

Commenter	Section	Summary of Comment	Response
Fariss	General	Commenter stated that regulation does not provide any benefit to LEMSAs because: psychiatric or sobering centers are the only option for alternate destinations and additional triage classes for paramedics. Additional it omits Mobile Integrated Health (MIH).	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Pall	§100189.f.1.A	Commenter recommended adding "certified" into the following subsection: "Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disordersto be provided by a licensed physician, surgeon, certified or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital."	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Pall	§ 100192.c	Commenter recommended for existing certified (and qualified) personnel it would be ideal to give the LEMSA flexibility to grandfather people in and by adding: (c) Initial Community Paramedic Accreditation Application Requirements and Process for IBSC CP-C applicants certified after [insert date here] .	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Pall	§ 100192.c.1.D	Commenter recommended for existing certified (and qualified) personnel it would be ideal to give the LEMSA flexibility to grandfather people in and by changing from two to 4 years.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Pall	§ 100192	Commenter recommended adding a whole new section after the subsection above. "Initial Community Paramedic Accreditation Application Requirements and Process for IBSC CP-C applicants certified before [insert date here]." to follow the subsection above.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.

Pall	§ 100192	Commenter recommended adding in a new subsection below the proposed new subsection in the comment above. Refer to Pall for specifics.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Pall	§ 100192.d.1.A.i	Commenter recommended changing IBSC CP-C certification hours from 8 to 16 and CE from every 2 years to 4 years.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Clare	General	Commenter recommended striking accreditation requirement for Alternate Destination as it is already paramedic's ability from their basic training. The only addition to the program is education and orientation to patient destination policies developed by the LEMSA. 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.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Clare	§ 100181.h	Commenter recommended changing the wording: "...of the state that proves first..." to "of the state that provides first..." Believe it's the wrong word usage.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Clare	§ 100183.a.5	Commenter recommended removing. Funding of health services providers is not the LEMSAs role.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Clare	§ 100183.a.15	Commenter recommended changing from annual review to every 4 years. For PM programs CAAHEP requires review every 5 years.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.

Clare	§ 100183.17	Commenter recommended that “reported complaints or unusual occurrences” be stricken as this should be part of the required QI Process for the program. The OSHPD/EMSA pilot projects have been completed; therefore, this should be folded into the normal QI process.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Clare	§ 100184.a	Commenter recommended changing from annual review to every 4 years, which is consistent with 100187 (g). Additionally, for PM programs CAAHEP requires review every 5 years.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Clare	§ 100184.c.6	Commenter requested that you please cite in statute EMSA’s authority to take action against a community paramedicine, triage to alternate destination or alternate destination facility provider.	The Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act and the provisions contained within it.
Clare	§ 100185.c	Commenter recommended removing or revising wording related to one-time waiver not to exceed 5 years for implementation of HIE. A 5-year HIE mandate is onerous and an undue burden. The ability to implement HIE are complex and it will take many years to fully implement.	The one time waiver not to exceed 5 years is specified in statute: 1830(c)((5)(C), and cannot be changed.
Clare	§ 100185.f.1-8	Commenter recommended quarterly data collection and submission is an undue burden for the LEMSA. This could be required annually as part of the EMS plan.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.

Clare	§ 100185.f.3	<p>Commenter suggested 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 emergency department is important to track and monitor to identify gaps in the triage policies and/or protocols.</p>	<p>The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.</p>
Clare	§ 100185.g	<p>Commenter recommended changing from annual to triennial (every 3 years).</p>	<p>The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.</p>
Clare	§ 100185.g.1-2	<p>Commenter recommend adding wording ‘Meet standards as outlined by LEMSA’. Current wording is vague and would be difficult to determine.</p>	<p>The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.</p>
Clare	§ 100189.a	<p>Commenter recommended changing wording from: ‘...emergency medical physician...’ to “... emergency medicine or EMS physician...” and ‘... has experience in emergency medicine’ to ‘...has experience in EMS...’</p>	<p>The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.</p>
Clare	§ 100189.b.2	<p>Commenter recommended changing the wording from: ‘...emergency medical physician...’ to “... emergency medicine or EMS physician...”</p>	<p>The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.</p>

<p>Clare</p>	<p>§ 100190</p>	<p>Commenter asked, "What is the process for those LEMSAs that already have a functioning existing community paramedicine or triage to alternate destination program? Perhaps add wording similar to the STEMI regulations- Chapter 7.1, Article 2, §100270.121 (f) and (g)"</p>	<p>Per 1544, 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. After that, these programs must be approved by the same process outlined in 100190</p>
<p>Clare</p>	<p>§ 100192.j</p>	<p>Commenter recommended removing. Since the personnel are already required to be entered into the Central Registry by the LEMSA as per § 100192 (a)(2) this seems excessive and an undue burden</p>	<p>The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.</p>
<p>Graterol</p>	<p>§ 100190.f</p>	<p>Commenter asked whether the removal of the Section § 100190 (f), which stipulated that currently approved Pilot CP Programs have a year to implement said regulations, will "change impact expectations for continued operations and timing for EMSA Application submission?"</p>	<p>The subsection is redundant as it exists in statute. Therefore, removing it from the proposed regulations has no impact on these programs.</p>
<p>Graterol</p>	<p>§ 100192.c.d</p>	<p>Commenter stated that the document "does not address specific requirements for approved pilot programs such as ours looking to obtain EMSA approval" and commenter is "requesting guidance to clarify these responsibilities" stating that their current understanding is that "Current CP Programs will continue to have 1 year from OAL approval to implement the proposed regulations." and that "Currently accredited CP providers are exempt from the initial certification process outlined in Section 100192 subsection (c) and will instead be required to follow the renewal of certification process specified in Section 100192 subsection (d)</p>	<p>100192 refers to paramedic accreditation, not programs. Additionally, the training requirements proposed here are not exactly the same as those in the Pilot Programs. Therefore, all paramedics wishing to become accredited need to meet the initial requirements. Pilot Programs are extended via statute for year after the regulations are adopted, this extension is not provided to the practitioners.</p>

