencies utiliizing tax payer funds - if fees are applied, define a maximum or not to exceed PM liscensing fees	Partially Accept - LEMSA may still establish fees in an amount sufficient to cover reasonable cost, but provision for LEMSA to pay the Authority has been removed
Thompson	100181.1	Commenter requests defining "Appropriate Medical Control"	Partially accept - "appropriate" was removed from 100183 (a)(2)

Commenter	Section	Summary of Comment	Response
Pearson	General	Commenter provides that regulations are too limiting and points to activities that paramedics have undertaken during the Covid pandemic response	Where commenter provides specifics, these are prohibited by AB 1544.
Feit	General	Commenter asked procedural questions and stated support for portions of Pearson's comments.	No specific comment provider other than supporting other comments.
Jagielinski	General & Training	Commenter provides support for Pearson comments and then addresses challenges of setting up the necessary training in order to meet the requirements. Commenter suggests a phased in approach as was used previously for Air Ambulance to allow the programs to be established while providing staff to begin working in the programs.	Partially accepted - pilot programs approved before 1/1/20 are authorized to operate for one year after regulations become effective according to statute.
Feit	N/A	Commenter begins with process question that evolves into general suggestions of implementation of the program as a whole.	Comments are not germane to proposed regulations, rather to implementation at local level.
Donofrio-Odmann	N/A	Commenter provides comments regarding implementation and procedure related to the programs and support for the programs too.	Comments are not germane to proposed regulations, rather to implementation at local level.
Thompson	100192.1 (Training)	Commenter provides that 40 hours training is excessive and points toward an 8 hour training program that was used in their area and provides supporting information of the experience.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs
Eisner	Training & Process	Commenter provided questions regarding the 40 hour requirement and the overall regulatory process, specifically regarding the impact of comments on the proposal and how that can be determined.	Comment is acknowledge - 40 hour requirement has been removed, comments affect on the proposal can be see via adjudication document
Thompson	Process	Commenter asked for verification of when the hearing would end.	No suggestions - comment is acknowledged

Commenter	Section	Summary of Comment	Response
Kazen	Training & Methodology	Commenter provides additional information to their written comment (40 hours too much, suggest 4). As part of the informational support, commenter suggests using telemedicine to have other medical professionals making the triage decision, not the paramedic.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs. Comment regarding telemedicine is rejected.
Johnson, K	Training & Fees	Commenter reiterates the objections to 40 hour training. Commenter objects to an additional fee that accompanies the accreditation.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs. Specified fees paid to the Authority have been removed.
Magnuson	Training	Commenter reiterates comments from others that 40 hours is too much. Commenter suggests much of the training is repetitive of current paramedic requirements and that only an hour of additional training is needed.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs.
Thompson	Continuing Education	Commenter reiterates their written comment they submitted during the hearing that 12 hours is excessive and suggests 2 hours instead.	Partially Accept - continuing education requirements has been changed to 8 hours every 2 years or proof of continued active, unrestricted IBSC certification
Thompson	Instructor Requirements	Commenter reiterates their written comment they submitted during the hearing that the requirements are excessive and provided lower alternatives consistent with their written comment.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs.
Thompson	Training	Commenter reiterates their written comment they submitted during the hearing that training requirements for community paramedicine are excessive.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs.

Commenter	Section	Summary of Comment	Response
Ramirez	Scope of Paramedicine Program	Commenter adds on the written comments that the scope of the Paramedicine should be increased.	Rejected - scope of practice is defined in 100146 and 100147
Ramirez	Training	Commenter reiterates previous comments regarding the amount of training.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs.
Ramirez	Current EMS Challenges	Commenter provides information regarding the challenges facing the EMS system during the Covid pandemic.	Offers opinion without specifics - unsure how to answer
Braum	EMSA approval of LEMSA programs	Commenter suggests that current programs be grandfathered in rather than having to obtain approval.	Partially accepted - pilot programs approved before 1/1/20 are authorized to operate for one year after regulations become effective.
Mackey	Training	Commenter suggests that the complexity of the subject makes it impossible to set an hour amount because the requirements of different areas change the training requirement.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs.
Mackey	Training	40 hours is more than needed in commenters experiences and suggests the training can be completed in half that time.	Partially Accept - Specific training hour requirements have been removed for initial approval although training topics remain and LEMSA's must approve training programs.

Commenter	Section	Summary of Comment	Response

Commenter	Section	Summary of Comment	Response

Commenter	Section	Summary of Comment	Response

Commenter	Section	Summary of Comment	Response
Ramierez	§100181	Commenter suggests consider incorporating madatory elements of the CP or TAD development into the CP/TAD Annex form, and/or 2) Consider adding the below recommendation to any place in the Proposed Text where applicable, and/or 3) Consider adding new Section 100181, subsections (f) and (g) to read (or language to similar effect)	Reject: Nothing in these regulations conflict with Health and Safety Code 1797.273. The proposed regulations set a standard for the programs, not speak to how the LEMSA shall initiate them if so chosen.
McFaddon	§100181 (c)	Commenter suggests this section to be awkward as it relates to paramedics not licensed and/or accredited in California. If the intent is to permit out-of-state paramedics to function in these capacities during a disaster, the language should identify such. We agree that medical control authority resides with the LEMSA.	Accept - The use of Out of State Paramedics has been deleted.
Tadeo	§100181 (c)	Commenter recommends removal of 180-day temporary waiver for paramedics not licensed in California to perform Community Paramedicine or Triage to Alternate Destinations contradicts LEMSA Accreditation Standards	Accept - The use of Out of State Paramedics has been deleted.
McFaddon	§100181 (c.3)	Commenter suggests the phrase 'medical control as specified in Section 1798' is vague, the section reference is to a chapter and no specific reference is given as to the specific subsection or subdivision of Section 1798	Reject- "Medical control" is a commonly used term throughout the industry and reflects the plain meaning of the text.
Holcomb	§100181 (d)	Commenter suggests removing requirement to accredit Alternate Destination paramedics and instead place the requirements within current paramedic accreditation.	Reject - Required by HSC 1818

Commenter	Section	Summary of Comment	Response
McFaddon	§100181 (d)	Commenter suggests the intent of this text is unclear and is no indication as to under what circumstances or how often an employing entity should verify the paramedic status in the personnel registry	Reject- The regulations require a paramedic to have the proper accreditation to participate in a given program. How or how often an employer chooses to verify the information is up to the employer who would be responsible for assigning a paramedic to duties they are not accreditted for.
Ramierez	§100181 (f)	Commenter suggests no LEMSA shall offer a Community Paramedicine training program or hold themselves out as offering a Community Paramedicine training program or hold themselves out as providing ALS services utilizing Community Paramedic personnel for the delivery of Community Paramedicine care unless an Emergency Medical Care Committee has been established as described in Section 1797.273 of this Code.	Reject: Nothing in these regulations conflict with Health and Safety Code 1797.273. The proposed regulations set a standard for the programs, not speak to how the LEMSA shall initiate them if so chosen.
Ramierez	§100181 (g)	Commenter suggests no LEMSA shall offer a Triage to Alternate Destination training program or hold themselves out as offering a Triage to Alternate Destination training program or hold themselves out as providing ALS services utilizing Triage to alternate destination paramedic personnel for the delivery of transportation to alternate destination facilities unless an Emergency Medical Care Committee has been established as described in Section 1797.273 of this Code.	Reject: Nothing in these regulations conflict with Health and Safety Code 1797.273. The proposed regulations set a standard for the programs, not speak to how the LEMSA shall initiate them if so chosen.
Lopez-Guzman	§100181.1	Commenter recommends this section be amended to require this data to be reported to the Authority as required by Health and Safety Code §1830 (c)(4)(E).	Accept

Commenter	Section	Summary of Comment	Response
Powers	§100181.1	Commenter suggests the LEMSA Roles and Responsibilities needs to be reinforced, specifying the LEMSA Medical Directors roles and responsibilities under medical control include the determination of medical dispatch protocols. Standardized dispatch protocols need to be developed	Reject - The determination of Medical Dispatch protocols is outside the scope of AB 1544
McFaddon	§100181.1 (a.3.A)	Commenter reccomends replacing with “Integration of Community Paramedic Program into the Local EMS Agency’s existing Quality Improvement process.”	Accepted
Ramierez	§100181.1 (a.3.B)	Commenter suggests considering providing more specificity as to what medical control needs to be provided by the LEMSA for overseeing a CP program.	Reject - LEMSA Medical Control is covered in HSC 1798 for all of its program oversight responsbilities.
McFaddon	§100181.1 (a.3.C)	Commenter reccomends deleting as the section provides no parameters for the standards for quality improvement and KPIs. The phrase “medical accountability” is vague and ambiguous.	Accept in part. Reworded to "Provide medical control and oversight for the program(s)."
McFaddon	§100181.1 (b.3.A)	Commenter reccomends replacing with “Integration of Triage to Alternate Destination Paramedic Program into the Local EMS Agency’s existing Quality Improvement process”	Accept. Moved into the new QI section.
Ramierez	§100181.1 (b.3.B)	Commenter suggests consider providing more specificity as to what medical control needs to be provided by the LEMSA for overseeing a TAD program.	Reject. LEMSA Medical Control requirements are covered in HSC 1798
McFaddon	§100181.1 (b.3.C)	re	Accept in part. Combined into subsection b.3.B) and reworded to "Provide medical control and oversight for the program(s)."

Commenter	Section	Summary of Comment	Response
Bosson	§100181.1 (c)	Commenter suggested going from quarterly data reporting to annual reporting	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
Tadeo	§100181.1 (c)	Commenter suggests quarterly submission is too frequent and unattainable. They reccomend that it be biannual with it sunseting after one year as this information is incorporated into the annual EMS Plan	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
McFaddon	§100181.1 (c)	Commenter reccomends removing quarterly reporting and only using annual reporting.	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
McFaddon	§100181.1 (d)	Commenter suggests the phrase “accountability of care” is vague and ambiguous. EMSA should provide more specific direction or define “accountability of care.”	Accept - The phrase "accountability of care" has been removed.

