

**STATE OF CALIFORNIA  
COMMISSION ON EMERGENCY MEDICAL SERVICES  
March 13, 2024  
10:00 A.M. – 1:00 P.M.**

**Location  
Embassy Suites Anaheim  
11767 Harbor Blvd.  
Anaheim, CA 92840**

**AGENDA**

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of December 13, 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. DMS**
  - A. Storm Response Update
  - B. Update on Upcoming Full- Scale *Exercise*
- 6. EMS Administration**
  - A. Legislative Report
  - B. Regulations Update
- 7. EMS Systems**
  - A. CEMSIS Update
- 8. EMS Personnel**
  - A. National Registry Pass Rates Update

**9. Election of Officers (March 2024-March 2025)**

- A. Chairperson
- B. Vice-chairperson
- C. Two Administrative Committee Representatives

**10. Items for Next Agenda**

**11. Public Comment**

**12. 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**

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**STATE OF CALIFORNIA  
COMMISSION ON EMS  
December 13, 2023  
Marines' Memorial Hotel  
609 Sutter Street  
San Francisco, CA 94102**

**MINUTES**

**COMMISSIONERS PRESENT:**

Sean Burrows, Chair, Steve Barrow, David Ghilarducci, M.D., Travis Kusman, Ken Miller, M.D., Ph.D., Lori Morgan, M.D., Masaru "Rusty" Oshita, M.D., Jodie Pierce, Todd Rausser, Paul Rodriguez, Carole Snyder, Kristin Thompson, Atilla Uner, M.D., and Todd Valeri

**COMMISSIONERS ABSENT:**

Marc Gautreau, M.D., Vice Chair, Thomas Giandomenico, Nancy Gordon, and Lydia Lam, M.D.

**EMS AUTHORITY STAFF PRESENT:**

Elizabeth Basnett, Director  
Brian Aiello, Chief Deputy Director  
Hernando Garzon, M.D., Acting Medical Director  
Ashley Williams, Deputy Director of Legislative and External Affairs  
Kim Lew, Chief, EMS Personnel Division  
Laura Little, Manager, Paramedic Licensure  
Julie McGinnis, HIE Grant Program Analyst  
Tom McGinnis, Chief, EMS Systems Division  
Nicole Mixon, Manager, EMS Standards and Training Unit  
Tim Reed, Chief, Disaster Medical Services

**PUBLIC COMMENTORS:**

Tanir Ami, CARESTAR Foundation  
Rose Colangelo, Sutter Health  
Loreen Gutierrez, Inland Counties Emergency Medical Agency  
Clayton Kazan, M.D., Los Angeles County Fire Department  
Captain Dave Loomis, Ontario Fire Department  
Ray Ramirez, California Fire Chiefs Association (CalChiefs)  
Brian C. Strain, DO, Loma Linda University  
Amanda Ward, Crafton Hills College

**1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE**

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

## 2. REVIEW AND APPROVAL OF SEPTEMBER 20, 2023, MINUTES

Action: Commissioner Barrow made a motion, seconded by Commissioner Rodriguez, that:

- *The Commission approves the September 20, 2023, Commission on Emergency Medical Services (EMS) Meeting Minutes as presented.*

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Kusman, Miller, Morgan, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, and Chair Burrows.

The following Commissioner abstained: Commissioner Rausser.

## 3. CONSENT CALENDAR

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

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

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

Motion carried 13 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Kusman, Miller, Morgan, Oshita, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, and Chair Burrows.

The following Commissioner abstained: Commissioner Rausser.

The item was noted and filed.

## REGULAR CALENDAR

### 4. EMS ADMINISTRATION

#### A. Legislative Report

Ashley Williams, Deputy Director of Legislation and External Affairs, stated no new bills were signed since the September Commission meeting. Staff is working to fulfill the requirements of past legislation.

There was no discussion and no public comment.

#### B. Regulations Update

Deputy Director Williams reviewed the Regulations Update Report of the regulations being promulgated, which was included in the meeting materials. She stated Administered Medications regulations were signed and approved by the Office of Administrative Law and will go into effect January 1, 2024. Listening sessions were held

on Chapter 13. A letter on next steps will be sent to all participants within the first two weeks of January. She stated staff is working on a roadmap on regulation updates. More information will be provided at the next meeting.

### Discussion

Commissioner Thompson asked for an update on Assembly Bill (AB) 438.

Elizabeth Basnett, Director, stated AB 438 is a priority area but AB 438 regulations will come after Chapter 13, Trauma, STEMI, and Stroke regulation approval.

### Public Comment

There was no public comment.

## **5. EMS SYSTEMS**

### **A. APOT Report**

Tom McGinnis, Chief of the EMS Systems Division, stated, since January 2023, the EMS Authority has been running monthly Ambulance Patient Offload Time (APOT) Reports sourced from the California EMS Information System (CEMSIS) for all participating local EMS agencies (LEMSAs) using the updated APOT specifications from Fall 2022. Following internal EMS Authority review, each LEMSA has been receiving monthly APOT reports on the information they submitted to CEMSIS. LEMSAs are encouraged to continue to monitor APOT locally.

Chief McGinnis stated the EMS Authority is also in the process of updating the APOT standard, specifications 1 and 2, due to changes in the National EMS Information System's (NEMSIS) 3.5 data standard that will be going into effect on January 1, 2024. He noted that these are not substantive changes but are consistent with the standard.

Hernando Garzon, M.D., Acting Medical Director, provided an overview of the APOT Report, which was included in the meeting materials, and noted changes and updates that have been made since the prior report:

- The report has gone from a quarterly report to a biannual report.
- Tabular and graphical changes have been made to make the data easier to digest and more comfortable to view, such as the map graphic on page 6 and the linear graph on page 7 of the report.
- The APOT 1 and 2 charts are on pages 8 and 9, including the grand totals for the past six months.
- A new APOT "Heat" Table chart is on page 10 and shows at a glance the LEMSAs that tend to have APOTs greater than and less than 30 minutes.
- The chart on page 11 shows the new metric of cumulative APOT greater than 30 minutes by LEMSA for the past six months.

### Discussion

Commissioner Morgan asked if the June report is anticipated to include Los Angeles County data.

Director Basnett stated it will.

Commissioner Barrow stated, while people are starting to talk about this, the solutions are coming from politics rather than from the services involved. He asked if there is a communication plan to ensure policymakers understand that there is a great deal of interest in this and that there are issues to convey to them.

Director Basnett recommended pointing everyone to the APOT Committee recommendations. Through the work of AB 40, solutions outside the recommendations are coming to light, as well.

Commissioner Barrow stated there is a new Speaker in the Assembly and a new Pro Tem. The Health Committee and Public Safety Committee have just been renamed. This is an opportunity for the EMS Authority to engage with the legislature and even offer an informational hearing so these new chairs will know how to communicate with the EMS Authority.

Commissioner Ghilarducci noted the consistency of the numbers for each county in the Heat Table on page 10. He asked if the EMS Authority has considered analysis of the top five features, such as risks or benefits, in each LEMSA that are most predictive of whether they are consistently red or green.

Commissioner Morgan asked whether there was a data problem in Yolo County that caused it to change from red to green, or whether something exciting happened.

Acting Medical Director Garzon stated Yolo County switched to 3.5 early. It is not a data error; it is an artifact of early transition.

Commissioner Uner asked about the two cutoffs, 20 minutes and 30 minutes.

Acting Medical Director Garzon stated, historically, the target was 20 minutes, which is why much of APOT-2 was defined that way in the breakdown. With the new Assembly bill, it changed to 30 minutes. Staff will likely switch over to the new 30-minute legislated target.

Commissioner Thompson thanked staff, the LEMSAs, and the providers for the work they have done to produce a report that can be discussed.

Commissioner Barrow stated crews on the wall in rural areas tend to know each other and communicate well. He stated it would be interesting to have feedback on communication strategies for crews on the wall in urban settings. He requested a report on how well hospitals are communicating in the near future.

Director Basnett stated, as the regulations for AB 40 roll out and bi-monthly meetings with hospitals and LEMSAs begin, this information will become more clear.

Acting Medical Director Garzon stated the LEMSAs that have the worst problems with APOT tend to put more resources toward working on it and define clear escalation steps in their policies. Those that do not have problems with APOT tend to communicate less.

Chair Burrows thanked staff for the report. He asked, regarding the total number of hours accumulated for the six-month period on page 11, if there is a way to quantify those hours in cost.

Acting Medical Director Garzon stated it is challenging because different providers have different rates and costs. However, an amount could be estimated just as the number of hours was estimated.

#### Public Comment

Tanir Ami, CEO, CARESTAR Foundation, expressed appreciation for the report. She stated the CARESTAR Foundation is having conversations about disaggregating APOT data along the lines of racial equity, which have uncovered additional potential solutions.

Ray Ramirez, California Fire Chiefs Association (CalChiefs), complimented the EMS Authority for the data on pages 6 and 7. The speaker asked if the timeline in those graphs could be kept on a more prolonged basis, such as monthly, to show how APOT evolves over time.

#### **B. EMTALA Discussion**

Chair Burrows stated this agenda item stemmed from discussions at the September 2023 Commission meeting. Today will be part one of a multi-part conversation on the Emergency Medical Treatment and Labor Act (EMTALA). The conversation will continue at the March 2024 meeting.

Chief McGinnis introduced the speaker from the California Hospital Association (CHA) and asked her to give her presentation.

Lois Richardson, Vice President and Legal Counsel, CHA, discussed the intersection of EMTALA and APOT. She provided an overview, with a slide presentation, of the background, basic requirements, capacity, timing of the Medical Screening Exam (MSE), Centers for Medicare and Medicaid Services (CMS) memos, court decisions, and investigation process. She stated the CMS is responsible for enforcing EMTALA. She announced that the 2024 CHA Emergency Services Forum will be held at the Hyatt Regency Newport Beach on May 6, 2024.

#### Discussion

Commissioner Uner asked how an EMS crew can watch a patient, since they are not hospital employees and hospitals bill for watching patients. He stated he would argue that they are not credentialed. The risk of malpractice suits increases the longer the EMS crew watches the patient. There is a question of liability.

