STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
March 15, 2023
10:00 A.M. – 1:00 P.M.

Location
Embassy Suites Anaheim South
11767 Harbor Blvd
Garden Grove CA. 92840
1-877-613-1657

AGENDA

1. **Call to Order and Pledge of Allegiance**

2. **Review and Approval of December 14, 2022, Minutes**

3. **Director's Report**

4. **Consent Calendar**
   A. Administrative and Personnel Report
   B. Legal Report
   C. Enforcement Report

Regular Calendar

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

6. **EMS Systems**
   A. Community Paramedicine Status Update
   B. CEMSIS Update
   C. ePOLST Update

7. **EMS Response to Behavioral Health Patients**
   A. Update on Framework for Behavioral Health Crisis Response

8. **EMS Personnel**
   A. Paramedic Fee Structure

9. **Disaster Medical Services Division**
   A. Response to Storms, Earthquake and COVID

10. Election of Officers (March 2023 – March 2024)
Chair
Vice Chair
Administrative Committee Members (*2 total: 3rd Admin Committee member is always the immediate past chair*)

11. Items for Next Agenda

12. Public Comment

13. Adjournment

A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at www.emsa.ca.gov. This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact executive.assistant@emsa.ca.gov , no less than 7 days prior to the meeting.

MEETING

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

EMERGENCY MEDICAL SERVICES AUTHORITY

COMMISSION ON EMERGENCY MEDICAL SERVICES

HOLIDAY INN OAKLAND AIRPORT

77 HEGENBERGER ROAD

OAKLAND, CALIFORNIA

WEDNESDAY, DECEMBER 14, 2022

10:00 A.M.

Reported by: Ramona Cota

APPEARANCES

COMMISSION MEMBERS

Atilla Uner, MD, Chair

Sean Burrows, Vice Chair

Steve Barrow

Curtis Brown

James Dunford, MD

Marc Gautreau, MD

Travis Kusman

Lydia Lam, MD

Ken Miller, MD, PhD

Masaru “Rusty” Oshita, MD

Paul Rodriguez

Carole Snyder

Kristin Thompson

Todd Valeri

APPEARANCES

EMSA STAFF

Elizabeth Basnett, Acting Director

Brian Aiello, Chief Deputy Director

Hernando Garzon, MD, Medical Director

Kent Gray, Regulations Manager

Craig Johnson, Chief, Disaster Medical Services Division

Kim Lew, Chief, EMS Personnel Division

Julie McGinnis, HIE Grant Program Analyst

Tom McGinnis, Chief, EMS Systems Division

ALSO PRESENTING/SPEAKING

Tanir Ami
CARESTAR Foundation

Barbara Bond, MD
Sutter Health

Rose Colangelo
Sutter Health

Brian Hartley
Bound Tree Medical

Danielle Pearson
Chula Vista Fire Department

Ray Ramirez
California Fire Chiefs Association

Julie Rossi
California Emergency Nurses Association

Amanda Ward
Crafton Hills College

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PROCEEDINGS

10:00 a.m.

CHAIR UNER: Good morning and welcome everyone. My name is Dr. Atilla Uner and I am the Chair of the Commission on Emergency Medical Services. I would like to welcome you to the Commission on EMS meeting of December 14, 2022 and I will call the meeting to order now at 10:00 a.m. To begin let us all rise for the Pledge of Allegiance.

(The Pledge of Allegiance was recited.)

CHAIR UNER: Thank you everyone. For the Commissioners, please understand you have to do what I am doing and keep your finger on this button, otherwise the microphone switches itself off.

And everyone else please be sure you have your phones on mute to avoid background noise. Thank you very much.

We are returning to an in-person format this. This meeting is being conducted in person. Members of the public who wish to comment during the public comment portion of the meeting may do so in person at today's meeting location. To efficiently manage the meeting's public testimony, EMS Authority has provided the public with the opportunity to directly address the Commission before or during the meeting pursuant to Government Code Section 2011125.7. The Commission will consider all submissions of

comments or questions on specific agenda items or topics within the Commission's subject matter jurisdiction.

If any audience member here today would like to make a public comment or pose a question during the meeting, please do so by raising your hand to be called upon to speak when the agenda item is open for public comment.

The complete agenda packet and meeting materials are available online at emsa.ca.gov/ems_commission_meetings.

Please understand we have a very full agenda so I will hold you to the two minute limit. Please concentrate and pack all the punch you have into 120 seconds so that we can all get done on time.

The first order of business is to call the roll. Commissioners, please unmute yourselves to respond and then mute yourselves again after responding. And I apologize, we will go out of alphabetic order here.

Commissioner Dunford?

COMMISSIONER DUNFORD: Present.

CHAIR UNER: Commissioner Brown?

COMMISSIONER BROWN: Present.

CHAIR UNER: Commissioner Barrow?

COMMISSIONER BARROW: Present.

CHAIR UNER: Commissioner Burrows?

VICE CHAIR BURROWS: Present.

CHAIR UNER: I believe Commissioner Giandomenico

is excused. I believe Commissioner Gordon is excused.

Commissioner Thompson?

COMMISSIONER THOMPSON: Present.

CHAIR UNER: Commissioner Oshita?

COMMISSIONER OSHITA: Present.

CHAIR UNER: Commissioner Lam?

COMMISSIONER LAM: Present.

CHAIR UNER: Commissioner Miller?

COMMISSIONER MILLER: Here.

CHAIR UNER: I believe Commissioner Relucio is excused.

Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: Here.

CHAIR UNER: I believe Commissioner Pierce is excused.

Commissioner Snyder?

COMMISSIONER SNYDER: Present.

CHAIR UNER: I believe Commissioner Suver is excused.

Commissioner Valeri.

COMMISSIONER VALERI: Valeri here.

CHAIR UNER: Commissioner Kusman?

COMMISSIONER KUSMAN: Present.

CHAIR UNER: Commissioner Gautreau?

COMMISSIONER GAUTREAU: Present.

CHAIR UNER: And Commissioner Uner is present so I believe we have a quorum. We are duly constituted to conduct business. I am going to switch my hand.

Before we get to the agenda I would like for us all to recognize Chief Deputy Director Louis Bruhnke who participated in many EMS Commission meetings and pre-meetings and post-meetings and was a familiar face to this Commission. As recently as two months ago he wrote some comforting words in response to one of our Commissioners who shared a story of personal tragedy. Sadly, Mr. Bruhnke passed away recently and I would like to ask for a minute of silence for Chief Deputy Director Louis Bruhnke.

(A moment of silence was observed.)

CHAIR UNER: Thank you all. I think it is important to remember each other's humanity so we can conduct the people of California’s business in a collaborative fashion, which we have all done all these years.

We will move on to Agenda Item number 2, Review and Approval of September 22, 2022 Minutes. That is the first order of business. The minutes are online for review. Any discussion among Commissioners?

COMMISSIONER DUNFORD: Move for approval.

CHAIR UNER: Seeing none, I need to get public comments first.

Seeing none, is there a motion to approve?

COMMISSIONER DUNFORD: I.

CHAIR UNER: Commissioner Dunford. Is there --

COMMISSIONER SNYDER: Snyder second.

CHAIR UNER: Commissioner Snyder second.

Do we have to do a complete roll call or can we do abstentions here? Complete roll call? A complete roll call is needed. **Commissioner Dunford?

COMMISSIONER DUNFORD: Aye.

CHAIR UNER: Commissioner Brown?

COMMISSIONER BROWN: Aye.

CHAIR UNER: Commissioner Barrow?

COMMISSIONER BARROW: Aye.

CHAIR UNER: Commissioner Thompson?

COMMISSIONER THOMPSON: Aye.

CHAIR UNER: Commissioner Burrows?

VICE CHAIR BURROWS: Burrows, aye.

CHAIR UNER: Commissioner Oshita?

COMMISSIONER OSHITA: Aye.

CHAIR UNER: Commissioner Lam?

COMMISSIONER LAM: Aye.

CHAIR UNER: Commissioner Miller?

COMMISSIONER MILLER: Aye.

CHAIR UNER: Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: Aye.

CHAIR UNER: Commissioner Snyder?

COMMISSIONER SNYDER: Aye.

CHAIR UNER: Commissioner Valeri?

COMMISSIONER VALERI: Abstain, I wasn't present.

CHAIR UNER: Commissioner Kusman?

COMMISSIONER KUSMAN: Aye.

CHAIR UNER: Commissioner Gautreau?

COMMISSIONER GAUTREAU: Aye.

CHAIR UNER: Uner is, aye. That gives me 13 ayes, one abstain, the motion passes.

The next item on the agenda is Review and Approval of the October 13, 2022 Special Meeting Minutes. That was the meeting where we looked at the new regulation wording on AB 1544. Any discussion among Commissioners?

Seeing none, any members of the public want to comment?

Seeing none, can I have a motion?

COMMISSIONER BARROW: Motion to pass.

CHAIR UNER: Commissioner Barrow motions to approve, Commissioner Gautreau second. We will do the vote again. Commissioner Dunford?

COMMISSIONER DUNFORD: Aye.

CHAIR UNER: Commissioner Brown?

COMMISSIONER BROWN: Aye.

CHAIR UNER: Commissioner Barrow?

COMMISSIONER BARROW: Aye.

CHAIR UNER: Commissioner Burrows?

VICE CHAIR BURROWS: Abstain.

CHAIR UNER: Commissioner Thompson?

COMMISSIONER THOMPSON: Aye.

CHAIR UNER: Commissioner Oshita?

COMMISSIONER OSHITA: Aye.

CHAIR UNER: Commissioner Lam?

COMMISSIONER LAM: Abstain, wasn't there.

CHAIR UNER: Commissioner Miller?

COMMISSIONER MILLER: Aye.

CHAIR UNER: Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: Aye.

CHAIR UNER: Commissioner Snyder?

COMMISSIONER SNYDER: Snyder, aye.

CHAIR UNER: Commissioner Valeri?

COMMISSIONER VALERI: Valeri, aye.

CHAIR UNER: Commissioner Kusman?

COMMISSIONER KUSMAN: Aye.

CHAIR UNER: Commissioner Gautreau?

COMMISSIONER GAUTREAU: Aye.

CHAIR UNER: And Uner is, aye. That gives 12 ayes, 2 abstains, the motion passes.

The next item on the agenda is the Director's Report. Director Basnett.

ACTING DIRECTOR BASNETT: Yes, good morning, Mr. Chair and Members. So I am not going to defer my report today. I do, I do want to provide a comprehensive report this morning. I don't know if you guys remember but a year ago at this Commission meeting it was my first Commission meeting with you all and I laid out three goals for EMSA in 2022. I want to talk about those goal goals, where we have been, and then I want to be very transparent and obviously open to feedback on where we are going for 2023.

So I think the first goal that we laid out for EMSA and for the California EMS system was really around strategic planning. I know many of you have been a part of this but between the APOT Committee and internal strategic planning within our department and external strategic planning and all the one-off meetings that we have had around regulations and a lot of different things I think we have really held true to that goal to really move collectively the EMS system forward in a vision that, that is comprehensive.

And so, you know, I am proud to say that we will be hosting our final strategic planning meeting with the Advisory Committee in January. February we hope to, as we said we would, host the statewide listening session. And March is really when we look to publish that California EMS Strategic Plan. But then that leaves us, well, where are we

going the rest of the year? And I want to be, again, very transparent.

For 2023 this goal is going to shift from strategic planning to operationalization, right. We have APOT Committee recommendations. We will have a California EMS Strategic Plan. We currently have a new EMSA Strategic Plan for our department and things that we want to be better at and grow efficiencies. So this is, this is really important for us. I think you will see that culminate in the way that we engage with our committees and maybe establish new subcommittees that are specifically geared towards working, towards those goals and objectives. I think you will see us take a focused look on regulations and moving some of those off the books and make sure that we get them completed to move the EMS system forward.

The second goal that we talked about a year ago was data and technology. I think there has been a lot of movement there as well in the last year with the California EMS Information System, I think we have seen legislation come out around the Data Exchange Framework, and I think we are going to continue down that path.

So, you know, COVID was a great catalyst for change here in California and I know that -- I believe the second greatest catalyst for change really is the ability to tell an effective story through the data. So we are going

to continue to focus on data compliance for the California EMS system, continuing to enhance our analytics. We are going to really hone in on the real time data discussion here in California for a common operating picture for disaster management. And we are going to continue to focus on retrospective and outcome data with some level of health information exchange that is laid out in the Data Exchange Framework. So these are going to be things that you see us take a concerted and focused effort on in 2023 working towards goal, goal two.

And then goal three, really I think it comes naturally when you are doing the first two but I absolutely think it is worth noting and saying is that we are going to continue to build partnerships, be collaborative, and continue to orient ourselves towards service. We are an Authority, we do regulate. It is very important for Californians and patient care that we uphold those regulations. But it is also very important for us to remember that we are a service organization. We serve the patients, we serve the paramedics, the EMTs, the administrators, the medical directors, and so we are really going to try to continue to hold true to that as well as we move forward into 2023.

So again I think, as everyone knows, the last year working together I am always eager to, to learn and hear new

perspectives and always enjoy being challenged with a new perspective. But these are the three things that that we are going to stay true to and move towards in 2023. So with that I turn it back to you, Mr. Chair. Thank you, Director Basnett. Any discussion among Commissioners?

Seeing none, any remarks from members of the public?

Seeing none, thank you, Director Basnett.

We move on to Agenda Item number 5, the Consent Calendar, which consists of the Administrative and Personnel Report, Legal Report and Enforcement Report. Those are part of your package. Any discussion among Commissioners about the Consent Calendar?

Seeing none, any members of the public want to comment?

Seeing none, can I have a motion?

COMMISSIONER BARROW: I'm move to pass the Consent Calendar.

CHAIR UNER: Commissioner Barrow moves to approve the Consent Calendar. A second?

COMMISSIONER BROWN: Second, Brown.

CHAIR UNER: Commissioner Brown, thank you very much, a second by Brown. We will do a roll call. Commissioner Dunford?

COMMISSIONER DUNFORD: Aye.

CHAIR UNER: Commissioner Brown?
COMMISSIONER BROWN: Aye.
CHAIR UNER: Commissioner Barrow?
COMMISSIONER BARROW: Aye.
CHAIR UNER: Commissioner Burrows?
VICE CHAIR BURROWS: Aye.
CHAIR UNER: Commissioner Thompson?
COMMISSIONER THOMPSON: Aye.
CHAIR UNER: Commissioner Oshita?
COMMISSIONER OSHITA: Aye.
CHAIR UNER: Commissioner Lam?
COMMISSIONER LAM: Aye.
CHAIR UNER: Commissioner Miller?
COMMISSIONER MILLER: Aye.
CHAIR UNER: Commissioner Rodriguez?
COMMISSIONER RODRIGUEZ: Aye.
CHAIR UNER: Commissioner Snyder?
COMMISSIONER SNYDER: Snyder, aye.
CHAIR UNER: Commissioner Valeri?
COMMISSIONER VALERI: Valeri, aye.
CHAIR UNER: Commissioner Kusman?
COMMISSIONER KUSMAN: Kusman, aye.
CHAIR UNER: Commissioner Gautreau?
COMMISSIONER GAUTREAU: Aye.
CHAIR UNER: And Uner is, aye. That's 14 ayes,

the motion passes.

COMMISSIONER DUNFORD: Mr. Chair, could I back up and just make a comment?

CHAIR UNER: Please do.

COMMISSIONER DUNFORD: Yes, this is Jim Dunford. I just wanted to go back again to the objectives. I really am so much in favor of where you guys are going from the strategic plan to actually operationalizing things; and I think it is real important when people think about what the state is doing in terms of the information exchange and the data framework that is being established. You know, all hospitals, all clinics, everybody is going to have to be, they all have had to sign on to uniform bidirectional information exchange, clinics, doctors and so forth; a year from now the same will be true even for behavioral health providers. And it is really incumbent that EMS be part of that process evolving. It is all part of the strategy of kind of making a whole person care program and EMS needs to absolutely lead or follow but definitely not get out of the way.

CHAIR UNER: Thank you, Commissioner Dunford.

Any further discussion, Commissioners or public? Thank you again.

With that we will move on to the Regular Calendar, Agenda Item number 6, EMS Administration. The Legislative

Report. EMSA's Legislative Report is available online at emsa.ca.gov/legislative_activity and you will also find it in the link in the meeting materials. Is it Mr. Kent Gray, Regulations Manager, who is going to present this?

REGULATIONS MANAGER GRAY: I believe so. I believe I am going to be here for a little bit so I will just move in. My second home.

Good morning, Commission. My name is Kent Gray. I am Regulations Manager; I am also overseeing legislation at this time for EMSA.

The new session has officially begun last Monday on December the 5th.

The legislature will really convene on Wednesday, January the 4th and begin full operations at that time.

The first important deadline will be February the 17th. That is the deadline for all bills to be introduced. So by the end of that Friday all bills will have to be introduced and nothing else can be introduced until the 2024 season.

Two bills have already been introduced by Assembly Member Rodriguez that we are watching very closely and will be very involved in throughout this session, they are AB 40 and AB 55. One of the bills addresses the issue of APOT. The other bill, most of it addresses Medi-Cal and transportation costs for ambulance services. However, there

is a portion at the very beginning of the bill that addresses to EMSA and the LEMSAs regarding creating a fair wage guideline, as it were, for EMT Is and IIs.

That is the early state of legislation as we just get started, if there any questions.

CHAIR UNER: Commissioner Barrow.

COMMISSIONER BARROW: So, Commissioner Barrow. I have a comment about this session is an extremely important session coming up. A third of the Assembly Members turned over, as Mr. Gray knows, and most of those new members have no idea about what EMS is or anything but they will have our future in EMS in their hands. And so it is really incumbent upon, I believe, LEMSAs and the local medical directors and stuff go meet your legislator. A lot of times that doesn't happen. And talk to them and let them know so that they understand the importance of EMS across California.