Commenter	Section	Summary of Comment	Response
McFaddon	§100181.1 (e)	Commenter reccomends deleting; If an application for a Community Paramedic program or Triage to Alternate Destination program meets the requirements in the regulations it should be approved at the local level. It should be no different than a paramedic course. There is no need to get State approval	Reject - Required by HSC 1835
Tadeo	§100181.1 (e)	Commenter suggests adding the following language: “EMSA shall respond within 30 days of application for approval or additional documentation required."	Accepted - See 100190 (d)
Tadeo	§100181.1 (f)	Commenter recommends that "reported complaints or unusual occurances" be stricken as this is part of the LEMSA/QI Process.	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Bosson	§100181.1 (g)	Commenter suggested submission to the Authority be 72 hours from completion of the LEMSA investigation.	Reject - Notification within 72 hours of incident rather then 72 hours of completion of a investigation is approriate for EMSA to fulfill its oversight responsiblity.
Graterol	§100181.1 (g)	Commenter is in support of the 30 days to address any issues	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Holcomb	§100181.1 (g)	Commenter acknowledges current practice to provide the provider 30 days to address any issues or complaints	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
McFaddon	§100181.1 (g)	Commenter suggests deleting; Complaints or unusual occurrences should be handled at the local level. EMSA does not need to be involved at this level and this seems like overreach.	Reject - Notification within 72 hours of incident is approriate for EMSA to fulfill its oversight responsiblity.
Nulty	§100181.2	Commenter is in support of fee removal	Partially Accept, removed subsection (b) and (c).
Ramierez	§100181.2	Unclear and consider revising.	Partially Accept, removed subsection (b) and (c).

Commenter	Section	Summary of Comment	Response
Ramierez	§100181.2 (a)	Commenter suggests to consider revising subsection (c), in pertinent part, to read: "…or Triage to Alternate Destination Paramedic personnel programs, shall be…" or language to similar effect.	Reject- 100181 deals with Fee's - Unsure of what the commenter is attempting to address.
Bosson	§100181.2 (b)	Commenter requested the removal of the EMSA fees	Accept
Greene	§100182	Commenter states that there is no mention of CP or TAD state standard or guideline	Reject - CP or TAD progrms use locally approved protocols approved through their Application to EMSA for approval. Additionally, the proposed regulations set the minimum state standard requirements which must be met to receive an approval.
McFaddon	§100182	Commenter requests clarification on 'Community Paramedicine Site Requirements, Oversight, and Withdrawl' is this referring to the training site or the alternate destination site? If training site, Commenter requests it be deleted	Reject. It is not just referring to training site. EMSA has oversight responsbility based on HSC 1830.
McFaddon	§100182	Commenter suggests that it is not necessary or appropriate for EMSA to assert ultimate authority over local programs, the medical control of which is vested in the LEMSA.	Reject. EMSA has oversight responsbility based on HSC 1830.
Bosson	§100182 (a)	Commenter suggests that site visits be at the discertion of the LEMSA as needed	Accept
Holcomb	§100182 (a)	Commenter suggests if there are fees for accreditation, there should also be fees for site visits and cost recovery to implement these regulations	Reject - Fee's for accreditation by LEMSA program are limited to the operating costs by law.
Tadeo	§100182 (a)	Commenter suggests the need to clarify what "site" means in "Community Paramedicine program site" (training site, paramedic provider site, etc?)	Accept. Added language in the training sections, "As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements."

Commenter	Section	Summary of Comment	Response
Tadeo	§100182 (c)	Commenter suggests the need to clarify what "site" means in "Community Paramedicine program site" (training site, paramedic provider site, etc?)	Accept. Added language in the training sections, "As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements."
Bosson	§100182 (c.1)	Commenter requested change from 10 to 15 days to allow for holidays/long weekends.	Reject- this is to protect the public health and safety.
Tadeo	§100182 (c.1)	Commenter suggests clarifying whether the 10-day notification period is calendar vs. business days - reccomends business days	Accept - revised to Business Days throughout
Tadeo	§100182 (c.6)	Commenter requests to cite in statute EMSA's authority to take action against a Community Paramedicine "site".	Reject - HSC 1830-Immediate termination of participation in the program by the alternate destination facility or the community paramedicine or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317.
Greene	§100182.1	Commenter states that the TAD Program facility requriements, oversight and withdrawl contain no actual language relative to oversight and withdrawl, nor does it refernce any section wehre those standards exist	Reject - Either an Alternate Destination meets the defintion or not. If it ceases to meet the definition, it can no longer operate as an Alternate Destination.
Lopez-Guzman	§100182.1	Commenter recommends this section be amended to require alternate destination site visitation and create a process for revocation for non-compliance as is set forth in §100182. Patients should be assured that the destinations are in compliance with California law	Reject- All laws must be complied with regardless of inclusion in this proposal. Additionally, Alternate Destinations must meet the definition or it cannot operate as an Alternate Destination site.
Lopez-Guzman	§100182.1	Commenter recommends this section be amended to include this statutorily required important patient protection	Reject - Current protection currently in place.
Nulty	§100182.1	Commenter suggests alternate desitination facility should not just be limited to mental health facility and sobering center	Reject - Scope limited by HSC Section 1819.

Commenter	Section	Summary of Comment	Response
Tadeo	§100182.1 (a.2.B)	Commenter suggests that language is too broad	Reject- Definition in compliance with HSC 1810-1820.
Tadeo	§100182.1 (a.2.C)	Commenter requests citing the authority for the National Sobering Collaborative to conduct accreditation and developing standards	Reject - Required by HSC 1813 (a)(3)
Bosson	§100182.1 (a.2.D)	Commenter suggested removing the requirement for accreditation	Reject. Required by definition in HSC 1810-1820.
Tadeo	§100182.1 (a.2.D)	Commenter suggests removing National Sobering Collaborative, these standards do not currently exist.	Reject - Required by HSC 1813 (a)(3)
Graterol	§100183	Commenter is in support of the renewal frequency of 4 year cycle	Reject - Requires Annual Renewal as part of the EMS Plan
Lopez-Guzman	§100183	Commenter recommends this section of proposed regulation be amended to ensure compliance with Health and Safety Code §1832.	Accept. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.
McFaddon	§100183	Commenter suggests they do not need EMSA approval. This should be similar to a paramedic program, which is approved at the local level	Reject. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.
McFaddon	§100183 (a)	Commenter suggests alternative language for "The LEMSA shall submit a written request to the Authority for approval of a Replace with, "An application for a Community Paramedicine or Triage to Alternate Destination program shall be submitted to the LEMSA, which shall include:"	Reject - The use of a written request meets the needs of this requirement.

Commenter	Section	Summary of Comment	Response
Ramierez	§100183 (a)	Commenter suggests to consider documenting the "right of first refusal" in some manner within the CP/TAD Annex form; and/or 2) Consider adding the following language to Proposed Section 100183, or words to similar effect: A LEMSA submitting a request for approval of a Community Paramedicine Program shall include in the application, when indicated, evidence that the public agency(ies) has/have declined to implement a CP Program	Reject - The present language meets the requirements of HSC
McFaddon	§100183 (a.5)	Commenter suggests replacing with "If a Community Paramedic and/or Triage to Alternate Destination program is implemented, the LEMSA shall develop Policy, procedures, and processes for approving Community Paramedic and/or Triage to Alternate Destination sites and providers."	Reject - Current language adequately covers the need to develop policy, procedures and processes.
McFaddon	§100183 (a-d)	Commenter suggests deleting; Not necessary and approval should be at the local level	Reject. The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.
Tadeo	§100183 (c)	Commenter suggests defining what constitutes a "modification". A specific timeframe is needed for EMSA to approve or respond to the request for modification. Recommend 30-days for EMSA to respond to the request for modification	Accept
Tadeo	§100183 (d)	Commenter reccomends replacing "expire" with "shall be for" to allow for the continued operation while awaiting EMSA's review and approval of the EMS plan.	Accept.

Commenter	Section	Summary of Comment	Response
Lopez-Guzman	§100183.1	Commenter recommends these regulations be amended to include mandatory termination of programs that endanger patients.	This already exists in statute. See HSC 1830.
Holcomb	§100183.1 (a)	Commenter suggests clarification on this requirement as a LEMSA has jurisdiction over receiving facility destinations, providers, and education programs.	Reject. EMSA has oversight responsbility based on HSC 1830.
Tadeo	§100183.1 (a)	Commenter suggests citing in statute EMSA's authority to immediately investigate, suspend or revoke approval of any Community Paramedicine and/or Triage to Alternate Destination programs	Accept. HSC 1830.
McFaddon	§100183.1 (a.1)	Commenter suggests that the Authority LEMSA shall notify the LEMSA Community Paramedicine and/or Triage to Alternate Destination program in writing of any investigation, suspension, or revocation.	Accept
McFaddon	§100183.1 (a.1-4)	Commenter suggests that the Authority LEMSA may immediately investigate, suspend, or revoke approval of any Community Paramedicine and/or Triage to Alternate Destination program if it is found non-compliant with the requirements of this division or if the program puts patient safety at risk.	Accept.
McFaddon	§100183.1 (a.2)	Commenter suggests the LEMSA Community Paramedicine and/or Triage to Alternate Destination program may appeal a decision to suspend or revoke program approval by submitting a written appeal request.	Accept
McFaddon	§100183.1 (a.3)	Commenter suggests the Authority LEMSA will have 30 days from receipt of the written appeal to request additional information.	Accept

Commenter	Section	Summary of Comment	Response
McFaddon	§100183.1 (a.4)	Commenter suggests the Authority LEMSA will make a decision on the appeal within 30 days of receiving all requested documentation	Accept
Choong	§100184	Commenter suggests an annual summary of the quarterly data required to be submitted and recommended specifying how the information in the renewal will be evaluated to determine whether the program approval should be renewed and authorizing the advisory workgroup formed pursuant to the requirements of AB 1544 to be responsible for the review of the program and make recommendations on the program approval.	Reject - HSC stipulates that EMS Engage a Independent Evaluator to provide an anuual summary of the data and the efficacy of the program to be presented to the legislature.
Nulty	§100184	Commenter suggests there should be a timeframe listed for how soon the Authority will notify a LEMSA regarding decision to approve or disapprove. A LEMSA currently operating a Community Paramedicine or Triage to Alternate Destination program.	Accept
Nulty	§100184	Commenter posed questions regarding current programs that were previously approved be grandfathered in or will those programs have to realign with current requirements (i.e. training requirement)?	Grandfathered Pilot Project Providers must comply with new regulations within 1 year of their implimentation.
Thompson	§100184 (4)	Commenter poses question 'is this in reference to offering to public safety ALS providers first? If so, the word "excluded" is not accurate. Opting out?'	Reject The reference is to any ALS provider excluded from participation as a CP or TAD provider by the LEMSA, according to the process established by the LEMSA pursuant to the 1544 and these regulations. The word "excluded" is as intended.