Ms. Richardson stated, in a malpractice and negligence cause of action, since it is the responsibility of both the EMS crew and the hospital, the court will decide the outcome.

Commissioner Kusman stated, regarding load leveling to help hospitals, there is a regulation that is intended to promote non-discrimination, as load leveling removes some patient choice. These things must be balanced.

Commissioner Ghilarducci stated most emergency departments are incentivized to provide an MSE to patients in the waiting room relatively quickly. He asked if the same standard for MSE applies to patients brought in by EMS.

Ms. Richardson stated everybody should get quick triage, but that is not necessarily the recommended screening exam. She stated the assumption that a similar standard of MSE would be used.

Commissioner Oshita asked if there is a minimum level of credentialing for triage versus MSE.

Ms. Richardson stated EMTALA only specifies that it be a qualified provider. The hospitals' regulations and medical staff bylaws can determine that.

Commissioner Thompson stated the EMS personnel who bring in a non-emergent patient cannot wait; they are meant to be in the field responding to 911.

#### Public Comment

Clayton Kazan, M.D., Medical Director, Los Angeles County Fire Department, and emergency physician, stated there are no nurse ratios in triage. Certified Nursing Assistants (CNAs) are also not part of nurse ratios. Both hospitals and EMS services have a duty to the patient. However, the CHA states EMTALA applies to a patient in a non-hospital-owned air or ground ambulance only if the ambulance is on hospital property for presentation for examination or treatment at the hospital's dedicated emergency department. Nowhere does this say it only applies to critical or emergent patients. There are only four descriptions in which EMTALA does not apply, none of which involve EMS or arrival by ambulance. At some point, the duty to the patient must transfer from EMS to the hospital. During the pandemic, the longest wait time was 25 hours. He stated this problem must be solved.

Dr. Kazan stated, in Los Angeles County, the biggest challenge with load leveling for EMS patients has not been LEMSAs but hospitals' inability to play by the same rules across the board. It is the hospitals, not the LEMSAs or emergency departments, that exceed the load.

Mr. Ramirez disagreed that both parties have a duty to provide care in a hospital. Paramedics have a duty to the patient on the scene, but the hospital has the duty under federal law, which supersedes state law. Once the patient is inside the hospital, the hospital has the duty to care for that patient. The speaker stated many emergency personnel feel they are being held hostage in a hospital under threat of abandonment, but the speaker was unable to find cases against EMS personnel citing abandonment.

Mr. Ramirez asked if there is anything in EMTALA that prevents the provider from seeking compensation for staying beyond a reasonable time of 30 minutes. Currently, the cost is being transferred from the hospital to EMS providers, which is a loss to the community. One solution is to compensate EMS providers for the full costs beyond 30 minutes.



Rose Colangelo, Director of Emergency Services at Sutter Roseville Medical Center (SRMC), APOT Committee for Sutter Health, asked how to work together and collaborate to overcome barriers to doing what is right for patients.

Dave Loomis, EMS Captain, Ontario Fire Department, stated there is no provision for EMS personnel to practice medicine once they arrive at the hospital. They can perform lifesaving treatment but they cannot administer medications or remain in treatment. It is difficult to share responsibility when EMS personnel cannot treat with medications.

#### Discussion, continued

Commissioner Uner asked, regarding shared responsibility, whether patients with additional medical conditions are expected to use their own equipment and medications while they wait for several hours. He also asked for clarification on the role of ride-along physicians.

Ms. Richardson stated she was here to discuss whether APOT is an EMTALA violation, not questions regarding scope of practice or timing.

Commissioner Thompson stated APOT reflects collaboration where EMS personnel help hospitals by waiting on the wall. Further collaboration is necessary to reduce the number of hours spent on the wall.

Commissioner Snyder asked if there will be a breakdown between basic life support (BLS) wall time and advanced life support (ALS) wall time data with the new system.

Director Basnett stated it is not mandatory within statute or regulation to collect BLS electronic Patient Care Reports (ePCRs). The best way to break it down is through primary impression.

Acting Medical Director Garzon stated some 911 will dispatch BLS primarily, too. However, the data is incomplete.

Chair Burrows asked if statute speaks to who has the responsibility or duty to act.

Ms. Richardson stated EMTALA does not discuss duty switching. Patients waiting is not an EMTALA issue.

Chair Burrows stated this will be a continuing discussion throughout the next year.

## **6. EMS PERSONNEL**

### **A. Statewide Paramedic License Report**

Laura Little, Manager, Paramedic Licensure, EMS Personnel Division, reviewed the Paramedic License Report, also known as the Licensure and Certification Trend Report, which was included in the meeting materials. At the September Commission meeting, staff was requested to create a report on EMT, Advanced EMT, and Paramedic initial, renewal, and reinstatement applications submitted within the last five years. The Central Registry was used to collect the data.

Ms. Little noted that the period reviewed included pre- to post-pandemic data. The data showed a 3 percent increase in the overall number of EMS professionals being licensed

and certified in that five-year period. There was a 2 percent increase in paramedic licenses and a 1 percent credentialing increase for EMTs in that five-year period. Advanced EMTs, however, decreased by approximately 18 percent in that five-year period.

### Discussion

Commissioner Barrow stated this is a big picture issue. The EMS Authority should have a report on the big-picture targets for different areas to better be able to judge where to focus.

Kim Lew, Chief, EMS Personnel Division, stated staff is aware of those needs. There were limitations to the access and retrieval of data in the report. The goal at this point is to look at regulatory changes and how well data systems such as CEMSIS interface with the Personnel Central Registry and so on. That data can then be correlated to form a big picture. This is in the strategic plan for the next five years, and ideally will allow for more robust analyses in future reports.

Commissioner Ghilarducci suggested analyzing how many active paramedics there are versus total number of licensees.

Chief Lew stated there is a voluntary reporting option for all applicants in order to gather that information. However, that data is limited at present.

Commissioner Ghilarducci suggested capturing that data through CEMSIS.

Acting Medical Director Garzon stated staff can look into this.

Commissioner Barrow stated childcare data proved that childcare licensees serve only 30 percent of the need in California, particularly in rural areas; this caused services to consider shutting down. He cautioned against repeating this experience with this report.

Chief Lew stated this data could be pulled to see how it coincides with training numbers, but data on the actual facilities and service provisions is not able to be assessed.

Commissioner Thompson thanked staff for the report and stated it is valuable for EMS providers to see the trends.

Chair Burrows asked whether trend lines for the last ten years are the same or have dropped off.

Chief Lew stated this is difficult to answer due to the pandemic. Staff might be able to put something together over the next year or two that would show the difference better.

### Public Comment

Amanda Ward, Paramedic Program Director, Crafton Hills College, also representing the California EMS Education Association, stated there was a dip in personnel numbers coming out of institutions during the pandemic of about 1,000, which has since rebounded and continues to slightly progress each year.

Ms. Ward stated the inequity in the costs to license in California remains an issue. California is the most expensive state in the country to license. Many students must wait several months until they can afford licensure to function at a paramedic level.

Brian Strain, D.O., Emergency Physician, EMS Fellow, Loma Linda University, stated it would be valuable to look at ways to collect data on personnel in the state through lapse of licensure or exit from the field, in order to determine who transitions within the EMS system and who leaves the field altogether.

## **B. EMT Denial Report**

Nicole Mixon, Manager, EMS Standards and Training Unit, reviewed the 2022 EMT Denial Report. She stated AB 2293 went into effect on January 1st of 2019, requiring the local EMS agencies and other EMT certifying entities to submit annual data on the applications they receive, including whether those applications were approved, denied, or approved with restrictions, which means probation. The data for 2022 was due on July 1st of this year.

Ms. Mixon stated data was received from all 64 certifying entities. She noted that this number is down from 68 in prior years. Of the 367 applicants who disclosed criminal history, 90 percent were approved or approved with restrictions, 3 percent were denied, and 7 percent are pending.

Ms. Mixon stated the report shows no significant changes from previous years.

### **Discussion**

Commissioner Barrow stated there was discussion in past years about concerns in hiring individuals with criminal backgrounds. This report helps clarify that having a criminal record does not impact patients or the health or wellbeing of the public.

Chair Burrows stated the largest number in the chart was 11 for substance abuse-type issues. He asked if that was due to the new licensure request.

Ms. Mixon stated it was.

### **Public Comment**

No public comment.

## **C. Opioid Crisis and Buprenorphine Presentation**

Acting Medical Director Garzon stated this agenda item is in response to a request at the last Commission meeting to review the opioid crisis and its impact on the EMS system in California. He provided an overview, with a slide presentation, of the background and national statistics of the opiate crisis, opiate crisis in California, health system response, California behavioral health initiatives, EMS Leave Behind Naloxone Programs, Bridge Program, and Buprenorphine administration by EMS. He stated, in 2018, the Department of Health Care Services (DHCS) created the Naloxone Distribution Project (NDP) using Substance Abuse and Mental Health Services Administration (SAMHSA) funding.

Acting Medical Director Garzon stated EMS administration of buprenorphine is intended to relieve withdrawal symptoms and encourages the patient to accept transport to the emergency department where they can be started on treatment and connected with services. A trial study in Contra Costa County began in December of 2022. Due to its

positive outcomes, the Commission voted to add it to the optional scope. To date, the optional scope is in 11 LEMSAs.

### Discussion

Commissioner Barrow referred to the EMS Leave Behind Naloxone Programs and asked why some counties do not have these programs.

Acting Medical Director Garzon stated they may have not yet gotten to it. He noted that the problem varies with the size of the county.

Commissioner Miller stated another factor is transport rate. If a county transports nearly all patients who receive Naloxone, the benefit of leave behind diminishes.

Commissioner Kusman agreed and stated another factor is that Naloxone is relatively expensive. Identifying funding sources is one of the barriers. He asked if Naloxone is available through the DHCS NDP or if the funding has been exhausted.

Acting Medical Director Garzon agreed that that is a concern. The DHCS has an annual budgeted amount, which limits the amount that can be distributed. He noted that there is recurring funding for the DHCS program through SAMHSA.

