

**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 medial 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.