Commenter	Section	Summary of Comment	Response
Ramierez	§100184 (a.3)	Commenter suggests to consider revising to read: A narrative on the process to select Community Paramedicine providers consistent with Sections 1841 and 1842 of the Health & Safety Code or Triage to Alternate Destination providers consistent with Section 1841 and 1843 of the Health and Safety Code.	Reject The process referenced is undestood to be consistent with the stauatory language of 1544 and these regulations.
Tadeo	§100184 (a.4)	Commenter suggests verbiage is vague and poses various questions in regards to ALS	Reject The reference is to any ALS provider excluded from participation as a CP or TAD provider by the LEMSA, according to the process established by the LEMSA pursuant to the 1544 and these regulations.
McFaddon	§100184 (a-b)	Commenter suggests deleting the following section since a plan already exists; ”A LEMSA that has developed and received approval for approved a Community Paramedicine or Triage to Alternate Destination Program shall submit as part of its annual EMS plan update the following to renew program approval:”	Accept.
Bosson	§100184 (b.2)	Commenter requests a time requirment for decision by EMSA	Accept
Choong	§100185	Commenter recommended that EMSA further establish and define quality improvement data elements that should be collected by all programs. The modified text removes the statement that quality improvement data and metrics will be defined in collaboration with partners but does not specify that EMSA will define standardized data and metrics to be collected by all programs.	Reject. Language changed to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.

Commenter	Section	Summary of Comment	Response
Lopez-Guzman	§100185	Commenter recommends these regulations be amended to also require consultation during the formulation of the programs as required by law.	Reject. Language changed to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
Lopez-Guzman	§100185	Commenter recommends this section of proposed regulation be amended to ensure compliance with Health and Safety Code §1841.	Reject. Language changed to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.
Lopez-Guzman	§100185	Commenter recommends this section of proposed regulation be amended to ensure compliance with Health and Safety Code §1831(a).	Accept.
Tadeo	§100185	Commenter suggests entire section is reduntendent to information covered in Chapter 12	Accept in part. Removed and reduced language to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."- 1830 and 1831, Health and Safety Code.

Commenter	Section	Summary of Comment	Response
McFaddon	§100185 (a.2)	Commenter suggests that the section does not define “quality improvement data,” “quality improvement metrics,” or “significant complications.” These terms are vague and ambiguous. EMSA should clarify the meaning of these terms or use a more widely recognized term such as “sentinel event.”	Accept. Removed and reduced language to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations."-1830 and 1831, Health and Safety Code.
Tadeo	§100185 (a.4)	Commenter suggests entire section is reduntent, reccomends deleting	Accept.
Bosson	§100185 (a.5)	Commenter states that the current Quality Improvement structure will meet the needs of statement of reason	Accept in part. Removed and reduced language to "The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or
McFaddon	§100185 (a.5)	Commenter suggests deleting this section as it is described inHealth &Safety Code Section 1797.273 and does not need to be repeated here.	Accept.
Tadeo	§100185 (a.5)	Commenter reccomends The term “local public health officials” is vague and requires further definition of whom shall be involved.	Reject. Removed sub-section.
Tadeo	§100185 (a.7)	Commenter suggests redundancy; should be incorporated in the LEMSA's QI Plan and Program	Accept.
Tadeo	§100185 (a.8)	Commenter suggests redundancy; should be incorporated in the LEMSA's QI Plan and Program	Accept
McFaddon	§100185 (a.8)	Commenter reccomends striking this reference (Evid Code 1157.7) as it is superfluous and is inconsistent with Evid. Code 1157.7.	Accept

Commenter	Section	Summary of Comment	Response
Ramierez	§100185 (a.8)	Commenater suggests to consider amending 22 CCR 100400 et seq. to reflect this new policy, including any limitations.	Reject. This section was removed.
Greene	§100186	Commenter states 'data and information collection related to CP and TAD programs completely turfed to each individual LEMSA'	Reject - HSC stipulates that data collection requirements that are included in section 100185
Tadeo	§100186 (a)	Commenter recommends striking the phrase “transmission of interoperable health records”, this is very vague. Delete “Authority” as a recipient of Health Records. Please cite in statute the authority for EMSA to receive patient health records.	Accept.
McFaddon	§100186 (a)	Commenter suggets this section is unclear and has concerns around the Health and Safety code regulations in regards to alternate destination to provide patient information	Reject - Current language adequately covers the need to develop policy, procedures and processes to protect patient information.
McFaddon	§100186 (b)	Commenter suggests this section is too open-ended as it relates to the data/ information that would be provided by the facility	Reject - Current language adequately covers the need to develop policy, procedures and processes to protect patient information.
Tadeo	§100186 (b)	Commenter reccomends changing the last portion of the sentence “by the Authority and LEMSA” to “standards.” Recommend adding language that the LEMSA determines data to be collected with review and approval by EMSA.	Reject. This is under EMSA's authority to determine data to be collected as supported by HSC 1833.b.1-2.
Tadeo	§100186 (c)	Commenter reccomends striking NEMSIS. CEMSIS and NEMSIS have disparate versions and implementation dates.	Accept.Removed NEMSIS.

Commenter	Section	Summary of Comment	Response
Tadeo	§100186 (d)	Commenter reccomends restating to avoid confusion. There will be nuances to EMSA and LEMSA data collection requirements. As recommended above adding language that the LEMSA determines data to be collected with review and approval by EMSA	Reject. EMSA has authority to determine data collected based on HSC 1833.b.1-2.
Bosson	§100186 (e)	Commenter states that this is an excessive requirement and will result in issues of implementation	Reject - Required by HSC 1831.b.2
McFaddon	§100186 (e)	Commenter suggests defining "interoperable health records"	Accept - the term "interoperable health records" was deleted.
Tadeo	§100186 (e)	Commenter recommends striking “interoperable” as outlined above in (a).	Accept.
McFaddon	§100186 (f)	Commenter suggests deleting this section as it mandates the LEMSA to be the custodian of the EHRs by requiring the LEMSA to "store" them. This section would create additional expense to the LEMSA for acquiring data storage and for staff resources to manage the data and storage systems.	Accept.
McFaddon	§100187 (a)	Commenter suggests defining "exchange patient health information"	Reject - Current language adequately covers the need to develop policy, procedures and processes to protect patient information.
Tadeo	§100187 (b)	Commenter reccomends deleting. This is in direct conflict to current requirements that EMS provider agency data is submitted into CEMSIS via the LEMSA.	Accept.
McFaddon	§100187 (c)	Commenter suggest the following modification: “……the required facilities data to the LEMSA and EMSA on a monthly basis.”	Accpet - Language reworded to requiring quartely submission of required data

Commenter	Section	Summary of Comment	Response
Tadeo	§100187 (c)	Commenter requests citing where "required facilities data" is defined	Reject. Language reworded. Required data is listed out and in compliance with HSC 1833.b.1-2.
Bosson	§100187 (d)	Commenter suggests removing the 72 hour requirement	Reject - submission of ePCR data within 72 hours is a current EMSA requirment.
McFaddon	§100187 (d)	Commenter requests the section that mandates that an EHR be completed within 72 hours be deleted. The setting of EHR completion time requirements at the local level should be the responsibility of the LEMSA so long as the requirement meets or exceeds EMSA standards	Reject - Submission of ePCR data within 72 hours is a current EMSA requirment.
Tadeo	§100187 (d)	Commenter reccomds striking “and to the CEMSIS repository within 72-hours”. This is redundant as LEMSA is responsible for submitting data to EMSA. Submitting records within 72 hours is not feasible. This timeline is not sufficient for validation and verification to ensure data integrity and accuracy. We are recommending a 30-day submission timeframe.	Reject - Submission of ePCR data within 72 hours is a current EMSA requirment.
Lopez-Guzman	§100188	Commenter recommends the proposed regulations be amended to have the EHR waiver also be annual and for renewal, if necessary, to coincide with renewal of the program.	Reject. Needs to comply with HSC 1830.c.5.c
Bosson	§100188 (a)	Commenter suggest striking 'and to the data repository desginated by EMSA'. Data submission should also be required to the LEMSA	Reject - Submission of ePCR data within 72 hours is a current EMSA requirment.
Bosson	§100188 (b)	Commenter requests further clarity on the defintion of 'triage' as it pertains to 'triage to an alternate destination' and to include assess, treat, and refer as in to a crisis team or psych UC	Accept in part. Used HSC 1810-1820 to provide definition.

Commenter	Section	Summary of Comment	Response
Choong	§100188 (b)	Commenter requests that the Department amend the language to authorize the EMSA director to issue an EHR waiver for a period of one year at a time with no more than five renewals of the waiver	Reject. HSC 1830.c.5.c
McFaddon	§100188 (b)	Commenter notices that there are implications to the local EMS system and local data systems taht may inconsistent with waiving the EHR requirement	Reject. HSC 1830.c.5.c
Thompson	§100188 (b)	Commenter suggests that many of these will not be immediately known on initial assessment by the alt destination facility, but the wording still says "shall"	Reject. HSC 1830.c.5.c
Kim	§100188 (c)	Commenter requests a definition section to clarify the complicated terms in this section as well as false use of 'triage to alternate destination paramedic' throughout the remainder of the text.	Accept. Definitions added.
McFaddon	§100188 (c)	Commenter reccomends defining what level of provider is vested with the authority/ approval to make such an 'assessment' as the term "upon assessment" is vague and ambiguous - Commenter suggests use of Paramedic, Registered Nurse or Physician and Surgeon	Reject. HSC 1831.b.1
Bosson	§100188 (d)	Commenter suggets removing the 30-day window for data submission; data requirements should be per established quality improvement programs and existing data regulatory requiremrents	Accept and changed to quarterly based on HSC 1833.b.1-2.
McFaddon	§100188 (d)	Commenter suggests the Approved Triage to Alternative Destination facilities shall provide the required data to the LEMSA and EMSA in accordance with LEMSA requirements.	Accept in part. Changed to " submit to the local EMS agency at minimum a quarterly summary of patient outcomes with an EMSA provided template". HSC 1833.b.1-2.

