

**STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
September 20, 2023
10:00 A.M. – 1:00 P.M.**

**Location
Holiday Inn Bayside-San Diego
4875 North Harbor Drive
San Diego, CA. 92106**

AGENDA

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of June 14, 2023, Minutes**
- 3. Director's Report**
- 4. Consent Calendar**
 - A. Administrative and Personnel Report
 - B. Legal Report
 - C. Enforcement Report
 - D. PDRB Report

Regular Calendar

- 5. EMS Administration**
 - A. Legislative Report
 - B. Regulations Update- 22 CCR 100146 Scope of Practice of Paramedic
Additional medications to administer
- 6. EMS Systems**
 - A. CEMSIS transition from 3.4 to 3.5
 - B. Ambulance Patient Offload Time (APOT)
 - Panel 1: *California Hospital Association; Hospital perspective on APOT*
 - Sheree Lowe, California Hospital Association
 - Rose Colangelo, Sutter Roseville Medical Center

- Pamela Allen, Redlands Community Hospital

➤ Panel 2: *Provider perspective on APOT*

- Local EMS perspective
- Brian Henricksen, Global Medical Response
- Darrell Roberts, Chula Vista Fire
- Public Sector Admin-Roger Braum, EMS Battalion Chief
Culver City
- Public Sector Physician- Tressa Naik, Cosumnes Fire

7. EMS Personnel

A. Human Trafficking-Update on PM training, scope of the issue in CA

8. Items for Next Agenda

- Opioid Crisis
- Behavioral Health
- Buprenorphine

9. Public Comment

10. 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.

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, June 14, 2023
Double Tree by Hilton Sacramento
2001 Point West Way
Sacramento, 95815**

MINUTES

COMMISSIONERS PRESENT:

Sean Burrows, Mark Gautreau, M.D., Travis Kusman, Ken Miller, M.D., Ph.D.,
Lori Morgan, M.D., Jodie Pierce, Paul Rodriguez, Carole Snyder,
Kristin Thompson, Atilla Uner, M.D., and Todd Valeri

COMMISSIONERS ABSENT:

Steve Barrow, Curtis Brown, James Dunford, M.D., David Ghilarducci, M.D.,
Thomas Giandomenico, Nancy Gordon, Lydia Lam, M.D., Masaru "Rusty" Oshita, M.D.

EMS AUTHORITY STAFF PRESENT:

Elizabeth Basnett, Acting Director
Brian Aiello, Chief Deputy Director
Hernando Garzon, M.D., Acting Medical Director
Kim Lew, Chief, EMS Personnel Division
Julie McGinnis, HIE Grant Program Analyst
Tim Reed, Chief, Disaster Medical Services
Ashley Williams, Deputy Director of Legislative and External Affairs

PUBLIC COMMENTORS:

Rose Colangelo, Sutter Health
Pamela Martinez, Ontario Fire Department
Ray Ramirez, California Fire Chiefs Association
Amanda Ward, Paramedic Program Director, Crafton Hills College

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Sean Burrows called the teleconference meeting to order at 10:00 a.m. Eleven Commissioners were present. He led the Pledge of Allegiance and reviewed the meeting protocols and meeting agenda.

2. REVIEW AND APPROVAL OF MARCH 15, 2023, MINUTES

Action: Commissioner Morgan made a motion, seconded by Vice Chair Gautreau, that:

- *The Commission approves the March 15, 2023, Commission on Emergency Medical Services (EMS) Teleconference Meeting Minutes as presented.*

Motion carried 10 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Kusman, Miller, Morgan, Pierce, Rodriguez, Thompson, Uner, and Valeri, Vice Chair Gautreau, and Chair Burrows.

The following Commissioner abstained: Commissioner Snyder.

3. DIRECTOR’S REPORT

Elizabeth Basnett, Acting Director, provided her report:

Administrative Updates

The EMSA headquarters have moved to Rancho Cordova.

The Paramedic Disciplinary Review Board (PDRB) is launching next week with its first case review the following week.

Update on EMSA Strategic Priorities for 2023

- Strategic Planning: The California EMS System Strategic Plan was published last week and posted to the website. It established for the first time the collective mission and vision of the California EMS system and includes eight guiding principles, six overarching priorities, and twenty objectives. The next step is to work with partners statewide to operationalize the plan.
- Data and Technology: Data is the foundation of the EMS. Data is necessary to support policy decision-making. The California EMS Information System (CEMSIS) was brought in-house under the management of the state. The Physician Orders for Life-Sustaining Treatment (ePOLST) and the California EMS Data Resource System (CEDRS) projects are ongoing.
- Partnerships and Service Orientation: Work is ongoing to build partnerships, improve collaborations, and better orient toward being a patient-centered service organization.

There were no questions from Commissioners and no public comment.

4. CONSENT CALENDAR

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

Action: Commissioner Uner made a motion, seconded by Commissioner Pierce, that:

- *The Commission approves all items on the Consent Calendar as presented.*

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Kusman, Miller, Morgan, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, Vice Chair Gautreau, and Chair Burrows.

The item was noted and filed.

REGULAR CALENDAR

5. EMS ADMINISTRATION

A. Legislative Report

Ashley Williams, Deputy Director of Legislation and External Affairs, reviewed the EMSA Legislative Update of the bills currently being tracked and analyzed by staff, which was included in the meeting materials and posted on the website.

Discussion

Commissioner Miller spoke on behalf of the EMS Medical Directors' Association of California (EMDAC) regarding the trailer bill about the restructuring of EMSA leadership. He stated EMDAC encourages following the local EMS agencies (LEMSAs) model of collaboration between the Administrator and the EMS Medical Director on all matters except for occasions for medical decision-making. That responsibility and authority lies with the Medical Director.

Commissioner Uner stated the California Chapter of the American College of Emergency Physicians (ACEP) opposes the budget trailer bill changes to the qualification requirements of the EMS Authority's directorship unless they are amended. The trailer bill would remove the requirements that the director of EMSA be a physician with substantial experience in emergency medicine. As the entity responsible for the oversight of EMS systems throughout the state, as well as the training and scope of practice of EMS personnel, EMSA has many responsibilities that require knowledge of clinical aspects of emergency care in a pre-hospital setting. California ACEP is requesting amendments to ensure the Chief Medical Officer has purview over all clinical and medical department functions and will act as ultimate medical authority at the organization.

Commissioner Morgan read a statement from Dr. Lydia Lam, Southeast Regional Trauma Coordination Committee Chair, Subcommittee of the State Advisory Trauma Advisory Committee, and Governor for the American College of Surgeons, San Diego Chapter. Commissioner Lam stated the Director of the Emergency Medical Services should be a qualified, board-certified emergency service physician or equivalent physician. It is understood that there are challenges to recruit into this position, but the frequent decisions based on medical knowledge are important for the care and safety of patients in California.

Commissioner Morgan, speaking for herself, stated the importance for patient safety of physician oversight of medical decision-making from a trauma perspective. The general standard of care should not be different from the local standard of care.

Vice Chair Gautreau stated the California Chapter of the National Association of EMS Physicians agrees that the EMSA Medical Director should continue to provide medical oversight and retain ultimate authority over clinical decisions and should be at least board certified in emergency medicine with substantial experience and/or board certification in EMS. He noted that this in no way reflects on the present administration of EMSA. Acting Director Basnett is universally admired among physicians.