Ramirez	§ 100181.b	Commenter suggests replacing the word 'subsection' with the word 'subdivision' stating that "statutory reference are to "subdivision" not "subsections"	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100181.c.1	Commenter suggests replacing the word 'subsection' with the word 'subdivision' stating that "statutory reference are to "subdivision" not "subsections"	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100181.f	Commenter suggests deleting the word "the" when used in "the Authority of EMSA", recommending that the text read ...and approved by the Emergency Medical Services Authority (Authority or EMSA	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100181.h	Commenter suggests reverting the language back to prior modification so that it again reads "political subdivision" rather than "political subsection" noting that it should be "as described by Section 1817 of the Health and Safety Code."	Accept.
Ramirez	§ 100181.i	Commenter asked which 'Division' was being referenced; "H&SC Div. 2.5" or "22 CCR Division 9"	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100181.i	Commenter recommended "first fully referenceing Title 22, Division 9 direction with abbreviation in parenthesis" suggesting that the document now read read ..."licensed under Title 22 California Code of Regulations, Division 9 - Prehospital Emergency Services (Division)"	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100181.i	Commenter suggests replacing the word 'subsection' with the word 'subdivision' stating that "statutory reference are to "subdivision" not "subsections"	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.

Ramirez	§ 100181.i	Commenter suggests "revising citation to H&SC Section 1830 from subdivision "(d)" to subdivision "(c)"	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100181.i	Commenter suggests using the abbreviation "ALS" for advanced life support provider	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100182.b	Commenter suggests replacing the word 'subsection' with the word 'subdivision' stating that "statutory reference are to "subdivision" not "subsections"	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100182.b	Commenter suggests "using the format sequence for "H&SC Section 1797.250(b) as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100183.a.4	Commenter suggests replacing the word 'subsection' with the word 'subdivision' stating that "statutory references are to "subdivision" not "subsections"	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100183.a.6.C	Commenter suggested revising the term "paragraph" to "subparagraph" as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100183.a.7	Commenter suggested revising as statutory references are to "subdivision" not "subsections."	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.

Ramirez	§ 100185.d.1	Commenter suggested using prior abbreviation for “DOT.”	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100185.d.2	Commenter suggested deleting capitalization to “A” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100189.f.1.L	Commenter asked, which “EMTALA” law, state or federal?	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100189.f.1.L	Commenter suggested clarifying and citing full state or federal statutory reference.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100189.g.1.A.iii	Commenter suggested clarifying and citing full federal statutory reference.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100189.g.1.A.x	Commenter suggested using prior abbreviation for “IBSC.”	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100189.h.1	Commenter suggested capitalizing “Chapter” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100189.h.2	Commenter suggested capitalizing “Chapter” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.

Ramirez	§ 100190.d	Commenter suggested adding “thirty” and “()” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100191.a.1	Commenter recommended that as subsection “(a)” is a heading, consider formatting change which separates subsection “100191(a)” from paragraph “100191(a)(1).”	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100191.a.1	Commenter suggested adding “(1)” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100191.a.1	Commenter suggested capitalizing terms “Division” and “Section” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100192.a.1	Commenter suggested capitalizing terms “Division” and “Section” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100192.b.1	Commenter suggested deleting capitalization to phrase “Community Paramedicine Programs” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Ramirez	§ 100192.e.2.c	Commenter suggested deleting capitalization to phrase “Community Paramedic” as described.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.

Ramirez	§ 100192.k	Commenter suggested revising as statutory references are to "subdivision" not "subsections."	Subsection is correct. A subdivision in this environment would be a subdivision of division 9 of title 22 of the California Code of Regulations. These are subsections of a section whether regulatory or statutory.
Ramirez	§ 100193	Commenter suggested deleting "renewal" to be consistent with Title 22 California Code of Regulations Section 100166, subsection (g) and (h).	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Comsti	MOD 2 General	Commenter recommends that "EMSA should correct the public record that the third modified text now includes a CNA recommendation to reference the Health and Safety Code, which EMSA initially rejected.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Comsti	MOD 2 General	Commenter recommends that "EMSA should correct the public record that the third modified text now includes a CNA recommendation on the second modified text regarding duplicate terms with different definitions, which EMSA initially rejected."	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
Comsti	§ 100182.a	Commenter states that the "third modified text's deletion of paraphrased statutory language mandating conformity with Health Workforce Pilot Project #173 does not change EMSA's obligation to adopt conforming minimum protocols through rulemaking under the Administrative Procedure Act (APA)	The deleted language was not regulatory in nature. The provision exists in statute.
Comsti	General	Commenter stated that EMSA's minimum medical, triage and assessment protocols must be adopted under the APA. Please refer to Commenter's document on page 8-10 for justification.	The comment is not directed to a substantive modification made during the third modification of the Community Paramedicine and Triage to Alternate Destination proposed regulations.