Commenter	Section	Summary of Comment	Response
Tadeo	§100188 (d)	Commenter suggests deleting “EMSA” as LEMSA is already responsible for submitting EMS provider data to EMSA	Accept in part. Changed to " submit to the local EMS agency at minimum a quarterly summary of patient outcomes with an EMSA provided template". HSC 1833.b.1-2.
Bosson	§100188 (e)	Commenter suggests removal of the specified 72 hour	Accept and changed to quarterly based on HSC 1833.b.1-2.
McFaddon	§100188 (e)	Commenter suggests the Triage to Alternative Destination Program providers shall submit EHR data to the LEMSA and EMSA in accordance with LEMSA requirements.	Acceptin part. Combined with 100188 (d) and only submitted to LEMSA with using an EMSA template. Still in line with HSC 1833.b.1-2.
Greene	§100189	Commenter states specific CP data elements to be submitted, but lacks any standard for what those specific data elements should be, except for those in Section 100188 relative to a patient transfer from an alternate destination facility to the ED.	Reject The referenced language of 100171(e) ennumerates data elements required.
Graterol	§100189 (a)	Commenter suggests the EMSA work with EHR providers to design and implement CEMSIS standards that incorporate CP encounter specific variables and allow our LEMSAs to more easily stratify and analyze CP encounters	Comment Noted
Graterol	§100189 (a)	Commenter suggests that requirement for compliance with this regulation be delayed until at least one (1) calendar year	Reject - Limited to HSC 1836. (a) A community paramedicine pilot program approved under the Office of Statewide Health Planning and Development’s Health Workforce Pilot Project No. 173 before January 1, 2020, is authorized to operate until one year after the regulations described in Section 1830 become effective.
Tadeo	§100189 (a)	Commenter suggests striking NEMSIS. CEMSIS and NEMSIS have disparate versions and implementation dates.	Accept.

Commenter	Section	Summary of Comment	Response
Thompson	§100189 (a)	Commenter stated they cannot find this Section in the Regulation, "that that is required under Section 100171(e)". Is this referring to a different document?	Section 100171(e) is refering to the Record Keeping requirment for paramedics found in Title 22 of the HSC
Tadeo	§100189 (b)	Commenter suggests “Community Paramedicine CEMSIS/NEMSIS compliant state specific elements and values” are ambiguous.	Reject - Elements are addressed in
Tadeo	§100189 (c.1)	Commenter suggests submission of APOT data from two different sources is confusing and unrealistic. Recommend adopting the APOT reporting requirements as previously defined by EMSA.	Reject. APOT Data reporting is specially addressed in AB 1544
Tadeo	§100189 (c.2)	Commenter reccomends deleting requirement to report “number of patients and reasons for turning away or diverting” to an emergency department.	Reject. Needs to comply with HSC 1830.c.5.D-E
Thompson	§100189 (c.2)	Commenter suggests adding a timeframe along with the number of patients.	Reject - Current language adequately covers the needs.
Bosson	§100190 (d.1)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept
McFaddon	§100190 (d.1)	Commenter suggests this provides little guidance on the criteria for a community paramedic program. The DOT curriculum is the paramedic curriculum. The standards do not set forth required skills or performance objectives. EMSA should set this standard so there is a statewide minimum standard for community paramedicine. There are no minimum patient contact requirement or field skills requirements.	Reject - Current language adequately covers the needs and recommendation of the Community Paramedicine Advisory Committee's Education SubCommittee.

Commenter	Section	Summary of Comment	Response
Choong	§100191	Commenter requests that the Department amend the language to clarify the qualifications of the medical director to include minimum years of experience	Accept.
Graterol	§100191	Commenter requests for removal of several of the proposed qualifications for program “instructors”	Reject. 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.
Tadeo	§100191 (a)	Commenter recommends the Program Director to be Board Certified or Board Eligible for Emergency Medicine, Emergency Medical Services or Pediatric Emergency Medicine.	Accept.
Thompson	§100191 (a.3)	Commenter suggests the addition of 'if applicable at end of sentence. These are prehospital CP programs and may not be relevant to hospital or field internships..'	Accept
Thompson	§100191 (b.2)	Commenter suggests that a bachelor's degree is not necessary and the number of years of experience is too high	Reject - 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.

Commenter	Section	Summary of Comment	Response
McFaddon	§100191 (b.2.3)	Commenter requests the following change: "(2) …who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education, and (3) Has education and experience in methods, materials, and evaluation of instruction including: (A) A minimum of one (1) year experience in an administrative or management level position, and (B) A minimum of three (3) years academic or clinical experience in prehospital care education."	Accept.
Graterol	§100191 (d)	Coommentater suggests qualifications for instructors be left to the program's director and medical director	Reject - This section establishes the requirements of a training instructors, including knowledge or experience in local protocol and policy. This is consistent with program requirements for current paramedic training program instructors and ensures minimum standards of competency are met by individuals selected for the position.

Commenter	Section	Summary of Comment	Response
McFaddon	§100191 (d)	Commenter suggests the registered nurse would not be qualified unless they have administrative/management experience and prehospital experience. (d)The qualifications seem to be limiting and unnecessary. Many areas would not have personnel that meet these qualifications as an instructor. In order to allow better access to developing a program, we request the following change: (3) Be able to demonstrate expertise and a minimum of two (2) years of experience within the past 5 years in the subject matter being taught by that individual. (4) Have six (6) four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. (5) Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction."	Accept.
Bosson	§100191 (d.2)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept
Thompson	§100191 (d.3)	Commenter suggests lowering to 4 years	Reject - 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.

Commenter	Section	Summary of Comment	Response
Bosson	§100191 (d.4)	Commenter suggested removing requirement for an associate degree, instead use “degree, licensure or certification appropriate to the instructor’s field of expertise.”	Reject - 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.
Thompson	§100191 (d.4)	Commenter suggests changing wording to paramedic and 4-6 years as a paramedic	Reject - 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.
Bosson	§100191.1	Commenter said the required content does not directly pertain to frontline providers. Suggested allowing training program to customize.	Reject. HSC 1831.c-d, HSC 1831.c.1.A.
Graterol	§100191.1	Commenter reccomends that this document refer to the establishment of a cirrcicular workgroup, uisng the framework put into place by the California Curriculum (v. 4.0)	Reject - Current language adequately covers the needs and recommendation of the Community Paramedicine Advisory Committee's Education SubCommittee.
Greene	§100191.1	Commenter points out the definitive training specific to each program specialty is required by statute in Section 1830 (c), and yet Section 10091.1 appears to require every CP to complete the entire complement of training regardless of the program specialty that is implemented in a community	Accept - Formating Error was corrected that was causing the confusion

Commenter	Section	Summary of Comment	Response
Nulty	§100191.1	Commenter suggests the cirriculum should match the parameters of the approved program's scope and overall intent. Requests changing "shall"	Reject - Current language adequately covers the needs and recommendation of the Community Paramedicine Advisory Committee's Education SubCommittee.
Thompson	§100191.1	Commenter suggests that this training curriculum is too broad of requirements and should be focused on specific programs	Reject - Current language adequately covers the needs and recommendation of the Community Paramedicine Advisory Committee's Education SubCommittee.
Thompson	§100191.1 (1.J)	Commenter suggests thatj CP training subject of IBSC is a time consuming requirement when not applicable to the program being implemented.	Reject - 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.
Tadeo	§100191.1 (a.1.C)	Commenter suggests the “Effect of Affordable Care Act on development of Community Paramedicine nationally and in California” is vague and unclear as to its relevance to Community Paramedicine	Reject - Current language appropriatley covers the needs and recommendation of the Community Paramedicine Advisory Committee's Education SubCommittee.
Nulty	§100191.1 (f)	Commenter suggests tailoring the training to certain topics (content and appropriate hours) and approved by LEMSA based on those needs	Accept in part. Reduced hours from 150 to 80. Curriculum standards can be set by EMSA. HSC 1831.c-d, HSC 1831.c.1.A.
Tadeo	§100191.1 (f)	Commenter suggests 150 hours (4/40 work week = almost 4 weeks) for additional training of a licensed experienced paramedic is excessive.	Accept. Changed from 150 to 80 hours.
Thompson	§100191.1 (f)	Commenter suggests going to a minimum of 8 hours should be the requirement, same as the Alt destination.	Reject. Changed from 150 to 80 hours.

Commenter	Section	Summary of Comment	Response
Graterol	§100191.1 (J)	Commenter reccomends that until the State EMSA ensures the establishes this entity ensuring CP assessment QI, that a standardized examination not be immediately instituted. Commenter suggests that a specific assessment provider or examination not be named within this document	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Bosson	§100191.2	Commenter suggested removal of specific requirements for number of examinations; determination of competency should be per the program Medical Director.	Reject reduction in # of exams. Formative exams support student engagement and real-time instructor feedback for competency.
McFaddon	§100191.2	Commenter suggests paragraph is incoherent and suggests the following change: “Training programs shall develop and administer a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this Chapter in accordance with requirements stipulated by the LEMSA.”	Reject - Formative exams support student engagement and real-time instructor feedback for competency.
Thompson	§100191.2	Commenter suggests IBSC certification not required for all programs	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Graterol	§100191.2 (a)	Commenter states that there is no clearly documentated benefit of a minimum number of examinations, therefore they reccommend removal of this specification	Reject reduction in # of exams. Formative exams support student engagement and real-time instructor feedback for competency.

Commenter	Section	Summary of Comment	Response
Graterol	§100192	Commenter suggests 3 years of experience within EMS or an Allied Health field, with no specific requirement for teaching methodology instruction be sufficent qualifications to be an instructor	Reject - 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.
Holcomb	§100192	Commenter suggests Alternate Destination does not need a parallel training program; the LEMSA could implement this training through LEMSA driven continuing education program via Medical Director	Reject. Required by HSC 1831.c-d and HSC 1831.c.1.A
Lopez-Guzman	§100192	Commenter reccomends this section be amended to require the program medical director to be a physician who is board certified in emergency medicine, rather than simply having experience in emergency medicine as is currently proposed.	Accept.
Tadeo	§100192 (a.2)	Commenter recommends the Program Director to be Board Certified or Board Eligible for Emergency Medicine, Emergency Medical Services or Pediatric Emergency Medicine.	Accept.

Commenter	Section	Summary of Comment	Response
Bosson	§100192 (c.2)	Commenter requested removal of the 'baccalaureate degree' requirement for a paramedic to be program director.	Reject - 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.
McFaddon	§100192 (c.2)	Commenter requests the following alteration: (2) Is a California licensed physician, registered nurse who has a baccalaureate degree, or paramedic who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education, and…"	Reject - 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.

Commenter	Section	Summary of Comment	Response
Thompson	§100192 (c.3.B)	Commenter suggests changing it to 1 year	Reject - 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.
Tadeo	§100192 (e.1)	Commenter suggests to delineate reasonable requirements for Program Director vs Instructors.	Accept.
Bosson	§100192 (e.2)	Commenter suggested the DOT National Education Standards should be updated to the latest (2021) version.	Accept
Thompson	§100192 (e.2)	Commenter suggests these are new programs and some may not have this experience as they were not part of prior pilot programs.	Reject - 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.
Thompson	§100192 (e.3)	Commenter suggests that 4 years, 2 years, 1 year. again the requirements, including Bachelors, is too restrictive.	Reject - 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.