Commissioner Kusman stated other funding streams are typically directed towards county behavioral health departments. Some EMS areas have been able to implement through relationships with county behavioral health.

Commissioner Ghilarducci stated Santa Cruz and San Benito Counties have been doing leave behind since before the pandemic.

Commissioner Ghilarducci stated the patient is not necessarily the recipient of leave behind Naloxone. Documenting the person who does receive it creates challenges. He stated Naloxone has a lot of limitations, primarily that someone must be there to administer it in order to save a patient's life. Naloxone is more of a reactive than proactive approach to this problem.

Acting Medical Director Garzon agreed and stated it is one portion of the response umbrella.

Commissioner Barrow asked about the EMS Bridge Program and if EMS workers involved with follow-up are reimbursed for their time.

Acting Medical Director Garzon stated EMS transports the patient to the hospital, where the follow-up is done by doctors and substance use navigators in the emergency department. There is not really any additional work for EMS.

Commissioner Kusman stated the best practice is some type of leave-behind with clear information about how to access services for individuals who choose not to go to the hospital after Buprenorphine has been initiated.

Acting Medical Director Garzon stated the challenge here is not just dosing the medication, but the medication is part of that greater wraparound, connecting with the substance use navigator and social services and that kind of thing. It is a complex program to stand up and facilitate for all the LEMSAs that are interested.

Commissioner Barrow asked, if there are 11 LEMSAs using the program, what the EMS Medical Directors' Association of California (EMDAC) recommends.

Acting Medical Director Garzon stated the EMSA's approach has been to support, encourage, and facilitate the adoption of anything that is appropriate in a specific LEMSA, since the importance or urgency of an issue varies by LEMSA. This takes coordination with behavioral health services and emergency departments, which not all LEMSAs have the resources to do quickly. There is a lot of collaboration between LEMSAs.

Commissioner Ghilarducci stated EMDAC made a notable decision yesterday to allow EMS buprenorphine as a standing order rather than requiring a base contact.

Commissioner Pierce asked how to extrapolate the throughput to successful, continuing treatment for doses given.

Acting Medical Director Garzon stated one of the aspects of the trial study that Contra Costa County did was tracking patients through to treatment programs. He stated the belief that all of the local optional scopes of practice (LOSOPs) that have been improved have those data metrics.

Commissioner Uner asked how to define success in addiction treatment.

#### Public Comment

Dr. Clayton Kazan stated the need for alternate destinations to emergency departments, such as sobering centers. These patients are resource-dependent and not all community hospitals have those resources available.

#### **D. Trial Study – ICEMA Point of Care Ultrasound**

Acting Medical Director Garzon stated this presentation is on a trial study that was conducted by the Inland Counties' EMS Agencies, ICEMA. He provided an update on the Implementation of Prehospital Ultrasound Educational Program for Paramedics trial study for Reza Vaezazizi, M.D., Inland Counties EMS Medical Director, who was unable to be in attendance.

Acting Medical Director Garzon provided an overview, with a slide presentation, of the objective, methods, and results of the trial study to safely use ultrasound in the field. He stated the objective was to demonstrate that paramedics can safely use ultrasound in the prehospital environment with an improvement in certain critical patients without delay in the transport time to the designated hospital. He stated Dr. Vaezazizi's request is for the Commission vote to move the trial study to local optional scope.

#### Discussion

Commissioner Miller asked if the Commission is to review this information or make a decision on it today.

Acting Medical Director Garzon stated this was the presentation for the Commission to vote on.

Chair Burrows stated this was agendaized as an informational item, not an action item.

HIE Grant Program Analyst McGinnis stated the Commission has up to two meetings to make a recommendation. It does not have to be done during this meeting.

Director Basnett stated the Commission can provide an advisement to the EMS Authority. The EMS Authority still has the ultimate decision-making authority based on the statute.

Acting Medical Director Garzon stated the four options by regulation and statute are: terminate the study, continue the study for another 18 months, advise to move to LOSOP, or advise to move to basic scope.

Commissioner Miller suggested adjusting and limiting the Inclusion Criteria. Including items such as Tension Pneumothorax adds time and risk that could interfere with clear decision-making and interventions. Commissioner Miller discouraged the use for Et-tube placement, even with end-tidal CO<sub>2</sub>. Vascular access is difficult in critical patients. On the positive side, more acknowledgements of traumatic versus non-traumatic cardiac arrest would be valuable.

Commissioner Uner stated this has a potential for harm and anxiety and spends a lot of money for training that could be put to better use elsewhere.

Commissioner Ghilarducci stated there should be discussion on the clinical implications and particular concerns, which could be sorted out in the LOSOP committee. He recommended moving it to LOSOP.

Commissioner Morgan noted the potential for problematic technique issues rather than moving patients to trauma surgeons as soon as possible.

Lorene Gutierrez, Specialty Care Coordinator, ICEMA, stated the understanding that the images discarded were due to documentation issues. 33 out of 74 images were not usable. One of the discussions on the trial study was that more numbers are required to look at costs. Clinical relevance and the potential to expedite therapy have yet to be determined. This is the reason to go to a local optional scope in order to continue the study.

Commissioner Kusan stated it is challenging to train this sort of skill through a didactic approach with no practical component. The training must set paramedics up for success as much as possible.

Commissioner Kusan asked if extending the trial study would continue it as it currently exists or offer an opportunity for the EMS Authority to formally provide feedback to Dr. Vaezazizi.

Acting Medical Director Garzon stated the language in statute and regulation about trial studies makes no mention of the Scope of Practice Committee. He suggested changing the process to include physician subject matter experts in trial studies. He stated this particular trial study can be amended and continued. It can also be done in LOSOP with the requirement to submit data. Moving to LOSOP helps ICEMA procure funding in addition to keeping the safeguards of a trial study in place.

Commissioner Oshita stated emergency ultrasound is a skill that is infrequently relevant due to traditional scope of practice methods; however, especially in rural settings, there

are a number of instances where ultrasound in the field provides opportunities. Stratifying patients and where they are coming from would be useful. He advocated to proceed forward in a very defined scope of practice with a good training paradigm and endpoint.

Dr. Strain stated the need to try the pragmatic approach focusing on patient safety, making use of appropriate tools and resources for decision-making, in moving forward with ultrasound in a local optional scope of practice. Since there are limitations in triage capabilities, expanding the use of ultrasound for this project is an opportunity to assist physicians in assessing patients. Collaboration between emergency physicians and prehospital partners can provide an additional layer of protection for patients on the borderline to avoid being redirected to the waiting room. Future trial studies would examine medical decision-making.

Dr. Strain encouraged the Commission to consider the LOSOP application, which would include the same rigors and safeguards as the trial study process, with the possibility of increased provider participation and resource funding.

Commissioner Kusman asked what the connection is that opens access to funding for a LOSOP.

Acting Medical Director Garzon stated, since a LOSOP is up for renewal, it could be renewed indefinitely, which allows funders to commit more than to a trial study.

Commissioner Miller stated a LOSOP will increase the number of patients but will also give EMDAC the opportunity to discuss with the authors how they may proceed.

Commissioner Morgan stated it is important to require more than one image per patient.

Acting Medical Director Garzon agreed and stated revisions would be more restrictive about number of images required.

Commissioner Ghilarducci stated this was never intended to be a data gathering project; it was intended to be a proof of concept. He stated he would not rely on this data set for making decisions, as there will be more detailed data in the future.

Commissioner Uner stated the Commission can only make decisions based on procedure, and what was presented is not ready for the LOSOP Committee.

#### Public Comment

No public comment.

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

- *The Commission adopts the ICEMA trial study and moves it to local optional scope of practice (LOPOP).*

Motion carried 7 yes, 5 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Ghilarducci, Miller, Oshita, Pierce, Rausser, Rodriguez, and Thompson.

The following Commissioners voted “No”: Commissioners Morgan, Snyder, Uner, and Valeri, and Chair Burrows.

The following Commissioners abstained: Commissioners Barrow and Kusman.

#### Discussion, continued

Commissioner Morgan asked if there are members of this Commission on LOSOP.

Commissioner Miller stated he chairs the Scope of Practice Committee. This would go before the Committee to be debated with the authors in order to decide the parameters. He predicted that the Inclusion Criteria would change. The Committee would request data necessary to assess safety and effectiveness. Since the LOSOP would not expire, this could continue as long as necessary to reach a satisfactory endpoint.

Acting Medical Director Garzon stated LOSOPs come up for renewal and the EMS Authority could decide to cancel one depending on the sufficiency of the data.

Acting Medical Director Garzon stated the Scope of Practice Committee is comprised of LEMSA medical directors. As practicing emergency physicians, they understand the system well.

### **Director’s Report**

Director Basnett took a moment to reflect on the achievements made last year and shared her hope for the new year.

#### 2023 Accomplishments

- The EMS Authority moved to a new headquarters. The department operation center was moved out of the warehouse and in with the headquarters. This was a huge morale boost for the team.
- New individuals were added to the EMS Authority’s amazing executive team.
- The EMS Authority successfully set up the Paramedic Disciplinary Review Board.
- The EMS Authority began receiving Los Angeles County data.
- The EMS Authority successfully transitioned from Version 3.4 to 3.5 for the 6 million-plus records received every year.
- Management of the CEMSIS system was moved from ICEMA to EMSA. 22 million-plus records were moved without losing the data or pipelines.
- The EMS Authority initiated the modernization of the Central Registry.

Director Basnett stated appreciation for the partner organizations represented on the Commission and as part of the public. She thanked everyone for their valuable time and willingness to be at the table to help the EMS Authority realize its many accomplishments this past year. She stated she looks forward to even greater partnerships and accomplishments in 2024.



Director Basnett stated the March Commission meeting will center on data and data project updates.

There were no questions from Commissioners and no public comment.

## **7. DISASTER MEDICAL SERVICES (DMS)**

### **A. APEC Report**

Tim Reed, Chief of the Disaster Medical Services Division, reviewed the 2023 Asia Pacific Economic Cooperation (APEC) Summit Update, which was included in the meeting materials. He stated the EMS Authority entered a Memorandum of Understanding (MOU) with the city and county of San Francisco LEMSA to provide three ALS Ambulance Strike Teams (AST) to support the 911 system in San Francisco during the APEC Summit.

