

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, March 15, 2023
Embassy Suites Anaheim South
11767 Harbor Boulevard
Garden Grove, California**

MINUTES

COMMISSIONERS PRESENT:

Curtis Brown, Sean Burrows, Mark Gautreau, M.D., David Ghilarducci, M.D., Thomas Giandomenico, Travis Kusman, Lydia Lam, M.D., Ken Miller, M.D., Ph.D., Lori Morgan, M.D., Masaru “Rusty” Oshita, M.D., Paul Rodriguez, Kristin Thompson, and Atilla Uner, M.D.

COMMISSIONERS ABSENT:

Steve Barrow, James Dunford, M.D., Nancy Gordon, Jodie Pierce, Carole Snyder, and Todd Valeri

EMS AUTHORITY STAFF PRESENT:

Brian Aiello, Chief Deputy Director
Hernando Garzon, M.D., Acting Medical Director
Kent Gray, Regulations Manager
Kim Lew, Chief, EMS Personnel Division
Julie McGinnis, HIE Grant Program Analyst
Tom McGinnis, Chief, EMS Systems Division
Lou Meyer, Community Paramedicine & Triage to Alternate Destination Program Manager/Consultant
Ashley Williams, Deputy Director of Legislative and External Affairs
Leslie Witten-Rood, Chief, EMSA Office Health Information Exchange

PUBLIC COMMENTORS:

Ray Ramirez
Amanda Ward, Crafton Hills College and California EMS Education Association

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Atilla Uner, M.D., called the meeting to order at 10:00 a.m. Thirteen Commissioners were present. He led the Pledge of Allegiance and reviewed the meeting protocols and meeting agenda.

Chair Uner welcomed new Commissioners Lori Morgan, M.D., who replaced Commissioner Suver for the California Hospital Association, and David Ghilarducci, M.D., who replaced Commissioner Relucio as a local health officer.

2. REVIEW AND APPROVAL OF DECEMBER 14, 2022, MINUTES

Action: Commissioner Brown moved approval of the December 14, 2022, Commission on Emergency Medical Services Meeting Minutes as presented. Vice Chair Burrows seconded. Motion carried unanimously with no abstentions.

3. DIRECTOR'S REPORT

Brian Aiello, Chief Deputy Director, and Hernando Garzon, M.D., Acting Medical Director, provided the Director's Report:

Administrative Announcements

- Craig Johnson, Chief, Disaster Medical Services Division, has taken the new role within EMSA as Chief of Administration and Human Resources.
- Kent Gray, Regulations Manager, has accepted a promotional opportunity with another state department.

Chief Deputy Director Aiello thanked Mr. Johnson and Mr. Gray for their years of service and wished them the best in their new positions.

Two staff members have been hired since the last Commission meeting:

- Ashley Williams, Deputy Director of Legislative and External Affairs
- Tim Reed, Chief of Disaster Medical Services

EMSA Headquarters will be moving to another building in Rancho Cordova approximately one mile away. The target move-in date is the first week in April.

Update on EMSA Goals for 2023

- Strategic Planning: The final meeting of the External Strategic Planning Advisory Committee occurred in January, followed by a statewide webinar in February. The California EMS Strategic Plan is expected to be published by the end of March. The second quarter of the year will be spent in efforts to operationalize the strategic plan.
- Data and Technology: Work continues on the California EMS Information System's (CEMSIS) movement to version 3.5, the ePOLST Registry, and the Data Exchange Framework and how EMS fits into the statewide Health Information Exchange (HIE).
- Partnerships and Service Orientation: Work is ongoing to build and foster statewide partnerships that are essential for the service industry and patients through operationalization of the strategic plan.

4. CONSENT CALENDAR

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

Chair Uner noted that 51 of 125 EMSA positions are vacant. He stated appreciation for the extra work staff is doing while those positions are being filled.

Action: Vice Chair Burrows moved approval of all items on the Consent Calendar. Commissioner Brown seconded. Motion carried unanimously with no abstentions. The item was noted and filed.

REGULAR CALENDAR

5. EMS ADMINISTRATION

A. Legislative Report

Kent Gray, Regulations Manager, 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

Chair Uner referred to Assembly Bill (AB) 360 that prohibits excited delirium as a medical diagnosis and noted that this is possibly the first time the Legislature has prohibited diagnoses made by physicians.

Chair Uner referred to AB 482, air ambulance services, and asked if the Air Transport Children's Fund is for hospital-based air transport programs or for any transport program that flies children.