Vice Chair Gautreau stated concern that clinical decisions by physicians are increasingly colored by political considerations. Physicians in physician organizations in the state feel very strongly about this and hope that the state will give that due consideration.

Commissioner Thompson asked about the roles of the Chief Medical Officer who will soon be appointed.

Acting Director Basnett stated trailer bill language is established when there is a required budget change that goes with this. If this trailer bill language were to go through, there would also be a budget change proposal for EMSA to use the General Fund to hire a Chief Medical Officer. This budget change proposal is put through in parallel with the trailer bill language so that if it is to go through there is funding in place to establish.

Commissioner Kusman stated the EMS Administrators' Association of California (EMSAAC) and the 34 local EMS agencies in the state oppose the trailer bill language. There is a need for strong leadership in administration and direction at EMSA. However, at a local level, the role of the physician medical director is well-codified within the construct of local medical control. At the state level, ultimate responsibility for medical decision-making should rightfully rest with a physician. He agreed that this in no way reflects on current leadership of EMSA, particularly Acting Director Basnett.

Public Comment

There was no public comment.

B. Regulations Update

Ms. Williams reviewed the Regulations Update Report of the 12 regulations being promulgated, which was included in the meeting materials. She noted that a workgroup will be convened in the next 30 to 60 days to continue the process on the Chapter 13 EMS Plans Regulations.

Discussion

Commissioner Thompson referred to the Chapter 12 EMS System Quality Improvement (QI) Regulation and asked for a summary of the proposed changes.

Hernando Garzon, M.D., Acting Medical Director, recommended defining in the regulation that stakeholder input must be taken. Also, LEMSAs have independent QI processes that can be used to inform what the state could and should do at the state level.

Commissioner Thompson agreed that it is time to update that regulation. She asked about the process for Chapter 13 going forward.

Acting Director Basnett stated a work group will be reconvened regarding Chapter 13. She stated the concern that the time limit for the rulemaking process will not be enough to gather stakeholder perspective and context. Invitations for the work group will go out within the next 60 days.

Chair Burrows referred to the Dispatch Regulations, stated the statute passed in 2019, and asked what the delay is.

Acting Director Basnett stated the overarching delay is the 12 outstanding regulations that were essentially put on hold through COVID-19 and 60 vacancies. Staff has now been brought on board to continue to work with those texts.

Public Comment

There was no public comment.

C. PDRB Update

Acting Director Basnett stated Assembly Bill (AB) 450 established the Paramedic Disciplinary Review Board (PDRB). Three members of the board were appointed by the Governor, two are from the Senate, and two are from the Assembly. The analyst has been onboarded, the attorney position has been posted, and the CEA position that will ultimately oversee the Board will be posted soon.

The PDRB kickoff meeting will be held on June 22nd to introduce everyone, review roles and responsibilities, and review how a case goes through the process of investigation. The first formal case review will be held on June 27th.

Discussion

Commissioner Uner recognized Amanda Ward, Paramedic Program Director for Crafton Hills College, who advocated on behalf of her students to diminish the \$65 increase, and Director Basnett and staff for coming up with a creative solution.

Chair Burrows stated this is a great step for professional paramedics throughout the state. He asked, once the Paramedic Review Board has made a decision, whether that decision is public or private.

Acting Director Basnett stated her understanding that it only went to the paramedic but the case review meetings are subject to the Bagley-Keene Open Meeting Act. She stated she would return with an official answer.

Chair Burrows asked how a paramedic who is under investigation with a notice of intent to discipline is advised that this Board is an option for appeal.

Acting Director Basnett stated that would be established within the regulations, which have not been written. The Board and EMSA will write them together.

Commissioner Morgan asked whether decisions are made in a single meeting or can be deferred if necessary.

Acting Director Basnett stated cases that are deferred will go to the default decision of the Office of Administrative Law (OAL) judge. However, there should be ample time within the meeting to examine the facts, ask questions, and make a sound decision.

Commissioner Thompson asked about the process to update the fees, especially for individuals just coming into the paramedic ranks.

Acting Director Basnett stated this will be discussed in Agenda Item 7A. Solvency to not raise the fees for one year has been found, which provides opportunity to explore more courses of action.

Public Comment

There was no public comment.

6. EMS SYSTEMS

Dr. Garzon facilitated this agenda item for Tom McGinnis, Chief of the EMS Systems Division, who was unable to be in attendance.

A. CEMSIS Update

Dr. Garzon reviewed the California EMS Information System (CEMSIS) Program updates, which were included in the meeting materials. He stated the CEMSIS Repository transitioned from the Inland Counties EMS Agencies (ICEMA) to EMSA at the beginning of January of 2023 and is now being maintained by ImageTrend®.

Discussion

Commissioner Morgan stated data submissions this year are substantially lower than last year and asked if there is data lag.

Dr. Garzon stated there is usually a slight lag in data as some LEMSAs submit data more slowly. Also, there is a lull in EMS transports during spring that is expected to pick up during summer.

Commissioner Kusman stated the primary impression list is helpful to guide EMSA in areas to focus and invest time to enhance and improve the system statewide.

Public Comment

There was no public comment.

B. APOT

Dr. Garzon reviewed the Ambulance Patient Offload Time (APOT) Report, which was included in the meeting materials. He stated, over a several-year process of running the APOT data internally and consistently being well over 95 percent in concordance with the data being reported by the LEMSAs, EMSA has begun generating the APOT reports internally, as of January 1, 2023.

Discussion

Commissioner Snyder asked which LEMSAs are not participating in CEMSIS at present.

Acting Director Basnett stated Los Angeles is not reporting right now, and San Diego is not reporting fully.

Commissioner Thompson asked what 2.1, 2.2, and 2.3 under APOT-2 represent.

Dr. Garzon stated the APOT-1 specification is the 90th percentile, and the APOT-2 specification is the average for all runs. 2.1 is the number of patients where transfer of

care happened within 20 minutes, 2.2 is between 20 and 60 minutes, 2.3 is between 60 and 120 minutes, 2.4 is between 120 and 180 minutes, and 2.5 is greater than 180 minutes.

Vice Chair Gautreau stated APOT continues to be a crisis that affects large areas of the state. One solution is that a hospital's refusal to accept an ambulance patient in a timely manner could constitute a violation of the Emergency Medical Treatment and Labor Act (EMTALA), but this was investigated and found not to be the case. He asked why the California Department of Public Health (CDPH) deemed this to not be a violation of EMTALA.

Dr. Garzon stated one of the challenges in considering EMTALA violations is that the EMTALA statute does not address time. He stated staff can follow up with the CDPH and Chief Counsel.

Commissioner Thompson recommended, when more staff is onboarded, looking into providing more data with this report, such as overall by county or time.

Dr. Garzon agreed. Data presentation is an important component of understanding. Staff is working on presenting data in a more informative, illustrative way.

Commissioner Morgan asked if there is intent for Los Angeles to submit.

Acting Director Basnett stated staff has data from Los Angeles reports but none that is submitted to the state system, which is why Los Angeles appears in the report. However, staff is in conversation with the county, working on its procurement process.

Commissioner Miller stated monitoring maximum APOT is a valuable predictor of health care system stress. When the system is under stress, this becomes more actionable.

Chair Burrows asked when the next APOT report will come out.

Acting Director Basnett stated the next report comes out in December.

Chair Burrows asked for the heat map Dr. Garzon presented at the last EMDAC meeting to be included in this report in the minutes.