Commenter	Section	Summary of Comment	Response
McFaddon	§100192 (e.3-5)	Commenter suggests the following alteration: (3) "Able to demonstrate expertise and a minimum of 2 1 year of experience within the past 5 years in the subject matter being taught by that individual. (4) Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree. (5) Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction."	Accept.
Bosson	§100192 (e.4)	Commenter suggested removing the requirement for an associate degree or creating an additional option without a degree.	Accept
Bosson	§100192 (e.7)	Commenter suggested adding other qualified instructors such as Social Workers, Pas, NPs, and Depart. of Public Health physicians with experience.	Reject - Current language allows for Program Director to add subject matter experts as appropriate
Kim	§100192.1 (a)	Commenter identifies the training program requirements in this section cannot be covered with any seriousness or credibility within an eight (8) hour course including clinical and field experience	Reject - Current language appropriatley covers the needs and recommendation of the Community Paramedicine Advisory Committee's Education SubCommittee.
Ramierez	§100192.1 (a.1)	Commenter suggests amend to 'mental health stabilization'	Reject to be consistent with HSC 1831.c.1.A
Thompson	§100192.1 (a.4.A-F)	Commenter suggests that 4F is extensive for Alt Destination. Tailored to the alt destination type - mental health vs sobering center. 4A is not necessary.	Reject. You kept in the language, I just don't know why.

Commenter	Section	Summary of Comment	Response
Bosson	§100192.1 (b)	Commenter suggested that 40 hours is excessive for initial AD training, suggested this be revised to a minimum of 8 hours	Accept. Reduced to 8 hours
Bosson	§100192.2 (a)	Commenter suggest removal of specific requirements for number of examinations, three exams should not be required for an AD program.	Accept in part. Reduced from three exams to one final comprehensive exam.
Holcomb	§100194	Commenter suggests to keep consistent with EMT-P accreditation, the community parmedic accreditation should mirror accreditation and paramedic licensure. A separate set of expiration dates adds confusion.	Reject- it is an accreditation that is NOT tied to licensure (ever). Medics can start/stop being accredited for CP/TAD anytime based on their interest and ability to retain CE's for continued accreditation.
Bosson	§100194 (b)	Commenter said prior requirements specified 'days' whereas this specifies 'business days'. We suggest consistency with prior.	Accept
Tadeo	§100194 (b)	Commenter reccomends that the Community Paramedicine accreditation expiration coincide with their paramedic license expiration. Reccomends that the timeframe to register a community paramedic accreditation within 5 business days be changed to 30 business days	Reject - Need to remain consistent with currrent EMSA Paramedic Accreditation Expiration Date policies
Graterol	§100194.1	Commenter suggests removal "(4) Proof of passing the ISBC Community Paramedic-C examination for Community Paramedics within the last two (2) years of the date of application submission" requirement until more clarity is provided regarding the procedures on examination formulation and quality assurance	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Bosson	§100194.2 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Accept in part. Removed "approved local" and changed to "approved".

Commenter	Section	Summary of Comment	Response
Thompson	§100194.2 (a.2)	Commenter suggests IBSC is not applicable for entry level, new programs referencing the IBSC Candidate handbook and the associated information to be tested on in comparison with experience	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Nulty	§100194.3 (a.1.A) and §100195.2 (a.2)	Commenter has questions regarding recertification and if the 8 hours would be a part of the overall 48 hours for paramedic recertification	That would depend on whether they meet the requirements for the overall 48 hours for recertification.
Bosson	§100194.3 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Accept in part. Removed "approved local" and changed to "approved".
McFaddon	§100194.3 (b.3)	Commenter suggests deleting this section (b) (3) as standard should be set by the LEMSA under its medical control authority	Reject- CP accreditation requires IBSC examination for any/all CP medics. EMSA's authority is supported by HSC 1830, and 1852.
Nulty	§100194.3. (a.1.A) and §100195.2 (a.2)	Commenter supports the decrease in number of CE hours required for renewal for both Communtity Paramedicine and Alternate Destination. Commenter suggests that 8 hours is excessive and cost prohibitive.	Accept in part. CP remained at 8 and TAD was reduced to 4 hours.
Holcomb	§100195	Commenter suggests this additional accreditation should be changed to CE training that could be required under currently existing EMT-P accreditation practices instead of creating an entirely new accreditation system	Reject. HSC Sections 1797.117, 1830, and 1853.
Tadeo	§100195	Commenter reccomends stiking the entire section	Reject. Community Paramedicine and Triage to Alternate Destination training programs must comply with relevant sections of Title 22, Division 9, Chapter 4, Article 3, §100149-100154

Commenter	Section	Summary of Comment	Response
McFaddon	§100195 (d)	Commenter suggests aligning this with existing paramedic license expiration dates, so we are not adding an additional certification to monitor. Consider allowing the initial expiration date to expire on the paramedic license expiration date if the date of expiration is greater than one year, otherwise the expiration date is extended to the next licensure cycle.	Reject - Need to remain consistent with currrent EMSA Paramedic Accreditation Expiration Date policies
McFaddon	§100195.2	Commenter suggests the proposed regulation also does not require EMSQIP compliance for a triage to alternate destination paramedic to be accredited and should	Reject - Current language requires a LEMSA to intergrate its Community Paramedicine and Triage to Altnernate Destination Quality improvement program into the LEMSA current QI 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.
Tadeo	§100195.2	Commenter recommends striking the entire section	Reject. HSC 1830
Bosson	§100195.2 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA
Tadeo	§100195.3	Commenter reccomends striking the entire section	Reject. HSC 1830
Bosson	§100195.3 (a.2)	Commenter suggested changing 'approved local' to 'locally approved' to allow continuing educ. to occur outside the jurisdictional LEMSA.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA

Commenter	Section	Summary of Comment	Response
Bosson	§100195.3 (a.2)	Commenter suggested a minimum of 8 hours of CE every 2 years, rather than 12. 8 hours is sufficient for AD programs.	Accept.
Kim	§1819 (a.1)	Commenter requests altering language used when referencing "triage to alternate destination paramedic"	Accept
Greene	Contracts	Commenter suggests direction to LEMSA on contracting requirements with ALS providers to TAD	Different LEMSAs may have different contracting requirements placed upon them by local standards and guidelines. EMSA does not wish to create a potential conflict at this time without more information.
Greene	Contracts	Commenter suggests direction to LEMSAs on contracting requirements with CP providers	Different LEMSAs may have different contracting requirements placed upon them by local standards and guidelines. EMSA does not wish to create a potential conflict at this time without more information.

Commenter	Section	Summary of Comment	Response
Greene	General	Commenter requests the subdivision of Section 10081 be deleted from this rulemaking, no out of state paramedics should be authorized by the board to practice in CA	Accept
Holcomb	General	Commenter requests to address regulations the extent a community paramendic can address issues with a patient non-compliant with a conservatorship (such as with a long acting injectable or LAI).	Reject - Falls outside the scope of AB 1544 and covered under another statute.
Tadeo	General	Commenter recognizes the inconsistent terminology used between Community Paramedicine and Triage to Alternate Destination.	Accept. Included a definition section.
Tadeo	General	Commenter suggests the requirements for Community Paramedicine and Triage to Alternate Destination need to be developed seperately.	Accepted
Trauernicht	General	Commenter suggests language should be considered that equally supports innovation in this space as much as it speaks to regulation. Promote language that pivots the primary focus of partnership to deliver Community Paramedicine to the LEMSA level tto drive partnership and collaboration between service providers and those immedieately responsible for the scope	Reject - Scope limited by HSC

Commenter	Section	Summary of Comment	Response
Trauernicht	General	Commenter suggests seperating the linkage in this regulation between defining the path to alternate transport destinations and reliance on Community Paramedicine alone to do so.	Reject -The regulations address the CP and TAD specialties independantly for each of the addressed categories of requirements.
Greene	Training Standards	Commenter states that various sections related to training fail to establish any standard curriculum leaving each county to develop their own curriculum.	Reject - Current language appropriately covers the needs and recommendations of the Community Paramedicine Advisory Committee's Education Subcommittee.

Commenter	Section	Summary of Comment	Response
Bosson - EMDAC	§ 100183 (a) (14)	Commenter recommended removing the requirement for accreditation of the 'triage paramedic' because it is unnecessarily burdensome. Suggested including language that the LEMSAs provide medical oversight of triage to alternatedestination programs, including ensuring completion of appropriate training and demonstration of competence in the participating paramedics.	Reject - Required by HSC 1818
Bosson -EMDAC	Triage Paramedic	Commenter suggested removal of the term 'triage paramedic' because paramedics make triage decisionsas part of the basic scope of practice every day.	Reject - Required by HSC 1818
Bosson - EMDAC	Community Paramedics	Commenter suggested specific language to support Community Paramedics in the care of patientswho are unable to consent for themselves.	Reject - Falls outside the intent of AB 1544
Bosson - EMDAC	§ 100181 (a) (17)	Commenter recommended the LEMSA must complete an investigation of the complaint/unusual occurrence in order to appropriately report to EMSA. Suggested the requirement for submission to the Authority be 72 hours from completion of the LEMSA investigation, not from the time of LEMSA receipt.	Reject - Notification within 72 hours of incident rather then 72 hours of completion of a investigation is approriate for EMSA to fulfill its oversight responsiblity.