Mr. Gray stated he has not yet reviewed the specifics of the bill but stated it is a transfer of funding.

Commissioner Ghilarducci stated AB 360, excited delirium, may stem from the report out of Colorado that concluded that there is no official diagnosis of excited delirium and that the term was being used as a catchall diagnosis in inequitable, racial ways that caused harm. This is related to police officers asking the EMTs to give ketamine to individuals being restrained, which resulted in a death.

Chair Uner thanked Commissioner Ghilarducci for that background. He stated no matter what it is called, it is a reality that law enforcement and EMS deal with every day. Names must be put on certain physical conditions. He questioned whether the Legislature is the right place to define diagnoses.

B. Regulations Update

Mr. Gray reviewed the Regulations Update Report of the regulations being promulgated, which was included in the meeting materials. He noted that the Chapter 13 draft will not be completed by the end of the first quarter as originally anticipated but should be ready for review during the second quarter.

Discussion

Commissioner Thompson asked when the dispatch regulation and 438 will be reviewed.

Mr. Gray stated it is a work in progress. He has been assisting the analyst who is responsible for writing the text but he did not know when it will be ready for review.

Public Comment

There was no public comment.

6. EMS SYSTEMS

A. Community Paramedicine Status Update

Lou Meyer, Community Paramedicine & Triage to Alternate Destination Program Manager/Consultant, reviewed the staff report, which was included in the meeting materials. He noted that EMSA collaborated with community groups to develop a toolkit to assist in the preparations of their individual community paramedicine and triage to alternate destination programs and the submission of their EMS Plan Amendment. The toolkit was the main component of workshops for field providers held in San Diego and Berkeley, hosted by the CARESTAR Foundation. Local EMS agencies (LEMSAs) have expressed concern about the upcoming AB 1544 sunset date of January 1, 2024, for the programs; however, AB 767 has been introduced that proposes to extend the deadline to 2031.

Mr. Meyer stated healthcare entities throughout the state have been asking about community paramedicine post-discharge programs. He noted that AB 767 also adds a post-discharge component.

Discussion

Commissioner Gautreau asked about the gap hospitals are trying to fill with community paramedicine post-discharge programs.

Mr. Meyer stated many hospitals are trying to decrease their home health services by handing patients off to post-discharge programs.

Commissioner Ghilarducci stated the sunset date in the original bill was only one barrier to participation for LEMSAs. Structural barriers such as the significant logistical and administrative burdens that were built into the original bill would cause some smaller LEMSAs never to apply, no matter what the sunset date was.

Public Comment

Ray Ramirez, Deputy Chief, City of Ontario Fire Department, and California Fire Chiefs Association (CalChiefs), speaking as an individual, asked how EMSA views telemedicine. This is an opportunity to bring telemedicine into the EMS system through the community paramedicine bill. He stated the need to clarify the concerns of EMSA and/or the medical directors and the values that can come from telemedicine. The federal government demonstrated that this was a viable tool in the field during the COVID-19 pandemic through federal and state waivers.

Dr. Garzon stated the current system allows paramedics only to transport to acute care emergency departments, based on the 1973 EMS Act; however, EMS is changing and evolving. The EMSA is considering supporting a patient-centered approach to get patients the services they need. Many patients who access 911 do not need an acute care emergency department.

Dr. Garzon stated things like community paramedicine allowing triage to alternate destinations, sobering centers, behavioral health centers, urgent care centers, and

many other things are on the table that have been piloted, and telehealth is one of those. Telehealth is growing in non-emergency settings and there are telehealth providers who are focused in the pre-hospital space and are staffed by emergency physicians. That level of expertise may be safe and appropriate to do in a pre-hospital setting. The EMSA's interest and concern is keeping all developments and evolution in EMS patient-centered and patient-safe.

Commissioner Miller stated there are two things happening at the same time: advancing technologies and communications within EMS systems such as the evolution of medical oversight from the traditional base hospital, and addressing whether that communication and that data management changes destinations or changes what is done with patients. He stated the hope that, as this conversation evolves, the applications of technologies will get wrapped into regulations that go to community paramedicine and alternate destination, which can be kept separate. There is room to grow with medical oversight of an EMS system with technologies that resemble telehealth or telemedicine but do not change current practices much and keep them separate.

Commissioner Gautreau cautioned that there are significant limitations with telemedicine, especially when the patient is in the pre-hospital environment, and there is a great deal of discomfort among many physicians in employing that technology. That may get worked out over time but most physicians are used to physically seeing patients. Telemedicine may be appropriate in some applications but general acceptance will be slow.