Chief Reed stated the California Medical Assistant Team (CAL-MAT) was deployed to provide medical evaluations and minor treatment for subjects brought in by law enforcement during the event held from November 14 through 18, 2023. The AST worked three different shifts of 14 hours, and CAL-MAT worked 12-hour shifts as needed. During the summit, the AST units responded to 278 calls and transported 148 patients. San Francisco brought 81 persons to the Mass Arrest Point where the CAL-MAT team examined one client and requested transportation to the emergency room for one patient.

There were no questions from Commissioners and no public comment.

## **8. NOMINATIONS OF OFFICERS (MARCH 2024 – MARCH 2025)**

Chair Burrows stated nominations for Commission officers are opened at the last Commission meeting of the year, and the election is held at the first meeting of the following year. Per the Bylaws, the Chair can only serve two consecutive one-year terms. Per the Bylaws, all Commission officers are eligible for reelection except the immediate past chair, who is automatically a member of the Administrative Committee.

Chair Burrows reminded everyone that the current Administrative Committee includes Atilla Uner, Paul Rodriguez, and Ken Miller.

### **A. Chairperson**

Chair Burrows asked for nominations for Chair of the EMS Authority for March of 2024 through March of 2025.

Commissioner Barrow nominated Chair Burrows for another term. Commissioner Uner seconded.

### **B. Vice Chairperson**

Chair Burrows asked for nominations for Vice Chair of the EMS Authority for March of 2024 through March of 2025.

Commissioner Barrow nominated Vice Chair Gautreau for another term. Commissioner Pierce seconded.

### **C. Two Administrative Committee Representatives**

Chair Burrows stated Commissioner Uner will be on the Administrative Committee as the immediate past chair. He asked for nominations for the two remaining Administrative Committee positions for March of 2024 through March of 2025.

Commissioner Barrow nominated Commissioner Miller to serve on the Administrative Committee. Commissioner Oshita seconded.

Commissioner Barrow nominated Commissioner Ghilarducci to serve on the Administrative Committee. Commissioner Kusman seconded.

Commissioner Barrow nominated Commissioner Kusman to serve on the Administrative Committee. Commissioner Rodriguez seconded.

Commissioner Thompson nominated Commissioner Pierce to serve on the Administrative Committee. Commissioner Snyder seconded.

Chair Burrows closed the nominations and stated the votes will be taken for these positions at the March meeting. Nominations for Chair, Vice Chair, and the Administrative Committee remain open until March. Other candidates can be nominated up to and including at the March meeting.

## **9. APPROVAL OF COMMISSION DATES FOR 2025**

Chair Burrows reviewed the proposed meeting dates and locations for 2025, which were included in the meeting materials.

Acting Medical Director Garzon stated December 10, 2023, should be December 10, 2025.

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

- *The Commission approves the proposed meeting dates for calendar year 2025, as corrected.*

Motion carried 14 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Kusman, Miller, Morgan, Oshita, Pierce, Rausser, Rodriguez, Snyder, Thompson, Uner, and Valeri, and Chair Burrows.

## **10. ITEMS FOR NEXT AGENDA**

Chair Burrows asked Commissioners for suggestions for the next agenda.

Director Basnett suggested an update presentation on data and data projects currently within the EMS Authority.

## **11. PUBLIC COMMENT**

Deputy Director Williams reminded everyone that EMS award nominations are being accepted through the end of the year. Information can be found on the website. The

award ceremony is tentatively scheduled at the Culinary Institute of America on May 8, 2024, in St. Helena, California.

## **12. ADJOURNMENT**

Chair Burrows stated appreciation for Commissioner Valeri's contributions and thanked him for his service on the Commission. He asked for a motion to adjourn.

**Action: Commissioner Uner moved to adjourn the meeting. Commissioner Pierce seconded. Motion carried unanimously.**

There being no further business, the meeting was adjourned at 1:08 p.m.

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

MEETING DATE: March 13, 2024

ITEM NUMBER: 4A

SUBJECT: Administration and Personnel Update

PRESENTER: Craig Johnson, Administration/HR Division Chief

CONSENT:  X ACTION:      INFORMATION:    **RECOMMENDATION**

Receive information on EMSA's budget and current staffing levels.

**FISCAL IMPACT**

None

**BACKGROUND**

N/A

**SUMMARY****Emergency Medical Services Authority (EMSA) Budget:****2024-25**

The Governor's Proposed Budget for 2024-25 released in January of this year includes expenditure authority of \$57.6 million and 109 permanent positions. Of this amount, \$33.9 million, or 58.8% is delegated for State operations and \$23.7 million, or 41.2% is delegated to local assistance. The following budget adjustments are included in the proposed budget:

- EMSA is requesting \$4.2 million General Fund in 2024-25 and \$4.4 million in 2025-26. The requested resources will provide for the continued

maintenance and operations of the California Emergency Medical Services Information System (CEMSIS). Additional resources will continue to allow EMSA to monitor and 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.

- EMSA is requesting General Fund of \$3 million in 2024-25, \$3.1 million in 2025-26, and \$3.2 million in 2026-27. The requested resources will be used for the continued storage and security of Emergency Medical Response Equipment and Supplies.
- EMSA is requesting \$2 million General Fund in 2024-2025 and on-going to maintain critical biomedical equipment and medical supplies acquired during the COVID-19 pandemic and provide lifesaving resuscitative and medical surge services to relieve suffering for disaster victims during pandemics or other catastrophic emergencies

## **2023-24**

The 2023-24 California State Budget includes expenditure authority of \$60.5 million and 119 permanent positions. Of this amount, \$36.6 million, or 60.5%, is delegated for State operations, and \$23.9 million, or 39.5%, to Local Assistance.

As of February 12, 2024, accounting records indicate that the Department has expended or encumbered \$22.1 million, or 36.5% of all available expenditure authority. Of this amount, \$16.2 million, or 44.3% of State Operations expenditure authority, has been expended or encumbered, and \$5.9 million, or 24.7% of local assistance expenditure authority, has been expended or encumbered.

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

### **EMSA Staffing Levels:**

The Department staffing level includes 119 permanent positions and 12 temporary (blanket and retired annuitant) positions. Of the 131 positions, 28 authorized positions are vacant and 3 temporary positions are vacant as of February 12, 2024.

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	Department				Total
	Admin	DMS	EMS	EMSP	
Authorized	47.0	34.0	20.0	18.0	119.0
Temporary Staff	9.0	2.0	1.0	0.0	12.0
<b>Staffing Level</b>	<b>56.0</b>	<b>36.0</b>	<b>21.0</b>	<b>18.0</b>	<b>131.0</b>
Authorized (Vacant)	-6.0	-14.0	-4.0	-4.0	-28.0
Temporary (Vacant)	0.0	-1.0	-2.0	0.0	-3.0
<b>Current Staffing Level</b>	<b>50.0</b>	<b>21.0</b>	<b>15.0</b>	<b>14.0</b>	<b>100.0</b>

**DISCUSSION**

None.

**ATTACHMENT(S)**

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

MEETING DATE: March 13, 2024

**ITEM NUMBER: 4B**

SUBJECT: Legal Update

PRESENTER: Erin Brennan, Chief Counsel

CONSENT:  X ACTION:      INFORMATION :      

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**RECOMMENDATION**

Receive information on Legal Unit activities.

**FISCAL IMPACT**

No fiscal impact.

**DISCUSSION**

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

**Disciplinary Cases:**

From November 27, 2023 to February 23, 2024, EMSA has issued three new Accusations against existing paramedic licenses, all three having been issued concurrently with a Temporary Suspension Order. EMSA has issued two new Statements of Issues against applicants for licensure. EMSA has issued one denial letter and has closed six matters with a warning letter. Of the newly issued actions, one case has resolved through a Stipulated Settlement Agreement. Three of the Respondents have requested that an administrative hearing be set; of those, an administrative hearing has been completed in one case with EMSA awaiting the proposed decision. One case has resolved before

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the PDRB. There are currently seventy-one open active disciplinary cases in the legal office.

EMS Plan Appeals:

Contra Costa County EMS v. EMSA: A settlement agreement has been reached between the parties, ending the appeal relating to EMSA's denial of Contra Costa County EMS Agency's 2016 and 2017 EMS Plan Updates.

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 March 4, 2024.



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

MEETING DATE: March 13, 2024

ITEM NUMBER: **4C**

SUBJECT: Enforcement Update

PRESENTER: Alexander Bourdaniotis, Chief Investigator

CONSENT:  X ACTION:     INFORMATION:     

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**RECOMMENDATION**

Receive information on Enforcement Unit activities.

**FISCAL IMPACT**

None

**BACKGROUND**Unit Staffing:

The Enforcement Unit is budgeted for five full-time Special Investigators, one retired annuitant Staff Services Manager I (Specialist), and one full-time Associate Government Program Analyst (AGPA-Probation Monitor). The unit is currently fully staffed.

Investigative Workload:

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

Cases opened since January 31, 2024, including:

Cases opened:	35
Cases completed and/or closed:	17
EMT-Paramedics on Probation:	179

In 2023:	
Cases opened:	356
Cases completed and/or closed:	198
EMT-Paramedics on Probation:	181

Status of Current Cases:

The Enforcement Unit currently has 223 cases in “open” status.

As of January 31, 2024, there are 99 cases that have been in “open” status for 180 days or longer, including: 34 Firefighters' Bill of Rights (FFBOR) cases and 4 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 99 cases are divided among five special investigators and one retired annuitant Staff Services Manager I (Specialist) that are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

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

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

MEETING DATE: March 13, 2024

**ITEM NUMBER: 4D**

SUBJECT: Paramedic Disciplinary Review Board

PRESENTER: Ashley Williams  
Deputy Director of Legislative & External Affairs

CONSENT:   X  ACTION:       INFORMATION:       **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 its first meeting on July 13, 2023, and has quarterly meetings the week prior to Commission meetings.