Dr. Garzon stated this preliminary information was not yet finalized into a standard report from EMSA; however, this is the type of data staff is looking into adding to the December report.

Public Comment

Rose Colangelo, Emergency Department Director at Sutter Roseville representing Sutter Health, and Member of the California Hospital Association (CHA) EMS and Trauma Committee, offered Sutter Health's services to collaborate on validating data and making improvements across the state.

Ray Ramirez, Deputy Chief, City of Ontario Fire Department, and California Fire Chiefs Association (CalChiefs), recommended consolidating the reports related to APOT on the EMSA website. The Commission approved guidelines and definitions for APOT several years ago, which need to be updated on the website. The speaker also

suggested using that information in the report to make it more user-friendly and cohesive.

Chair Burrows asked if there is a document the Commission could review.

Dr. Garzon stated staff is aware that some aspects of the website are out of date and need to be reviewed and cleaned up.

7. EMS PERSONNEL

A. Paramedic Fee Structure

Kim Lew, Chief of the EMS Personnel Division, reviewed the Paramedic License Fee Structure and options to change, which was included in the meeting materials. She stated efforts have been suspended to increase the paramedic licensure fees, based on cost savings and public feedback. The Rulemaking packet, submitted to the OAL to increase the paramedic fees, has been withdrawn. The initiation of the rulemaking process has terminated.

Acting Director Basnett added that it does not require Commission approval for EMSA to rescind regulations from the OAL, only to approve.

Chief Lew stated regulatory language is currently being drafted to establish additional service fees, adjust the current licensing fee schedule to minimize its impact on the paramedic workforce, and seek alternative funding for paramedic program costs as feasible.

Discussion

Commissioner Morgan suggested prioritizing the early entries to reduce the burden on new recruits.

Public Comment

Amanda Ward, Paramedic Program Director, Crafton Hills College, thanked the Commission for preventing the increase to paramedic licensure fees. To be heard and have an immediate response from EMSA is exciting.

Ray Ramirez asked whether there is a usage by year of certification that plays into the fees, which would provide another basis for spreading the fees out.

Chief Lew stated EMSA will adjust the fee schedule in a way that protects initial applicants and graduates while minimizing impact on renewals. There is also an opportunity in the lapsed reinstatement piece; it is a more involved, costly process that may increase fees for those who are lapsed. Data on this will be part of the assessment for the Commission moving forward.

8. DISASTER MEDICAL SERVICES DIVISION

A. Storm Updates

Tim Reed, Chief of the Disaster Medical Services Division (DMS), reviewed the DMS State Disaster Response Update, which was included in the meeting materials. He

provided information on the Authority's response activities to date and highlighted current activities underway.

B. APEC Conference Update

Chief Reed reviewed the 2023 Asia Pacific Economic Cooperation (APEC) Summit Update, which was included in the meeting materials.

There were no questions from Commissioners and no public comment.

9. ITEMS FOR NEXT AGENDA

Chair Burrows asked Commissioners for suggestions for the next agenda.

Commissioner Thompson questioned how to present issues to see whether the Commission and the public are interested.

Acting Director Basnett stated such issues could be added as agenda items; then, staff can work with the Administrative Committee to put together updates and invite speakers.

Chair Burrows recommended adding an informational update on current issues within the California EMS system, such as the opioid crisis, human trafficking, and behavioral health.

Commissioner Thompson suggested a one-time update on APOT and what happens within the 9-1-1 system when the nearest units are unable to respond.

Chair Burrows asked how to capture the downstream effects of APOT other than the time data of how long an ambulance stays with a patient.

Dr. Garzon stated APOT-1 and APOT-2 are the tip of the iceberg of the impact of ambulance offload delays. Other data metrics have not yet been defined by the state and not many LEMSAs look beyond APOT-1 and APOT-2. A work group could look into defining other metrics in detail.

Commissioner Uner stated interfacility transport delays are another problem that could be looked at, as ER arrival is not the only EMS interaction that patients have.

Dr. Garzon stated gathering that data would take partnership with hospitals.

Commissioner Miller suggested that a subgroup or work group could examine this and offered to help.

Commissioner Snyder asked to see the difference between fire department versus private rig times.

Dr. Garzon stated this can be discussed but may be difficult to do.

Commissioner Morgan suggested a general update on the state of hospitals and how their financial struggles affect transport time.

Vice Chair Gautreau stated APOT data has been discussed and refined for several years; it may be time to start looking at solutions. He suggested inviting representatives from hospitals that are doing well to discuss their strategies.

Dr. Garzon referred to the APOT Best Practices Guideline on the EMSA website, which recommends having those discussions in local committees.

Chair Burrows asked if there were any objections to having a conversation on the state of the hospital systems within California.

Commissioner Pierce spoke in support of the idea, as this is important information for the pre-hospital environment to understand.

Acting Director Basnett stated EMSA does not oversee the hospital system and suggested that the CHA take on this presentation for greater context.

10. PUBLIC COMMENT

Ray Ramirez stated, regarding the follow-up on APOT, one of the things that made the 2020 report useful was survey data from LEMSAs. The speaker recommended resending the same survey to see what has changed, including rating impacts. The COVID-19 pandemic forced many changes to the system, and it would be a good opportunity to learn from innovations and outcomes that developed as a result.

Pam Martinez, Ontario Fire Department, asked to continue discussions with the state behavioral health department. As hospitals close down behavioral health units, this is not something the EMS community can do without partnering with hospitals in a work group to find solutions for alternate destinations for the stabilization of behavioral health.

11. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:26 a.m.

EMERGENCY MEDICAL SERVICES AUTHORITY

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To the Commission on EMS,

I am honored by the opportunity to continue to work alongside this group of public servants as the Director for the Emergency Medical Services Authority. During the last two years working at EMSA, I have witnessed first-hand strength in the face of adversity and resilience through change, demonstrating the profound commitment of all our partners to the patients of California.

As Director, I intend to remain patient-centered in all we do. In advancing this vision, I am eager to continue to innovate and grow our programs so that we may maintain and enhance our work in meaningful ways. We will continue to support the Governor's and the Secretary's bold vision of building a Healthy California for All. We have exciting work ahead and I am looking forward to all we will do together.

In the past two years, I have maintained our focus on three areas of work: *data and technology, strategic planning and implementation, and partnerships and service orientation.*

First, we have several data, technology, and infrastructure projects already in-progress. EMSA has funded the initial planning phases and consulting support to transform and modernize EMSA's licensing and training management systems. Our hope in modernizing these systems is that the provider experience and users of our technology systems will be greatly improved. Additionally, EMSA is well underway in standing up an electronic physician order for life-sustaining treatment (ePOLST) registry. The electronic registry will allow providers in the field to access this information in real-time to honor medical decisions made between a patient and their primary provider. Finally, as the state continues to transform health information exchange, EMSA has brought on a consultant to provide an initial strategy for data integration. EMSA is committed to moving forward and sustaining positive progress on data compliance for the foreseeable future, transforming the EMS data landscape to support data-driven policy and decision making.

Secondly, EMSA is looking forward to building off the publishing of the [CA EMS System Strategic Plan](#). Currently, EMSA is developing an implementation design to operationalize the strategic plan priorities and objectives. In the coming months we will be coordinating with our partners to outline strategies to accomplish short-term objectives, with a significant focus on equity.