B. CEMSIS Update

Tom McGinnis, Chief of the EMS Systems Division, reviewed the staff report, which was included in the meeting materials, on the background and transition process from the Inland Counties Emergency Management Agency (ICEMA) to the California EMS Information System (CEMSIS). The formal migration started in mid-January and was completed in mid-February. He stated appreciation for the engagement of the LEMSAs and ICEMA that were instrumental in making this transition.

Chief McGinnis stated the current data standard is inadequate to allow factoring well on things like community paramedicine patients and other kinds of situations that are prevalent in EMS today. The data standard will transition from the National EMS Information System (NEMSIS) version 3.4 to version 3.5. This change is considered large in nature because it is going to functionally change a lot around the disposition factorings of patients who are currently in the NEMSIS standard. It is not just a change in software, it is also a learning curve. Providers and practitioners will need to be educated to understand the differences as they are documenting moving forward.

Chief McGinnis stated the federal government will no longer accept data in the version 3.4 format by January 1st of next year. Versions 3.4 and 3.5 will be running simultaneously during the transition period to the new version. LEMSAs have been requested to complete their transition by October of this year, leaving November and December to make necessary adjustments. He noted that data submissions with the new standard are coming across seamlessly to date.

Chief McGinnis stated the CEMSIS system will be used to collect ambulance patient offload time (APOT) data. Staff is working with LEMSAs and the California Hospital Association (CHA) to ensure the data is reflective of the APOT measurements currently in use.

Chief McGinnis stated, during the transition from ICEMA to in-house, there will be no changes to this partnership and LEMSAs will continue to have access to Biospatial about their specific data that comes directly from CEMSIS.

Discussion

Vice Chair Burrows asked if the information coming in to CEMSIS is different or better than previously reported APOT data.

Chief McGinnis stated it is too soon to make an assessment, but staff is currently working with LEMSAs to validate data. An update may be available for the December meeting.

Vice Chair Burrows asked if there is a way in CEMSIS to track exemptions granted through a LEMSA, such as response time exemptions.

Chief McGinnis stated the CEMSIS program does not have the ability to show exemptions because it works within the NEMSIS criteria without customization due to high costs.

Commissioner Morgan asked if previous NEMSIS data will be remapped in the transition to version 3.5.

Chief McGinnis stated there will be new items that are only available to track and trend moving forward on the new standard. Prior data will not have those items available for comparison.

Commissioner Morgan asked if CEMSIS has all agencies in the state, including small rural agencies.

Chief McGinnis stated, to the best of his knowledge, all agencies that respond to 911 calls using electronic health records are documented by Health and Safety Code mandate. He noted that staff is still working with one LEMSA to input their electronic health record data.

Commissioner Thompson stated pulling APOT data from electronic Patient Care Reports (ePCRs) is a good way to acquire accurate data. She asked who technically owns electronic health record data, who can access it, and how far public records requests extend into EMSA.

Chief McGinnis stated the provider agency has ownership of their record data. However, the record is required for quality improvement system oversight, management and assessment of public needs criteria, and so on, and is therefore visible to those who regulate and validate public needs. The data can be accessed by any LEMSAs where the data originates. There is no patient care level data within the system to report out on; it is all aggregate data. In order to access the data, an individual may submit a

Public Records Act request on the CEMSYS information page including the exact criteria necessary to run the reports.

Commissioner Gautreau asked about the standardization of APOT data and whether the pending legislation that would create an electronic transfer signature would set the standard at the point when the nurse signs that the patient has been accepted.

Chief McGinnis stated a transfer of time signature is an option in some current data platforms. In California, there are 21 different EMS software packages being operated throughout the state. The transfer time field is available in the larger packages but is not mandatory. The legislation could mandate that field for a paramedic or EMT to manually complete. He stated the end time of APOT is under debate, which is one of the reasons staff is working with LEMSA partners and hospitals, but is generally considered to end at the time care is turned over.

Commissioner Gautreau suggested standardizing APOT by obtaining a signature when the patient transfers from the ambulance stretcher.

Dr. Garzon stated the APOT data standard is posted on the EMSA website, along with a toolkit, published in 2012 and co-authored by the CHA and EMSA, that describes best practices around APOT and transfer of care. It recommends creating a local APOT committee between hospitals and EMS to document the process and method for transfer of care in order to establish a standard.