**SUMMARY**

At the September quarterly board meeting, the PDRB met in closed session regarding one (1) licensure matter and issued a Notice of Non-Adoption of Proposed Decision. At the December quarterly board meeting, the PDRB reviewed the case and issued a Decision and Order After Non-Adoption.

At the September quarterly board meeting, the board began its review of violations as set forth in the Recommended Guidelines for Disciplinary Orders and Conditions of Probation, dated July 26, 2008 (Health and Safety Code section 1798.200(c)) pursuant to the AB 450 Mandate specifically, Health and Safety Code section 1797.125.07, which requires the board to develop and implement progressive disciplinary criteria to aid it in considering appeals of license action. This code section also set forth a list of criteria the Board was required to consider in making recommended changes to the current disciplinary schemes.

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At the September quarterly board meeting, the PDRB recommended no changes to the progressive disciplinary schemes for the following for 4 violations: 1798.200(c)(2), (c)(6), (c)(7), and (c)(12)(C)). The PDRB recommended adding optional conditions to the following 3 violations: (1798.200(c)(11), (c)(12)(A), and (c)(12)(B). The PDRB recommended changes to the progressive disciplinary schemes for the following violations: 1798.200(c)(1), (c)(3), and (c)(5).

The PDRB tabled discussion of the following violations to the December quarterly meeting: 1798.200(c)(4), (c)(8), (c)(9), and 1798,200(c)(10).

At the December quarterly board meeting, the PDRB recommended changes to the progressive disciplinary scheme for 1798.200(c)(4). The board recommended no changes to the disciplinary schemes for 1798.200(c)(8) and 1798.200(c)(10).

The PDRB tabled discussion of 1798.200(c)(9) to the March 2024 quarterly meeting.

Pursuant to the AB 450 mandate which amended Health and Safety Code section 1798.210 to vest the PDRB with the power to adopt regulations establishing an administrative fine structure taking into account the nature and gravity of the violation, the PDRB reviewed the fine structure and recommended no changes.

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

MEETING DATE: March 13, 2024

ITEM NUMBER: 5A

SUBJECT: Recent Disaster Medical Services (DMS) Response Operations

PRESENTER: Tim Reed, EMT-P  
DMS Division Chief

CONSENT: \_\_\_\_

ACTION: \_\_\_\_

INFORMATION: X**RECOMMENDATION**

Receive updates on recent Disaster Medical Services (DMS) Response Operations, encompassing Patient Surge in Fresno County and EMSA's Winter Storm Response efforts.

**FISCAL IMPACT**

No fiscal impact.

**BACKGROUND***Hospital Surge*

Community Regional Medical Center (CRMC) and nearby hospitals in Fresno are facing a significant challenge due to a surge in emergency room patients. Driven by population growth and unforeseen health crises, this surge strains resources and compromises patient care efficiency. Immediate concerns include overcrowded facilities and stretched medical staff, prompting a deeper examination of systemic factors contributing to the surge. Balancing immediate responses with sustainable long-term strategies is crucial for the community's well-being and healthcare system resilience. The situation impacts the healthcare system in Fresno County and has prompted measures from both the hospital and county to address it. Potential solutions proposed by EMSA aim to further mitigate these challenges.

*Storm Surge*

In early 2024 California experienced a series of significant storms, bringing heavy rainfall, strong winds, and subsequent flooding to various regions across

the state. These storms caused widespread disruption, damaged infrastructure, and posed threats to public safety. The precipitation was particularly notable due to its intensity and duration, leading to concerns about potential mudslides, landslides, and river overflows. Emergency response efforts were implemented to mitigate the impact of the storms, including evacuations in areas prone to flooding or other hazards. The storms highlighted the ongoing challenges faced by California in managing extreme weather events and underscored the importance of preparedness and resilience measures.

## **SUMMARY**

### *Hospital Surge*

The hospitals in the Fresno area are facing a critical challenge: a surge in emergency room patients that strains resources and hinders patient care. Prolonged Ambulance Patient Offload Times (APOT) due to space and staffing challenges further complicate the situation. The attached report provides comprehensive data from November 30, 2023, to January 18, 2024, highlighting the urgency of the matter. The closure of Madera Community Hospital has exacerbated the situation, resulting in significant increases in inpatient admissions, outpatient visits, and emergency room patients. Measures initiated by CRMC and Fresno County include patient transfers and recruitment of temporary nursing staff, and emphasize the need for improved coordination. Proposed solutions by EMSA include Contracted Medical Staffing, CAL-MAT Teams, and Mobile Medical Shelters. Each of these solutions presents unique advantages and challenges, further highlighting the complexity in addressing the hospital surge issue.

### *Storm Surge*

During the storms in early 2024, EMSA played a crucial role in coordinating with the California Department of Public Health (CDPH) to provide assistance in statewide Medical Health Coordination efforts. Additionally, EMSA supported CalOES by fulfilling various job duties, including serving as the State Operation Center Agency Representative, the Agency Representative to the Advanced Planning Cell, and the Agency Representative to the Priority Populations Task Force. Through these roles, EMSA contributed to the overall coordination and planning of emergency response efforts. Fortunately, there were no outstanding needs identified by operational areas or regions that required EMSA's attention, indicating effective preparedness and response measures were in place.

## **Conclusion**

### *Hospital Surge*

In conclusion, the report underscores the complexity of the emergency patient surge at CRMC, necessitating collaborative, innovative, and sustainable solutions. The challenges demand an adaptive approach, emphasizing

improved coordination, community education, and strategic partnerships to ensure the resilience of the healthcare system in Fresno County.

*Storm Surge*

The early 2024 storms in California highlighted the state's vulnerability to extreme weather, prompting significant disruptions and posing threats to public safety. EMSA played a crucial role in coordinating with CDPH and supporting CalOES during the response efforts. Despite the challenges, effective preparedness measures helped mitigate the impact of the storms, with no outstanding needs identified. However, these events underscore the ongoing need for investment in resilience and preparedness to address future weather-related crises.

**DISCUSSION**

None.

**ATTACHMENT(S)**

None

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

MEETING DATE: March 13, 2024

ITEM NUMBER: 5B

SUBJECT: Update on Upcoming Full-Scale Exercise

PRESENTER: Tim Reed EMT-P  
DMS Division Chief

CONSENT: \_\_\_\_

ACTION: \_\_\_\_

INFORMATION: X\_\_\_\_**RECOMMENDATION**

Receive updates on Update on Upcoming Full-Scale Exercise

**FISCAL IMPACT**

No fiscal impact.

**BACKGROUND**

Traditionally EMSA organizes two annual exercises, each held in different regions of California—one in Northern California and another in Southern California. However, for this year's exercise, EMSA has opted for a groundbreaking approach by consolidating these events into one large-scale statewide exercise. In a strategic move aimed at enhancing learning outcomes and collaboration, EMSA has forged partnerships with various state, federal, military, regional, and local entities. By bringing together a diverse array of stakeholders, EMSA aims to create a comprehensive and immersive training experience. This collaborative effort ensures that participants benefit from a wide range of expertise and resources, ultimately facilitating a more robust and effective response to potential disasters and emergencies across the state.

**SUMMARY**

The 2024 EMSA Statewide Full Functional Exercise, taking place on April 6th, 2024 at Mather AFB in Sacramento, is dedicated to enhancing California's Mass Casualty Incident response capabilities. Participants include EMSA, ASPR, CalOES, MRC, CAL-MAT, CAL-Guard, CDPH, and First Responders, collectively aiming to strengthen planning, operational coordination, fatality management,



and integration between public health, healthcare, and emergency medical services. Key objectives involve initiating and applying Incident Command Systems, establishing a centralized resource ordering point, and ensuring seamless transfer of command within three operational periods. Moreover, the exercise entails practicing extended patient care utilizing the model developed by the National Disaster Medical System (NDMS), with CAL-MAT collaborating directly with military medical teams to optimize patient outcomes. In the scenario, patients will be swiftly transferred to the exercise location from the affected area, prompting immediate medical attention. Subsequently, our medical teams at the field hospital will provide extended patient care until permanent placement at a brick-and-mortar hospital can be arranged. This transition period is pivotal for ensuring continuous treatment and monitoring until patients can be relocated to a more stable care environment. Coordination of patient destinations will be meticulously managed within a master patient movement plan, with rigorous tracking of all resources and patients via the Tactical Operations Center (TOC) and the Department Operations Center (DOC). This comprehensive approach aims to guarantee seamless patient care and effective resource allocation during emergency situations. The scenario, involving multiple timed explosions/domestic terrorism threats, serves as a stringent test of our emergency response readiness, underscoring the significance of adept coordination and preparedness measures.

## **CONCLUSION**

In conclusion, the 2024 EMSA Statewide Full Functional Exercise represents a significant milestone in emergency preparedness and response efforts in California. By consolidating traditional regional exercises into a comprehensive statewide event, EMSA has fostered unprecedented collaboration among various stakeholders, including state, federal, military, regional, and local entities. This groundbreaking approach aims to enhance learning outcomes and coordination, ensuring a more robust and effective response to potential disasters and emergencies across the state.

## **DISCUSSION**

None.

## **ATTACHMENT(S)**

1. None

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

MEETING DATE: March 13, 2024

**ITEM NUMBER: 6A**

SUBJECT: Legislative Update

PRESENTER: Ashley Williams  
Deputy Director of Legislative 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/](https://emsa.ca.gov/legislative_activity/).

**ATTACHMENT(S)**

N/A

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

MEETING DATE: March 13, 2024

**ITEM NUMBER: 6B**

SUBJECT: Regulations Update

PRESENTER: Ashley Williams  
Deputy Director of Legislative 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:

- Renumbering Chapters
  - Status: EMSA is drafting a Section 100 to renumber the chapters. This is a non-substantive change.
  - Purpose: Better align regulations for future update and modification.
- Training Standards for Childcare 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 Administration (Ch. 13)
  - Status: Draft regulations with EMSA for development.
  - Purpose: Provide a framework which is centered on equity principles, high quality of care and ensures accessibility by addressing deficiencies in clarity of definition and statutory interpretations, how the provision of EMS services are structured, approved, and delivered; ensure there is consistent quality assurance oversight administratively, clinically, and operationally.
  