The other thing that is going to happen is our Speaker of the Assembly is turning over. Assembly Member Robert Rivas who is from the Central Coast area, in Commissioner Miller's area, is somebody that has been carrying legislation that is important to prevention for children, teens and youth, but we have met him. I know that he is probably really open to meeting and learning more about what is coming up with EMS, like the sunset date on 1544. We really need to take some time as a Commission to

educate, provide him with education.

He will appoint a lead staff person. We don't know who that is going to be yet. He doesn't take over until June. But it is really incumbent upon us to meet with him and not just kind of like be this, you know, thing that comes up and then we have to ask him after the fact when things are happening. We have six months before he takes over. This is a very good time to meet with Assembly Member Rivas, and to-be Speaker Rivas. That is the third-most powerful politician in the United States when he takes that reins because of the size of our state, the size of our economy. It is an incredibly important position. And we have an opportunity right here because of some of our relationships with him to have him fully on board and a partner with him. So, you know, instead of waiting move now to meet with him, especially about things that need to be operationalized that might take legislative help or budget help. This is the time to get him ready. Okay.

CHAIR UNER: Thank you, Commissioner Burrow. Other Commissioners? Commissioner.

COMMISSIONER GAUTREAU: A quick question, Kent. And I'll forgive you if you don't necessarily have the answer to this. But you mentioned issuing guidelines regarding compensation for EMS personnel. What does that mean in terms of how much authority the legislature has in

affecting compensation for EMS personnel, or how much authority they perceive that they have?

REGULATIONS MANAGER GRAY: That's an open-ended question and a very good one that's going to be playing out throughout this legislative session as different interest groups argue that exact point as it goes along.

The idea is that it is set up to be set at a local level. That's why the EMSA would be working with the LEMSAs so that -- because the cost of living in Los Angeles and the cost of living in Weed are not the same and therefore the compensation reflect along those lines. So those are the excellent questions that are going to be addressed through this session.

CHAIR UNER: Thank you so much, Kent Gray. Of course, money that is being spent on wages also needs to come from somewhere, right. So that is going to be another local discussion, I am sure. Commissioner Thompson.

COMMISSIONER THOMPSON: I would just like to comment on the APOT Committee and all your recommendations that came out of that committee and the people that sat on that committee, many of who are in this room. It was really nice to read through AB 40 and see the recommendations that were made by that committee, voted on by that committee, to actually end up in legislation. And it is amazing that we are talking about a bill that has already come out and this

discussion started -- when we know it has been happening for decades but something actually happened in less than a year. It is just phenomenal. So thank you to all those on that APOT Committee, it is great to see them legislation.

CHAIR UNER: Thank you, Commissioner Thompson. Any further Commissioners?

Seeing none, any members of the public?

Seeing none, Mr. Gray.

REGULATIONS MANAGER GRAY: I will move on to regulations momentarily. I just wanted to mention that the leg activity report hasn't been updated yet to reflect these new things. It will be before the end of the year. And we will be starting once again our weekly updates of that material as we move in, which will become very important with the February outburst of bills that will be introduced.

CHAIR UNER: Thank you. And so to be clear, if it is not on the website it is AB 40 and AB 55; did I get that correct?

REGULATIONS MANAGER GRAY: Correct. Correct. And that will be up shortly.

Very well, moving on to 6.B and Regulations. The report for this, this session is actually quite exciting. We have been doing a fair amount of work internally.

Let me start by following up from the special session from October and the approval of the CPTAD

regulation package, which was approved by OAL and through good cause was allowed to go into effect on November the 1st of this year. So those regulations are in effect already at this point in time.

We will be touching on paramedic fees as a separate item here a little bit further on so I will skip past that for the moment.

We have been having a number of conversations internally for this 2023 year for regulations. We have a very robust schedule planned. I was just counting on my home away from home here, we have 10 packages for which we have set deadlines through the first nine months of this year to be moving within internally. So when it says in development it really is going to be in development.

And one of the things I can say is the medications administered package, which we have discussed, is in its last step internally and will be moving on for approvals and we are very hopeful that that will actually be being noticed in the first quarter of 2023.

So all of the items you see in your materials are truly in development, are moving at this point in time. And we are going to be aggressively pursuing and very motivated in moving these forward, many of these this year and on into next year because the list is that long.

CHAIR UNER: Thank you so much. Any discussion

among Commissioners? Commissioner Thompson.

COMMISSIONER THOMPSON: I just had a question on the dispatch. Are we looking at 2023 or 2024?

REGULATIONS MANAGER GRAY: That is on the deadlines in the first ten group. It is for later on this year but it is in the 2023 group.

CHAIR UNER: Thank you. Any further Commissioners? Commissioner Burrows.

VICE CHAIR BURROWS: Chapter 13 regulation package this year as well?

REGULATIONS MANAGER GRAY: Is on the top of the list.

CHAIR UNER: I see you no further Commissioners. Any members of the public who wish to comment? Seeing none thank you so much.

We will move on to the approval of the paramedic fees and that is a voting item for the Commissioners.

REGULATIONS MANAGER GRAY: Yes, it is.

CHAIR UNER: I don’t know who is going to present it. Mr. Gray?

REGULATIONS MANAGER GRAY: Yes, thank you. As I said, hello again. This is a fairly straightforward regulation package. It is just -- it is changing the licensing fees for paramedics, all different types of licensing from initials, renewals and reinstatements.

This change and increase is necessary to maintain the EMS Personnel Fund, which EMSA is responsible for and responsible for maintaining its solvency with a minimum of a 5 percent reserve as provided by Health and Safety Code 1797.112, I believe. And so this is necessary because of increasing expenditures based on AB 450 from the 2020 session. Is that correct? It's 2020 or 2021. It was 2021, my apologies. It was 2021, it was the first year of the session, thus the low number. Which instituted the new Board of Appeals for the paramedic process, which will be coming online January 1st. Those expenditures are coming from the EMS Fund, therefore it was necessary to create this offset. And other than that it's very simple package.

CHAIR UNER: Thank you so much.

Any discussion among Commissioners? Please, thank you.

COMMISSIONER VALERI: Commissioner Valeri here. With respect to these fees, has the analysis of the cost and the associated offset with the fees been made public? I don't recall seeing it.

REGULATIONS MANAGER GRAY: I am not sure that the 399 is a public document. It is a Finance document that we are required to do and do that. And Finance must approve that document prior to OAL approving any regulations package. A 399 will not be -- is a economic and fiscal

impact that is required with all regulatory packages that it goes through. And therefore there was a rather extensive 399 obviously on this laying out the projected expenditures and the needs for the increased income. The 399, I can tell you, is a part of the final rulemaking file, which once approved by OAL is a public document. So I am not sure of its public status at the particular moment but I am sure that it would become a public document upon approval.

COMMISSIONER VALERI: To follow up on that, $65 per paramedic. There are a whole lot of paramedics in California. That is going to generate a lot of, a lot of revenue. I would be very interested in seeing the detail on this and whatever is available I'd appreciate if it could be provided.

REGULATIONS MANAGER GRAY: Okay. I can give you a rough number if you would like that upfront.

COMMISSIONER VALERI: Please.

REGULATIONS MANAGER GRAY: Because the licenses are good for two years so that's every other year that they are, they are paying so on an annual it's 32.50 per. Our estimation for the cost of the board and the personnel is at $750,000. And that's the layoff. We have to come up with $750,000 per year more. And the number of paramedics, that's how it equates out approximately.

COMMISSIONER VALERI: Okay, thank you.

REGULATIONS MANAGER GRAY: You bet.

CHAIR UNER: Commissioner Gautreau.

COMMISSIONER GAUTREAU: So the two year, the two year term, is that encoded in legislation or in regulation, and would there be both fiscal and just convenience in extending that to three years, reducing the burden on the Department and on individual providers?

REGULATIONS MANAGER GRAY: Well, the burden would only be deferred by, frankly, making the charge another 50% more because the annual income is what is necessary along the way. So whether you are renewing every two years or every three years, the amount that we need to generate as an annual level still has to, has to be maintained to maintain all of the operations. As far as whether it is in regulations or statute, I would defer to Personnel Chief Kim Lew as to that status, I am not 100 percent certain and wouldn't want to give incorrect information. But as far as moving the date go and its impact financially, it wouldn't, it would just be a bigger sticker shock every three years instead of every two.

CHAIR UNER: Thank you. I will just intersperse something and then we will go on. If I read this correctly, the initial paramedic licensing fee increases from 300 to $365, that is a $65 increase; but then the out-of-state increases by 115. The on-time renewals increased by 115,

the reinstatements increased by 115 and the initial challenge exam have increased by $115. So did I read that correctly or am I incorrect?

REGULATIONS MANAGER GRAY: I am afraid you may have a copy -- and I am going to pull up here, which is why I brought this with me. There was an error in the document when it was originally placed out that had not included the $50 increase that had happened over the 2020 and 2021. So what you are really seeing is the jump along the way there because in that -- because it was staggered. You are seeing that $50 because instead of dates we just wiped all of that language out and just reset and said, the fee is.

CHAIR UNER: Okay, copy. So the increase will be $65 across the board for any of these?

REGULATIONS MANAGER GRAY: From what it currently is, yes, sir.

CHAIR UNER: Okay. That's important for the Commissioners to understand since we will be voting on it. Commissioner Barrow.

COMMISSIONER BARROW: Yes, I just want to point out, in the past I have worked very closely with the legislature and the governor on other discipline board and the fees for different kinds of professionals. And I can tell you that if you don't keep your fees at a level that keeps the system well-funded, not overfunded but well-

funded, you can get in a lot of trouble, which harms both those that are being accused of anything and those that are trying to rectify the situation. So it is really important to make sure that this fee keeps up with the true costs.

And I agree with Commissioner Valeri, you have got to really track that, what does it really cost? And so that should be as soon as possible made public so we can keep that, that balance.

CHAIR UNER: Thank you, Commissioner Barrow. Any other Commissioners? Commissioner Burrows.

VICE CHAIR BURROWS: Yes, thank you. Just, you know, I think certainly supportive of the paramedic review panel and understanding the components of needing to have enough revenue to support that through statute. I do want to just acknowledge, you know, while $65 may not seem like a lot, we are all discussing the challenges of recruiting new paramedics into the system and we don't want those to be barriers into the system.

So I think that it could be helpful to at least have some sort of generated report annually come back to the Commission to look at to see, is the $65 appropriate? Is the fee structure appropriate? Are we still seeing new medics come into the system? People leaving the system? So I don't know if I need to make a motion on that, Mr. Chair, or just request through staff. But I think perhaps the

December Commission meeting could be helpful to have a report on just annual paramedic initial and re-licensure fees structures.

REGULATIONS MANAGER GRAY: And I can actually speak to Commissioner Barrows' statement because we did model our stuff off of the boards from Department of Consumer Affairs and worked closely with them in their costs and what it is costing them to, to do these as far as the operation of the board and then from there the staff is just what is set by the state of California.

CHAIR UNER: Thank you. So considering this discussion, if it is important to the Commission, then we need to make a motion. I would submit that there is a lot of revenue going in and out and we probably don't want annual reports on all of them but that is up to the Commissioners to decide. Any motion?

VICE CHAIR BURROWS: Yes, I would move that there is a report issued to the Commission in the December EMS Commission meeting on statewide paramedic initial and re-licensure fees.

COMMISSIONER BARROW: I will second that.

CHAIR UNER: So we have a motion by Commissioner Burrows and second by Commissioner Barrow. Any further questions before we vote? Go ahead, Commissioner Valeri.

COMMISSIONER VALERI: Valeri here. Is a vote

necessary today on this matter or could this be put off until our next Commission meeting to get more information? I specifically would like to see those calculations and how it was determined that $750,000 is necessary to fund a committee? At least that's my perspective.

CHAIR UNER: Commissioner Barrow.

COMMISSIONER BARROW: I think Mr. Gray has answered that question is that they looked at the other. There is a lot of licensing bodies in our state, consumer focused and the licensee rights focus, and I think that that was looked at. And you can get a good idea about what does it take and what does it cost so I think that that's been answered. If they have, if they have tracked the other licensing programs, there's many of them, and this like puts us in where that cost really is I think that has been answered. I agree with you that we need, we need a report to make sure that adjustments up or down are not necessary and so there isn't sticker shock of a big jump in too many years.

CHAIR UNER: Thank you. To clarify for the motion, are you guys requesting a annual report or is this a one-time December next year?

VICE CHAIR BURROWS: Annual.

CHAIR UNER: Annual report, okay. So we have a motion on the table and a second. Let's take a vote.

COMMISSIONER BARROW: Motion by Burrows?

CHAIR UNER: Correct. So to repeat, Commissioner Burrows moved for an annual report for paramedic initial and renewal license fees to be given to the EMS Commission, that's a financial report.

COMMISSIONER DUNFORD: This is Commissioner Dunford. Are we in line with most states in terms of what we will be assessing for fees?

CHIEF LEW: Good morning Commissioner Chair Uner and Commissioners and guests. My name is Kim Lew; I am the Division Chief at the EMS Authority EMS Personnel Division.

We have conducted some research on other states and their paramedic licensing. It varies greatly across the states. We are not the highest but we are also not near the lowest. So we are just slightly above the median when you are looking at other states.

CHAIR UNER: Thank you, Ms. Lew.

We already asked members of the public any further comments? Please go ahead.

MS. WARD: Good morning, Commissioners. My name is Amanda Ward; I am a paramedic program director in Southern California.

To Commissioner Burrows' point, the initial licensure costs are a barrier. They are an existing barrier currently for my paramedic students as they exit our

program. They are often battling food insecurities, homelessness. These are folks who do not typically have fire jobs or are employed by agencies that are going to shoulder the increase in these rates. At this current time as a student exits my program the cost is about $1,300 from state costs to National Registry exams, Live scans, certifications. It is expensive and this is coming at the tail end of an expensive program that they often cannot work full time through. I have had students tell me that they are going to have to wait several months before they can apply to the state or take these exams due to the costs. And I would appreciate if this group took into consideration that that is an existing barrier for the initial licensures. When I first started, to apply to the state was $150. $365 is a lot for these ladies and gentlemen as they are entering the workforce and I would greatly appreciate this group's consideration to see what can be done for those initial licensures. Thank you.

CHAIR UNER: Thank you so much for that comment. I will ask, are there any other funding sources? Probably a naive question.

REGULATIONS MANAGER GRAY: No, the fund sole source is from the licensing fees.

CHAIR UNER: Thank you so much. So I would like to move forward. First, I think we should take a vote on

approval or not approval of the paramedic license fees and then second we will take the motion, because if we don't approve the license fees there is no need for an annual report. Is there a motion to approve the license fees as proposed?

COMMISSIONER BARROW: I will make a motion to approve the fee increase.

CHAIR UNER: Thank you, Commissioner Barrow. Is there a second?

COMMISSIONER BROWN: Second, Brown.

CHAIR UNER: Than you, Commissioner Brown. So we have the motion to approve the proposed paramedic license fee increases. Commissioner Dunford?

COMMISSIONER DUNFORD: Aye.

CHAIR UNER: Commissioner Brown?

COMMISSIONER BROWN: Aye.

CHAIR UNER: Commissioner Barrow?

COMMISSIONER BARROW: Aye.

CHAIR UNER: Commissioner Burrows?

VICE CHAIR BURROWS: Aye.

CHAIR UNER: Commissioner Thompson?

COMMISSIONER THOMPSON: Aye.

CHAIR UNER: Commissioner Oshita?

COMMISSIONER OSHITA: Aye.

CHAIR UNER: Commissioner Lam?

COMMISSIONER LAM: Aye.
CHAIR UNER: Commissioner Miller?
COMMISSIONER MILLER: Aye.
CHAIR UNER: Commissioner Rodriguez?
COMMISSIONER RODRIGUEZ: Aye.
CHAIR UNER: Commissioner Snyder?
COMMISSIONER SNYDER: Snyder, aye.
CHAIR UNER: Commissioner Valeri?
COMMISSIONER VALERI: Valeri, no.
CHAIR UNER: Commissioner Kusman?
COMMISSIONER KUSMAN: Aye.
CHAIR UNER: Commissioner Gautreau?
COMMISSIONER GAUTREAU: Aye.
CHAIR UNER: And Uner is, aye. That makes 13 ayes, one nay, the motion passes.
And we will move on to the second motion by Commissioner Burrows, a move for annual report for paramedic initial and renewal license fees, and this is to be a financial report from the EMS Authority to the EMS Commission. Commissioner Dunford?
COMMISSIONER DUNFORD: Aye.
CHAIR UNER: Commissioner Brown?
COMMISSIONER BROWN: Aye.
CHAIR UNER: Commissioner Barrow?
COMMISSIONER BARROW: Aye.

CHAIR UNER: Commissioner Burrows?

VICE CHAIR BURROWS: Aye.

CHAIR UNER: Commissioner Thompson?

COMMISSIONER THOMPSON: Aye.

CHAIR UNER: Commissioner Oshita?

COMMISSIONER OSHITA: Aye.

CHAIR UNER: Commissioner Lam?

COMMISSIONER LAM: Aye.

CHAIR UNER: Commissioner Miller?

COMMISSIONER MILLER: Aye.

CHAIR UNER: Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: Aye.

CHAIR UNER: Commissioner Snyder?

COMMISSIONER SNYDER: Aye.

CHAIR UNER: Commissioner Valeri?

COMMISSIONER VALERI: Valeri, aye.

CHAIR UNER: Commissioner Kusman?

COMMISSIONER KUSMAN: Kusman, aye.

CHAIR UNER: Commissioner Gautreau?

COMMISSIONER GAUTREAU: Aye.

CHAIR UNER: And Uner is, aye. That's 14 ayes, the motion passes.

COMMISSIONER GAUTREAU (OFF MIC): Chair, may I comment?

CHAIR UNER: Please do.