Commissioner Ghilarducci stated the understanding that, while Biospatial is powerful, about half of the California population is not represented in the data. He asked if certain LEMSAs do not report data through CEMSYS.

Chief McGinnis stated 33 LEMSAs report some of their data; only one does not report anything electronically at this point.

Commissioner Ghilarducci asked about the percentage of the California population that LEMSAs represent.

Chief McGinnis estimated that LEMSAs represent 33% or more.

Commissioner Ghilarducci stated roughly two-thirds of Patient Care Records (PCRs) are represented in Biospatial and asked if there is an internal plan to rectify that.

Chief McGinnis stated staff is working with that LEMSA with a target of July 1st for them to be able to begin to submit their data.

Public Comment

There was no public comment.

C. ePOLST Update

Leslie Witten-Rood, Chief, EMSA Office of Health Information Exchange (HIE), provided an update on the Physician Orders for Life-Sustaining Treatment (POLST). In July of 2021, AB 133 directed EMSA to create an ePOLST Registry. EMSA is required to use the state's Project Approval Lifecycle (PAL), which takes roughly two years to complete, and is ending phase two of four of that lifecycle. EMSA was allocated \$10 million

through the General Fund and \$750,000 ongoing for maintenance and sustainability once the system is implemented. To help with this effort, EMSA has entered into an interagency agreement with the Office of Statewide Integration. The process is on time and moving along rapidly.

Discussion

Chair Uner asked how quickly the ePOLST Registry can be accessed and what data is required to access an accurate record.

Chief Witten-Rood stated that is currently being determined. The PAL includes determining and approving who can access the data legally. One of the goals of the project is to keep access times as brief as possible.

Public Comment

There was no public comment.

7. EMS RESPONSE TO BEHAVIORAL HEALTH PATIENTS

A. Update on Framework for Behavioral Health Crisis Response

Dr. Garzon reviewed the staff report, which was included in the meeting materials. He provided an overview of the background, capacity challenges, and the Behavioral Health Crisis Care Continuum Plan (CCC-P). He stated the CCC-P, developed by the California Health and Human Services Agency (CalHHS) and stakeholders, 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.

Dr. Garzon stated 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. EMSA remains actively engaged with CalHHS and 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 behavioral health initiatives, funding, and programs.

Discussion

Chair Uner stated this remains an important topic. He stated the hope that barriers for access, such as rural isolation and lack of resources, will be addressed as the work progresses.

Public Comment

There was no public comment.

8. EMS PERSONNEL

A. Paramedic Fee Structure

Kim Lew, Chief, EMS Personnel Division, stated EMSA will increase paramedic fees by \$65 to support AB 450 implementation and maintenance of the Paramedic Disciplinary Review Board. California fees are now the highest in the nation. This impacts paramedics, paramedic graduates, and paramedic providers. She stated it appears that the EMS structure and established legislative criteria that funds the EMS system has contributed to this fee increase. Preliminary research suggests that other states augment EMS costs through additional funds.

Discussion

Chair Uner stated this can be a significant burden, especially for new paramedic school graduates who are typically unable to work while attending paramedic school. He asked if there are any plans to move that back to the first renewal.

Chief Lew stated there is no alternative at this point. An analyst is looking at fee structures in other states, but California may be too different to do the same at this time.

Vice Chair Burrows agreed that this is a barrier for new paramedics. He asked if there are cases pending for the Paramedic Disciplinary Review Board and what happens with disciplinary issues that may occur between January 1st and when the Board structure is officially established.

Chief Lew stated there are pending investigations but there has been no change. Staff is trying to push paramedic fee regulations through as quickly as possible but did not anticipate the Office of Administrative Law (OAL) asking for a second public comment, which is why Mr. Gray mentioned the OAL has approved pushing those regulations through rather than leaving them pending. The Board structure is still in development. The hiring process for individuals who will make new regulations and model disciplinary action documents and guidelines continues on the understanding that funding will increase once the paramedic fee regulations have been passed.

Vice Chair Burrows asked when the transition will occur.

Chief Lew stated the Board is waiting on two Governor's Office appointees. Once established, the Board can start work on the regulations.

Commissioner Morgan asked for clarification about new provider fees versus renewal fees.

Chief Lew stated the current statutory structure only allows the pursuit of paramedic fees to support the entire EMS personnel division and its programs. In the future, initial fees could be rolled back, adjusted, or maintained. However, adjustments cannot be made to this current legislative mandate. It may be a few years before that could be considered. The Paramedic Disciplinary Review Board is in place, so it is something that could occur under statute in the future.