Finally, as equally important as our data initiatives and strategic planning, the work to further cement our partnerships and to support our industry's practicing professionals, as well as our patients, will continue. We are organizing listening sessions with our

partners to gain their perspectives on Chapter 13, a key set of regulations to move our EMS system forward. EMSA has identified a series of additional regulations that will require update in coordination with our partners statewide, and we plan to make this a priority over the next 24 months.

As always, we are eager to gain new perspectives through engagement and collaboration with those closest to the work of EMS, not only to strengthen partnerships but also to innovate for our patients. We welcome you to schedule a visit to tour our new headquarters and have a thoughtful discussion with our team.

I look forward to working with each of you and building upon the incredible progress and foundational partnerships established over the past two years.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Basnett', with a stylized, cursive script.

Elizabeth Basnett

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 4A

SUBJECT: Administrative and Personnel Report

PRESENTER: Rick Trussell, Chief of Administration Unit

CONSENT: XACTION: INFORMATION: **FISCAL IMPACT**

None

DISCUSSION**Emergency Medical Services Authority (EMSA) Budget:****2023-24**

The 2023-24 California State Budget includes expenditure authority of \$59.8 million and 119 permanent positions. Of this amount, \$36.6 million, or 61%, is delegated for State operations, and \$23.2 million, or 39%, to Local Assistance. The following budget adjustments were approved and are included in the enacted Fiscal Year 2023-2024 California budget.

- **Appointment of a Chief Medical Officer:** One (1) permanent position and \$312,000 General Fund in 2023-24 and ongoing. The additional resources will be utilized to establish the Chief Medical Officer (CMO) position at EMSA.
- **California Emergency Medical Services Central Registry:** Redirection of \$190,000 General Fund, originally appropriated to support implementation of the California Emergency Medical Advancement Project (CEMAP), to support planning efforts for the California Emergency Medical Services (EMS) Central Registry (Central Registry). CEMAP funding was included in the 2021 Budget Act to implement Chapter 138, Statutes of 2020 (AB 1544), which authorized the Community Paramedicine (CP) or Triage to Alternate Destination (TAD) Act of 2020. This proposal is cost-neutral, and the redirection of CEMAP funding will be utilized for the planning efforts associated with the replacement of the Central Registry.

- **California Emergency Medical Services Information System (CEMSIS):** \$4.9 million General Fund in 2023-24 and \$185,000 in 2024-25. The requested resources will provide for the maintenance and operations of CEMSIS, which is needed so that EMSA can continue to monitor and continuously improve California's Emergency Medical Services (EMS) System to meet the patient and clinical care needs of its 39 million residents and 268 million visitors per year.
- **Diversity, Equity, and Inclusion Strategic Plan Development:** \$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.
- **EMS Personnel Human Trafficking Training Implementation (AB 2130):** \$84,000 General Fund in 2023-24, 2024-25, and 2025-26 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-ILs), and paramedics (EMT-P) upon initial licensure, to complete at least 20 minutes of training on issues relating to human trafficking. The requested resources will allow EMSA to: modify regulations, configure EMSA's licensing management system (Central Registry), train staff in the new requirements, educate and monitor the progress of California's 34 local emergency medical services agencies (LEMSAs) utilization of the Central Registry to record this training, and receive and approve training program curriculum updates.
- **Staffing Allocation Resources:** Four (4) positions and \$775,000 General Fund in 2023-24 and ongoing. The requested resources will allow EMSA to properly align staff allocation and reporting structure requirements mandated by the California Department of Human Resources (CalHR), which is critical for EMSA to sustain operations and achieve its mission.

Accounting data for the new fiscal year is not yet available and we are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

We continue to monitor and adjust state operations and local assistance budgets to meet changing program priorities and will provide an updated report before the next Commission meeting.

2022-23

The 2022-23 California State budget included expenditure authority of \$171.2 million and 114 permanent positions. Of this amount, \$100 million was dedicated to the receipt of reimbursements for the deployment of temporary medical staff to California State medical facilities but was not utilized. The remaining available funding of \$71.2 million was delegated to State Operations (\$48.5 million) and Local Assistance (\$22.7 million).

As of August 28, 2023, accounting records indicate that the Department has expended or encumbered \$48.7 million, or 68.4% of all available expenditure authority. Of this amount, \$31.8 million, or 65.6% of State Operations expenditure authority, has been expended or encumbered, and \$16.9 million, or 74.4% of local assistance expenditure authority, has been expended or encumbered.

The Department is in the process of year-end closing (YEC) accounting activities and we are continuing to monitor and adjust both State operations and local assistance. An updated report will be distributed prior to the next Commission meeting.

EMSA Staffing Levels:

The Department staffing level includes 119 permanent positions and 9 temporary (blanket and retired annuitant) positions. Of the 128 positions, 46 positions are vacant as of August 28, 2023.

	Department				
	Admin	DMS	EMS	EMSP	Total
Authorized	48.0	34.0	19.0	18.0	119.0
Temporary Staff	7.0	1.0	0.0	1.0	9.0
Staffing Level	55.0	35.0	19.0	19.0	128.0
Authorized (Vacant)	-14.0	-18.0	-7.0	-7.0	-46.0
Temporary (Vacant)	0.0	0.0	0.0	0.0	0.0
Current Staffing Level	41.0	17.0	12.0	12.0	82.0

EMERGENCY MEDICAL SERVICES AUTHORITY

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 4B

SUBJECT: Legal Report

PRESENTER: Erin Brennan

CONSENT: ____

ACTION: ____

INFORMATION: X **FISCAL IMPACT**

NONE

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 June 1, 2023, to August 25, 2023, EMSA has issued five new accusations against existing paramedic licenses, including one Temporary Suspension Order (TSO). EMSA has issued four decisions on petition for reduction of penalty. EMSA has issued no administrative fines. EMSA has issued one denial letter and has closed six matters without action. Of the newly issued actions, four of the Respondents requested that an administrative hearing be set. One action has resolved as pre-Accusation agreements for surrender. There are currently three hearings scheduled with the Office of Administrative Hearings. There are currently fifty-seven open active disciplinary cases in the legal office.

An administrative hearing has been held in one case resulting in a proposed decision that is pending review by the Paramedic Disciplinary Review Board.

Litigation:

EMSA vs. Orange County Partnership Regional Health Information Org: Orange County Superior Court #30-2023-01310464-CU-BC-NJC, Breach of Contract, Unjust Enrichment, Fraud and Deceit, Negligent Misrepresentation, and Alter Ego Liability. Action filed March 1, 2023. Defendants have been granted an extension of time to answer the Complaint. Answers are currently due by September 1, 2023.

ATTACHMENT(S)

NONE

EMERGENCY MEDICAL SERVICES AUTHORITY

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

MEETING DATE: September 20, 2023

ITEM NUMBER: **4C**

SUBJECT: ENFORCEMENT REPORT

PRESENTER: Alexander Bourdaniotis, Chief Investigator

CONSENT: ____

ACTION: ____

INFORMATION: __x__

FISCAL IMPACT

None

BACKGROUND

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

Cases opened since January 1, 2023, including:

Cases opened:	225
Cases completed and/or closed:	122
EMT-Paramedics on Probation:	174

In 2022:	
Cases opened:	346
Cases completed and/or closed:	246
EMT-Paramedics on Probation:	235

Status of Current Cases:

The Enforcement Unit currently has 260 cases in “open” status, including current and previous year open cases.