COMMISSIONER GAUTREAU: Given the remarks that were just made that are, in my opinion, very, very valid, would it be possible for the Agency to look at restructuring not the total amount that needs to be collected but the -- not frontloading it so much, perhaps requiring less of a down payment. Because it is a lot easier for somebody to pay renewal fees once they are employed. But the huge upfront costs are clearly a barrier to entry and also, quite frankly, a barrier to diversity in our workforce, which is another major issue that we are facing.

ACTING DIRECTOR BASNETT: I think this is something we can take back. And just to put a finer point on it, the 750,000 is to fund the support of the Paramedic Disciplinary Review Board. It's three positions. So I think, you know, we are trying to be supportive, obviously, of that assembly bill and make sure that it goes in, but we will take it back. But we have upfront cost to make sure that that, you know, that board functions well and is supported by an attorney and things that they need to make that happen as well.

CHAIR UNER: Commissioner Barrow.

COMMISSIONER BARROW: Yes. Other agencies have gone to a situation where they -- and you might want to look at this is still in place, where entry level people coming in have either a payment system or a different kind of a

bench that they hit before they come in. So ongoing professionals are already working in and keeping in the system, it's easier for them to pay that, so the comments made by the public member was correct. But there are ways of mitigating that so that it's not such a barrier. You can -- but they are coming into a profession. Once they are in you want to know that they get their rights taken care of and you've got to pay for that. So, okay.

CHAIR UNER: Thank you, Commissioner Barrow. Yes, I agree, we talk about increasing the workforce and sponsoring students of disadvantaged backgrounds and this is a steep hill for them to climb. There are people out there for whom $10 make a huge difference and we acknowledge that. We also have to acknowledge we have to finance the new review board. So this is a difficult spot for us to be in. And if we can find a way to mitigate the effects, especially for the initial licensing fee, I agree that would be worthwhile.

COMMISSIONER THOMPSON: I just have a question. So if we voted on this and those fees as they stand, is there ability to go in and look at the initial fee versus changing it and increasing the renewal fee and lowering the initial fee? Or since we voted on this is that the fee structure that is set?

ACTING DIRECTOR BASNETT: That's the fee structure

that's now set but it doesn't mean that it can't be revisited. We can open -- we can open regulations at any time if we go back and were to see a tremendous savings or if we restructured.

CHAIR UNER: Thank you, Director Basnett.

Any further discussion among Commissioners? Commissioner Barrow.

COMMISSIONER BARROW: Yes, sorry to belabor this but, you know, we can make -- I would think that we could make a motion to say, ask the Commission administration to look at what would the cost be to the system if and how many people are entering in over a year's time span licensure. And what would be if we provided them some kind of a way of getting in, like a lower benchmark that they then pay off halfway through the first year of their licensing. And then get a, by no later than June meeting, have a report back. And then we could consider, as a Commission we can consider a motion that asks for, let's have an entry level means of getting them in without burdening and keeping especially low income, new members out. So I don't, I don't think that historically when you look at research on this, I don't think you find that the barrier actually keeps people out that really want to be in. But, but it is worth looking at and making sure that we are not creating that barrier.

CHAIR UNER: If correct, we did just approve the

current fee structure, right? So that's what it is as of now? I think it can always be brought back up. I don't know what the implications are of getting the initial fee lowered and then the renewal fee increased. I don't know what that would cost.

REGULATIONS MANAGER GRAY: From costs, you know, obviously I would defer and they would have to look into it. But I do want to speak quickly to Commissioner Barrow's point. I mean, these are wonderful ideas, but as a state entity we can structure the fees but we cannot be extending credit to a level, and so that becomes problematic as a state entity.

CHAIR UNER: Commissioner Barrow.

COMMISSIONER BARROW: Sorry. So the term he just used of structuring the fee is what I think is something we should be looking at. Not providing, you don't want to set it up credit, but a structuring of the fee was what I was talking about.

CHAIR UNER: Correct. So the vote stands. Maybe we should see if we can, we have an agenda item at the end, agenda items for the next meeting, and we should revisit it at that point.

REGULATIONS MANAGER GRAY: Thank you all very much.

CHAIR UNER: Thank you for being in the hot seat

so long.

REGULATIONS MANAGER GRAY: It's fun.

CHAIR UNER: We will move to Agenda Item number 7, EMS Systems, Ambulance Patient Offload Time Report, Chief Tom McGinnis.

CHIEF MCGINNIS: Good morning, Doctor Chair, and Members of the Commission. I am Tom McGinnis, the Chief of the EMS Division for the EMS Authority. Two items for you today.

The first one is an update on where we are at with all things APOT. A couple of items in the memo and the documentation you were provided. Something to make note of with the APOT reporting. We do still show the scale that the Commission recorded some time ago and request that we basically continue to show at least one running year at all times. We are actually maintaining all the way back to 2019 going forward and we can easily continue to do that just to maintain the status of showing what the history was from reporting all the way to what it is currently. The reporting is going very well with the local EMS agencies. We have worked through some dynamics of folks having problems submitting the data to us and it is going very well for us to get the data in place.

Long-term APOT reporting. We did make note to you folks not too long ago that APOT reporting is going to begin

to be done electronically through our California EMS Information System beginning January 1 of this coming year. So just in a few weeks from now we will start looking at the electronic version that we get into CEMSIS of these numbers. The reason we went this direction was, frankly, there was a vision many, many years ago with CEMSIS to try to use it for this exact kind of purpose. We want to try to, excuse me, lessen the workload, if you will, paper documents and things that are very cumbersome and hard to work with. This allows us to use an electronic system that we have in place that has the information in it to fit the purpose. It also gives us the ability to use the documentation on a ready basis. While we will continue to report out and look at this more formally on a quarterly basis, should there be a spike or a need say in the middle of a quarter, in the middle of a time period, having the information electronic allows us to look at it almost ready time.

And we will start that, again, January 1. However, the reporting criteria, the way things work because the local EMS agencies report basically a quarter behind, we will not actually see the first report of electronic data for some time, but it will come into the system that way beginning January 1.

One item to note on the specifications related to APOT, we have a Data Advisory Group that did look at the

APOT elements and there were some cleanup changes, I will call them. They were very minor in nature that basically allowed us to use the data elements that are in CEMSIS and make things a little more refined so they are a little clearer on what the data is actually showing us. We did evaluate some test information with that and it looks very good. So what we will do is we continue to get the data through the CEMSIS system is we will monitor and make sure that the measures are in fact recording appropriately. And if we have to make adjustments, we will have our Data Advisory Group help us make those kinds of decisions.

The entire detailed report for the year is in your document, very lengthy. But it is something that if you would like to look at a given area or a given situation you are more than welcome to do so. And with that, gentlemen, ladies, I will submit the report on APOT.

CHAIR UNER: Thank you, Chief McGinnis. Any discussion among Commissioners? Commissioner Barrow.

COMMISSIONER BARROW: Yes. Mr. McGinnis, when you read through the report, it is a lovely report to read late at night when you are having trouble sleeping. (Laughter.) But it really points out, I liked the visual of the different hospitals over the last couple of years. There are some hospitals that just continue to jump up and jump up. Is there, can you remind us of what is, what we can do

or what EMSA is doing working with those hospitals as far as is there a troubleshooting body that can kind of swoop into hospitals that are just continuing to jump up to understand? It may be that they have more mental health or other kinds of patients and that explains a lot of, a long APOT. But there are some hospitals that are just, you know, they continue to jump. How do we -- what is going on going forward to work with those hospitals to see if there's anything that can be done? And I am not talking about punishment, I am talking about, you know, collaborative effort.

CHIEF MCGINNIS: So response through the Chair to Dr. Barrow. Let me have one crack and then I am going to let Acting Director Basnett also weigh in on the issue. So yes, we do see that sometimes there are spikes in things and we do monitor that some of the hospitals do have situations where the trends remain, I am going to say relatively consistently high. But then we do also note instances where all of a sudden things seem, I am going to call it, I hate to use the word stable in this environment. But they seem at a status quo more or less and then all of a sudden you see a sharp rise. So in situations like that we do work with the local EMS agency who then works with the hospitals. We don't actually have a direct engagement with the hospitals, we don't do the contracting with them. So we do

work with our local EMS agency partners and they help us try to determine what is going on in the arena.

Frankly, we have found situations in the past, which leads back to my comment a minute ago, about refining the data, the element tools, is that sometimes the data just gets off and so we want to make sure that the data is in fact correct as well. And, Acting Director Basnett.

ACTING DIRECTOR BASNETT: You did a great job, sir, as always. The only other thing that I would add is EMSA in our partnership with CDPH, you know, we do have a technical assistance team now as we move into the winter. And so as we see these huge spikes not only EMSA working with the LEMSAs but then a partnership with CDPH and CHCQ to go out, provide technical assistance, just remind hospitals of different tools in their toolbox as well. But again, we try to promote that local collaboration, not step into to the two-tiered system that is, you know, locally controlled, but try to, try to do that on both sides.

CHAIR UNER: Commissioner Snyder.

COMMISSIONER SNYDER: Good morning. Thank you for the report. I do have a question on LA County's data. Are they going to be able to submit to CEMSIS in January? I think they have been having a problem getting their data through that system. That is question one.

The second question is, this data is different

than what I see submitted from our LEMSA to the LA County Commission. Fifty percent of LA County Fire's records are invalid. LA County Fire. LA City Fire usually show 100 percent valid records. So that is something I am concerned with. You know me and the data. I just think we need to look at that a little closer.

ACTING DIRECTOR BASNETT: So we are working closely with LA County to get -- with the LA Local EMS Agency to get that data submitted. With CEMSIS coming in-house moving from ICEMA to management under EMSA, we want to make sure the system is stabilized and that go-live date for the management under us is January 23 and we know and are working with them there to try to get the data.

In terms of the invalid records, it may be something we have to take back unless Chief McGinnis has anything to add.

CHIEF MCGINNIS: Response to Commissioner Snyder. So, go Browns. (Laughter.) Past that. I am a Cowboys fan and she made note of that last night, by the way. (Laughter.) Anyway, folks. Commissioner, yes, that is something that we have heard about, but unfortunately not getting the data directly from the providers or not getting it from the LEMSA this is very hard for us to make an assessment on whether that is, again, is it a data entry error, is it a factual error where records aren't coming

through? We really don't have enough knowledge simply because we don't have the information.

COMMISSIONER SNYDER: Once again, it is still concerning because it is invalid data. And then we are going to move to legislation that hits hospitals, fines and stuff like that. That's where this is headed. So the data needs to be correct.

CHAIR UNER: Thank you, Commissioner Snyder. Commissioner Valeri.

COMMISSIONER VALERI: Mr. McGinnis, fantastic report and it is very exciting to hear the efforts that the EMS Authority and others are making to ensure the integrity of the data. I think that is very important work. You had made mention in your report about a cleanup of the data and I would like to hear a little more about what that means. Is it inclusion and exclusion criteria being defined? And I am saying this from the perspective of the representative for the California Ambulance Association where we represent a large group of providers. And getting the data right the first time is very important to all of us and I would like to know what I can take back to our group that may be actionable.

CHIEF MCGINNIS: Response through the Chair to Commissioner Valeri. We agree with you completely, sir. So when we first started with the APOT specifications we used

the CEMSIS elements because those are the items, we knew that we had a long term to put this within our CEMSIS system. So we looked at the data elements and determined with a workgroup of stakeholders, we had a multidisciplinary group help us out with that, and we decided on the elements that we would use to assess.

As we went forward where we started finding abnormalities, and we have said a little bit about that right now, the group went back and looked and said, well, if we take this element and use a different value in the element or change the way the element is sequenced within the reporting of the data, we get a more positive reading on the data. And sometimes until we actually put data into a system and start looking at it, we really don't know if our, if our first shot was correct and so sometimes we have to reload and take an additional one and that's what we have done here in order to try to clean it up.

CHAIR UNER: Thank you. Commissioner Dunford.

COMMISSIONER DUNFORD: Tom, do we have enough data to say if we are getting better or worse, statewide? I mean, these are the numbers from calendar year 2021, is that right? And we do have information back to 2019. Are we able to analyze whether there are trends of improvement by county or you know, by year across the state or are we actually getting worse?

CHIEF MCGINNIS: So response to Commissioner Dunford. Sir, I am going to break your question down in two segments, if you would, please. So in overall, as far as submission of the APOT data goes, we are absolutely getting better. We have worked through the dynamics of this with the local EMS agencies and we are absolutely getting more of the data in. So I think in that regard we are leaps and bounds from where we started.

The second piece of this is, are we getting better as far as monitoring the times? I think the answer is yes because we are getting the data. But as far as the system overall with APOT any better globally or any worse globally. It is given a dynamic of where are we at in the world with sickness, with COVID, with all these other things. So it is really difficult to say with any certainty, yes, we are absolutely better overall, that APOT is 100% better. I know that there are places in the state when you look at the data that the numbers look better. But I also know there are places in the state where you look at and the numbers are worse. So it is really difficult to give 100% that it's absolutely better.

CHAIR UNER: Thank you. Commissioner Gautreau.

Do you want to respond?

ACTING MEDICAL DIRECTOR GARZON: If I can add to that a little bit. I am Hernando Garzon, I am the Acting

Medical Director for the State EMS Authority; and I too have been sort of knee deep in the weeds around this data and looking at it and trending it. One of my roles at EMSA and with CDPH over the last couple of years is to look at a lot of the hospital metrics and to lead the hospital surge -- and the hospital surge team specifically looking at the hospital data analytics and part of that has been looking at the APOT data. I think COVID has had a major impact, obviously, on health care operations and EMS as well.

The other data set that we have had eyes on has been the daily hospital survey that reports total ED visits. So we have almost a real time assessment or at least 24 or 48 hour delay in, in daily ED visits throughout the state. And both of those have correlated.

So I think as Mr. McGinnis said, there are some areas that have not been tremendously impacted in their either total ED volume or APOT. But there are many areas in most essential populated urban areas have been significantly impacted by increasing ED visits, the effects that COVID has had in emergency departments and hospitals and as a result our APOT has been worse through our last couple of COVID years than it was previously in most areas. That's a generalization, it is not true across the board. Thank you.

CHAIR UNER: Thank you, Dr. Garzon. Dr. Gautreau, Commissioner Gautreau.

COMMISSIONER GAUTREAU: I agree that, you know, refining data is important. However, I would caution that focusing so much on trying to achieve the unachievable perfect data shouldn't divert us from the focus that it's bad, it seems to be getting worse, there are solutions to it, and we should be focusing more on the solutions. And one of the things that looking at the data points out is that some hospitals do much, much better than others and there is probably a reason for that.

CHAIR UNER: Thank you. Commissioner Barrow.

COMMISSIONER BARROW: Yes, I just, I had a recent experience that got me thinking about this. I was looking at the UC Davis APOT numbers. That's where my son was transported, half an hour away from that hospital when he got hit by a car in September. He was -- at the point when he was picked up by the paramedics they did not know whether he had massive internal damage or not so they really had to race him down quickly. And they got him from time of hit to hospital 20 minutes and then APOT was 8 minutes. So when I got to the hospital it was like an anthill. If you've been to UC Davis Trauma Center it's pretty busy. So what got me thinking though while I was waiting there for his surgery is the difference between trauma hitting the hospital versus mental health or other issues. And our data tends to be just kind of like lumped all together. Do we have a way of

kind of separating the trauma hitting a hospital versus a mental health or other kind of patient that comes in so we can kind of refine what's going on with this? Because UC Davis' APOT numbers are very high. But when I was witnessing and then I went out on the loading dock and I was watching they were very -- the trauma coming in was just like bam, off and into care. So I was just curious about the separation or does that get just -- that's just too difficult?

CHIEF MCGINNIS: So response to Commissioner Burrows. The short answer is yes, given adequate amounts of time and money anything is possible. The difficulty here is this would be a very large lift in revising the elements to factor in all the different things in and around whether somebody is a trauma patient, a cardiac patient, primary impression, chief complaint. I am not going to say it is impossible. I do have my APOT staff person Adam Davis present today and I kind of took a nod with him. Yes, it is possible. But I would really have to look at how many fields would have to be factored in order to make that work. To make sure that we had everything that we would need to get a good thing. Well, trauma is this much, you know, cardiac is this much, et cetera.

CHAIR UNER: I will make a comment to that as well. So, ironically, of course, and I am glad your son got

timely and rapid care. But the tying up of hospital resources for code this and code that patient, right. The STEMIs, the strokes, the traumas, they never wait. The people who are waiting are the 85 year old females in the back with the abdominal pain that end up having ischemic bowel and turn septic six hours later; so the ones that don't have an interest group, the ones that don't have backup. The local trauma committees are probably all over the CT delays for patients that have a kind of interest group behind them and that's all good. But just realize that there's other patients that don't have the kind of lobby that are waiting and those are the ones that worry us.

I want to point out one thing and I think just some lines got jumbled there. I look at the LA county hospitals because I know them, see what many of us are doing, basically. And it seems to me that on pages 60 out of 168 and pages 96 of 168 the numbers got jumbled between Olive View Medical Center, USC and Harbor. There is no way that Olive View sees six times as many patient offloads as Harbor. So I think the numbers are probably accurate but the names got jumbled. That is just my suspicion. I base this only on my local knowledge and generalities.

I do want to make a general comment. One can hide a lot of underperformance in means and medians and big numbers. And while the big numbers are great for systems

they don't always reflect the patient experience and EMS and hospital provider experience. So if your hospital, you know, processes collapse after midnight and then pick back up at eight in the morning, the patient experience, the patient outcome, the EMS experience, the ER nurse experience can be terrible but your averages still look great. So just want to put that out. Thank you. Commissioner Miller.