- Trauma Care Systems (Ch. 7)
  - Status: Work group meetings are complete. EMSA is currently reviewing the draft and 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.
  
- 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: March 13, 2024

ITEM NUMBER: 7A

SUBJECT: California EMS Information System (CEMSIS) Update

PRESENTER: Tom McGinnis, MHA, EMT-P  
EMS Systems Chief

CONSENT: \_\_\_\_

ACTION: \_\_\_\_

INFORMATION:  X **RECOMMENDATION**

No Action Recommended.

**FISCAL IMPACT**

No Fiscal Impact.

**BACKGROUND**

EMSA continues to use the National Emergency Medical Services Information System (NEMSIS) standard as the California EMS Information System (CEMSIS) standard. All 34 local EMS agencies (LEMSA) are currently participating at some level in the submission of EMS data to CEMSIS. CEMSIS received 5.1 million records for 2023, which includes both V3.4 and V3.5 data and has received over 694,000 records for 2024 as of the end of February 2024, which includes only V3.5 data. We are working with the LEMSAs who are not submitting part of their EMS data to CEMSIS to get their data included in the state data system.

**DISCUSSION**NEMSIS 3.5 Transition:

In 2018, NEMSIS announced that the transition to version 3.5 was underway. NEMSIS finalized the data dictionary for version 3.5 on November 30, 2019. This dictionary can be found on their website - [www.NEMSIS.org](http://www.NEMSIS.org). The change to

NEMSIS V3.5 is necessary to correct errors in V3.4 and expand data elements related to the disposition of patients and incidents in the EMS system.

On February 14, 2023, CEMSIS was determined compliant with NEMSIS version 3.5 by the University of Utah. EMS Authority held three virtual workshops on August 16, 2023, September 27, 2023, and October 18, 2023, and was open to providers, LEMSAs and software vendors.

Since January 1, 2024, CEMSIS only accepts NEMSIS V3.5 data. NEMSIS V3.4 data will be maintained and can still be accessed as needed.

## **PRESENTATION**

CEMSIS Status Report

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

MEETING DATE: March 13, 2024

ITEM NUMBER: 8A

SUBJECT: NREMT Exam Pass Rates

PRESENTER: Kim Lew  
Chief, EMS Personnel Division

CONSENT: \_\_\_\_

ACTION: \_\_\_\_

INFORMATION:  X **RECOMMENDATION**

Receive information on the National Registry of EMTs (NREMT) paramedic and EMT examination pass rates in California.

**FISCAL IMPACT**

No fiscal impact.

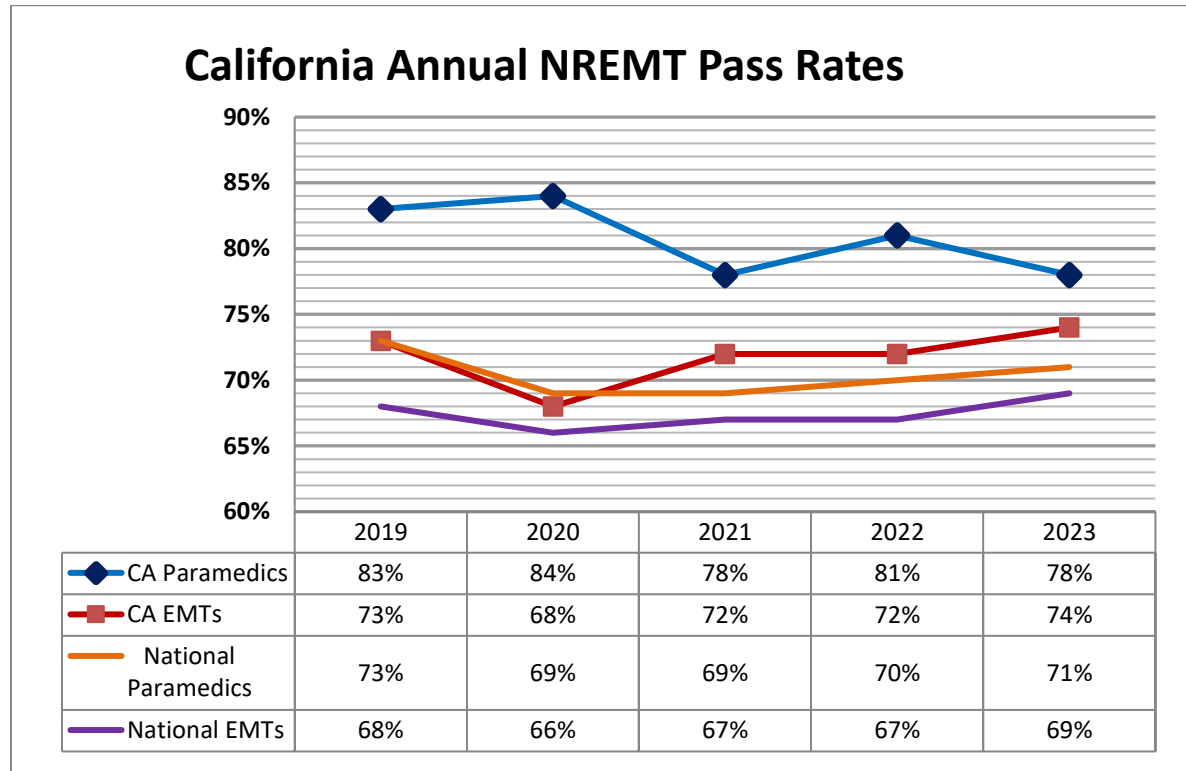
**BACKGROUND**

Local EMS agencies approve most EMT, AEMT, and paramedic training programs; however, the Emergency Medical Services Authority (EMSA) approves statewide public safety agency EMT training programs, which include the California Highway Patrol, CAL FIRE, and the State Department of Parks and Recreation. California has adopted the NREMT to provide EMS training program graduates cognitive (written) and psychomotor (skills) examinations as proof of competency for licensure/certification in California.

**SUMMARY**

The state of California continues to have the highest number of NREMT certified EMS professionals nationwide. As of February 2, 2024, there are 47,911 NREMT certified EMTs, AEMTs, and paramedics in California.

California paramedic and EMT program graduate first time pass rates continue to exceed the national averages. California paramedic graduate pass rates decreased while EMT graduate pass rates increased over the past year.



The National Registry Data Dashboard. (2024, February, 21). In *The National Registry*. Retrieved 23 February 2024, from <https://www.nremt.org/maps>

Attached is data from the NREMT listing attempted pass rate results of EMT, AEMT, and paramedics affiliated with California approved training programs.

## DISCUSSION

None.

## ATTACHMENT(S)

2023 California EMT Pass Rates by LEMSA and Program  
2023 California AEMT Pass Rates by LEMSA and Program  
2023 California Paramedic Pass Rates by LEMSA and Program



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CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Alameda County EMS Agency</b>														
ALCO EMS Corps EMT Program	CA-01031	15	93%	14	93%	14	93%	14	0%	0	7%	1	0%	0
American Health Education	CA-01009	317	83%	263	94%	297	94%	299	0%	0	6%	18	0%	0
Bay Area Youth EMT Program	CA-01033	4	100%	4	100%	4	100%	4	0%	0	0%	0	0%	0
Bay Area Training Academy	CA-01030	654	89%	582	93%	606	93%	609	0%	0	7%	45	0%	0
Project Heartbeat	CA-01029	8	63%	5	88%	7	88%	7	0%	0	13%	1	0%	0
Chabot College	CA-01014	29	59%	17	66%	19	66%	19	0%	0	34%	10	0%	0
Las Positas College	CA-01001	36	72%	26	78%	28	78%	28	0%	0	22%	8	0%	0
Merritt College/Alameda County	CA-01022	23	61%	14	65%	15	65%	15	0%	0	35%	8	0%	0
NCTI- Bay Area (Livermore)	CA-65032	13	92%	12	100%	13	100%	13	0%	0	0%	0	0%	0
Project Heartbeat	CA-01032	248	80%	198	86%	214	87%	215	0%	0	13%	33	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>1347</b>	<b>79%</b>	<b>1135</b>	<b>86%</b>	<b>1217</b>	<b>86%</b>	<b>1223</b>	<b>0%</b>	<b>0</b>	<b>14%</b>	<b>124</b>	<b>0%</b>	<b>0</b>
<b>Central California EMS Agency</b>														
Alert Medical Training	CA-61027	109	94%	102	96%	105	96%	105	0%	0	4%	4	0%	0
American Ambulance	CA-61005	29	52%	15	66%	19	66%	19	0%	0	34%	10	0%	0
California State University Fresno	CA-61006	5	20%	1	40%	2	40%	2	0%	0	60%	3	0%	0
College of the Sequoias	CA-61019	40	48%	19	50%	20	50%	20	0%	0	50%	20	0%	0
Fresno City College Fire Academy	CA-61008	95	45%	43	57%	54	57%	54	0%	0	43%	41	0%	0
Madera Adult School	CA-61017	6	33%	2	50%	3	50%	3	0%	0	50%	3	0%	0
Orange Cove Fire Department	CA-61013	9	22%	2	33%	3	33%	3	0%	0	67%	6	0%	0
Porterville Community College	CA-61024	10	40%	4	60%	6	60%	6	0%	0	40%	4	0%	0
Tulare Co. Fire Department	CA-6023	4	25%	1	25%	1	25%	1	0%	0	75%	3	0%	0
Valley ROP	CA-61042	64	30%	19	45%	29	45%	29	0%	0	55%	35	0%	0
West Hills College	CA-61004	16	44%	7	44%	7	44%	7	0%	0	56%	9	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>371</b>	<b>41%</b>	<b>215</b>	<b>51%</b>	<b>249</b>	<b>51%</b>	<b>249</b>	<b>0%</b>	<b>0</b>	<b>49%</b>	<b>138</b>	<b>0%</b>	<b>0</b>
CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Coastal Valleys EMS Agency</b>														
Coast Life Support District	CA-66017	6	100%	6	100%	6	100%	6	0%	0	0%	0	0%	0
Mendocino College Mendocino County	CA-66006	18	67%	12	72%	13	72%	13	0%	0	28%	5	0%	0
Santa Rosa Junior College	CA-66001	111	99%	110	100%	111	100%	111	0%	0	0%	0	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>135</b>	<b>89%</b>	<b>128</b>	<b>91%</b>	<b>130</b>	<b>91%</b>	<b>130</b>	<b>0%</b>	<b>0</b>	<b>9%</b>	<b>5</b>	<b>0%</b>	<b>0</b>
<b>Contra Costa County EMS Agency</b>														
Contra Costa College	CA-07001	18	89%	16	94%	17	94%	17	0%	0	6%	1	0%	0