As of August 1, 2023, there are 89 cases that have been in “open” status for 180 days or longer, including: 6 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 89 cases are divided among four 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: September 20, 2023

ITEM NUMBER: 4D

SUBJECT: Paramedic Disciplinary Review Board

PRESENTER: Elizabeth Basnett, EMSA Director

CONSENT: ____

ACTION: ____

INFORMATION: X

BACKGROUND

AB 450 Chapter 463, approved by the Governor and Chaptered by Secretary of State on October 4, 2021, created the Paramedic Disciplinary Review Board (PDRB) to act on appeals regarding the Emergency Medical Services Authority (EMSA) denial of licensure and decision to impose licensure action on and after January 1, 2023. The Board had their first meeting on July 13, 2023.

SUMMARY

The PRDB reviewed two (2) cases during the July meeting which adopted the Administrative Law Judges decisions. Board decisions are posted on the Paramedic Disciplinary Review Board page on the EMSA website once notice of the decision has been given to the paramedic. In the upcoming September meeting, the Board will elect a Board Chairperson, and receive training from the board attorney on topics such as AB 450 Mandates, Violations Subject to Discipline, and Disciplinary Guidelines. The Board will begin its review of the progressive discipline currently set forth in Recommended Guidelines for Disciplinary Orders, and Conditions of Probation, dated July 26, 2008, for violations set forth in HSC 1798.200(c) and decide if changes are needed per the AB 450 mandate. The Board will review one case in closed session for final determination. The PDRB EMSA team has produced the PDRB Board Member Administrative Procedural Manual, which can be found on the PRDB page of the EMSA website. The Board's next meeting is scheduled for December 7, 2023.

**EMERGENCY MEDICAL SERVICES
AUTHORITY**

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 5A

SUBJECT: Legislative Report

PRESENTER: Ashley Williams
Deputy Director of Legislation and
External Affairs

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/.

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 5B

SUBJECT: Regulations Update

PRESENTER: Ashley Williams
Deputy Director of Legislation and
External Affairs

CONSENT: _____ ACTION: _____ INFORMATION: X

BACKGROUND

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:

- Administered Medications (Ch. 4 § 100146)
 - Status: The Commission on EMS to vote for approval or denial of draft regulations on September 20th, 2023. Upon approval, EMSA will submit to the Office of Administration Law (OAL).
 - Purpose: Add new medications to list under subsection (c)(1)(R)
- EMS Administration (Ch. 13)
 - Status: Listening Sessions are being scheduled with partners statewide. The purpose of the listening sessions are to 1) understand the history of Chapter 13 with the partner organization 2) hear key ideas the partner organization believes should be included within Chapter 13 regulations and 3) discuss benefits, risks, and cascading impacts to the ideas discussed.
 - Purpose: Provide new and updated regulations for annual EMS plans, requests for proposal (RFP) and general EMS administration required by statute.

- Trauma Care Systems (Ch. 7)
 - Status: Work group meetings and draft are completed. EMSA is working on documentation for notification of rulemaking process to OAL. Following the notification to OAL, the regulations will move to public comment.
 - Purpose: General update.
- Training Standards for Child Care Providers & Merger of Chapters 1.1 and 1.2.
 - Status: The draft is completed and EMSA is working on documentation for notification of the rulemaking process to OAL. Following the notification to OAL, the regulations will move to public comment.
 - Purpose: General update to include fee increase.
- Lay Rescuer Epinephrine Auto-Injector Training Certificate Standards (Ch. 1.9)
 - Status: The draft is completed and EMSA is working on documentation for notification of the rulemaking process to OAL. Following the notification to OAL, the regulations will move to public comment.
 - Purpose: Updates, including required form.
- EMS System Data Collection, Evaluation, and Quality Improvement (Ch. 12)
 - Status: Under review and draft development.
 - Purpose: General update.

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 5B.1

SUBJECT: Add new medications to list under subsection (c)(1)(R)

PRESENTER: Ashley Williams, Legislative and External Affairs Deputy Director

CONSENT: ____

ACTION: X

INFORMATION: ____

RECOMMENDATION

SUPPORT - Supporting these proposed regulations is crucial for improving emergency medical care in California. By adding pain-relieving medications like ketamine, ketorolac, and acetaminophen IV, as well as tranexamic acid for trauma patients, we enhance paramedics' ability to manage pain and save lives. These medications offer safe and effective alternatives to opioids and can mitigate the impact of drug shortages, ensuring timely and effective treatment. Moreover, simplifying the process for local emergency medical services agencies (LEMSAs) to provide these medications streamlines emergency medical services, ultimately benefiting patients in need of urgent care.

FISCAL IMPACT

EMSA is not aware of any significant cost impacts that would incur in reasonable compliance with the proposed action.

DISCUSSION

The proposal aims to address shortages of pain-relieving medications, worsened by the COVID-19 pandemic and supply chain disruptions. It suggests adding three medications, ketamine, ketorolac, and acetaminophen IV, for pain management, all considered safe and effective in pre-hospital settings. Additionally, the proposal suggests including tranexamic acid to manage trauma-related bleeding, backed by clinical evidence. This change intends to simplify the process for LEMSAs to provide these medications, as the current system places a significant burden on their resources.

ATTACHMENT(S)

Proposed Reg Text_Meds

EMERGENCY MEDICAL SERVICES AUTHORITY

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**Text of Proposed Regulation**

Proposed additions shown in underline.
Proposed deletions shown in ~~strike through~~.

22 CCR § 100146**§ 100146. Scope of Practice of Paramedic.**

(a) A paramedic may perform any activity identified in the scope of practice of an EMT in Chapter 2 of this Division, or any activity identified in the scope of practice of an Advanced EMT (AEMT) in Chapter 3 of this Division without requiring a separate certification.

(b) A licensed paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.

(c) A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.

(1) Basic Scope of Practice:

[(A)-(Q) are unchanged]

(R) Administer, using prepackaged products when available, the following medications:

[1-24 are unchanged]

25. sodium bicarbonate;

26. tranexamic acid;

27. ketamine;

28. ketorolac;

29. acetaminophen IV.

[(S) through remainder of text is unchanged]

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185, 1797.192, 1797.195 and 1797.214, Health and Safety Code. Reference: Sections 1797.56, 1797.172, 1797.178 and 1797.185, Health and Safety Code.

EMERGENCY MEDICAL SERVICES AUTHORITY

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 6A

SUBJECT: National EMS Information System (NEMSIS) transition from 3.4 to 3.5

PRESENTER: Tom McGinnis, Chief
EMS Systems DivisionCONSENT: ____ ACTION: ____ INFORMATION: X **BACKGROUND**

In early 2018, the NEMSIS Technical Assistance Center (TAC) started the revisions to the NEMSIS version 3.5.0 data standard. An initial release of v3.5.0 was made available in September 2019, with the most recent critical patch added in May of 2023. The new data standard will improve the accuracy and efficiency of documentation, enhance health information exchange, and ultimately improve patient care.

EMSA continues to use the NEMSIS version 3.4 which is the most current data standard and is in the planning process to transition to v3.5.

The EMS Authority sent out a California Emergency Medical Services Information System (CEMSIS) Updated Memo on February 22, 2023, reiterating the CEMSIS requirements, the current status of CEMSIS and the NEMSIS V3.5 transition.

On June 14, 2023, the EMS Commission was informed of the current status of CEMSIS and the NEMSIS V3.5 transition.

A NEMSIS V3.5 Reminder memo was sent to stakeholders on July 24, 2023, and the NEMSIS V3.5 workshop flyer was sent out to stakeholders on July 25, 2023.