COMMISSIONER MILLER: Yes. I can reassure you that at the local level breaking down APOT by multiple factors is entirely possible, in fact it is quite revealing. You can look at APOT by time of day, day of week and by impressions. And what you might expect is exactly as Dr. Uner indicated, those time sensitive diseases generally, you know, are going to have shorter wait times than those presentations that are less acute. However, what gets your attention though is that every now and then you see a stroke patient waiting for 20 minutes or something. So there are those outliers that that make you realize that there are delays in care that do matter, you know. And catching those and finding those I think are part of the, part of the imperative to be clear to all comers and our stakeholders in EMS that there can be harm.

The other part of this too is the tremendous variability in APOT across, for example, primary impressions or across, let's say, specialty care, patient types. So it

is really revealing to look at APOT from a variety of dimensions. Far more than the overall 90 percentile for example.

The last comment I will make is that one thing we discovered during the darkest days of COVID is monitoring maximum APOT. Actually that trend seemed to portend stress in the overall healthcare system because, after all, APOT reflects patient throughput for the entire hospital. So although 90 percentile is a practical means of metric for tracking this overall, monitoring maximum APOT when an ambulance waits four hours, that's a big deal. It is one ambulance. But when that trend is increasing of singular or individual or small numbers for large hours of APOT, that trend has value. That proved to be of planning value, you know, during the worst of COVID.

CHAIR UNER: Thank you so much. To add to that I will just stir the pot and probably get some flak from Commissioner Lam in a minute. But most of the time the trauma patient is not the sickest patient in the department. Many times the sickest patient in the department is someone who does not fall into stroke, STEMI, trauma, right. And they get pushed back on imaging, they get pushed back on resources, they get pushed back on bed availability. And of course, because we block the CT scanner for anybody who meets criteria for any of these diseases we delay other

patients. It is a zero sum game. This is not to place blame. I think it is just reality that we need to recognize. Commissioner Dunford.

COMMISSIONER DUNFORD: Mr. McGinnis, is it possible that we could receive annual reports by LEMSA of the average or overall time, to get some idea over a number of years of how well LEMSAs are handling this issue themselves? I mean, the one thing, there's so much data that you don't see a trend, you can't tell what is really happening and, you know. And I think the trends are really important sometimes, regardless of what causes them. I mean, we all know homelessness is rising like crazy right now and there are a lot of factors but nevertheless it is getting worse and it is stimulating action. So if we could have a trend, even by county, and lump it all together to see whether things are getting worse, I think that would be valuable. As an annual report, I am just suggesting.

CHIEF MCGINNIS: So response to Dr. Dunford. I do think that is possible. Let me work with staff and we will evaluate how we can make that happen for you.

CHAIR UNER: Thank you. So we have more pages to read, awesome. (Laughter.) Commissioner Kusman.

COMMISSIONER KUSMAN: Good morning, Travis Kusman representing local EMS agencies through EMSAAC, the EMS Administrators Association of California. A couple of

thoughts on this, you know, really important topic. I think, you know, the first is I would, you know, echo the thoughts of our physician colleagues that have, you know, spoken about, you know, how patients move through systems of care. But I think also, you know, Dr. Dunford, to your point in, you know, specific, where the authority lies to actually, you know, regulate the item that we are talking about is, you know, hugely important.

And so, you know, by way of example I would point out that when we, you know, discuss the specialty system of care patients that we have been talking about, you know, trauma, STEMI, stroke, you know, LEMSAs are charged with designation of those receiving facilities. And in those processes LEMSAs use, you know, well-accepted national standards and, you know, times are a part of that, right? For example, for the STEMI patient, when do they arrive at the hospital to, you know, when do they end up in the cath lab, you know, with a balloon to open up the blockage. And so there is a lot of scrutiny around that and, you know, hospitals, you know, either meet those performance standards or they don't.

You know, there is not as clear authority around the regulation of APOT, you know, generally to encompass that broader patient population and so I think that is where part of the challenge, you know, lies. Sure, we can measure

in, you know, each county, what is happening with APOT. But, you know, the other part of it is, you know, what is the lever? What is the mechanism that actually would enable a county or a LEMSA to truly drive that that down? You know, most of the hospitals are really regulated at the end of the day by CDPH and not, you know, EMSA or the LEMSAs at the highest level. So it's a challenge for sure and I appreciate the comments.

CHAIR UNER: Thank you, Commissioner Kusman. Any further discussion among Commissioners?

Do any members of the public want to speak? Please step up and introduce yourself.

MR. RAMIREZ: Hi there, Ray Ramirez representing CalChiefs EMS. What I am going to ask for here is, I know it is going to have a detrimental impact on one more tree, but I would like to add 12 pages to this report. And what I am asking for is, with the new data system can we get a heat map on a monthly basis showing the problem? Because that data, as was pointed out, if you are trying to get to sleep at night, that's what you want to pull up, that report and try to figure out where it's at. But I would like to see the impact on a -- similar to what is in the EMS Commission report on naloxone overdoses. There is a heat map there for overdoses.

If we could have that information on a monthly

basis we can see what systems -- because counties' EMS systems are county-based, which systems are impacted most and which ones are less. That is really important because a lot of the bed delay issues have been used as a proxy for ambulance shortages and ambulance staffing problems. It is always related to or it is -- a significant amount of time it is related to bed delay. That is the problem that is causing these other issues. But I would like to see a heat map so that we can look at that and say which counties are having these problems and does it change over time? Like on a monthly basis. So 12 more pages to your 96 page report. I don't know how many trees that's going to be but that is my request. Thank you.

CHAIR UNER: Thank you, Chief Ramirez. Yes, it is related to bed delay. I am not sure, do you mean ER bed delay or hospital bed delay? Eighty-five percent -- 80 to 85% of ER patients get discharged from the ER, so turnaround time of treatment in the emergency department is really important for ER bed availability, in addition to the boarding that we all know about. That was my own personal comment. Thank you.

MS. ROSSI: Good morning, EMS Commission. My name is Julie Rossi. I am speaking on behalf of California Emergency Nurses Association as well as myself as a longstanding emergency clinician as well as a nurse in

California.

So I appreciate the comments with regards to the differences between the trauma patient or the stroke patient coming in and how that doesn't really get teased out in the data. I also appreciate the comment regarding data accuracy. You can do nothing without data but you can also do nothing without accurate data. You can also do nothing when there is so much data that it paralyzes you as to where you need to go.

One of my questions was you had mentioned looking at refinement of that data and going back and checking the accuracy. When you did that, did you identify major differences? That would indicate to me that there is more that needs to be peeled back. Or did you only identify minor differences in the data? So I would be curious about that refinement of data.

I also appreciate the time of day and the patient perspective. Speaking on myself, my mother actually ended up misdiagnosed because of the need for clinicians doing waiting room medicine and that creates potential safety errors. And because she didn't rise to the level of needing a bed she was treated in the waiting room and misdiagnosed and treatment was significantly He delayed and probably was ineffectual because of the delay in that diagnosis. So I just think we need to be looking at the whole puzzle and

offload, although very, very important, it doesn't give us the full picture of emergency medicine and emergency care.

And I appreciate the comment about how are we helping other LEMSAs with their offload times. What is happening in that area? Because an individual that is in a rural area with offload times of an hour-plus, how is their care impacted? An individual in an urban area where their offload times are an hour-plus, how is that impacting their care? Do the individuals that get lucky to go to a hospital that have at that time of day the resources that they need to meet their care, how is that impacting their care? So I think we are we are looking at a small piece of the puzzle. And California ENA has submitted a letter documenting some of the things that impact the whole ED throughput that are pieces that are really very, very challenging including staffing, bed availability and throughput. Thank you.

CHAIR UNER: Thank you. Thank you so much. This is a really important discussion so we just let things go on a little longer and that's great. I agree with you completely. I would submit that practicing waiting room medicine, which is what I do for literally 100% of my patients, is no better than examining them on an EMS gurney where they are also not unclothed, they are not in a private area and they cannot be fully examined. So I would make the two equal. You will not get the full benefit of a full

examination by a physician or nurse when you are not in a bed like it's supposed to be.

Any further discussion? Thank you. And I know we are all passionate about this, please stick to 120 seconds.

MS. COLANGELO: I will be good this time. I'm Rose Colangelo. I will be real quick. I am Rose Colangelo, Sutter Roseville, also on the CHA EMS Trauma Committee. Very happy to be here again today and thank you for having us -- allowing us to be here. Just real quick.

I was just going to say, as we talk about collaboration and working together, hospitals, EMS, I am very passionate about reducing APOT. One thing that we did and one thing that I just make a request of, when we are looking at data, is there any possibility of the hospital having the opportunity to scrub that data prior to it being submitted to the state? Only because what we found, data is very powerful in making improvements and we use that data. Because if you are not going to use data to make improvements what are we looking at it for? We are not making it actionable.

But could we work collaboratively at reviewing that data prior to submitting? It is one thing that we do in our county with -- we are working with Sac County, with Placer County, and we have reduced our times and it was really in the collaboration. We went from 149 minutes APOT

a year ago and we are down to 31. So we know there's opportunities on both sides but it really did come with that collaboration of looking at the data together. Thank you.

CHAIR UNER: Thank you. More members of the public? Please.

DR. BOND: Hi, I am Barbara Bond. I am an emergency physician and also the Chair for Sutter's ED Leadership Group. I work closely with Rose who apparently you know well, as I think many people do. So I appreciate the opportunity to share some comments.

First of all, I think that Sutter, we all appreciate how important this issue is. We all want to make improvements in APOT. I think that's the first point. So we are very committed to doing our part on our end to help improve the issue.

The second thing I want to say is I think it is important to not lose sight overall that we face a common enemy. We are all dealing with staffing issues, capacity issues. It is something we are all trying to contend with. So I think the idea of collaborating and working together on this issue is the way we are actually going to make change as opposed to being in opposition to each other around it.

I think people have spoken to how complex these issues are and especially on the hospital side. The issues beyond our control of egress of patients out of the hospital

into to outpatient care settings is a massive problem right now. We talked about the behavioral health, all the other issues. So we are really contending with severe capacity issues and people are scrambling, as you, as you know. I think it is important to keep that in mind.

In regards to data collection, I know there has been a lot of conversation about it but we have developed our own internal data tools so that we can track ourselves and sort of hope to work with our -- encourage people working with their LEMSAs to work to scrub the data together and make sure that they are in accordance, I think that's extremely important.

The one thing I will say is we feel that the 20 minute offload time standard is probably not realistic. I question where that number came from and is there -- is it validated in any way to support the number?

I know I am almost out of time. Anyway, so I think that the close collaboration is what we are really asking for. We would even wonder if the Commission would consider putting together a CHA-EMS Committee and EMSA working group because legislation can only go so far. But it is actually doing process improvement together and looking for best practices is how we are going to move the needle on this issue. Thank you.

CHAIR UNER: Thank you, Doctor. Any further

comments, public or Commissioners? Commissioner Gautreau.

COMMISSIONER GAUTREAU: Yes, I just would address the one question as to where the 20 minute time came from. I think Mr. McGinnis can probably answer that better. But looking at the numbers, I see a large number of hospitals that routinely meet that and have done so consistently for years so that may be where that number came from.

CHAIR UNER: Thank you, Commissioner Gautreau. In the interest of time let's move on.

CHIEF MCGINNIS: Thank you, Mr. Chair.

The next item I have for you is related to the Community Paramedicine Project. As you all know and you have heard just recently here today, the community paramedicine regulations did get approved and they went active in November.

EMSA has set up a couple of working sessions where we have invited different stakeholders, basically anybody who had an interest in community paramedicine, to come and visit with us. We had one in San Diego last week, we have one in Berkeley tomorrow, and basically spent three, four hours going over the different things that the regulations would factor if an entity was going to start either a new community paramedicine program, or if they are one of the entities that is an existing pilot project and how they have to transition to being, I am going to say, a new program

coming around next year. The regulations when they were passed do allow the current pilot projects to maintain a one year period of time where they can get organized and become compliant and so we are still working through. At this point we have not had anybody formally submit a request to start a new program but we do know there is a lot of work going on in this arena. And with that, that's item 7B.

CHAIR UNER: Thank you, Chief McGinnis. Any discussion among Commissioners?

Wow, seeing none, any members of the public?

MS. AMI: Good morning. My name is Tanir Ami, I am the CEO of the CARESTAR Foundation. I just wanted to take 100 and whatever seconds to remind, reiterate or announce that we are shamelessly supportive of the community paramedic programs and we would love to see the spread of this program throughout the state. So we do have grants that we have announced last week in San Diego. We are going to keep banging the drum that we really do hope programs start up. We are just hopeful that in the near term administrators, medical directors of LEMSAs will have good conversations with the providers in their communities to see if, see if programs can go live. And just to be clear, the grants that we are giving away are both for the alternate destination program as well as community paramedicine, differing amounts for those. The grant would go to the

LEMSA so there, you know, just need to be important conversations how that gets worked out. But we are really, really hopeful that we will start to see the spread of this program throughout the state. So thank you.

CHAIR UNER: Thank you so much. Any further comments? Commissioner Dunford.

COMMISSIONER DUNFORD: I wish I would have gone in proper turn. But one of the things that I had would hope is that we do work with the National Sobering Collaborative. That is called out in 1544 as one of the definitions of what is a sobering center. One of the particular requirements that is contained in our language is that there has to be nursing staffing 24/7. That is going to be very difficult to accomplish. And I know that from personal experience because we run this -- I am the medical director of the sobering center in San Diego. We cannot recruit nurses at the wages typically that they are paid in a hospital to work in sobering centers and so that is going to be a challenge for us.

And I think we will have to look carefully at whether LVNs or RNs or what exactly are the mandates because it is going to be potentially prohibitive for a lot of the programs to be able to run that way. Conversely, I think it is worth exploring what they do in Texas, which is they have paramedics that oftentimes work and are a very good fit. So

as we move forward with this idea of what is a sobering center I think we have to open our minds a little bit to who we are going to actually be able to have there as the medical individual who is going to be, you know, in addition to the substance use treatment providers that are also staffing the facilities. Thanks.

CHIEF MCGINNIS: Response to Commissioner Dunford on that. So Lou Meyer who would generally give this report is otherwise not available to us today. But I know that he has had contact with the National Sobering folks and we actually have a call with them, and I want to say it is like the second week of January. So there have been some entry discussions and we do have plans to continue to engage with them.

CHAIR UNER: Thank you, Chief McGinnis. Commissioner Barrow.

COMMISSIONER BARROW: Yes, I just want to follow up on Commissioner Dunford's comment. It seems to me that all facilities have the availability of HIE, Health Information Exchange. And even if you have to, we get to a point where you can't have a nurse, I personally feel uncomfortable if there is not a nurse there because of the exposure of a potential medical problem that should be rushed back over to the ER. But with HIE you can go down because there is, you can do, you can have, it's like having

the doc in the room. And so I think we ought to think about how do we connect our HIE requirements down into if we are going to have substance abuse, it is very inexpensive, and it is a way of having an elevated medical expert looking over the shoulder of maybe a lesser like a paramedic or an LVN at site at a sobering center.

COMMISSIONER DUNFORD: Are you referring to telehealth? Not HIE but telehealth?

COMMISSIONER BARROW: Both. Telehealth is a whole framework of how you, you know, get to the last mile, get the information back and forth. HIE is a requirement of what exists in the exchange of information, Health Information Exchange. Clinics and hospitals are required to have the ability of HIE, you know. Part of it is just a financial, you know, cost, but it's also -- in the rural areas, you know, telehealth and those exchange programs make it possible to, you don't have to have the advanced person there as long as you have an advanced person looking over their shoulder.

CHAIR UNER: Yes. But I am going to question whether or not a clinician who is on a tab can really figure out subtle differences between somebody who is just intoxicated and somebody who has got injury on top of intoxication. So I am not convinced that that's going to work. But I agree that this is a worthwhile endeavor and it

needs to be further looked at.

COMMISSIONER DUNFORD: I would, I would just say that there are a lot of different models for how to do that. And on-call physicians, that's how San Francisco operates theirs. They have somebody at San Francisco General that basically takes a call for questions in terms of whether the patient should be transported out. And there are a lot of new solutions, I agree, that just need to be incorporated into this whole kind of idea of what constitutes a safe place to go. It is interesting, having been supervising a sobering center for years now, we have never seen a case where an RN was necessary. That we have not had a single case in over thousands of cases and that has actually been replicated in many sobering surveys.

CHAIR UNER: Thank you so much. I think nothing replaces a good clinician that actually sees the patient. That clinician does not have to be a physician, it can be a nurse, it can be a paramedic.

Okay to move on to the next topic? Let's move on to Agenda Item number 8, the EMS Response to Behavioral Health Patients. And first we will start with the Naloxone Distribution, Dr. Garzon.

ACTING MEDICAL DIRECTOR GARZON: Thank you. Again Hernando Garzon, the Acting Medical Director for the state EMS Authority.

This topic was brought to us at one of the prior EMS Commission meetings by Dr. Koenig who is the San Diego EMS Agency Medical Director. At that Commission meeting she noted that numerous entities in San Diego had reported to her that they were seeing significant delays in the application review and then distribution of naloxone. And reviews, let's see. Delays of up to four weeks for review of the applications and delays of up to four to six weeks for distribution of naloxone once the programs were approved. At that Commission meeting EMSA took that information and committed to meeting with our Department of Health Care Services partners that run the program to give a report out. This is what the basis of this report is in your packet and also on the screens here is just a seven slide PowerPoint presentation as a summary. And if we move to the next slide, please.

Just as background, the first couple of slides. The Department of Health Care Services created the Naloxone Distribution Project in 2018 using funding that was available from the Substance Abuse and Mental Health Services Administration.

The Naloxone Distribution Program provides free naloxone directly to applicant entities to remove the barrier -- and to remove barriers of redistribution between these entities, avoid duplication, and also to track

reported overdose reversals.

Since 2018 the Naloxone Distribution Project has spent over $104 million on naloxone distribution to communities throughout California with over 100,000 reported reversals of overdose.