Commissioner Oshita asked about the current number of applicants.

Chief Lew stated there are approximately 27,000 applicants. The maximum amount for the initial licensing fee is around \$400 for out-of-state initial licensees.

Public Comment

Amanda Ward, Paramedic Program Director for Crafton Hills College, and representing the California EMS Education Association, stated she brought a letter of support from the San Bernardino County Fire Chiefs Association in addressing this issue.

Ms. Ward requested an evaluation of these fees and where applicants can go. She stated Crafton Hills College supports Riverside and San Bernardino counties and has offered cohort expansion and tuition assistance as much as possible. However, licensure fees at program completion are partly to blame for the drastic issues in staffing paramedics in California. It is not only the licensure fees that must be paid; graduates must also pay for several exams and licenses, which can cost over a thousand dollars.

Ms. Ward stated the college cannot assist as many as 90 paramedic students in one year, so students are choosing to return to EMT work and putting themselves in greater financial debt, or choosing to license in other states. This is not equitable and hampers recruitment and retention. While the acts responsible for this may be several decades old, she suggested going back to the drawing board and advocating for students in order to serve communities in the future. She thanked Chief Lew for continuing to work on this concern at the state level and looked forward to continued conversations and opportunities to adjust this issue.

Chair Uner stated pass rate decreases the longer students wait to take their exams after graduating. This is counterproductive for students and the organizations that sponsor them.

9. DISASTER MEDICAL SERVICES DIVISION

A. Response to Storms, Earthquake, and COVID

Dr. Garzon reviewed the 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.

Public Comment

There was no public comment.

10. ELECTION OF OFFICERS (MARCH 2023 – MARCH 2024)

Chair

Chair Uner stated nominations for Chair from the December meeting included Vice Chair Burrows and Commissioner Gautreau. No additional nominations were offered.

Commissioner Gautreau withdrew his nomination for the position of Chair.

Action: Commissioner Thompson nominated Vice Chair Burrows as Chair of the Commission on EMS for March of 2023 to March of 2024. Chair Uner seconded. Thirteen members of the Commission voted aye with no abstentions.

Vice Chair

Chair Uner stated nominations for Vice Chair from the December meeting included Commissioner Gautreau and Commission Kusman. No additional nominations were offered.

Action: Commissioner Valeri nominated Commissioner Kusman as Vice Chair of the Commission on EMS for March of 2023 to March of 2024. One member of the Commission voted aye with Commissioner Kusman abstaining.

Action: Chair Uner nominated Commissioner Gautreau as Vice Chair of the Commission on EMS for March of 2023 to March of 2024. Twelve members of the Commission voted aye with no abstentions.

Administrative Committee

Chair Uner stated he will fill one Administrative Committee position as Immediate Past Chair. Nominations to serve on the Administrative Committee from the December meeting included Commissioners Brown, Miller, and Rodriguez. No additional nominations were offered.

Commissioner Brown withdrew his nomination for the Administrative Committee.

Action: Commissioner Gautreau nominated Commissioner Miller to serve on the Administrative Committee from March of 2023 to March of 2024. Twelve members of the Commission voted aye with no abstentions.

Action: Commissioner Barrow nominated Commissioner Rodriguez to serve on the Administrative Committee from March of 2023 to March of 2024. Twelve members of the Commission voted aye with no abstentions.

11. ITEMS FOR NEXT AGENDA

Chair Uner asked Commissioners for suggestions for the next agenda.

Vice Chair Burrows asked for an updated report on the Paramedic Disciplinary Review Board, including an update on the current open disciplinary cases and how they are being adjudicated through that process.

Chair Uner asked for a report on the options to change the paramedic fee structure.

12. PUBLIC COMMENT

Mr. Gray stated his appreciation for the time spent with EMSA and working with the Commission. It has been an extraordinary time to come on board. He thanked everyone and wished them the best.

13. ADJOURNMENT

Chair Uner thanked Ramona Cota, the transcriptionist, and Jersy Vasquez, who ran the AV equipment, for working through technical difficulties. He thanked the Commission for their support during his time as Chair and congratulated the new Chair and Vice Chair.

Chair Uner asked for a motion to adjourn.

Action: Commissioner Kusman moved to adjourn the meeting. Commissioner Thompson seconded. Motion carried unanimously.

Chair Uner adjourned the meeting at 11:36 a.m.