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Los Medanos Community College	CA-07003	41	41%	17	63%	26	68%	28	0%	0	32%	13	0%	0
Mt Diablo Adult Education	CA-07002	31	39%	12	61%	19	61%	19	0%	0	39%	12	0%	0
LEMSA TOTALS & AVERAGE %		90	56%	45	73%	62	74%	64	0%	0	26%	26	0%	0
<b>El Dorado County EMS Agency</b>														
Lake Tahoe Community College	CA-09001	5	100%	5	100%	5	100%	5	0%	0	0%	0	0%	0
LEMSA TOTALS & AVERAGE %		5	100%	5	100%	5	100%	5	0%	0	0%	0	0%	0
<b>Imperial County EMS Agency</b>														
Imperial Valley College	CA-13001	46	70%	32	76%	35	76%	35	0%	0	24%	11	0%	0
LEMSA TOTALS & AVERAGE %		46	70%	32	76%	35	76%	35	0%	0	24%	11	0%	0
CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Inland Counties EMS Agency</b>														
American EMT Academy	CA-62042	160	53%	84	66%	105	66%	105	0%	0	34%	55	0%	0
Barstow Community College	CA-62001	7	29%	2	43%	3	43%	3	0%	0	57%	4	0%	0
Cerro Coso Community College	CA-15007	31	68%	21	71%	22	71%	22	0%	0	29%	9	0%	0
Chaffey College	CA-62022	67	55%	37	66%	44	66%	44	0%	0	34%	23	0%	0
Copper Mountain College	CA-62003	17	76%	13	76%	13	76%	13	0%	0	24%	4	0%	0
Crafton Hills College	CA-62008	153	67%	102	73%	111	73%	112	0%	0	27%	41	0%	0
Fire Future LLC	CA-62047	104	57%	59	73%	76	73%	76	0%	0	27%	28	0%	0
So Cal EMT Fire Training - Oct 2017	CA-62030	67	94%	63	99%	66	99%	66	0%	0	1%	1	0%	0
Southern Cascades Community Services District	CA-64027	7	71%	5	71%	5	71%	5	0%	0	29%	2	0%	0
US Colleges- San Bernardino	CA-62044	34	29%	10	50%	17	50%	17	0%	0	50%	17	0%	0
Victor Valley Community College	CA-62006	140	57%	80	71%	100	71%	100	0%	0	29%	40	0%	0
LEMSA TOTALS & AVERAGE %		787	60%	476	69%	562	69%	563	0%	0	31%	224	0%	0
<b>Kern County EMS Agency</b>														
Bakersfield College Allied Health	CA-15012	133	62%	83	71%	94	71%	94	0%	0	29%	39	0%	0
Taft College	CA-15011	9	78%	7	89%	8	89%	8	0%	0	11%	1	0%	0
LEMSA TOTALS & AVERAGE %		142	70%	90	80%	102	80%	102	0%	0	20%	40	0%	0
CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Los Angeles County EMS Agency</b>														
Antelope Valley College	CA-19019	54	65%	35	70%	38	70%	38	0%	0	30%	16	0%	0
Antelope Valley High School District ROP	CA-19014	19	68%	13	74%	14	74%	14	0%	0	26%	5	0%	0
California Institute of EMT	CA-19054	191	92%	176	96%	183	96%	183	0%	0	4%	8	0%	0
Citrus Community College	CA-19002	25	100%	25	100%	25	100%	25	0%	0	0%	0	0%	0
College of the Canyons	CA-19017	90	88%	79	94%	85	94%	85	0%	0	6%	5	0%	0
CSU Dominguez Hills	CA-19073	20	95%	19	95%	19	95%	19	0%	0	5%	1	0%	0

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CSU Long Beach	CA-19062	26	65%	17	88%	23	88%	23	0%	0	12%	3	0%	0
Downey Adult School	CA-19064	14	79%	11	79%	11	79%	11	0%	0	21%	3	0%	0
East Los Angeles College	CA-19030	26	54%	14	58%	15	62%	16	0%	0	38%	10	0%	0
El Camino College	CA-19003	163	66%	108	77%	126	77%	126	0%	0	23%	37	0%	0
Glendale Community College	CA-19004	50	66%	33	78%	39	78%	39	0%	0	22%	11	0%	0
Long Beach City College	CA-19006	51	63%	32	71%	36	71%	36	0%	0	29%	15	0%	0
Los Angeles Harbor College	CA-19036	2	100%	2	100%	2	100%	2	0%	0	0%	0	0%	0
Los Angeles Valley College	CA-19010	55	80%	44	87%	48	87%	48	0%	0	13%	7	0%	0
Mt. San Antonio College	CA-19011	106	68%	72	79%	84	80%	85	0%	0	20%	21	0%	0
Pasadena City College	CA-19040	119	82%	98	88%	105	88%	105	0%	0	12%	14	0%	0
ProTech Life Safety Services	CA-30022	328	63%	205	75%	246	75%	246	0%	0	25%	82	0%	0
Rio Hondo College Fire Academy	CA-19058	95	81%	77	85%	81	85%	81	0%	0	15%	14	0%	0
Southern California ROC	CA-33010	193	67%	129	78%	151	79%	153	0%	0	21%	40	0%	0
UCLA Center for Prehospital Care	CA-19013	634	94%	597	97%	615	97%	616	0%	0	3%	18	0%	0
University of Antelope Valley	CA-19001	49	53%	26	67%	33	73%	36	2%	1	24%	12	0%	0
West Coast EMT- Redondo Beach	CA-19070	331	84%	278	89%	294	89%	295	0%	0	11%	36	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>2641</b>	<b>76%</b>	<b>2090</b>	<b>83%</b>	<b>2273</b>	<b>84%</b>	<b>2282</b>	<b>0%</b>	<b>1</b>	<b>16%</b>	<b>358</b>	<b>0%</b>	<b>0</b>
<b>Marin County EMS Agency</b>														
College of Marin	CA-21001	21	81%	17	86%	18	86%	18	0%	0	14%	3	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>21</b>	<b>81%</b>	<b>17</b>	<b>86%</b>	<b>18</b>	<b>86%</b>	<b>18</b>	<b>0%</b>	<b>0</b>	<b>14%</b>	<b>3</b>	<b>0%</b>	<b>0</b>
<b>CA EMT Training Program Name</b>	<b>NREMT Program #</b>	<b>Total # of Students that Attempted the Exam</b>	<b>% of Students First Exam Attempt</b>	<b># of Students Passed 1st Attempt</b>	<b>Cumulative % of Students Pass Within 3 Attempts</b>	<b># of Students Passed with 3 Attempts</b>	<b>Cumulative % of Students Pass Within 6 Attempts</b>	<b># of Students Passed within 6 Attempts</b>	<b>% of Students Failed All 6 Attempts</b>	<b># of Students Failed All 6 Attempts</b>	<b>% Eligible For Retest</b>	<b># of Students Eligible for Retest</b>	<b>% of Students Who Did Not Complete w/in 2 Years</b>	<b># of Students Who Did Not Complete w/in 2 Years</b>
<b>Merced County EMS Agency</b>														
Merced Community College	CA-24001	17	59%	10	65%	11	65%	11	0%	0	35%	6	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>46</b>	<b>59%</b>	<b>10</b>	<b>65%</b>	<b>11</b>	<b>65%</b>	<b>11</b>	<b>0%</b>	<b>0</b>	<b>35%</b>	<b>6</b>	<b>0%</b>	<b>0</b>
<b>Monterey County EMS Agency</b>														
Hartnell Community College	CA-27001	50	52%	26	64%	32	64%	32	0%	0	36%	18	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>50</b>	<b>52%</b>	<b>26</b>	<b>64%</b>	<b>32</b>	<b>64%</b>	<b>32</b>	<b>0%</b>	<b>0</b>	<b>36%</b>	<b>18</b>	<b>0%</b>	<b>0</b>
<b>Mountain Valley EMS Agency</b>														
Ione Fire Department	CA-60026	7	57%	4	57%	4	57%	4	0%	0	43%	3	0%	0
Mariposa County Adult Education	CA-60008	6	83%	5	83%	5	83%	5	0%	0	17%	1	0%	0
Murphys Fire Protection District	CA-60013	26	73%	19	81%	21	81%	21	0%	0	19%	5	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>333</b>	<b>71%</b>	<b>28</b>	<b>74%</b>	<b>30</b>	<b>74%</b>	<b>30</b>	<b>0%</b>	<b>0</b>	<b>26%</b>	<b>9</b>	<b>0%</b>	<b>0</b>
<b>Napa County EMS Agency</b>														
Napa Valley College	CA-67002	37	49%	18	51%	19	51%	19	0%	0	49%	18	0%	0
Pacific Union College	CA-67003	8	38%	3	38%	3	38%	3	0%	0	63%	5	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>45</b>	<b>44%</b>	<b>21</b>	<b>45%</b>	<b>22</b>	<b>45%</b>	<b>22</b>	<b>0%</b>	<b>0</b>	<b>56%</b>	<b>23</b>	<b>0%</b>	<b>0</b>
<b>North Coast EMS Agency</b>														
College of the Redwoods	CA-63003	40	80%	32	83%	33	83%	33	0%	0	18%	7	0%	0
Del Norte Fire Training Consortium	CA-63005	32	47%	15	59%	19	59%	19	0%	0	41%	13	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>72</b>	<b>64%</b>	<b>47</b>	<b>71%</b>	<b>52</b>	<b>71%</b>	<b>52</b>	<b>0%</b>	<b>0</b>	<b>30%</b>	<b>20</b>	<b>0%</b>	<b>0</b>