This slide there lists the eligible entities or organizations that would qualify for naloxone distribution. And it's the gamut, as you can see, from first responder agencies, fire, EMS, law enforcement. Community organizations including harm reduction organizations, homelessness programs, veteran organizations, religious organizations. Significantly schools, universities, libraries, County Public Health, and so on and so forth.

This information is all from the Department of Health Care Services Naloxone Distribution Project, which is on site and the URL for that is at the bottom, as you can see. There's a lot of detailed information on the program and I am showing some of the slides here from that. Next one, please.

So this is a slide from the DHCS website that shows opiate overdoses and approved naloxone by county. The map on the left were reported opiate overdoses per 100,000 residents in 2021 and you can see it varies some by county, of course.

The map on the right is the approved naloxone

units that have been distributed per 100,000 residents since the inception of the program in 2018 up until November 2022. Next slide.

This one shows in a pie chart format the applications by type of organization that have been received. You can see at the bottom of the pie chart that since 2018 they have received over 5,900 applications from distinct entities. The largest portion, the largest slice of pie there you see in the top is Law Enforcement and Criminal Justice. Also significantly, Schools and Universities, 13%. Community Organizations. You see Fire and EMS, Homeless Programs, Harm Reduction Organizations, so on and so forth. So 5,900 approved applications so far. Next slide.

So this is the number of units by type of organization. So some entities like schools may only ask for 10 or 20 units and then some organizations that distribute these out more routinely will ask for hundreds of doses, so the units vary by organization. Again, you can see here that harm reduction organizations have the largest slice of the pie at about 29%, also law enforcement and criminal Justice, 21%. So right there you are at about 50% go to those two types of organizations with smaller percentages to the other organizations. And then units approved notably. So remember, 5,900 programs and they have

distributed over 1,500,000 units since 2018.

And then the next slide if we go to shows the number of reversals that have been reported to the program. At the bottom the total number of reversals, 108,000 since 2018. Notably, if you see harm reduction organizations, they received 29% of the units but they have used 65% or they report 65% of the reversals. So the most use come from the harm reduction organizations. The second one being the county health agencies, 17%.

Okay, going to the next slide I think we can address the questions that we had with our DHCS partners to address the concerns or the questions brought by San Diego County. They noted that in the last year they have seen a very significant increase in applications due to a combination of messaging that has come from public health, both state and county public health, and other state entities to increase awareness of these programs. In particular there has been a lot of messaging to schools and universities because of spikes in overdoses in school settings.

So they saw more than a doubling of the increase in applications and that the number of applications and the number of units requested really outpaced the available funding for the program. They did note that they have already burned through the funding that was allotted to this

program for 2022 to 2023 and they have been able to actually find additional funding to provide additional units and distributed additional units not planned for in the original plan for this year. And again, this goes to the significant increase in applications and awareness of the program.

They did mention that their prioritization has come from discussions and focus on were the most utilization of these units has been going and also from the governor's office focus on youth and what is going on in the schools. And so that is how they prioritize review of applications and distribution of the limitation of the units they have.

They have also been encouraging recipients of these programs to consider redistribution of nearly expiring naloxone to the local harm reduction organizations, which are the ones that are using most of the, most of the, of the distributed naloxone.

And then the last page. The other thing that they discussed, which we found very useful, were other potential sources of naloxone for entities. Again, this distribution project is not the only source of naloxone available to entities that are interested in having this.

They note that all Medi-Cal beneficiaries with a prescription and many other sources of health care coverage can also get naloxone that way.

Community pharmacists can also directly prescribe

and furnish naloxone without a physician's order. So those programs are available.

In addition, DHCS has released guidance to educate DMC-ODS providers and beneficiaries to leverage Medi-Cal and get Naloxone to the facilities for onsite dispensing. For those of you who may not be aware, DMC-ODS providers are Drug Medi-Cal Organized Delivery System providers and these providers have incorporated a continuum of care that is modeled after the American Society of Addiction Medicine criteria for substance use disorder treatment services. So these are clinical entities that deliver care to this, this population of patients and DHCS has given them guidelines on how to get the medication through pharmacies and through Medi-Cal to be able to do onsite dispensing.

Counties also have SAMHSA grant funds available to provide naloxone.

And then counties and cities also have opiate settlement funding that can be used to provide naloxone. And again, the access to this is through local public health.

CHAIR UNER: Thank you for that, Dr. Garzon. I have a clarification question. County health agency, who are we talking about?

ACTING MEDICAL DIRECTOR GARZON: Local public health should be tied into these, at least the information.

They can direct you to the right places. Or county HHS or county public health.

CHAIR UNER: Copy that. Do they do their own reversals or they hand out medications to other providers to actually give the medication?

ACTING MEDICAL DIRECTOR GARZON: So they provide the naloxone. They can provide naloxone through these programs to county health clinics and then they can distribute to other entities as well.

CHAIR UNER: Thank you so much. Any discussion among Commissioners?

COMMISSIONER DUNFORD: In San Diego all of the Medi-Cal ODS programs actually have stocks of naloxone and every new client that's opioid use disorder is actually given naloxone when they come to their first client visit.

CHAIR UNER: Thank you.

COMMISSIONER DUNFORD: Tragically, San Diego is now, according to The Washington Post, the fentanyl capital of the United States because of what's happening in Tijuana. So unfortunately, we have had so many deaths that people have finally awakened like the rest of the country.

CHAIR UNER: It seems to me that capital of the world title gets passed along every other day. Commissioner Kusman.

COMMISSIONER KUSMAN: Thank you, Chair Uner.

Just, you know, a couple of thoughts on this. Dr. Garzon, appreciate the information and the presentation certainly. You know, when we considered at the recent meeting and approved the, you know, local optional scope for buprenorphine for paramedics in the pre-hospital setting I think there was a lot of enthusiasm around the potential for, you know, proliferation of those programs from the perspective of harm reduction. Part of that conversation, as I, you know, recall was actually about access to NARCAN and there was some, you know, feedback that provider, you know, agencies, for example, you know, through a LEMSA could, you know, reach out to the state and federal sources to secure that. But sometimes it was taking months, right, for those applications to be processed and the NARCAN to actually come forward.

And so when I look at, you know, this presentation if I am interpreting it, you know, correctly what I see is that, you know, there may be funding at county levels through, you know, various different grants. But the question specifically that I have and I don't know that, you know, you would have the answer today is, you know, whether or not there is actually an adequate supply? Because it is one thing to have the funding and another thing to be able to actually, you know, purchase it in quantities that are needed. Some of the delays I am not sure if they are due

to, you know, a protracted application review process or actually a shortage of the naloxone, but those are two very different things with very different implications.

ACTING MEDICAL DIRECTOR GARZON: We have tracked issues of medication shortages in the EMS and in the healthcare community, of course, and I have not heard of any shortages of naloxone available from the manufacturers.

CHAIR UNER: Thank you, Dr. Garzon. Commissioner Gautreau.

COMMISSIONER GAUTREAU: So just looking at that map of opiate overdoses per capita one of the things I note is that the worst of the problem actually isn't in the urban centers, which is the public's perception. It is actually focused more in much, much more rural counties like Mendocino County and looks like Trinity and Lake Counties and Alpine County. Those counties tend, because simply they are far less populated, tend to have much, much less infrastructure in terms of their health care systems and EMS systems. Is the state looking at equalizing, so to speak, the resources they may have available to them to address this problem in their communities?

ACTING MEDICAL DIRECTOR GARZON: I believe that at least from the side of the EMS Authority, we have been in conversations with our LEMSAs, of course, around things like that buprenorphine distribution. Many EMS agencies also

have leave-behind naloxone programs and we support and encourage LEMSAs doing that. And I cannot specifically speak to what public health has done or Department of Health Care Services.

CHAIR UNER: Thank you, Dr. Garzon. One comment on this is that if you look at the district -- at the use of NARCAN, that harm reduction organizations do a large part, health agencies, but also law enforcement, criminal justice. So spreading the ability to provide medical, lifesaving medical treatment to people other than traditional medical providers I think is a big win in this entire program.

I did notice that the hospitals get 7% of the NARCAN but only give 1% of reversals. I wonder if it is because they are using their hospital NARCAN and giving out the NARCAN that is distributed to patients that are leaving the hospital? But that is just me thinking out loud.

Any comments from the public?

Seeing none, we will move on to the next agenda item, Update on a Framework for Behavioral Health Crisis Response. The response to mental health substance abuse has long been at the core of this EMS Commission's agenda for several years now and Dr. Miller is going to give us a presentation on his recent efforts.

CHAIR UNER: Sure. In a little bit of background, the Scope of Practice Committee is a statutory committee

within EMDAC that reviews local optional scope of practice applications from LEMSAs.

Back in June of this year we reviewed, the Committee reviewed a sampling of the policies and protocols among LEMSAs for behavioral crisis management.

Then yesterday at the EMDAC meeting we synthesized what we learned from those policies and protocols into a framework that would be, you know, options and suggestions for LEMSAs to draw from in any updates or changes or additions to existing policies. So what we will do, now that we have had discussion within both EMDAC and the Scope Committee, we can post that framework and those observations to the EMDAC website, making it available therefore, for LEMSAs to review. And as they begin to update policies and protocols, at least have the opportunity to consider, we found, as perhaps best practices across their colleagues around the state. So we think we have that in place now. The meeting was just yesterday so we will get this thing posted as soon as we can. But that should give at least some guidance now.

There's opportunities we saw in the discussion for some optional scope of practice considerations. So as LEMSAs work that through and think it through those will emerge and we can mature practice from there.

So I think that would be my update unless you have

any comments or questions.

CHAIR UNER: Thank you, Commissioner Miller, for those. LEMSAs is the Local EMS Agencies, if we are not familiar with the abbreviations. Any discussion among Commissioners?

Seeing none, any comments from the public?

Surprising. We will move on to Agenda Item number 9, EMS Personnel, where we will talk about a Local Optional Scope of Practice for Paramedic Vaccination Provision and Select Viral Testing. EMS Personnel Chief Kim Lew.

CHIEF LEW: Good afternoon again, Commissioner Chair Uner, Commissioners and guests. My name is Kim Lew. I am with the California EMS Authority. I am the EMS Personnel Division Chief. I am here to provide everyone a friendly reminder that as provided in the Commissioner packet, the Governor's Executive Order and State-declared emergency will be ending February 28, 2023. With that termination will also be those waivers that the EMS Authority Director has presented to all EMS personnel waiving the various scope of practice criteria pursuant to regulations.

One of those that is being waived, that has been extremely useful during the pandemic was the authorization for EMS personnel to conduct vaccinations and the testing of monoclonal antibodies and administration of those by EMS

personnel. Due to this termination, EMS personnel will no longer be able to conduct those practices post-February 28 2023. So beginning March 1st, I would just like to remind everyone, that we will have to resume the standard regulatory criteria, which means that these EMS personnel will be able to continue to do this practice but it will have to be within the training setting, during transports or at scenes of emergencies, or in some cases, in rare conditions, at rural hospitals. That concludes my report.

CHAIR UNER: Thank you, Chief Lew. Any questions from Commissioners? Commissioner Barrow.

COMMISSIONER BARROW: Yes, I just, I just wonder about the wisdom with -- we constantly get the variant resurgence going on and then with RSV issues going on with kiddos. It just seems like, you know, pushing the sunset date back until we kind of get clear of this decade of issues would be a wiser way to go than having to come back through regulations again. Has that been explored to move the sunset date rather than let it fall off a cliff and then build it back up again?

ACTING DIRECTOR BASNETT: I don't believe it is being explored at this time. I certainly have not been involved in those conversations with the administration. But I think we have heard that feedback and continue to pass it along.

COMMISSIONER BARROW: I would so far as make a motion that the Commission would encourage looking at the this sunset date as it not a prudent sunset date. It was built in as a way to get through a crisis, but it is now -- the crisis really has not left the landscape completely. It wasn't a fault of the process to have a sunset date but that the Commission would -- you know, we can't, we can't endorse legislation but we can encourage that the sunset date be quickly reviewed. And whether or not the administration should, as advisory to the administration on EMS, that they should look at moving that sunset date before it becomes another crisis and running forward trying to set a new program and a new sunset date.

CHAIR UNER: Thank you.

ACTING DIRECTOR BASNETT: Really quick, can I confirm that this is the public health state of emergency due to expire on February 28? Is that specifically what you are talking about?

COMMISSIONER BARROW: Yes.

CHAIR UNER: I believe that is the governor's declaration of emergency and not really -- while we can be advisory to anybody who wants to listen to us I am not sure we are going to be in charge of that. I would also suspect that certain members of this Commission and the organizations they represent would have a little heartache

if we extend these things any further. Commissioner Thompson.

COMMISSIONER THOMPSON: Yes, just to comment on these regulations, I'm sorry, these emergency orders and how beneficial they have been, not only for COVID vaccinations but many of the agencies in here we have moved into -- we do the annual flu shots, some of us, for our entire cities. We just held a clinic and did about 200 city employees in September for flu vaccinations. We are currently doing the outbreak testing that is still required by OSHA for our city and we are doing that weekly. So this is going to be a big loss. Not only, you know, a lot of us have moved past participating in COVID vaccinations but there's a lot of other things that we are doing with this as far as flu and testing and this is going to be a big loss for all of us. Because I can't do it. I can't do it myself as an RN and vaccinate, you know, 200 people in a day, so it's going to be a big loss.

CHAIR UNER: Thank you so much. Chief Lew, do you want to answer?

CHIEF LEW: I would like to provide a response, thank you. Kim Lew with the EMS Authority. For clarification, this is not a regulatory matter so much as a statutory matter. We are restricted by statute to these settings specifically, so it would have to be a legislative

change.

I also would like to add that 15 of our LEMSAs currently have approved local optional scope of practices to provide all three of those vaccinations and to conduct those testing. So through this time, through February 28, they can continue to do so. And those LOSOPs will also remain intact. Unfortunately, they will be limited to the settings that I had presented.

CHAIR UNER: Thank you so much. And I believe this was on request of San Diego County, if I remember that correctly. Commissioner Barrow.

COMMISSIONER BARROW: I didn't make my motion lightly. There is -- I will tell you, in working with the governor's office and working with legislative offices, there is a lot of -- there's only a handful of people that actually know what goes on in this, in our realm. It is, it is incumbent upon us, I think as a Commission, is to raise the issue in a way that it gets a paid attention to. And you are right, it is statute. But there are mechanisms that can be done to move statute forward in urgency ways or emergency ways. But if somebody is not like ringing the bell, that doesn't happen. So I am trying to figure out what the motion, how it should be worded, but to say that this is probably not the time to allow, you know, a hastily thought through sunset date. Usually you do a three or four

year sunset date, you don't do a one year. So my motion is to somehow for us to advise that there's a sunset date looming that is not a prudent sunset date.

I don't know if you want to comment on how, you know, our authority. We don't have authority to do legislation. We don't take positions on legislation. But we certainly are an authority in the realm of EMS to raise the issue and we need to find a way. I think my motion is we need to find a way to make the issue, get it up on the table rather than just obscure and then having to go back through the process. The statute process is really messy.

CHAIR UNER: Thank you, Commissioner Barrow. I would ask if you want to make a motion, please, please give us a complete wording of it. Just think about it for a minute. This is not a voting item at this point, right? This is a LOSOP that is going to be locally regulated. I don't -- we can we can vote as a Commission to have an opinion and that opinion be communicated to the governor. I don't think we carry a lot of weight there and I think there's a lot of unforeseen consequences of extending an emergency order. That's just my suspicion.

ACTING DIRECTOR BASNETT: I would have to take this back to understand kind of the official pathways. but I mean, I think like any, not that this is an advocacy group, but like many advocates, obviously, if this EMS Commission

felt in its entirety or majority that the state of emergency should be extended I think there is always the option to, you know, write that letter to the administration stating those reasons why, for them to consume. I think that is what we have seen by other partners as well. I don't know how acceptable that is but off the top of my head that's, I think, an option.

COMMISSIONER BARROW: Do you need a motion to do that? Does anybody else have a concern about this? And if we, you know, kind of the Commission stands up and says, yes, we have a concern, is that enough for you to do a letter or do you want a motion that says we are asking as a Commission that you write a letter explaining that there are some issues around the sunset date that they may need to consider?

ACTING DIRECTOR BASNETT: It would be your letter. I don't know that it is within statute and regulation for you to direct us to write a letter.

CHAIR UNER: Correct.

REGULATIONS MANAGER GRAY: Yes, I wanted to speak exactly to where you are going. Yes. The Commission, of course, can take a position and it can draft a letter on its behalf. EMSA cannot draft it. The Commission represents itself in its own body.

CHAIR UNER: Thank you for that clarification;

that was my understanding. Commissioner Burrows.

VICE CHAIR BURROWS: I think, I think I understand the point that Commissioner Barrow is trying to make. I would just ask through the Chair if this would even be a motion in order as this is not really an agendized item on the agenda and it may actually be out of order to, to take up a motion without it being agendized.

CHAIR UNER: I agree with you.

COMMISSIONER BARROW: It is on our agenda. So it has been, it has been -- the public has been noticed that this is an issue that will be brought up at this Commission. And so it is -- I would argue that per the Bagley-Keene Act that this is, this has been noticed appropriately. That we can take, we can take some action on a thing that is on our agenda.

CHAIR UNER: I would push back on that. The agenda lists the Local Optional Scope of Practice for EMS Personnel Vaccination and is only mentioned as an as illustration that the emergency orders are sunsetting in February. We can take it up at the next Commission meeting.

COMMISSIONER BARROW: Can I get clarification? Where are we? I would make a motion that the Commission send a letter. It is on our agenda. And what we are doing is, it is our expertise, if the other Commissioners agree there is a letter that could explain why this sunset date

needs to be reviewed promptly. I don't know if Mr. Gray can frame it better. But my motion is that we write a letter about the sunset date and explain the issues and what has been beneficial from this and what is still on the landscape.