SUMMARY

Key changes created by the transition include but are not limited to:

- Fewer national required elements - the number of elements required to be completed has been reduced,
- Revised call dispositions - the disposition of a call is now organized into 4-5 elements that allows more flexibility for various types of EMS response and increases the accuracy of documentation,
- Harmonized with the Cardiac Arrest Registry to Enhance Survival (CARES) - by aligning NEMSIS and the CARES elements, redundant data collection and the need for custom fields is dramatically reduced,
- Updated defined lists - NEMSIS compliant software vendors are required to offer condensed lists of codes for cause of injury, EMS impressions, patient symptoms, medications, incident location, and procedures.
- Expanded meanings of pertinent negatives - pertinent negatives can be added with a recorded clinical value and/or without a value,
- Compliance testing - NEMSIS compliant software will participate in retesting for compliance every 2 years or with any major product revision, and
- A universally unique identifier (UUID) - the UUID, a technical addition to software, will allow better linkage for trauma registries and other registries. It will also support Health Information Exchange for better outcome data.

On February 14, 2023, CEMSIS was determined compliant with NEMSIS version 3.5 by the University of Utah. EMSA will accept both V3.4 and V3.5 data until December 31, 2023. Beginning January 1, 2024, the EMSA will only accept NEMSIS V3.5 data. The goal is for all entities submitting data to CEMSIS be NEMSIS V3.5 compliant data by October 1, 2023.

EMSA has scheduled workshops for August 16th, September 27th, and October 18th of 2023. These workshops will go over changes from V3.4 to V3.5, Ambulance Patient Offload Time, Core Quality Measures and will have an opportunity for question-and-answer sessions.

As of September 1, 2023, CEMSIS has received 51,768 records from LEMSAs and providers in the NEMSIS V3.5 format. For comparison, in 2022, CEMSIS received a total of 4,961,806 records in NEMSIS V3.4 (absent the County of Los Angeles and City of San Diego). 51,768 records to date in v3.5 is approximately 1.1% of all records received last year.

Currently 12 out of the 34 LEMSAs or 35% that have achieved compliance with NEMSIS v3.5 where at least one provider and the LEMSA can submit records in the new data standard.

California has 45 of our 1,379 providers who have been issued CEMSIS Identification Numbers submitting data in the new version. Approximately 5% of CEMSIS registered providers are compliant with NEMSIS v3.5. This includes, but it not limited to transport, non-transport, ALS, BLS and air services.

These numbers change daily as the transition process moves forward.

DISCUSSION

None

ATTACHMENT(S)

- A. CEMSIS Updated Memo (2.22.23)
- B. NEMSIS V3.5 Workshop Flyer
- C. NEMSIS V3.5 Reminder Memo (7.24.23)

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: February 22, 2023

TO: Local EMS Administrators
EMS Medical Directors
EMS Providers
Other EMS System Partners

FROM: Elizabeth Basnett
Acting Director 

CC: Brian Aiello
Chief Deputy Director

Hernando Garzon M.D.
Chief Medical Officer

SUBJECT: California Emergency Medical Services Information System (CEMSIS)
Update & Requirements

EMSA is proud to announce the California EMS Information System (CEMSIS) has gone live under EMSA administration. CEMSIS went live within EMSA on Monday, January 23rd. We are still within the initial 30-day startup period but so far, there have not been any significant transition issues. The Emergency Medical Services (EMS) Authority continues to prioritize data compliance, quality, and analysis.

NEMSIS Version 3.5:

On February 14, 2023, CEMSIS was determined compliant with NEMSIS Version 3.5 by the University of Utah. EMSA's NEMSIS V3.5 compliance preparation has been working simultaneously alongside of our transition work for CEMSIS to be an EMSA administered program. CEMSIS is now able to accept NEMSIS V3.5 data from entities who have also achieved compliance approval from the NEMSIS Technical Assistance Center (TAC). The goal is for all entities submitting data to CEMSIS to be NEMSIS V3.5 compliant by October 1, 2023.

EMSA will accept V3.4 and V3.5 data until December 31, 2023. Beginning January 1, 2024, EMSA will only accept NEMSIS V3.5 data base on the sunset of V3.4

We have outlined the following information to assist local EMS agencies and EMS providers to give clarifications on data system operations and to support statutory requirements related to data.

AB 503 – Health and Safety Code 1797.122:

As allowed in Health and Safety Code (HSC) 1797.122, the EMS Authority will set the “minimum standards for the implementation of data collection, including system operation, patient outcome and performance quality improvement.” These standards will be incorporated into revisions of Chapter 12 and standards for paramedics can be found in California Code of Regulations, Title 22, Division 9, Chapter 4, Emergency Medical Technician-Paramedic, Article 8, Record Keeping and Fees.

AB 1223 – Health and Safety Code 1797.225

Beginning July 1, 2019, HSC 1797.225 required that LEMSAs transmit Ambulance Patient Offload Time (APOT) data quarterly to the EMS Authority. The EMS Authority and stakeholders developed APOT-1 and APOT-2 specifications for use by the LEMSAs when generating and submitting their reports. APOT Submissions are currently due 30 days after each quarter.

Starting January 1, 2023, the EMS Authority will transition away from using LEMSA-generated APOT reports and solely utilize CEMSIS data to generate APOT reporting and analysis.

AB 1129 – Health and Safety Code 1797.227:

HSC 1797.227 requires:

1. Each emergency medical care provider uses an electronic health record system when collecting and submitting EMS data to a local EMS Agency.
 - a. For the purposes of interpreting the provisions of HSC 1797.227, the EMS Authority recognizes that “electronic health record” means electronic patient care record (ePCR). An electronic health record (EHR), as defined by the Office of the National Coordinator for Health Information Technology (ONC), is a digital version of a patient’s paper chart.
 - b. The electronic health record must have the capability of mobile entry at the patient’s bedside and incorporate workflow for real-time entry of information. This also means that all EHR systems should be interoperable with other systems, including the functionality to exchange (send and receive) electronic patient health information with other entities, including hospitals, in an HL7 format, using ONC standards. The National Emergency Medical Services Information System (NEMSIS) incorporates these format standards.

2. The electronic health record system must be compliant with the current version of NEMSIS and CEMSIS.
 - a. "Compliant" refers to an EHR system that has been tested and certified by NEMSIS; the certification information is posted on the NEMSIS website. Emergency medical services providers shall use a NEMSIS-compliant vendor in the submission of data to the LEMSA. Software vendors maintain compliance in California by testing annually with NEMSIS. CEMSIS will only accept data from compliant software vendors.
 - b. NEMSIS National/State or State-only elements and value sets shall be used as defined in the mandatory, required, recommended, and optional lists as published in Version 3.4.0 or most current version, except as listed below under 3a.
3. The electronic health record system must be compliant with the current California data standard for EMS data.
 - a. Data Compliance with CEMSIS is further determined by meeting any additional requirements set by the EMS Authority, including California-specific criteria that expand or limit the responses for any NEMSIS elements. Emergency medical care providers shall use California-specific value sets for the following elements as defined on the CEMSIS page of the EMS Authority's website:
 - Provider Agency List (dAgency.01). Providers shall only use their EMS Authority assigned CEMSIS identification number as noted on the Provider Agency List (dAgency.01).
 - Facility Identification (dFacility.02/dFacility.03).
 - Cause of Injury (eInjury.01.)
 - Symptom List (eSituation.09).
 - Provider Primary Impression (eSituation.11).
 - Location Type (eScene.09).
 - b. Compliance is achieved when a provider submits data to the LEMSA from a NEMSIS-compliant software vendor including fields identified in the NEMSIS standard as mandatory, required, recommended, optional, and the California-specific value sets. Compliant data submission to the LEMSA shall utilize descriptive values and contain minimal use of NOT and null values, limited only to situations where no other value is appropriate for documentation of a given situation.
 - c. The time period for submission to CEMSIS shall be defined by the LEMSA and shall not exceed 72 hours after an EMS response. Data consistent with CCR Title 22, Division 9, Chapter 4. Paramedic,

Section 100171, (e) and (f) shall also be submitted to the LEMSA, as required.