Commenter	Section	Summary of Comment	Response
Bosson - EMDAC	§ 100181 (k) (3)	Commenter recommended transporting a veteran to a veterans hospital with an emergency department not be considered an 'alternate destination' for the purposes of these regulations. Transporting a patient to an ED which can meet their medical needs and is within their medical home and per their wishes is paramedic basic scope of practice.	Reject - Required by HSC 1819(a)
Bosson - EMDAC	§ 100183	Commenter suggested changing the title to Program Requirements and Essential Standards, ratherthan "Minimum Standards".	Reject - the use of the wording "Minimum Standards" is commonly used in EMSA Regualtions
Bosson - EMDAC	§ 100183 (a) (14)	Commenter recommended removal of requirement for accreditation specific to operating as a triage paramedic and not requiring accreditation for 'each of the proposed triage to alternatedestination program's specialties'; instead we suggest changing the language to: "Establish a processfor training and medical oversight of paramedics participating in triage to alternate destinationprograms described in Section 1819".	Reject - Required by HSC 1818
Bosson - EMDAC	§ 100184 (c) (1)	Commented said Line 5 should be "they" instead of "the".	Accept

Commenter	Section	Summary of Comment	Response
Bosson - EMDAC	§ 100185 (f)	Commenter said quarterly is too frequent for the LEMSA summary data report . Proposed subbmission annually to correspond with submission of EMS Plan for reapproval.	Reject - HSC requires and Indepednent Evaluator to provide an Evaluation and Analysis of the CP/TAD Program and therefore requires timely data to accomplish that. The CP Pilot Projects have been submitting Quarterly Data since the begging of the CP/TAD Program which has proved benefical in UCSF's ability to comp;lete an appropraite evaluation of the effectiveness the CP/TAD Program
Bosson - EMDAC	§ 100189 (e) (1)	Commenter noted that letters go from e, f, g then e again this comment is for second e. Suggested a requirement for a single comprehensive exam and deferring further requirements to the LEMSAoversight to ensure adequate training/competency.	Parially Agree - deleted second (e) and added (h)
Bosson - EMDAC	§ 100192 (e) (1) (A) (i)	Commenter suggested that here and in general using the language 'locally-approved' in lieu of'approved local' for trainings so that students may seek approved courses out of their home LEMSA when applicable.	Reject - CP/TAD Programs are local programs and therefore the accrediation and training should be specific to the LEMSA

Commenter	Section	Summary of Comment	Response
Graterol - SFFD	§ 100181 (f) (1) & (2)	Commenter requested that in addition to the Community Paramedicine roles specified in Section 1815 of the H&S Code, we ask that the following language be included: “Program specialties may be added based on results of local community needs assessments after approval from the local EMS agency and the Emergency Medical Services Authority”. They also requested that the following sentence be added within specialty #2: The definition of a “population of frequent EMS users” will be established by the Community Paramedicine program within their program application and renewal.	Reject - Limited by HSC 1815. Definition of a "population of frequent EMS users" is a locally driven decision.
Graterol - SFFD	§ 100190	Commenter recommended that the timeline for the implementation of regulation for currently authorized programs be extended to 2 years.	Reject - Limited by HSC 1836 (a)
Graterol - SFFD	§ 100192 (d)	Commenter requested that language be added specifying that: authorized community paramedics operating within a community paramedicine pilot program approved under the OSHPD Health Workforce Pilot Project No. 173 before January 1, 2020 are exempt from initial accreditation and instead are required to follow the requirements for accreditation renewal as specified in this section.	Reject - Limited by HSC 1850
Graterol - SFFD	§ 100192 (f) (1)	Commenter recommended removing the additional requirement for accreditation for Triage Paramedics, and instead have it rolled into traditional local paramedic accreditation.	Reject - Required by HSC 1818

Commenter	Section	Summary of Comment	Response
Graterol - SFFD	§ 100189 (a)	Commenter stated that there is no clearly documented benefit of a minimum number of examinations, therefore recommended removal of this specification.	Reject - Formative exams support student engagement and real-time instructor feedback for competency.
Graterol - SFFD	§ 100189 (e) (1)	Commenter stated that they are concerned about this documents' overreliance on a singular reference to design and assess Community Paramedicine training programs evidenced by singling out the IBS-C examination which appears to only reference one textbook "Community Health Paramedicine" by Polack, et al. Standardized examinations often times suffer from bias and obsolete information, unless there is an established trusted entity that ensures that these examinations are continuously improved upon. They recommended that until EMSA ensures that this Quality Assurance process/entity will be in place, that a standardized examination not be immediately instituted. Alternatively, if IBS-C is ultimately chosen as the examining body, they highly recommend that there be representation from California programs/institutions in IBS-Cs subject matter experts, content reviewers, etc.	Reject -EMSA requires IBSC certification for Critical Care Paramedics and beleives that IBSC Exam for Community Paramedicine appropriately test for subject matter compentency.
Graterol - SFFD	§100194.1 (4)	Commenter suggested removal of this requirement until more clarity is provided regarding the procedures regarding examination formulation and quality assurance.	Reject - Formative exams support student engagement and real-time instructor feedback for competency.

Commenter	Section	Summary of Comment	Response
Graterol - SFFD	Community Paramedics	Commenter requested the State address through regulations the extent a community paramedic can address issues with a patient non-compliant with a conservatorship (such as with a long acting injectable [LAI]). Can the community paramedic treat, restrain, and/or transport against the will of a conservatorship patient (if needed) with or without an obvious medical or psychiatric complaint with noncompliance of the LAI?	Reject - Conservatorship patient protections and legalities are addressed in alternative statutes and not addressed in this AB 1544, HSC statute.
Greene - CPF	§ 100191.1	Commenter stated that this Section appears to require every CP to complete the entire complement of training regardless of the program specialty that is implemented in a community. State should ensure that training is designed in a way to help facilitate the development and implementation of these programs and not serve as a barrier to implementation. Paramedics in California are incredibly skilled.	Reject - Training requirements are seperated into Community Paramedicine and Triage to Alternate Destination. In addition to statutory limitations regarding CP medicine training, public health, safety & welfare benefits from Community paramedics who are fully trained rather than one specialization.
Greene - CPF	§ 100183 (a) (8)	Commenter stated that this Section generally references the “plan” when discussing the ability for a local EMS agency to exclude an existing ALS provider; however, that authority is limited to Transport to Alternate Destination Programs and thus the regulatory language should be clarified.	Reject - A "plan" refers to the EMS plan which LEMSAs are required to submit annually. This is been the practice for 40 years and the common term used for those 40 years.

Commenter	Section	Summary of Comment	Response
Greene - CPF	§ 100183 (a) (8) (B)	Commenter recommended that a local EMS agency that is proposing to exclude a provider be required to provide the notification via certified mail and the notification be provided before the submission of the proposed TAD program to the Authority.	Reject - there is nothing that prohibits the notification be sent by certified mail prior to the submission to the Authority. It is not mandated.
Greene - CPF	§ 100183 (a) (6) (A)	Commenter suggested that the local EMS agencies shall notify the public agency or agencies via certified mail, in addition to other communication channels, that they plan to propose a Community Paramedicine. Program and the public agency or agencies have a first right of refusal to offer that service.	Reject - there is nothing that prohibits the notification be sent by certified mail prior to the submission to the Authority. It is not mandated.

Commenter	Section	Summary of Comment	Response
Greene - CPF	§ 100183 (a) (6)	Commenter suggested that the local EMS agency, as part of the Program submission to the Authority, should identify the mechanisms with which they engaged public agency providers to deliver the program, consistent with Section 100183 (a)(6).	Reject - there is nothing that prohibits the mechanisms to report their submission to the Authority. It is not mandated.
Greene - CPF	§ 100191	"Section 100191 is intended to provide clarity around review, withdrawal and revocation of a program. We believe that there could be more detail around how a program will be reviewed in an interim basis. CPF does support inclusion of a provision to terminate a facility or provider that does not comply with subdivision (b) of Health and Safety Code Section 1317. However, we do think there could be more clarity around that decision making and how a local EMS agency should proceed to ensure a successful program."- CPF	Reject- Meets statute 1830(c)(4)(B) specification as required.
Holcomb - SFLEMSA	§ 100181.1 (f)	Commenter suggested expanding this language to other community paramedic roles such as wellness response, overdoses, and mental health.	Reject - Additional Program Specialties are procluded by HSC 1815

Commenter	Section	Summary of Comment	Response
Holcomb - SFLEMSA	§ 100190 (f)	Commenter recommended that due to the exhaustive regulations to move from a pilot to a permanent program, please allow for 2 years to fully implement.	Reject - Limited by HSC 1836(a)
Holcomb - SFLEMSA	§ 100192 (b) (4)	Commenter requested that EMSA match the paramedic license renewal cycle (as with current regulations for local accreditation) to avoid having multiple expiration dates.	Reject- it is an accreditation that is NOT tied to licensure (ever). Medics can start/stop being accredited for CP/TAD anytime based on their interest and ability to retain CE's for continued
Holcomb - SFLEMSA	§ 100192 (c)	Commenter requested clarification on the fact that San Francisco currently issues a community paramedic card once the course has been completed. Can you add clarifying language if this is intended for a post-pilot program approval to avoid any confusion about whether or not the community paramedics in San Francisco need ISBC to obtain an accreditation?	Reject - Limited by HSC which requires compliance with these regulations within 1 Year of implementation.
Holcomb - SFLEMSA	§ 100192 (d)	Same as comment above.	Reject - Limited by HSC which requires compliance with these regulations within 1 Year of implementation.
Holcomb - SFLEMSA	§ 100192 (f)	Commenter requested that EMSA not make “Triage Paramedic Accreditation” another accreditation for a LEMSA to implement. The LEMSAs have local accreditation, community paramedic accreditation, and no triage paramedic accreditation in additional to a paramedic license. This will cause great confusion and is not necessary.	Reject - Required by HSC 1818

Commenter	Section	Summary of Comment	Response
Holcomb - SFLEMSA	General	Commenter stated that San Francisco has a need for community paramedics to engage with patients that are on a conservatorship. They requested EMSA address the extent a community paramedic can address issues with a patient non-compliant with a conservatorship (such as with a long acting injectable or LAI). Can the community paramedic treat, restrain, and/or transport against the will of a conservatorship patient (if needed) with or without an obvious medical complaint with noncompliance of the LAI?	Reject - Conservatorship patient protections and legalities are addressed in alternative statutes and not addressed in this AB 1544, HSC statute.
Kazan - NAEMSP	General	Commenter recommended decentralizing the oversight of the Alternate Destination programs from the EMSA to the Local EMS Agencies (LEMSA). CA is a diverse state between urban and rural communities and so the oversight should occur at the LEMSA level as long as a minimum EMSA standard is met.	This is how the current proposal is drafted. EMSA approves a LEMSA TAD program based on meeting the EMSA standard. After approval, the LEMSA oversees the TAD program and providers in its jurisdiction.
Kazan - NAEMSP	§ 100181 (j)	Commenter said the term "triage paramedic," as requiring additional training in triage to alternate destinations, is inaccurate. They recommended changing the title to a "triage to alternate destination (TAD) paramedic throughout the document.	Reject - Required by HSC 1818
Kazan - NAEMSP	§ 100181 (k) (1)	Commenter suggested that this represents a community paramedicine specialty and should not fall under item k, ''Triage to Alternate Destination Program." They recommended removing this section.	Accept Partially - Formating corrected

Commenter	Section	Summary of Comment	Response
Kazan - NAEMSP	§ 100181 (k) (3)	Commneter said that VA hospitals with ED do not meet the criteria as "alternate destinations," as they are licensed acute care hospitals with an ED. They recommend removing this section.	Reject - Required by HSC 1819 (a)(3)
Kazan - NAEMSP	§ 100192 (f) (2) & (3)	Commenter suggested that a Central Registry of TAD paramedics is unnecessary and compliance with training requirements can be maintained by the LEMSA.	Reject- Central Registry is for public awareness of what roles paramedics are accredited to perform and so employers may verify that their employee is accredited.
Kim - CNA	General	Commenter suggested that this second modified text fails to consistently identify references to the health and safety code. The extensive “cut and paste” of statutory language into the proposed regulations requires EMSA to identify approximately twenty (20) statutory reference omissions. EMSA should decide which reference makes the regulation easier to read and apply it to the twenty highlighted areas we have identified in **Attachment I**.	Reject - Each section of the regualtions cite the appropriate Statuatory Authorities and References.