CHAIR UNER: Thank you so much. My interpretation is it not in the agenda verbatim so Mr. Kent Gray, maybe you can help us with this.

REGULATIONS MANAGER GRAY: This is a gray area of the Bagley-Keene, it is in a middle area along the way. It is loosely connected in that these LOSOPs are going to be removed. However, a motion in and of itself will not end up actually producing the result that I believe is being intended and looked for. It would actually require the letter and an agreement by the Commission, which would require a separate Commission meeting because that obviously is not on the agenda today and not a party to it.

So that would be a separate entity because the board does have to know what it is they are agreeing to because it has not been laid out what these reasons are and things of that general nature; so the letter itself as a representation, if you wish to be that specific. If you simply wish to make an objection and say that in your expert opinion you do not believe that this is a good idea for that, that's a different thing. That's just the board

making a statement that they don't agree with it without anything more than that. That's where the line is.

COMMISSIONER BARROW: So I would remove my motion based on that but I would encourage individual Commissioners to communicate with the administration and the governor's office the concerns like Commissioner Thompson has raised. You know, this has been beneficial and it will be not beneficial if all of a sudden we have to rebuild it.

CHAIR UNER: Thank you and I think we share that concern. Any further discussion among Commissioners? Commissioner Gautreau.

COMMISSIONER GAUTREAU: Yes, just to point out that whatever the process is in support of the concept. I don't think that we are looking for a wholesale extension of the state of emergency but just the vaccine question. The state of emergency contains a number of provisions which really don't concern us here.

CHAIR UNER: Thank you, Commissioner Gautreau.

Any members of the public who wish to comment?

MS. PEARSON: Danielle Pearson representing Chula Vista Fire. I just want to say as an agency who still provides vaccines, we do our COVID vaccine every Thursday, and we do now the flu vaccine Monday through Friday to our community, that this is going to be a hard loss for our community. We are available, we are free, and we are using

our EMTs and paramedics to provide this service. So I think that I understand we cannot have this disaster declaration go on forever. I think we need to look at what the statute says where a paramedic can operate and utilize our trained personnel in an appropriate manner. And that's where I think I would request that this Commission utilize your resources and your connections to direct that conversation. Thank you.

CHAIR UNER: Thank you so much for that comment. Any other members of the public?

MR. HARTLEY: My name is Brian Hartley, Bound Tree Medical, retired paramedic. I applaud all of you for your passion and commitment to address this issue. I would share I'm a number person, everyone knows me. You have 25 percent less nurses in the California Nursing Association right now. Our record numbers are off the charts, 16 million 911 calls in 2016, 33 million 911 calls end of 2019 as shared by the group here, almost 50 million last year. I request all of you to get behind the vaccination extension because with the throughput in hospitals that we are challenged by, with the decrease in nurses, we are the best vehicle. We are 20,000 strong right now as paramedics. It is a viable program, it works, it has proven it works. So I just ask all of you to continue to support it. Thank you.

CHAIR UNER: Thank you so much for that comment.

Any further comments?

Seeing none, this is not a voting item at this point so we will move on to the next agenda item, Disaster Medical Services Division, State Medical Response Update. Chief Craig Johnson.

CHIEF JOHNSON: Good afternoon, Dr. Chairman and Members of the Commission. For the record my name is Craig Johnson. I am the Disaster Medical Services Division Chief for the EMS Authority and I have a brief update on our state medical response for you this afternoon.

So efforts have shifted from the COVID response primarily for us to monitoring and recovery, while still maintaining a response capability to support a winter surge in COVID.

One of the things that we are continuing to do is processing and approving out of state requests for medical professionals to support health care facilities. And as Kim alluded to, this is going to end at the end of February at the end of the executive order waiver.

But in addition to COVID we are also focused right now on the pediatric surge. We have been discussing it. You all are aware of the significant impact to our pediatric health care delivery system because of RSV along with influenza that is significantly impacting hospitals. We hear about the staffing shortages, the lack of capacity, so

it is an area of focus for us at the state level.

And one of the things that we are doing, and Liz alluded to it, is that we have established a Technical Assistance Team for Pediatric Surge. And the team does include state and local medical health partners. Primarily the focus is to ensure facilities are aware of the pediatric resources that may be available and the process to acquire those resources.

So the current priorities of this Technical Assistance Team include maintaining situational awareness of pediatric surge concerns and issues throughout the state. We are holding regular meetings. We also are collecting weekly data from our local partners for analysis. In addition, we are working closely with our Regional Disaster Medical Health Specialists to ensure that we have sound regional preparedness. We are also working with medical facilities to do what we can to help them to increase bed space for pediatric patients. Of course, we are also monitoring and looking at the need to support at the state level patient movement. And we are assisting with medical equipment and supply needs. So we know this is a huge concern for the state. So this is a primary focus of us at the EMS Authority along with our partners at CDPH.

Another area of focus, though, that I would like to mention this morning is based on the current Ebola Virus

Disease, EVD, outbreak in Uganda. And although this outbreak has lessened over the past week or so, we still recognize the need for state planning and coordination in the event that there is a possible person under investigation that could enter into California.

Some of our efforts include discussing the FEMA Region 9 Ebola and Special Pathogens Transportation Plan with our Regional Disaster Medical Health Specialist partners as well as asking them to review the plan and to really discuss the plan with other regional partners.

We are also coordinating with our FEMA Region 9 partners for their pathogen, Ebola Pathogen Plan to make sure that that's understood and well communicated.

And we are working with our regional and local partners to assess transport capabilities for EVD Ebola virus Disease patients. And we know this is a challenge for us due to limited specialized transport resources. Also the number of available treatment assessment centers, assessment centers and treatment centers. However, we are working regularly now on a weekly basis to discuss this and come up with, you know, local and regional CONOPS for patient transports. Looking at the various capabilities region to region so that we understand what resources are available. And looking at how we can work together to look at transporting, whether it be from north to south of the

state, which requires long transportations. How do we make that happen? Also working with our ASPR Assistant Secretary for Preparedness and Response partners to look at their plans and their contract with Phoenix Air for fixed-wing transports. So these are things that we are looking at and being prepared for in case we were to receive a EVD Ebola Virus Disease person under investigation come into California.

So those are our two primary areas of focus right now in addition to COVID in our response efforts. So I will leave it at that and open it up for questions.

CHAIR UNER: Thank you, Chief Johnson. Any comments from Commissioners?

COMMISSIONER DUNFORD: This is Commissioner Dunford. During the last threat of Ebola or any of these hemorrhagic viruses cities had to develop plans for transportation. Have we gone back and surveyed to find out whether those plans are still intact? Thanks.

CHIEF JOHNSON: Yes, that's a good question. We have actually gone back out working with our regional coordinators to look at our regional plans to make sure we do have them intact. We have updated the regional plan so all six of our regions have a plan. We do have one other region that is still updating their plan but it is definitely well underway. We are also looking at local

CONOPS for a patient movement. So definitely something we have been focusing on.

CHAIR UNER: Thank you, Chief Johnson. Dr. Garzon.

ACTING MEDICAL DIRECTOR GARZON: This is Hernando Garzon again, Acting Medical Director for the State EMS Authority. If I can add on to a bit of what Craig said. We also did message the LEMSAs when this began. This time around saying, we know that everyone developed plans around this, as you mentioned, at the last Ebola risk, and asked them to review those plans, dust them off, update them as necessary and implement them as necessary. So that information did go out to the, to the local EMS systems. We also gave them the information we have been working with our CDPH partners.

If you recall, the federal government actually provided funding and solicited hospitals to be Ebola treatment centers or assessment centers. I think we had six or seven hospitals statewide that took the $2 million federal funding back then. But that funding was a one-time give and many of the hospitals backed away from that. And so one of the things that we have been doing with CDPH is working with hospitals to try and encourage them to keep this up and take this on.

And the reason that we have been so focused on the

transportation piece as well, and especially looking at this regionally, is that only one facility of those original six or seven is still willing to do that and that is Cedars-Sinai in LA. So part of this has included a patient movement plan that may require -- and this is why we went with a fixed-wing and that kind of thing is it may require long distance transports across the state should something, should a patient with these needs come up in Northern California. We are aware of those challenges and have been working with our local and regional partners to make sure the transportation needs are met if needed.

CHAIR UNER: Thank you, Dr. Garzon. Any further questions from Commissioners?

COMMISSIONER DUNFORD: Could I just -- for clarification, there is only one hospital in California that would accept an Ebola -- an at-risk Ebola patient if they came to an airport?

ACTING MEDICAL DIRECTOR GARZON: Every hospital has been -- of course these can come up. We have messaged hospitals that someone could walk into your hospital and do this. But in terms of the hospital agreeing that, yes, we will take a patient in transfer from somewhere else to care for them if they have Ebola, yes. To my knowledge it is one facility.

COMMISSIONER DUNFORD: Because the big issue that

I would encounter on these would be a phone call from the airport that there was an inbound plane with somebody who is ill who had traveled to such and such. And so the issue really usually gets -- begins at the airport and where does the patient go. And right now there's only one hospital that would say, we take an at-risk Ebola patient.

ACTING MEDICAL DIRECTOR GARZON: So the CDC has actually implemented screening at airports for people coming from this area but it's really, I think, only five or six airports in the country. I believe that LAX is one of them and the only one in California. And usually what we saw last time and what we think might be the scenario that plays out is that you have an asymptomatic traveler, perhaps health care worker returning from that area, who becomes sick once they are in-state. So more likely this patient would be monitored by public health because they are identified as somebody that needed screening and was at-risk and came from the area, who then may develop symptoms and require local medical care.

CHAIR UNER: Thank you. Any further discussion among Commissioners?

Any members of the public?

Seeing none, thank you, Chief Johnson.

CHIEF JOHNSON: Thank you.

CHAIR UNER: We will move to Agenda Item number

11, which is an action item, Open Nominations for Election of Officers for the term of March 2023 to March 2024. The Commission will collect nominations today and then will hold a vote at the upcoming March 2023 meeting.

To recap, the current Commission Officers include myself as Chair, Commissioner Burrows as Vice Chair; and on the Administrative Committee we have Commissioner Dunford as the Immediate Past Chair as well as two Commissioners, Commissioner Valeri and Commissioner Miller.

The nominations we need today is one for Chair, I am terming out in March just as I get the hang of this (laughter), and for Vice Chair and for two of the three Commissioners on the Admin Committee.

So at this time I will open nominations for the position of Chair. Commissioners?

COMMISSIONER BARROW: Clarification question. Of the current officers who is available or not available? Do we have a term limit issue in play?

CHAIR UNER: Term limit for myself. I am not aware whether Commissioners Valeri and Miller meet term limits. Can someone from EMS Authority clarify? Are there term limits for the Admin Committee and if so what are they? Probably two years but this is a guess.

HIE GRANT PROGRAM ANALYST MCGINNIS: So I show Commissioner -- okay, go ahead.

REGULATIONS MANAGER GRAY: What you have, Julie. (Laughter.)

HIE GRANT PROGRAM ANALYST MCGINNIS: Go for it.

REGULATIONS MANAGER GRAY: Okay. This is starting to push a little bit to the edge of my knowledge so thank you for putting me through this test. My initial understanding just right off the top is that people, the Commissioners can serve two consecutive one year terms and then they have to take a break from that particular office. They can move to another one. But they can only remain within the particular one whether it is Chair, Vice Chair or Administrative, for two one-year terms and then they, you know, have got to go somewhere else after that.

CHAIR UNER: Perfect, thank you so much. I will ask Commissioners Valeri and Miller to check their schedules and see how long they have been in that position?

COMMISSIONER BARROW: So, further clarification. So Commissioner Uner, you are done; is that true?

CHAIR UNER: Correct, I need to be replaced (laughter).

COMMISSIONER BARROW: Yes. And then Commissioner Burrows, this is your first year, right?

VICE CHAIR BURROWS: No.

COMMISSIONER BARROW: No? Second year in that position?

VICE CHAIR BURROWS: As Vice Chair?

COMMISSIONER BARROW: Yes.

VICE CHAIR BURROWS: Yes.

COMMISSIONER BARROW: So you are done, right?

CHAIR UNER: That's correct.

COMMISSIONER BARROW: Okay. I guess, I guess it would be helpful just to have a layperson's kind of walk through the names so that before people start making nominations it is very clear who is available and not available.

CHAIR UNER: I believe I just did that but either way. So Chair Uner no longer available, Vice Chair Burrows in the Vice Chair position no longer available, Commissioner Valeri no longer available for that position.

COMMISSIONER MILLER: Ken Miller doesn't know (laughter).

CHAIR UNER: Commissioner Miller, not sure.

COMMISSIONER DUNFORD: And I assume that as you roll off as the former Chair you become, you go to the Administrative Committee and that bumps me out of that position.

CHAIR UNER: That is correct. So that's why there's only two Admin Committee positions open. So having clarified that, the position of Chair is open so I will collect nominations for the position of Chair.

COMMISSIONER THOMPSON: I nominate Sean Burrows for Chair.

CHAIR UNER: Great. Sean Burrows is on, I second that. Any other nominations for Chair?

COMMISSIONER KUSMAN: I will nominate Dr. Gautreau for Chair.

CHAIR UNER: Great. So we have Commissioner Burrows and Commissioner Gautreau for the Chair position. And this stays open. So in other words, you can always throw your hat in the ring at the March meeting just before the vote as well.

Any further nominations?

So we have Commissioner Burrows and Commissioner Gautreau for the position of Chair.

Seeing no further nominations I now open the nominations for Vice Chair.

COMMISSIONER VALERI: Commissioner Kusman, please.

CHAIR UNER: This nomination is for Vice Chair, Commissioner Kusman. Any other nominations?

I will nominate Commissioner Gautreau for Vice Chair.

Seeing none further, we need two nominations for the positions on the Administrative Committee. Go ahead.

VICE CHAIR BURROWS: Just a point of clarification. Can a Commissioner be nominated for two

separate positions in the same election cycle?

CHAIR UNER: I would think so because the vote goes on for Chair first and if you become Chair then you are no longer available for the Vice Chair position.

VICE CHAIR BURROWS: Thank you.

COMMISSIONER BARROW: I will nominate Commissioner Brown for the Administrative Committee.

CHAIR UNER: Commissioner Brown for Administrative Committee. Any other nominations? We need at least one more.

COMMISSIONER GAUTREAU: I nominate Commissioner Miller.

CHAIR UNER: Commissioner Miller in case he is eligible for a redo. (Laughter.) Any other nominations? We should have one more just in case we figure out that Dr. Miller who is no longer available.

COMMISSIONER BARROW: Can I make a second nomination?

CHAIR UNER: Absolutely.

COMMISSIONER BARROW: Nominate Commissioner Rodriguez.

CHAIR UNER: Commissioner Rodriguez. So we have Commissioners Brown, Miller and Rodriguez as candidates for the Admin Committee. You can all come out from under the table now. (Laughter.) All right, closing these

nominations, I think we have them all. I think the minute taker probably got them. I don't think we need any finalization of this because this will not come up until the next meeting when there is a vote.

Agenda Item number 12 is the Approval of the 2024 Meeting Dates.

So the 2023 meeting dates have been set, March 15, 2023 in Garden Grove, June 14, 2023 in Sacramento, September 20, 2023 in San Diego and December 13, 2023 in Oakland. Just to recap, those are not up for vote.

We are now looking at 2024, March 13, 2024 in Garden Grove, June 12, 2024 in Sacramento, the December 11 2024 in Oakland. And we all believe that September 28, 2024 in San Diego is a typo because that is a Saturday. Do we have clarification whether we meant to say September 18 or September 25?

HIE GRANT PROGRAM ANALYST MCGINNIS: That was up for debate still. The 18th had conflict so the 25th was discussed. However, that is the fourth Wednesday of the month and the bylaws state that it should be on the third.

CHAIR UNER: If that's what it states. And we usually coincide these with EMSAAC and EMDAC and we should probably stick to the usual pattern.

ACTING DIRECTOR BASNETT: That would be the 18th.

HIE GRANT PROGRAM ANALYST MCGINNIS: Then it would

be the 18th.

CHAIR UNER: EMS Authority, we agree? Okay. So let's put it up for September 18, 2024 in San Diego. Any discussion among Commissioners about these dates?

Give a motion to accept the dates with September 18 instead of 28.

COMMISSIONER KUSMAN: So moved.

COMMISSIONER SNYDER: Snyder, second.

CHAIR UNER: Motion by Commissioner Kusman, seconded by Commissioner Snyder. And we will take a vote. Commissioner Dunford?

COMMISSIONER DUNFORD: Aye.

CHAIR UNER: Commissioner Brown?

COMMISSIONER BROWN: Aye.

CHAIR UNER: Commissioner Barrow?

COMMISSIONER BARROW: Aye.

CHAIR UNER: Commissioner Burrows?

VICE CHAIR BURROWS: Aye.

CHAIR UNER: Commissioner Thompson?

COMMISSIONER THOMPSON: Aye.

CHAIR UNER: Commissioner Oshita?

COMMISSIONER OSHITA: Aye.

CHAIR UNER: Commissioner Lam?

COMMISSIONER LAM: Aye.

CHAIR UNER: Commissioner Miller?

COMMISSIONER MILLER: Aye.

CHAIR UNER: Commissioner Rodriguez?

COMMISSIONER RODRIGUEZ: Aye.

CHAIR UNER: Commissioner Snyder?

COMMISSIONER SNYDER: Snyder, aye.

CHAIR UNER: Commissioner Valeri?

COMMISSIONER VALERI: Aye.

CHAIR UNER: Commissioner Kusman?

COMMISSIONER VALERI: Aye.

CHAIR UNER: Commissioner Gautreau?

COMMISSIONER GAUTREAU: Aye.

CHAIR UNER: And Uner is, aye, so it is all ayes. I think I have 14 if I counted that correctly. But no nays and no abstains so the 2024 dates are accepted with the modification it is September 18 and not 28.