If there are any questions or comments, please contact the EMSA EMS Systems Division through either Tom McGinnis (email Tom.McGinnis@emsa.ca.gov, phone (916) 431-3695) or Adrienne Kim (email Adrienne.Kim@emsa.ca.gov, phone (916) 431-3742).

The Emergency Medical Services Authority
presents

NEMSIS V3.5 Workshops

via Zoom

Dates: August 16, 2023
September 27, 2023
October 18, 2023

Time: 1:00pm – 2:00pm

These three workshops will address the NEMSIS v3.5 transition and Q&A.

EMSA encourages all the LEMSAs to participate and to pass along this information to their providers and vendors in an effort to ensure that all the partners involved in the transition to NEMSIS 3.5 can ask questions.

Below is the planned agenda.

- Changes from V3.4 to V3.5
- Core Measures
- Ambulance Patient Offload Time Reporting
- Q & A

Please use the attached Outlook events for more information and Zoom link.

If you have any questions, please contact Adrienne Kim by email at EMSdata@emsa.ca.gov.



California Emergency Medical Services Authority

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EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: July 24, 2023

TO: Local EMS Administrators
Local EMS Medical Directors
EMS Providers
EMS Systems Partners

FROM: Elizabeth Basnett 
Acting Director

Hernando Garzon, MD 
Acting Chief Medical Officer

SUBJECT: National EMS Information System (NEMSIS) Version 3.5 Transition Reminder
and Workshop Information

Reminder

NEMSIS Version 3.5:

On February 14, 2023, the California EMS Information System (CEMSIS) was determined compliant with NEMSIS Version 3.5 by the University of Utah. The Emergency Medical Services Authority's (EMSA's) preparation efforts for NEMSIS V3.5 compliance have occurred simultaneously alongside our transition work for CEMSIS to be an EMSA administered program. CEMSIS is now able to accept NEMSIS V3.5 data from entities who have also achieved compliance approval from the NEMSIS Technical Assistance Center (TAC).

The goal is for all entities submitting data to CEMSIS to be NEMSIS V3.5 compliant by October 1, 2023. EMSA will accept V3.4 and V3.5 data until December 31, 2023. Beginning January 1, 2024, EMSA will only accept NEMSIS V3.5 database on the sunset of V3.4.

EMSA has outlined the following information to assist local EMS agencies (LEMSAs) and EMS providers with clarification on data system operations and to support statutory requirements related to data.

AB 503 – Health and Safety Code 1797.122: As allowed in Health and Safety Code (HSC) 1797.122, EMSA will set the “minimum standards for the implementation of data collection, including system operation, patient outcome and performance quality

improvement." These standards will be incorporated into revisions of Chapter 12, and standards for paramedics can be found in California Code of Regulations, Title 22, Division 9, Chapter 4, Emergency Medical Technician-Paramedic, Article 8, Record Keeping and Fees.

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Beginning July 1, 2019, HSC 1797.225 required that LEMSAs transmit Ambulance Patient Offload Time (APOT) data quarterly to EMSA. EMSA and stakeholders developed APOT-1 and APOT-2 specifications for use by the LEMSAs when generating and submitting their reports. APOT Submissions are currently due 30 days after each quarter.

On January 1, 2023, EMSA began transitioning away from using LEMSAs-generated APOT reports and is moving toward solely utilizing CEMSIS data to generate APOT reporting and analysis.

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HSC 1797.227 requires:

1. Each emergency medical care provider uses an electronic health record system when collecting and submitting EMS data to a local EMS Agency.
 - a. For the purposes of interpreting the provisions of HSC 1797.227, EMSA recognizes that "electronic health record" means electronic patient care record (ePCR). An electronic health record (EHR), as defined by the Office of the National Coordinator for Health Information Technology (ONC), is a digital version of a patient's paper chart.
 - b. The electronic health record must have the capability of mobile entry at the patient's bedside and incorporate workflow for real-time entry of information. This also means that all EHR systems should be interoperable with other systems, including the functionality to exchange (send and receive) electronic patient health information with other entities including hospitals, in an HL7 format using ONC standards. NEMSIS incorporates these format standards.
2. The electronic health record system must be compliant with the current version of NEMSIS and CEMSIS.
 - a. "Compliant" refers to an EHR system that has been tested and certified by NEMSIS; certification information is posted on the NEMSIS website. Emergency medical services providers shall use a NEMSIS-compliant vendor in the submission of data to the LEMSAs. Software vendors maintain compliance in California by testing annually with NEMSIS. CEMSIS will only accept data from compliant software vendors.
 - b. NEMSIS National/State or State-only elements and value sets shall be used as defined in the mandatory, required, recommended, and optional lists as published in Version 3.4.0 or most current version, except as listed below

under 3a.

3. The electronic health record system must be compliant with the current California data standard for EMS data.
 - a. Data Compliance with CEMSIS is further determined by meeting any additional requirements set by EMSA, including California-specific criteria that expand or limit the responses for any NEMSIS element. EMS providers shall use California specific value sets for the following elements as defined on the CEMSIS page of EMSA's website:
 - Provider Agency List (dAgency.01) – Providers shall only use their EMSA assigned CEMSIS Identification number noted on the Provider Agency List (dAgency.01) and must request a new number through EMSA.
 - Facility Identification (dFacility.02/dFacility.03)
 - Cause of Injury (eInjury.01)
 - Symptom List (eSituation.09)
 - Provider Primary Impression (eSituation.11)
 - Location Type (eScene.09)
 - b. Compliance is achieved when a provider submits data to the LEMSA (or directly to EMSA, where permitted) from a NEMSIS-compliant software vendor including fields identified in the NEMSIS standard as mandatory, required, recommended and optional, as well as the California-specific value sets. Compliant data submission to the LEMSA shall utilize descriptive values and contain minimal use of NOT and null values, limited only to situations where no other value is appropriate for documentation of a given situation.
 - c. The time-period for submission to CEMSIS shall be defined by the LEMSA and shall not exceed 72 hours after an EMS response. Data consistent with CCR Title 22, Division 9, Chapter 4. Paramedic, Section 100171, (e) and (f) shall also be submitted to the LEMSA, as required.

NEMSIS V3.5 Workshops:

From August to October 2023, EMSA will host monthly virtual workshops to discuss the upcoming transition to NEMSIS Version 3.5. This workshop is an opportunity for data and administrative staff, software vendors, and EMS providers to learn more about NEMSIS version 3.5 and have questions answered about data issues related to the transition. EMSA encourages all interested parties to participate.