Commenter	Section	Summary of Comment	Response
Kim - CNA	§ 100190	Commenter suggested that placement of State authority to approve community Paramedicine and Triage to Alternate Destinations Programs is confusing. They find the order of the proposed regulations to be confusing. They recommended a re-ordering of the second modified text so that §100190 Community Paramedicine or Triage to Alternate Destinations Program Approval Process, the state approval process, is placed after §100182 General Provisions and before §100183 Program Requirements and Minimum Standards, the local EMS agency program requirements, just as it is found in AB 1544 and in the statutes found in Division 2.5 of the H&S Code.	Reject- Given the substantial number of comments received during this process, no other commenter was confused by the structure.
Kim - CNA	§ 100184 and 100191	Commenter state that the Review, Withdrawal, and Revocation of Providers and Facilities Placed into Separate Sections with Errors in Titling. §§100184 and 100191 both contain disciplinary language and both proposed sections are scattered in the document resulting in a lack of clarity, especially since titling is inaccurate.	Reject- Given the substantial number of comments received during this process, no other commenter was confused by the structure.
Kim - CNA	§ 100184	Commenter state that an Alternate Destination Facility is not a provider, it is a treatment location (See 100181(a) definition) but the title of the proposed section incorrectly lumps it in with Community Paramedicine and Triage to Alternate Destination Providers.	Reject - The Alternate Destination Facility is required to be an approved Alternate Destination Provider and part of the LEMSA's TAD Program.

Commenter	Section	Summary of Comment	Response
Kim - CNA	§ 100191	Commenter said this section listed providers and for alternate destination facilities failing to operate in accordance with anti-discrimination principles contained in subsection (b) of §1317 of the H&S Code. The information is inaccurate since alternate destination facilities are required to fully comply with all of the applicable requirements of §1317 of the H&S Code and not just subsection (b).	Reject. 1830.c.4.B only requires subsection: "(B) Immediate termination of participation in the program by the alternate destination facility or the community paramedicine or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317."
Kim - CNA	§ 100184 and 100191	Commenter recommended merging § 100184 and 100191 under the title, “Community Paramedicine Provider, Triage to Alternate Destination Provider, and Alternate Destination Facility Program Requirements, Oversight and Withdrawal.”	Reject- Given the substantial number of comments received during this process, no other commenter was confused by the structure.
Kim - CNA	§ 100181	Commenter stated that this section with definitions has duplicate terms with different definitions. See page 5-6 for specific lanaguage change recommendations.	Reject- Definitions are those provided in the statute.
Kim - CNA	§ 100181 (g)	Commenter said the next duplication is more likely a typographical error that was inadvertently added to this section. Triage paramedic is also defined in subsection (j). They recommended removal of triage paramedic definition from subsection (g) and keep in (j). They also recommended some wording changes, see page 7.	Accept

Commenter	Section	Summary of Comment	Response
Kim - CNA	§100182 General	Commenter stated that the proposed regulations fail to effectuate §100182 General Provisions (a). Here, EMSA has restated and paraphrased §1830(b) of the Health and Safety Code (H&S Code). This is not sufficient. The proposed regulation must demonstrate that it has fulfilled the mandate of the statute. EMSA has not met its statutory mandate here.	Reject- As statute was detailed in nature and satisified the requirement itself.
Kim - CNA	§ 100182 (a)	Commenter state that the proposed regulations fail to effectuate this section. For these regulations to be based on and informed by HWPP #173, there needs to actually be such regulations proposed in this rulemaking. Since the minimum required standards would be rules of general application, the minimum medical and triage assessment protocols must be adopted through rules under the Administrative Procedure Act. Specific language recommendations on page 10.	Reject- Regulations are informed by the experiences of the pilot project in what was effective and what was not effective.
Kim - CNA	Community Paramedicine and Triage to Alternate Destination	Commenter stated that ISOR said "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." They suggested that the following changes and minimum standards should be included, specifics found on pages 11-15.	Accept - FSOR will address in final rule making file.
Kim - CNA	§ 100183	Commenter recommended that all subsections would be renumbered.	Reject - Each section of the regualtions are properly formatted and numbered

Commenter	Section	Summary of Comment	Response
Kim - CNA	§ 100183	Commenter said that the program requirements to verify training of community and triage paramedics conflicts with curriculum requirements for training programs in §100189. The haphazard inclusion of an irrelevant topic for both Community Paramedic specialty trainings and the complete omission of a relevant and necessary minimum curriculum topic for Triage Paramedics who will actually be providing interim hospice care, reflects a lack of understanding and an inexcusable disregard for the importance of end-of-life care for hospice patients. At the very least, EMSA needs to develop a curriculum to meet the specific needs of the Triage Paramedic seeking certification and accreditation to provide care and comfort services to hospice patients in their homes in response to 911 calls. Provided language recommendations on page 17.	Reject- The curriculum for Community Paramedicine and Triage to Alternate Destination was reviewed by the work group and is based upon their recommendations informed by leaders in EMS education.
Kim - CNA	§ 100184	Commmenter suggested that the proposal for probation or suspension of ambulance providers exceeds authorityg given to EMSA in AB 1544. They suggested specific language changes on page 21.	Reject- Any approval can be rescinded for cause.

Commenter	Section	Summary of Comment	Response
Kim - CNA	§ 100189	Commenter stated that this section eliminates training hour minimum requirements for Community and Triage Paramedics in Violation of Standards Established in HWPP#173. The elimination does not assure adequate preparation of Community or Triage paramedics in the five specialties authorized under AB 1544. EMSA has broken faith with the legislative intent of this program and with stakeholders who worked with the sponsor and the author on creating an expansion of the scope of practice of paramedics.	Reject- 1544 does not mandate a minimum hours requirement to define minimum training standard .
Kim - CNA	§ 100190	Commenter stated that Community Paramedicine or Triage to Alternate Destination Program approval process includes misstatement on curriculum for program specialties and recommended changes outlined on page 24.	Reject- Each program is a specialization unto itself and triage to alternate destination includes three options which are also specialities.
Kim - CNA	§ 100190 (e)	Commenter stated that this section refers to a non-existent section. Program renewal is supposed to be completed annually. Currently, §100184 has nothing to do with the EMS Plan Annex.	Accept
Kim - CNA	§ 100184	Commenter state that since we do not have an updated ISOR, we cannot explain the reference to a section of the original and first modified text and a process for renewal that was omitted in the restructured version. The process (listed on page 26) above needs to be re-inserted into the text in order to provide guidance on program renewal.	Reject- Modifications are common in rulemaking and the Final Statement of Reasons as well as the Updated Informative Digest are tools for addressing these changes.

Commenter	Section	Summary of Comment	Response
Kim - CNA	§ 100192	Commenter suggested that Paramedic Scope of Practice, Accreditation, and Discipline inappropriately includes post-discharge authority amended out of AB 1544. Under existing law, it does not include postdischarge follow-up services as this program specialty was amended out of AB 1544 on July 11, 2019. Commenter recommended specific language changes on page 27-28.	Reject- under 1836, 1544 does allow post-discharge CP pilot programs to continue operations and therefor the language should remain here: "a community paramedicine short-term, post-discharge followup pilot program that was approved on or before January 1, 2019, under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173, and was continuing to enroll patients as of January 1, 2019, may continue operation until January 1, 2024. "
Kim - CNA	General	Commenter stated that they are surprised and disappointed that EMSA would consider approving the addition of unknown, untested and potentially unsafe activities or medications under the guise of adopting regulations under AB 1544. We are further disappointed that the second modified text inappropriately reinserts a program specialty that was deleted from the enabling statute by the Legislature.	Reject- EMSA is unaware of any medications or programs beyond the scope of the statute being included.
Kim -CNA Attachment 1	General	Commenter identifed and reinserted approximately twenty (20) statutory reference omissions. The recommended inserting them because the reference makes the regulation easier to read and apply it to the twenty highlighted areas identified in Attachment I.	Reject- Authority and Reference to each section of regulation is included to specify the operative statutory section.

Commenter	Section	Summary of Comment	Response
Kim CNA Attachment 1	§ 100183 (a) (15)	Commenter recommended changing the language to: Approve and annually review Community Paramedic and Triage Paramedic training programs.	Reject- Interchangeable references have been used without confusion throughout the pilot project, legislation, and discussions surrounding this proposal.
Kim CNA Attachment 1	§ 100184 (c) (1)	Commenter recommended changing the language to: "Within ten (10) days of a LEMSA finding noncompliance, the LEMSA shall provide a written notification of noncompliance to the Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider., including the specific requirements the failed to meet. The notification shall be sent by certified mail to the director."	Reject- This subsection is not just for Community Paramedicine, but includes Alternate Destination.
Kim CNA Attachment 1	§ 100189 (e) (2)	Commenter suggested following language: "The Triage Paramedic training program Medical Director shall certify that all delineated Triage to Alternate Destination education standards are met. In addition, the authority and the authorizing LEMSA shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division."	Reject- Interchangeable references have been used without confusion throughout the pilot project, legislation, and discussions surrounding this proposal.
Kim CNA Attachment 1	§ 100189 (e)	Commenter suggested specific language to: "Community Paramedicine and Triage Paramedic Required Testing:"	Accept - formatting corrected to change second (e) to (h)
King - CHBDA	§ 100181 (b)	Commenter recommended deletion of last sentence because "Mental health facilities are required through regulations to have specified staff for appropriate patient care. Recommend removing staffing requirements from this document and deferring to the laws and regulations surrounding these facility types."	Reject - Required by HSC 1812

Commenter	Section	Summary of Comment	Response
King - CHBDA	§ 100181 (c)	Commenter recommended partial sentence deletion because "Sobering Centers are not required to have an RN on staff and are often peer run. Requiring an RN to be on site may be cost prohibitive, especially for rural counties, since currently there is no dedicated source of revenue for sobering centers."	Reject - Required by HSC 1813
King - CHBDA	§ 100181 (c) (3)	Commenter recommended deletion to remove the tie to National Sobering Collaborative as these standards have not yet been finalized. We want to ensure these standards are workable before requiring sobering centers to adhere to them.	Reject - Required by HSC 1813 (a)(3)
King - CHBDA	§ 100183 (a) (4)	Commenter recommended changing "mental disability" to "behavioral disability".	Reject - Required by HSC 1841
King - CHBDA	§ 100185 (c)	Commenter stated that "in a recent discussion with local Managed Care Plans, sobering centers were identified as possible 42 CFR part 2 programs. If this is the case, it may require that SC that are Alternate Destination Facilities obtain written consent from individual before sharing patient information."	Reject- Proposal does not attempt to invalidate or contradict laws in other areas including privacy and confidentiality.
King - CHBDA	§ 100189 (f) (2) (C)	Commenter recommended changing alcohol and substance "abuse" to "use".	Reject- Mere "use" is not necessarily a medical or health issue alcohol or substances. Additionally, the statute uses "abuse."
King - CHBDA	§ 100189 (g) (1) (B) (iv)	Commenter recommended adding "De-escalation techniques".	Reject- De-escalation techniques is a subtopic of other topics outlined in the curriculum.