Agenda Item Number 13, December 2023 Meeting Location Revision Request. There was a request to change the location for December 2023 from Oakland back to San Francisco and I assume to happen at the Marines' Memorial, which was tradition; is that correct?

SPEAKER: That's correct.

CHAIR UNER: Any discussion among Commissioners? Of note, the other associated meetings EMDAC and EMSAAC will probably happen in the East Bay area so in Oakland, again, where we are, at or similar. Any Commissioner discussion

then? Go ahead.

REGULATIONS MANAGER GRAY: I just wanted to make note. The meetings that have taken place at Marines' Memorial were also in association with our EMS Awards, which no longer take place during December. So the availability of Marines' Memorial at a cost that is within the state's budget may be a question.

CHAIR UNER: Thank you so much. So yes, it is correct. It was always the backdrop for the EMS Awards, that was part of that location. That is no longer the case. EMS Awards will happen in summer?

REGULATIONS MANAGER GRAY: Yes, I will be discussing that during public comments momentarily.

CHAIR UNER: All right. Any discussion among Commissioners?

Any members of the public wish to comment?

Is there a motion to accept the change to move from Oakland back to San Francisco or is there no motion among the Commissioners?

COMMISSIONER KUSMAN: So I just had a question. Sorry, I didn't make my hand as visible as I should have previously. Remind me, what is the background for relocating back to San Francisco? Where is the request coming from or, you know, the purpose? Do we know?

CHAIR UNER: As best I know, it is to go back to

the Marines' Memorial which many believe to be a worthwhile cause and an institution worth supporting. It was the backdrop for the EMS Awards, it was always very festive with that. But that said, the EMS Awards probably won't happen there anymore. The reason not to go there anymore, at least for other organizations, was cost. It is a significant cost over other locations. Okay.

COMMISSIONER MILLER: And remind me too, the other associated meetings of EMSAAC and EMDAC, have those been confirmed in what city? Probably it should be together.

CHAIR UNER: As best I know they are located here for the December meeting. So it would be a short commute but it would be a commute.

If there is no motion then there is no motion. No motion and the request for a motion does not pass, right?

Okay, we will move on to the Items for the Next Agenda, Agenda Item number 14. For the next agenda, Commissioners, any items we want to have on the next agenda?

Hearing none, we will take the agenda as it comes. We will stay with our agenda. Agenda Item Number 15 is the National EMS Memorial Bike Ride. We will have a video presentation for that. And I am told it lasts 15 minutes so that should give us plenty of time for comments but we can't be much longer. Thank you.

HIE GRANT PROGRAM ANALYST MCGINNIS: Good

afternoon, Chair and Members the Commission. I am Julie McGinnis. I am with EMS Authority and I am helping with the Executive Division in the Commission activities.

Dave Magnino with Sacramento County EMS had intended to be here to present to you the September 2022 to Muddy Angels Bike Ride information. Unfortunately Mr. Magnino was not able to join us today but he did send a brief six minute presentation that he would like shown. And if anyone has any questions about the Muddy Angels or getting involved with their future events to please contact Dave Magnino at SAC County EMS. Thank you.

(A video was shown.)

CHAIR UNER: Thank you so much and thank you for the presentation.

The last item on the agenda is Public Comment. Any members of the public want to comment on anything that was not on the agenda?

REGULATIONS MANAGER GRAY: I get to be here for something fun. Back to the EMS awards. They are continuing. As with last year, we held the ceremony at the Main Event Center, which is above the LA County Fire Museum, Home of Engine 51, which I remember. It was thrilling to be there and be a part of that festivity and we will be doing it again this year, again during National EMS Week. We have secured the date of May 22.

As usual we are here to ask for nominations. We are looking in all categories. The information is on the EMS website; it is under responders and personal recognition. You can find the awards link and the various forms or just reach out to me, I am happy to point you in the right direction and get you the necessary information. Officially we are taking nominations through the end of the year. That might be extended a little, we'll see how it plays out. So don't wait. We really would appreciate more contributions because there's so many remarkable people out there who deserve to be noticed for their actions here in 2022.

And on a secondary note, I would like to take a moment because I had the honor and privilege two years ago to serve as support for one of the stages for the National EMS Ride here on the West Coast from Sacramento to Vacaville. We had a wonderful ceremony out in front of the State House. It was duly exciting for me because not only my first time, I was not a bicycle rider, I was a support vehicle and became the first motorcycle support vehicle for the West Coast ride along the way, which proved quite beneficial for getting through certain places. But it is a remarkable event should you ever have the opportunity to attend one of their outings, help in supporting or even in riding. You don't have to ride all six days, you can just

pick one along the way. So I wanted to share that with everyone. Thank you.

CHAIR UNER: Thank you, Mr. Gray. And the award nomination criteria and stuff, that's on the EMSA website?

REGULATIONS MANAGER GRAY: Yes, a complete breakdown of the different types of awards and the criteria for each of them are listed on the website.

CHAIR UNER: Perfect, thank you. I hope that Commissioners and audience will take that to their home organizations.

Any further comments from the public on anything that was not on the agenda?

MR. HARTLEY: My name is Brian Hartley, Bound Tree Medical, retired paramedic. One request from the Commissioners, when you do have your, excuse me, annual report on the paramedic licensing, I think it would be of benefit for transparency to know the number of licensed paramedics in California versus those that are practicing paramedics. There is a difference.

CHAIR UNER: Thank you.

Any further comments from the public?

Commissioner Thompson.

COMMISSIONER THOMPSON: Sorry, out of order. I would just like to say that I think it was very beneficial when we have these meetings hybrid. Not for us and we know

it is great to attend in person, but I know I got a lot of emails about people that couldn't attend up here and they would have appreciated a Zoom link; even if it's closed, no comments or whatever. But again, I think we picked up, we had 100 people on those Zoom meetings that were able to tune in. So I just found it very beneficial, if that can be brought back.

CHAIR UNER: I think as much I agree. We all learned that meeting attendance goes up if commutes go down, right. Is that even an option though? I think that we need an exception from the Brown Act to conduct these meetings not in person and I am not so sure it's an option to even broadcast it. Any further comments from the public?

Seeing none, I would like to commend Mr. John Owen and Mr. Carlos Resendez for running the AV equipment so smoothly. There they are. Thank you so much, gentlemen.

Can I have a motion to adjourn the meeting?

COMMISSIONER GAUTREAU: So moved.

CHAIR UNER: Commissioner Gautreau. Second?

COMMISSIONER BARROW: Second.

CHAIR UNER: Commissioner Barrow. I will not take a formal vote on this. (Laughter.) No abstentions. Thank you so much. Thanks, everybody.

(Thereupon, the Commission meeting was adjourned at 12:38 p.m.)

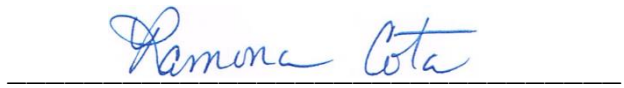
CERTIFICATE OF REPORTER

I, RAMONA COTA, an Electronic Reporter and Transcriber, do hereby certify:

That I am a disinterested person herein; that the foregoing Emergency Medical Services Authority Commission Meeting was electronically reported by me and I thereafter transcribed it.

I further certify that I am not of counsel or attorney for any of the parties in this matter, or in any way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 29th day of December, 2022.



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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 4A**

SUBJECT: Administrative and Personnel Report

PRESENTER: Rick Trussell, Chief, Fiscal and Administration Unit

CONSENT: _X_ ACTION: ___ INFORMATION: ___

FISCAL IMPACT

None

DISCUSSION

Emergency Medical Services Authority (EMSA) Budget:

2023-24

The Governor's Proposed Budget for 2023-24 released in January of this year includes expenditure authority in the amount of $53.7 million and 114 permanent positions. Of this amount, $30.6 million or 56.9% is delegated for State operations and $23.1 million or 43.1% is delegated to local assistance. The following budget adjustments are included in the proposed budget:

- EMSA is requesting $84,000 General Fund in 2023-24, 2024-25, and 2025-26 to recruit and hire temporary staff to coordinate and support the implementation of AB 2130 (Chapter 256, Statutes of 2022), which requires emergency medical technicians (EMT-I), advanced emergency medical technicians (EMT-IIs), and paramedics (EMT-P) upon initial licensure, to complete at least 20 minutes of training on issues relating to human trafficking.
- EMSA is requesting $100,000 General Fund in 2023-24 to contract with a consultant to assist in the development of a Diversity, Equity, and Inclusion Strategic Plan that aligns with California Health and Human Services (CalHHS) initiatives to reduce health inequities and disparities and to support EMSA's emergency medical service (EMS) System Strategic Priorities.

2022-23

The 2022-23 California State Budget includes 114 permanent positions and expenditure authority of $184.7 million which includes $100 million to assist in recovering expenses associated with medical surge staff deployments to California medical facilities during the COVID-19 pandemic. Of this amount, $162 million, or 88%, is delegated for State operations, and $22.7 million, or 12%, to Local Assistance.

As of March 2, 2023, accounting records reflect that the Department has expended and encumbered $30.5 million or 16.5% of expenditure authority available. Of this amount, $21.9 million, or 13.5% of State Operations expenditure authority, is expended and or encumbered, and $8.6 million, or 37.8% of local assistance expenditure authority, has been expended and encumbered.

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

EMSA Staffing Levels:

The Department staffing level includes 114 permanent positions and 11 temporary (blanket and retired annuitant) positions. Of the 125 positions, 51 positions are vacant as of February 14, 2023.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 4B**

SUBJECT: Legal Report

PRESENTER:

CONSENT: _X__ ACTION: ____ INFORMATION: ___

FISCAL IMPACT

No fiscal impact.

DISCUSSION

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

Disciplinary Cases:

From November 16, 2022 to February 24, 2022, the Authority has issued nine new accusations against existing paramedic licenses, and issued five decisions on petitions for reduction of penalties. The Authority has issued three administrative fines and one denial letter. Of the newly issued actions, two of the Respondents requested that an administrative hearing be set. Three of the newly issued actions have resolved by a stipulated settlement agreement. There are currently four hearings scheduled with the Office of Administrative Hearings. There are currently twenty-six open active disciplinary cases in the legal office.

Litigation:

Tagliere v. Director of EMSA: Los Angeles County Superior Court #22STCP00253, Writ of Administrative Mandamus. All post-judgment filing deadlines relating to

the petitioner's ability to file for relief or appeal have expired and this matter is concuded.

Gurrola v. Duncan: United States District Court, Eastern District, 2:20-Cv-01238-JAM-DMC. All post-judgment filing deadlines relating to the petitioner's ability to file for relief or appeal have expired and this matter is concuded.

Waters v. EMSA: Sonoma County Superior Court #SCV-268267, Writ of Administrative Mandamus. The Authority is awaiting the Order of Dismissal.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 4C**

SUBJECT: ENFORCEMENT REPORT

PRESENTER: Alexander Bourdaniotis, Supervising Special Investigator

CONSENT: ___ ACTION: ___ INFORMATION: __x_

RECOMMENDATION

Receive information on Enforcement Unit activities.

FISCAL IMPACT

None

BACKGROUND

Unit Staffing:

The Enforcement Unit is budgeted for five full-time Special Investigators and one full-time Associate Government Program Analyst (AGPA-Probation Monitor). The unit is currently fully staffed.

Investigative Workload:

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

Cases opened since January 1, 2023, including:

Cases opened:	47
Cases completed and/or closed:	32
EMT-Paramedics on Probation:	233

In 2022:

Cases opened:	346
Cases completed and/or closed:	265
EMT-Paramedics on Probation:	235

Status of Current Cases:

The Enforcement Unit currently has 137 cases in "open" status.

As of March 1, 2023, there are 69 cases that have been in "open" status for 180 days or longer, including: 10 Firefighters' Bill of Rights (FFBOR) cases and 8 cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 69 cases are divided among five special investigators and are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

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

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 5A**

SUBJECT: Legislative Report

PRESENTER: Kent Gray
Regulations Manager

CONSENT: ___ ACTION: ___ INFORMATION: _X_

RECOMMENDATION

Receive information regarding current bills potentially affecting EMS.

FISCAL IMPACT

No fiscal impact.

DISCUSSION

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

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 5B**

SUBJECT: Regulations Update

PRESENTER: Kent Gray
Regulations Manager

CONSENT: ___ ACTION: ___ INFORMATION: _X_

FISCAL IMPACT

No fiscal impact.

DISCUSSION

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

- Training Standards for Child Care Providers & Merger of Chapters 1.1 and 1.2.
  - Status: Developing proposed text
  - Purpose: General update.

- Public Safety-First Aid (Ch. 1.5)
  - Status: Hold
  - Purpose: General Update.

- Lay Rescuer Epinephrine Auto-Injector Training Certificate Standards (Ch. 1.9)
  - Status: Developing proposed text and under review at EMSA
  - Purpose: Updates, including required form.

- Paramedic Fees (Ch 4)

- Status: Modifying per OAL
- Purpose: Fee increase based on costs from AB 450.

- Administered Medications (Ch. 4 § 100146)
  - Status: Proposed text developed and under review with Agency.
  - Purpose: Add new medications to list under subsection (c)(1)(R)

- Trauma Care Systems (Ch. 7)
  - Status: Trauma regulation workgroup meetings continue to develop proposed text.
  - Purpose: General update.

- Emergency Medical Services System Quality Improvement (Ch. 12)
  - Status: Developing proposed text
  - Purpose: General update.

- EMS Plans (Ch. 13)
  - Status: Review of previously submitted comments and developing new draft
  - Purpose: Provide new and updated regulations for annual EMS plans, Requests for Proposal and general EMS administration required by statute.

- Dispatch
  - Status: Developing proposed text
  - Purpose: Implement SB 438 (Statutes of 2019)

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2022 **ITEM NUMBER: 6A**

SUBJECT: Community Paramedicine & Triage to Alternate Destination Program Update

PRESENTER: Lou Meyer, Community Paramedicine & Triage to Alternate Destination Program Manager/Consultant

CONSENT: ___ ACTION: ___ INFORMATION: **X**

RECOMMENDATION

Receive information regarding the Community Paramedicine & Triage to Alternate Destination Program

FISCAL IMPACT

EMSA has entered consultant contracts for both the consultant and the independent evaluator. Local providers participate with in-kind contributions and any local grants or insurance reimbursement.

BACKGROUND

On June 15, 2022, the Regulations necessary to implement AB 1544 were presented to and approved by the EMS Commission following the required Public Comment Periods, and then received final approval by the Office of Administrative Law (OAL), with an effective date of November 1, 2022.

SUMMARY

To assist the LEMSAs in the implementation of Community Paramedicine & Triage to Alternate Destination programs in their areas, EMSA collaborated with Stakeholder Groups and the Community Paramedicine Program Manager/Consultant in the development of a "Tool Kit" to assist in the

preparations of their individual programs and the submission of their EMS Plan Amendment.

The CARESTAR Foundation hosted two Community Paramedicine & Triage to Alternate Destination program implementation workshops, one in San Diego and another in Berkley. with the purpose of reviewing the "Tool Kit" and to explain the requirements contained within the recently adopted regulations which was predominately attended by field providers.

1. The first event will be held on Thursday, December 8th, 2022, at the Holiday Inn San Diego – Bayside (4875 North Harbor Drive, San Diego, CA 92106) from 10 am to 2 pm.
2. The second workshop will be held on Thursday, December 15th, 2022, in Berkeley, California, at the Brower Center (2150 Allston Way, Berkeley, CA, 94704) from 10 am to 2 pm.

DISCUSSION

As of the writing of this report, EMSA has not received any EMS Plan Amendments to implement a Community Paramedicine and or Triage to Alternate Destination Program. Feedback from the Work Shops as well as numerous inquiries from LEMSA's and Field Providers revealed a hesitancy to establish Community Paramedicine and/or Triage to Alternate Destination programs.

Based on the information we have received, there are two factors with the hesitancy to establish these programs. The first is based on the January 1, 2024, sunset date contained within the regulations. LEMSAs and providers do not want to invest the time or funding necessary to implement the provisions of AB 1544 if the program sunset date is not extended in some manner.

The second concern is that the current regulations only codified the Community Paramedicine and Triage to Alternate Destination pilot projects that have been operating in the state. The current regulations are limiting and do not give much flexibility in program creation and content. With the ever-changing environment in EMS, many entities believe these regulations need to be significantly amended to include other possible programs that could fall into the global arena of Community Paramedicine and Triage to Alternate Destination.

As of the writing of this document, there has been a bill submitted related to Community Paramedicine/Transport to Alternate Destination. The bill, AB767, Gibson, is under preliminary review at EMSA.

EMSA is monitoring for additional legislation relevancy to Community Paramedicine and Triage to Alternate Destination programs.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 6B**

SUBJECT: California Emergency Medical Services Information System Program Update

PRESENTER: Tom McGinnis, Chief
EMS Systems Division

CONSENT: ___ ACTION: ____ INFORMATION: _X__

RECOMMENDATION

Receive information regarding the California Emergency Medical Services Information System (CEMSIS) program.

FISCAL IMPACT

None

BACKGROUND

The EMS Authority continues to use the National Emergency Medical Services Information System (NEMSIS) version 3.4 which is the most current data standard. Out of 34 Local EMS agencies (LEMSA's), 33 are currently participating at some level in the submission of EMS data. CEMSIS has over 4.8 million records for 2022 and has already received over 300,000 records for 2023. Once the final non-participating LEMSA and the other LEMSAs who are not fulling submitting their data, it is anticipated that CEMSIS will have approximately six million records each year. We are working with the LEMSAs who are not submitting either part or all of their EMS data to CEMSIS to get their data included in the state data system.