If there are any questions or comments, please contact the EMSA EMS Systems Division through either Tom McGinnis (email Tom.McGinnis@emsa.ca.gov, phone (916) 431-3695) or Adrienne Kim (email Adrienne.Kim@emsa.ca.gov, phone (916) 431-3742).

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COMMISSION ON EMERGENCY MEDICAL SERVICES
QUARTERLY MEETING

MEETING DATE: September 20, 2023

ITEM NUMBER: 6B

SUBJECT: APOT Report

PRESENTER: Multiple Speakers

CONSENT: ____

ACTION: ____

INFORMATION: X **FISCAL IMPACT**

NONE

DISCUSSION:

This agenda item is to hold two panel discussions related to Ambulance Patient Offload Time (APOT). The panelists joining the Commission on EMS are listed below:

Panel 1:

- Sheree Lowe, California Hospital Association
- Rose Colangelo, Sutter Roseville Medical Center
- Pamela Allen, Redlands Community Hospital

Panel 2:

- Brian Henricksen, Global Medical Response
- Darrell Roberts, Chula Vista Fire Department
- Roger Braum, Culver City Fire Department
- Tressa Naik, Cosumnes Fire Department

ATTACHMENT(S)

Panelist Biographies

A POT Speakers for September Commission

Sheree Lowe **Vice President of CHA policy team**

Sheree Lowe has been a Vice President on CHA's policy team since 2003. In 2022 she began providing leadership in developing, communicating, and implementing CHA policy related to nursing, emergency services, trauma, and medication safety. Previously she managed the policy interests of Acute Psychiatric Hospitals (APH), behavioral health units in medical/surgical hospitals, and Chemical Dependency Recovery Hospitals (CDRH) providing both in and outpatient mental health and substance use disorder services - commonly referred to as behavioral health. Sheree received her bachelor's degree from California State University, Sacramento, and her master's degree from the University of San Francisco.

Pam Allen, MSN, RN, CEN **Director of Emergency Services and Observation Unit** **Redlands Community Hospital**

Pam Allen is the Director of Emergency Services to include the Base Station, SART program, Thrombectomy Stroke program, Emergency Management and Observation/Telemetry/MS Unit at Redlands Community Hospital. Ms. Allen has over 20 years' experience in emergency department management with various hospitals and has served in several different positions including Advanced Clinical Staff Nurse, Trauma Nurse, ED Nursing Supervisor, and House Supervisor.

Rose Colangelo, MSN, RN, CEN, MICN **Director of Emergency Services** **Sutter Health**

Rose Colangelo, RN, MSN, CEN is a Director of Emergency Services at Sutter Roseville Medical Center. Ms. Colangelo, a registered nurse since 2004 graduated with her master's in nursing from Point Loma Nazarene in 2015. She is a member of the ACNL Safety, Engagement, and Quality Committee and co-chair of the California Hospital Association EMS/Trauma Committee.

Brian Henricksen, **Senior Regional Director Global Medical Response**

Brian Henricksen is a healthcare leader with 25 years of experience in the emergency medical services field. He brings a passion for the community and a service-oriented mindset to his role as a Senior Regional Director for Global Medical Response. Brian is currently directing the overall air and ground operations for GMR's Santa Clara County team. He previously oversaw the Greater Sacramento Region, including its three ground operations, five air bases, and the regional communications center. Brian is a Board Member of the California Ambulance Association (CAA) and the California Association of Air Medical Services.

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Prior to joining the GMR team in 2020, Brian held various leadership positions in several EMS organizations in both the private and public sectors, honing his knowledge of the business, regulatory, and clinical issues present in the healthcare transportation industry today. Most recently, he was the EMS Director for the Napa County EMS Agency and President of the Emergency Medical Services Administrators Association of California. He earned his bachelor's degree in political science at California State University, East Bay, and his Master of Business Administration at Sonoma State University.

**Darrell Roberts,
Battalion Chief Paramedic**

Darrell Roberts is a 24-year fire department member who has served in nearly every capacity within the fire department including as a FEMA Task Force 8 Rescue Team Manager.

Mr. Roberts is also the President of Chula Vista IAFF L2180 and serves as the California Professional Firefighters 1st District Vice President.

Mr. Roberts currently serves as a Battalion Chief Paramedic with the City of Chula Vista.

Roger Braum, Culver City Fire Department

Chief Roger Braum began his career with the City of Culver City fire service in 2005 as a firefighter. Since that time, he has served as a Paramedic, Fire Captain, Battalion Chief, and acting Assistant Fire Chief. In 2021, he was appointed as the Assistant Fire Chief and in that capacity was responsible for Fire Suppression, Emergency Medical Services (EMS), Telecommunications and Emergency Preparedness.

Chief Braum holds a Bachelor of Science Degree in Fire and Emergency Management from Purdue University Global and an Associate in Science Degree in Paramedicine from El Camino College. He is a State certified Chief Officer, as well as a County and State certified Paramedic. Chief Braum was recently appointed as the Chairperson for the Los Angeles Fire Chiefs Association Operations Section.

**Dr. Tressa Naik M.D.
Emergency Physician**

Dr. Tressa Naik is an emergency physician at Kaiser South Sacramento since 2016. She participates on the hospital sepsis committee and Physician Health and Wellness committee. Currently, she is the medical director for Cosumnes Fire Department and the Sacramento Regional Fire and EMS Communication Center. Prior to that she lived in the Las Vegas/Henderson area for 13 years, where she was the Medical Director for Henderson Fire Department, both Director and Assistant Emergency Department Medical Director for various hospitals and the Assistant Medical Director Las Vegas Motor Speedway.

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With her love of racing, she was able to combine it with medicine as a physician consultant for NASCAR and has travelled North America working with different track Fire/EMS response teams.

Vroom, vroom.... As Mario Andretti once said, "If everything seems under control, you're just not going fast enough."

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

MEETING DATE: September 20, 2023

ITEM NUMBER: 7A

SUBJECT: Human Trafficking- Update on PM training, Scope of the Issue in CA

PRESENTER: Kim Lew, Chief
EMS Personnel Division

CONSENT: ____

ACTION: ____

INFORMATION: X**BACKGROUND**

On September 6, 2022, Assembly Bill 2130, Chapter 256 was enacted requiring Emergency Medical Technicians (EMT), Advanced EMT, and Paramedics to receive a minimum of twenty (20) minutes of training on issues relating to human trafficking, no later than July 1, 2024.

SUMMARY

The United States Department of Homeland Security (US DHS) identifies Emergency Medical Service (EMS) providers as one of the service providers most likely to encounter human trafficking victims. In 2020, California had both the largest EMS provider population in the US and the highest number of reported human trafficking incidents at nearly 10 percent of all reported incidents nationwide.¹

To assist law enforcement and social services in combating human trafficking, EMSA will collaborate with local emergency medical services agencies (LEMSAs) and stakeholder groups to develop training standards that equip EMS personnel with the necessary knowledge and skills to recognize and report potential human trafficking incidents.

¹ Hotline Statistics. National Human Trafficking Hotline. (2020). Retrieved September 9, 2022, from <https://humantraffickinghotline.org/states>

Based on the information received from the LEMSAs and other groups, EMSA will draft regulatory language to support a standardized approach to incorporating a minimum of 20 minutes of human trafficking training in all initial EMS training programs. EMSA will also configure updates to the license management system, Central Registry, to ensure this requirement is being met as part of EMS personnel initial licensing and certification.

DISCUSSION

None.

ATTACHMENT(S)

None.