Commenter	Section	Summary of Comment	Response
King - CHBDA	§ 100189 (g) (2) (A) (v)	Commenter recommended changing mental health to behavioral health and adding "housing status".	Reject- Interchangeable references between mental health and behavior health and housing status is included in other subcategories of the cirriculum.
King - CHBDA	§ 100189 (g) (3) (A) (vi)	Commenter recommneded adding "electronic health record (EHR) systems".	Reject- Not relevant to pre-hospital providers such as EMS personnel.
Kuzman EMSAAC	§ 100181 (g)	Commenter recommended removing portion about Triage Paramedic.	Reject - Required by HSC 1818
Kuzman EMSAAC	§ 100183 (a) (6) (C)	Commenter recommended it read as "(b), the local EMS agency may select and inter into an agreement with one or more community paramedicine providers to deliver the program specialties".	Reject - Limited by HSC 1842 (a)(3)
Kuzman EMSAAC	§ 100184	Commenter recommended lanauge modification, see page 9-10.	Reject- Proposal recommends changing language without substantively changing the requirements.
Kuzman EMSAAC	§ 100184 (c) (6)	Commenter recommended removing this section.	Reject - Required by EMSA to fullfill it's oversight responsiblilty
Kuzman EMSAAC	§ 100188 (b) (1), (2), & (3)	Commenter recommended adding "or secure electronic mail".	Reject- Process is to provide physical letters as notice of the proceedings.
Lopez-Guzman CalACEP	General	Commenter stated that they support the draft regulations put forward by the department as they reflect the goals of the Legislature and Governor in enacting AB 1544.	Acknowlege with gratification

Commenter	Section	Summary of Comment	Response
Magnino - SCEMSA	General	Commenter stated that SCEMSA supports the proposed regulations now because they follow the statutes that are notes as authority or referenced codes. The major issue with these regulations is that they sunset on Jan 1, 2024 which does not give enough time for any LEMSA to develop, get EMSA approval and implement a new program.	Acknowlege with gratification
Ramirez - EMSLAW	General	Commenter said that many suggested revisions have been accepted since the last version; however, during the revision process it appears that prior content that was meant to be included has been omitted.	Reject - Originally EMSA was pursuing a different methodology for these program; however, after further consideration, EMSA agreed that the Modification 2 Test methodolgy would be the better option and modified the proposed text accourdingly.
Ramirez - EMSLAW	General	Commenter recommended if the failure to satisfy this statutory mandatory requirement will result in TAD program disapproval, this requirement (and related requirements) should be contained within, or referenced by, the Proposed Text.	Reject- EMSA believes it has met its statutory mandate and that the statute is law without regulations.
Ramirez - EMSLAW	General	Commenter recommended that the Initial Statement of Reasons (ISOR) no longer correlates to this Proposed Text.	Reject- Modifications are common in rulemaking and the Final Statement of Reasons as well as the Updated Informative Digest are tools for addressing these changes.

Commenter	Section	Summary of Comment	Response
Ramirez - EMSLAW	§ 100184	Commenter stated that it appears significant portions of the prior EMS Plan approval process content has been omitted. They recommneded that EMSA 1) Consider re-incorporating EMS planning process content back into the Proposed Text as appropriate; 2) Consider correcting the omission relating to "CP/TAD Annex form (8/2021)."	Reject - Originally EMSA was pursuing a different methodology for these program; however, after further consideration, EMSA agreed that the Modification 2 Test methodolgy would be the better option and modified the proposed text accourdingly.
Ramirez - EMSLAW	§ 100184 (c) (3)	Commenter asked if EMSA should revise Proposed Section 100184(c)(3) to be "thirty (30) days"?	Reject- 35 days is used to allow for mail to be delivered. Given the other requirements for responding, a 30-day deadline could allow action before a mailed response is received.
Ramirez - EMSLAW	§ 100189	Commenter stated that the omission of the TAD section heading description may make referencing the TAD requirements more difficult to locate than necessary. They recommended that EMSA consider revising Section 100189 section heading to read: "Community Paramedic Training Program & Triage to Alternate Destination Program Administration and Faculty Requirements."	Accept- Section title updated.
Ramirez - EMSLAW	§ 100190 (e)	Commenter stated that this section appears to have omitted key elements of the planning process which make properly interpreting the Proposed Text difficult. They recommended that EMSA Revise Proposed Text (30-day Comment) to reincorporate the EMS planning process content into the Proposed Text as appropriate.	Reject - Originally EMSA was pursuing a different methodology for these program; however, after further consideration, EMSA agreed that the Modification 2 Test methodolgy would be the better option and modified the proposed text accourdingly.

Commenter	Section	Summary of Comment	Response
Ramirez - EMSLAW	§ 100190 (a)	Commenter stated that the Proposed Section 100190 has omitted the prior “narrative” requirement. They recommended that EMSA consider revising the Proposed Text (30-day Comment) to reincorporate the “narrative” requirements, as appropriate.	Reject - Originally EMSA was pursuing a different methodology for these program; however, after further consideration, EMSA agreed that the Modification 2 Test methodolgy would be the better option and modified the proposed text accourdingly.
Ramirez - EMSLAW	§ 100192 (b)	Commenter asked if the Prior Proposed Section 100195 (a) (15-day Comment Period) deleted similar language in a similar context, should the italicized language be deleted here also? They recommended that EMSA consider correcting Proposed Section 100192(b)(1) if necessary.	Reject - Originally EMSA was pursuing a different methodology for these program; however, after further consideration, EMSA agreed that the Modification 2 Test methodolgy would be the better option and modified the proposed text accourdingly.
Roderick - Palo Alto Fire	§ 100181 (a)	Commenter suggested that limiting alternate destination facility to one option is very restrictive and doesn’t allow other options that may be appropriate for the patient that haven’t been identified at the local level yet.	Reject - Limited by HSC 1810-1820
Roderick - Palo Alto Fire	§ 100181 (i) (j)	Commenter suggested that the “Triage paramedic (training program)” paramedics have always triaged patients and still do. If this is called out as a legally agreed upon definition, how would this change things? I think we need a better word/definition of this. How about “classify” or “categorize”, any other options?	Reject - Required by HSC 1818

Commenter	Section	Summary of Comment	Response
Roderick - Palo Alto Fire	Alternate Destination Description	Commenter said keeping patients within their insurance carrier's needs, e.g. Veterans, Kaiser, we do this already, why would paramedics need further training? Protocol dictates to "take the patient to their choice of hospital" unless they fall under; trauma triage, Stroke or STEMI. It seems that a separate certificate of training for this is too much.	Reject - Required by HSC 1818
Roderick - Palo Alto Fire	Training Requirements	Commenter stated that there may be a conflict of training requirements, Page 33 & 34 states (B) Proof of completion of four (4) hours of approved local triage paramedicine CE. Page 30 & 31 (i) Show proof of completion of eight (8) hours approved community paramedicine relate continuing education (CE) every two (2) years. They recommend revisiting and correcting if necessary.	Reject - No conflict noted
Sanchez - CMA	General	Stated that they appreciate the Authority's consideration of CMA's prior comments and believe that this second modified version of the proposed regulations strengthens the oversight and operations of these programs.	Acknowlege with gratification
Tadeo - LAEMS	§ 100183 (14)	Commenter recommend striking accreditation requirement for alternate destination. The paramedic's ability to triage to appropriate destination is part of their basic paramedic training. The only addition to the program is education and orientation to patient destination policies developed by the LEMSA.	Reject - Required by HSC 1818

Commenter	Section	Summary of Comment	Response
Tadeo- LAEMS	§ 100183 (17)	Commenter recommend that “reported complaints or unusual occurrences” be stricken as this should be part of the required QI Process for the program. The OSHPED/EMSA pilot projects have been completed; therefore, this should be folded into the normal QI process.	Reject - Required by EMSA to fullfill it's oversight responsiblilty
Tadeo - LAEMS	§ 100184 (c)(6)	Commenter requested the State to cite in statute EMSA’s authority to take action against a Community Paramedicine, Triage to Alternate Destination or Alternate Destination Facility.	HSC 1830 (4)(B)
Tadeo - LAEMS	§ 100185 (a)	Commneter recommended replacing “Title 22 Chapter 4 Section 100.171 with “Title 22 Chapter 4 Section 100171.	Accept - Typo fixed to read 100171
Tadeo - LAEMS	§ 100185 (f)(3)	Commenter recommended deleting requirement to report “number of patients and reasons for turning away or diverting” to an emergency department. It is unrealistic and useless to capture the number of patients that do not meet the inclusion criteria for transport to an alternative destination. There is no relevance for knowing which patients did not meet the inclusion criteria for an alternate destination as the paramedic nor any health care provider can override or make the patient qualify for the inclusion criteria. Whereas a secondary transfer from an Alternate Destination site to an EDI is important to track and monitor to identify gaps in the triage policies and/or protocols.	Reject - Required by HSC 1830 (c)(5)(E)

Commenter	Section	Summary of Comment	Response
Tadeo - LAEMS	§100192 (f)	Commenter recommended that the Triage to Alternate Destination should not require local accreditation. The paramedic's ability to triage to appropriate destination is part of their basic paramedic training. The only addition to the program is education and orientation to patient destination policies developed by the LEMSA. The paramedics would be working under policy or procedures and a field triage screening tool. It would be incumbent upon the EMS Provider Agency approved by LEMSA to implement triage to alternate destinations to ensure that the educational requirements are met by their paramedics and documentation is maintained.	Reject - Required by HSC 1818