SUMMARY

CEMSIS Repository Transition:
The EMS Authority has been working on bringing CEMSIS in-house since mid-2022. In 2013, EMSA began contracting with the Inland Counties Emergency Management Agency (ICEMA) to operate and support CEMSIS. The data in CEMSIS that will be brought in-house to the EMS Authority is EMS data, Trauma data and will also include Stroke data, STEMI data and Emergency Medical Services for Children data. The CEMSIS system went live on January 23, 2023. Absent some minor transition issues that were anticipated, the transition has gone very well. For the first 30 days of operation, CEMSIS will remain in a transition phase to ensure we correct any issues.

This transition from ICEMA was an emergency procurement to continue to operate and support CEMSIS. The EMS Authority will be developing a competitive process to meet the long-term CEMSIS needs based on the statewide and national EMS data requirements. It is anticipated the competitive process will be started in 2024.

NEMSIS 3.5 Transition:
In 2018, NEMSIS announced version 3.5 was underway. NEMSIS finalized the data dictionary for version 3.5 on November 30, 2019 and is located on their website (www.NEMSIS.org). The change to NEMSIS V3.5 is necessary to correct errors in V3.4 and expand data elements related to the disposition of patients and incidents in the EMS system.

The EMS Authority is expected to transition to version 3.5 by October 1, 2023. The current version (3.4) will no longer be accepted and will expire on December 31, 2023. The EMS Authority is working on compliance for version 3.5 and anticipate being compliant by the end of quarter 2 this year.

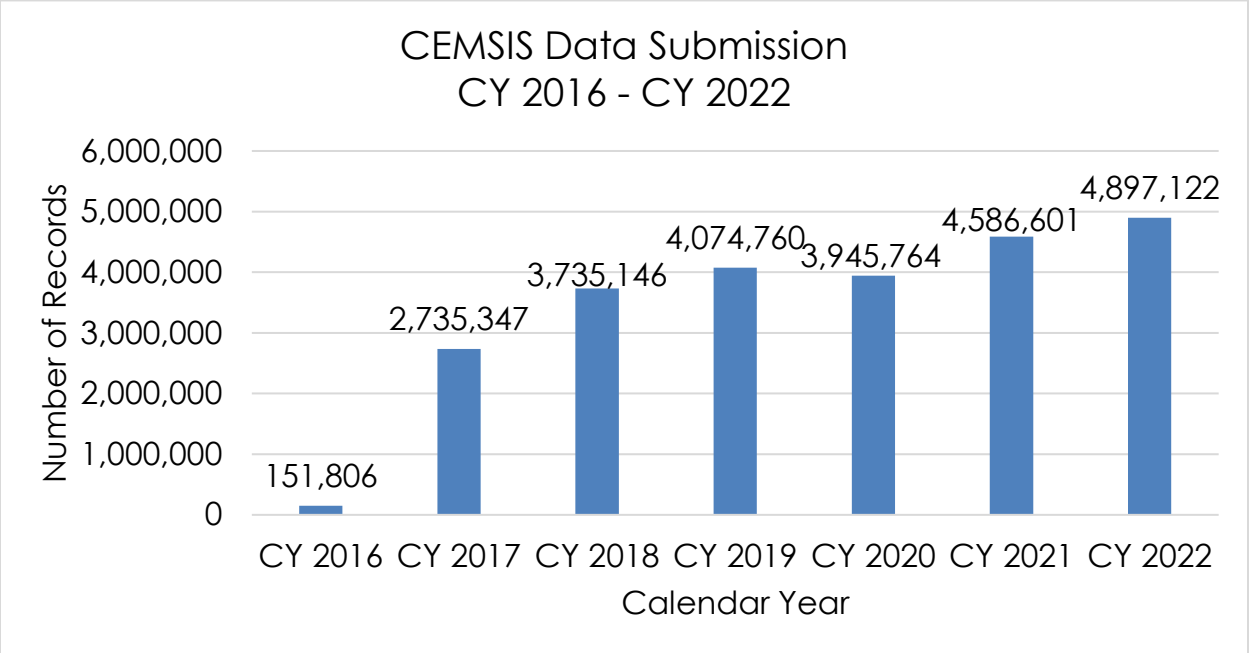
Ambulance Patient Offload Time (APOT):
On July 20, 2022, the EMS Authority notified all LEMSAs of upcoming changes to APOT reporting for the 2023 calendar year. Beginning January 1, 2023, the EMS Authority is solely using CEMSIS data to run APOT reports.

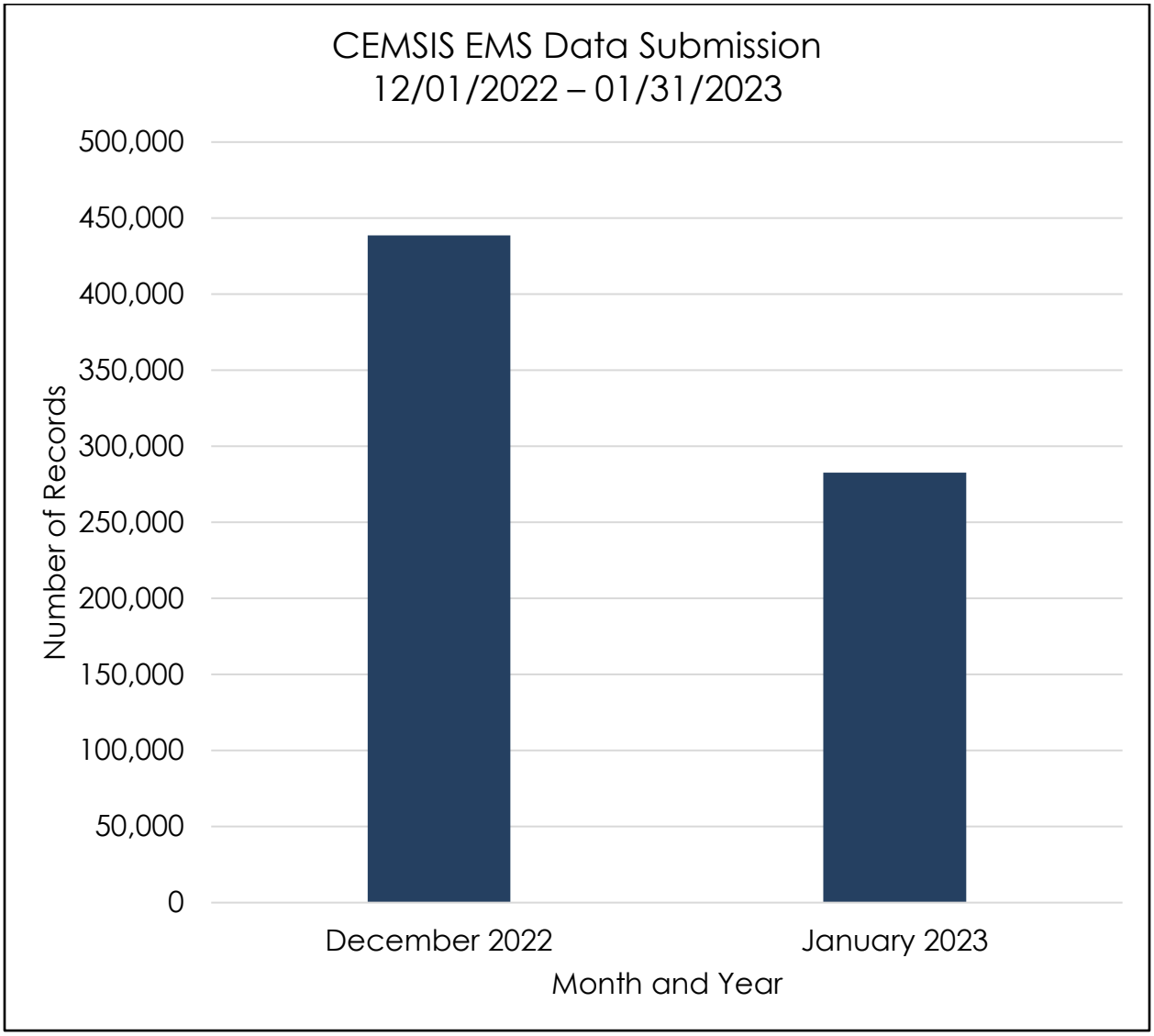
Bio spatial:
In Fall of 2019, the EMS Authority partnered with Bio spatial, allowing us the opportunity to further utilize California EMS data at no cost to the State. Bio spatial is an EMS data platform that uses EMS and health-related data sources that provide timely, national-scale syndromic detection and anomalies, monitor real-time trends, and alerts that are critical to ensuring the nation's health and safety. As part of our negotiation with Bio spatial to send them California EMS data, the EMS Authority obtained access for each LEMSA in the state. This will

allow the LEMSAs to view their data in the same way we can view it at the EMS Authority.

All LEMSAs are given access to their specific data on Bio spatial that came directly from CEMSIS. Access to the Bio spatial database and analytical dashboards comes at no cost to the EMS Authority or the LEMSAs and is an opportunity for LEMSAs to analyze their own data submitted into CEMSIS.

During the transition from ICEMA to in-house, there are no changes to this partnership and LEMSAs will continue to have access to Bio spatial.





DISCUSSION

None

ATTACHMENT(S)

None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023, **ITEM NUMBER: 6C**

SUBJECT: ePOLST Registry Update

PRESENTER: Leslie Witten-Rood, Chief
EMSA Office of Health Information Exchange

CONSENT: ___ ACTION: ____ INFORMATION: _X__

RECOMMENDATION: Receive Information on ePOLST Registry Project

FISCAL IMPACT: The passage of AB 133 appropriated $10,000,000 in General Fund (GF) for the development and implementation of a statewide electronic POLST Registry system, and $750,000 of GF was appropriated for each fiscal year after that to EMSA for State operations to prepare for and support the system.

BACKGROUND: The Physician Orders for Life-Sustaining Treatment (POLST) form is a medical order, signed by both a patient and physician, nurse practitioner, or physician assistant, that gives seriously ill patients more control over their care by specifying the type of medical treatment they wish to receive toward the end of life. Currently, the POLST form is a paper process.

Chapter 143, Statutes of 2021 (Assembly Bill 133) enacted the California POLST eRegistry Act on July 27, 2021, which requires EMSA to establish a statewide electronic POLST registry system to collect patient POLST information and provide electronic access to the form by Emergency Medical Services (EMS) and medical providers.

SUMMARY: Under the California POLST eRegistry Act, EMSA shall adopt regulations for the operation of the ePOLST Registry System, including standards and procedures for the submission and dissemination of electronic POLST information, user identity verification, and to ensure the accuracy and protect the confidentiality of POLST information. For this IT project, EMSA must use the State's Project Approval Lifecycle (PAL) process, which is divided into four planning stages, each separated by gates of approval. Stage 1 – Business Analysis (Project Concept), Stage 2 – Alternatives Analysis (Market Research), Stage 3 – Procurement Management (Solution Provider Solicitation Package Development), Stage 4 Project Readiness and Approval (Formal Project Approval) prior to beginning development of the IT solution. EMSA has entered into an Interagency Agreement with the Office of Systems Integration (OSI) to oversee and

manage the project planning, development, and implementation efforts. EMSA completed PAL Stage 1 on January 22, 2022 and is currently completing PAL Stage 2. Completion of the full PAL process typically takes two years.

DISCUSSION:
None.
ATTACHMENT(S)
None.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 7A**

SUBJECT: Update on Framework for Behavioral Health Crisis Response

PRESENTER: Hernando Garzon, MD

CONSENT: ___ ACTION: ____ INFORMATION: _X__

RECOMMENDATION

Receive information regarding an update on the Behavioral Health Crisis.

FISCAL IMPACT

No fiscal impact.

BACKGROUND

In recent years, several state sponsored behavioral health assessments have confirmed that there are capacity challenges across the continuum of behavioral healthcare services. In response, through legislation, regulation, and funding, the state is taking steps to address these capacity challenges. California Emergency Medical Services are significantly impacted by behavioral health crisis needs.

SUMMARY

This report is intended to provide complementary information to what Dr. Miller has already reported on this topic at prior Commission meetings.
Since 2022 Cal HHS has been working with State and external stakeholders to develop the Behavioral Health Crisis Care Continuum Plan (CCC-P) to articulate the statewide vision for the future state crisis care system. This plan is supported by recent health legislation and both state and federal funding. The Plan includes three Strategic Pillars for the future state crisis care system:

- Build towards consistent access statewide
- Enhance coordination across and outside of the crisis care continuum of care
- Design and deliver a high quality and equitable system for ALL Californians

Initial implementation considerations to achieve these Strategic Pillars will be rolled out over the near-, medium- and long-term with milestones to achieve at each stage.
The EMSA has been actively engaged with the Cal HHS Deputy Secretary of Behavioral Health, who attended the most recent EMDAC meeting, and EMSA continues to participate in various state level committees and planning groups for behavioral health. EMSA continues to promote the inclusion of local EMS systems in local behavioral health initiatives, funding and programs.

DISCUSSION

None.

ATTACHMENT(S)

None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 8A**

SUBJECT: Paramedic Fee Structure

PRESENTER: Kim Lew

CONSENT: ___ ACTION: ___ INFORMATION: _X__

RECOMMENDATION

Receive information regarding the paramedic fee structure.

FISCAL IMPACT

The passage of AB 450 increased the Emergency Medical Services Authority (EMSA) expenditures to cover a new Paramedic Disciplinary Board (Board), resulting in an increase in paramedic licensure fees. The increase in fees directly impact paramedic school graduates seeking initial paramedic licensure, renewing and reinstating paramedics, and paramedic employers who elect to pay their employees' licensure costs.

BACKGROUND

The EMSA is responsible for licensing, investigating, and administering disciplinary actions of paramedics. AB 450 (Health and Safety Code 1797.125) requires EMSA to implement an independent Board responsible for reviewing appeals of disciplinary actions taken against paramedic licensees by EMSA. To cover maintenance and operating costs of the Board, AB 450 directs EMSA to use funds from its Emergency Medical Services Personnel Fund (Fund), that is supported entirely by paramedic licensure fees. As a result, EMSA must raise all paramedic licensure fees to remain solvent.

This increase in paramedic licensure fees will be a second increase since the fiscal year 2009/2010. Most recently, EMSA had increased fees for each type of

paramedic license application by $50 over the following two-year period: $25 in fiscal year 2019/2020 and $25 in fiscal year 2020/2021.

SUMMARY

Using current and projected operational costs, EMSA determined a $65.00 increase in all paramedic licensure application fees was necessary to meet EMSA's duty to maintain the fund at the levels prescribed by HSC 1797.112.

The following depicts the fee schedule:

	Current Fees	Spring 2023 Fees
Initial In-State Paramedic license fee:	$300	$365
Initial Out-of-State Paramedic license fee:	$350	$415
Initial Challenge Paramedic license fee:	$350	$415
Renewal Paramedic license fee:	$250	$315
Audit Renewal Paramedic license fee:	$250	$315
Reinstatements Paramedic license fee:	$300	$365

California paramedic fees are among the highest in the nation.

DISCUSSION

None.

ATTACHMENT(S)

None.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15, 2023 **ITEM NUMBER: 9A**

SUBJECT: DMS State Disaster Response Update

PRESENTER: Hernando Garzon, MD

CONSENT: ___ ACTION: ____ INFORMATION: _X__

RECOMMENDATION

Receive information regarding the States response to recent disasters.

FISCAL IMPACT

No fiscal impact.

BACKGROUND

The EMSA Disaster Medical Services (DMS) division continues to monitor large scale events which impact healthcare throughout the state. Through programs including Cal-MAT, Ambulance Strike Teams, and through coordination with OES, CDPH, and other state agencies, the EMSA DMS division remains prepared to execute relevant components of the California Public Health and Medical Operations Plan and other EMSA Disaster Response plans to meet the needs of the healthcare system to respond to disasters.

SUMMARY

Healthcare Winter Surge: Over the past three months, the COVID and influenza impact on hospitals has gradually diminished. Total hospital census has remained stable since mid-December. EMSA continues to monitor hospital utilization through the HHS/CHA daily hospital survey and is working with CDPH to define a monitoring strategy after the end of the declared COVID Emergency.

Ferndale Earthquake: On December 20, 2022, a magnitude 6.4 earthquake struck Ferndale, in Humboldt County. EMSA DMS staff activated to the State Operations Center (SOC), but no state medical assets were requested or deployed.
Winter storms/flooding: During late December and early January the state experienced a series of "atmospheric river" storms that caused significant damage and flooding throughout the state. The EMSA response included:

- Ambulance Strike Teams (ASTs): 3 ASTs were staged at various locations around the state, and ambulances were provided upon request for work in Santa Barbara County.
- Cal-MAT Team: One 13-member Cal-MAT team was deployed to Santa Cruz County for 10 days to provide care at an evacuation shelter in Watsonville. 168 patients were treated, with transfer of 3 patients to a higher level of care.

DISCUSSION

None.

ATTACHMENT(S)

None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: March 15,2023 **ITEM NUMBER: 10A**

SUBJECT: Election of Officers

PRESENTER: Atilla Uner
Chair, Commission on EMS

CONSENT: ___ ACTION: _X__ INFORMATION: ___

RECOMMENDATION

Close the nominations for Chair, Vice Chair, and Administrative Committee, and hold election.14 2022,

FISCAL IMPACT
None

DISCUSSION
Per the Commission on EMS By-Laws, all Commission Officers are eligible for re-election except the immediate past chair who is automatically a member of the Administrative Committee. Chair Uner has served two terms Chair of the Commission on EMS; and is thus not eligible for re-election to Chair of the Commission on EMS.
The following individuals were nominated for Commission Officers at the December Commission meeting:

Nominees for Chair: 1) Sean Burrows 2) Marc Gautreau
Nominees for Vice Chair: 1) Marc Gautreau 2) Travis Kusman
Nominees for Administrative Committee: 1) Paul Rodriguez 2) Ken Miller 3) Curtis Brown

ATTACHMENT(S)

None