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CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Nor Cal EMS Agency</b>														
College of the Siskiyous	CA-65026	27	70%	19	70%	19	70%	19	0%	0	30%	8	0%	0
Feather River College	CA-64007	4	75%	3	75%	3	75%	3	0%	0	25%	1	0%	0
Lassen Community College	CA-64005	16	75%	12	75%	12	75%	12	0%	0	25%	4	0%	0
Modoc Medical Center	CA-64019	2	50%	1	100%	2	100%	2	0%	0	0%	0	0%	0
Shasta Community College	CA-65022	78	74%	58	79%	62	79%	62	0%	0	21%	16	0%	0
STAR/KZVFD EMT Program	CA-64020	4	75%	3	100%	4	100%	4	0%	0	0%	0	0%	0
<b>LEMSA TOTALS &amp;</b>		<b>131</b>	<b>70%</b>	<b>96</b>	<b>83%</b>	<b>102</b>	<b>83%</b>	<b>102</b>	<b>0%</b>	<b>0</b>	<b>17%</b>	<b>29</b>	<b>0%</b>	<b>0</b>
<b>Orange County EMS Agency</b>														
Coastline Regional Occupational Program	CA-30002	23	65%	15	78%	18	78%	18	0%	0	22%	5	0%	0
College and Career Advantage	CA-30024	24	54%	13	75%	18	75%	18	0%	0	25%	6	0%	0
North Orange County ROP	CA-30003	8	50%	4	50%	4	50%	4	0%	0	50%	4	0%	0
Orange Coast College	CA-30004	33	70%	23	82%	27	82%	27	0%	0	18%	6	0%	0
Orange County EMT	CA-30020	230	83%	192	90%	208	91%	210	0%	0	9%	20	0%	0
Saddleback College	CA-30005	69	64%	44	80%	55	80%	55	0%	0	20%	14	0%	0
Santa Ana College	CA-30006	117	84%	98	91%	106	91%	106	0%	0	9%	11	0%	0
West Coast EMT - Orange	CA-30019	528	86%	454	94%	495	94%	496	0%	0	6%	32	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>1032</b>	<b>70%</b>	<b>843</b>	<b>80%</b>	<b>931</b>	<b>80%</b>	<b>934</b>	<b>0%</b>	<b>0</b>	<b>20%</b>	<b>98</b>	<b>0%</b>	<b>0</b>
CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Riverside County EMS Agency</b>														
College of the Desert	CA-33004	38	63%	24	79%	30	79%	30	0%	0	21%	8	0%	0
Health Pro EMT Training	CA-33013	115	57%	65	63%	73	63%	73	1%	1	37%	42	0%	0
Moreno Valley College	CA-33002	112	74%	83	81%	91	81%	91	0%	0	19%	21	0%	0
Mt San Jacinto College	CA-33005	49	37%	18	55%	27	57%	28	0%	0	43%	21	0%	0
NCTI-Riverside	CA-65003	48	98%	47	100%	48	100%	48	0%	0	0%	0	0%	0
Riverside Couty Fire (Cal Fire)	CA-33006	1	0%	0	0%	0	0%	0	0%	0	100%	1	0%	0
Riverside County Office of Education ROP	CA-33007	13	31%	4	38%	5	38%	5	0%	0	62%	8	0%	0
Southern California EMS Training Institute	CA-33010	193	67%	129	78%	151	79%	153	0%	0	21%	40	0%	0
West Coast EMT-Riverside	CA-33011	373	83%	311	90%	336	90%	337	0%	0	10%	36	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>942</b>	<b>57%</b>	<b>681</b>	<b>65%</b>	<b>761</b>	<b>65%</b>	<b>765</b>	<b>0%</b>	<b>1</b>	<b>35%</b>	<b>177</b>	<b>0%</b>	<b>0</b>
<b>Sacramento County EMS Agency</b>														
American River College	CA-34001	83	87%	72	90%	75	92%	76	0%	0	8%	7	0%	0
CA State Univ. Sac., Pre-Hospital Education	CA-34006	235	76%	179	82%	193	83%	195	0%	0	17%	40	0%	0
Cosumnes River College	CA-34002	56	59%	33	68%	38	68%	38	0%	0	32%	18	0%	0
Folsom Lake College	CA-09003	75	63%	47	64%	48	65%	49	0%	0	35%	26	0%	0
Project Heartbeat (Sacramento)	CA-01032	248	80%	198	86%	214	87%	215	0%	0	13%	33	0%	0

EMT NREMT Pass Rates  
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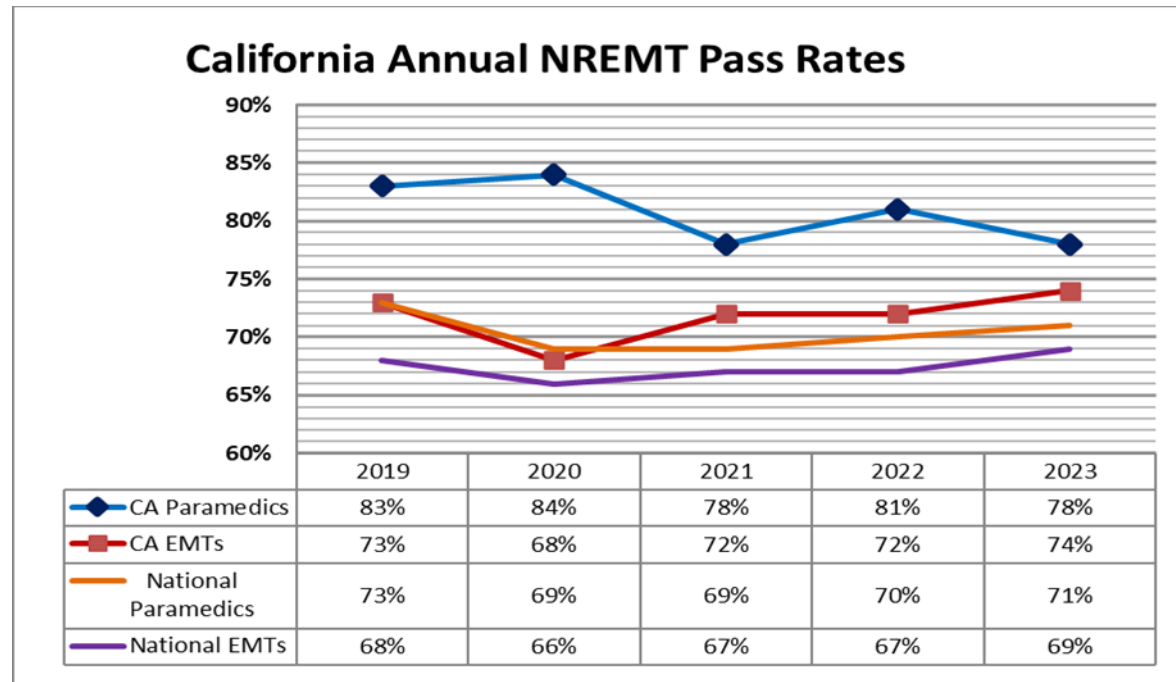
<b>LEMSA TOTALS &amp;</b>	<b>378</b>	<b>697</b>	<b>73%</b>	<b>529</b>	<b>78%</b>	<b>568</b>	<b>79%</b>	<b>573</b>	<b>0%</b>	<b>0</b>	<b>21%</b>	<b>124</b>	<b>0%</b>	<b>0</b>
<b>San Diego County EMS Agency</b>														
EMSTA Inc.	CA-37007	248	59%	146	72%	179	73%	180	0%	1	27%	67	0%	0
Grossmont Health Occupations Center	CA-37003	10	40%	4	60%	6	60%	6	0%	0	40%	4	0%	0
Healthcare Academy of California	CA-37028	71	79%	56	86%	61	86%	61	0%	0	14%	10	0%	0
Institute of Healthcare, Inc.	CA-37031	110	55%	61	75%	83	75%	83	0%	0	25%	27	0%	0
Miramar College	CA-37005	292	77%	226	84%	246	85%	247	0%	0	15%	45	0%	0
Palomar Community College	CA-37001	154	76%	117	85%	131	86%	133	0%	0	14%	21	0%	0
Point Loma Nazarene University	CA-37032	7	86%	6	86%	6	86%	6	0%	0	14%	1	0%	0
Southwestern Community College	CA-37006	107	81%	87	89%	95	89%	95	0%	0	11%	12	0%	0
US Colleges- San Diego	CA-37030	37	46%	17	51%	19	51%	19	0%	0	49%	18	0%	0
WestCoast EMT- San Diego	CA-37033	262	86%	226	90%	237	90%	237	0%	0	10%	25	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>1298</b>	<b>69%</b>	<b>946</b>	<b>78%</b>	<b>1063</b>	<b>78%</b>	<b>1067</b>	<b>0%</b>	<b>1</b>	<b>22%</b>	<b>230</b>	<b>0%</b>	<b>0</b>
<b>CA EMT Training Program Name</b>	<b>NREMT Program #</b>	<b>Total # of Students that Attempted the Exam</b>	<b>% of Students First Exam Attempt</b>	<b># of Students Passed 1st Attempt</b>	<b>Cumulative % of Students Pass Within 3 Attempts</b>	<b># of Students Passed with 3 Attempts</b>	<b>Cumulative % of Students Pass Within 6 Attempts</b>	<b># of Students Passed within 6 Attempts</b>	<b>% of Students Failed All 6 Attempts</b>	<b># of Students Failed All 6 Attempts</b>	<b>% Eligible For Retest</b>	<b># of Students Eligible for Retest</b>	<b>% of Students Who Did Not Complete w/in 2 Years</b>	<b># of Students Who Did Not Complete w/in 2 Years</b>
<b>San Francisco EMS Agency</b>														
City College of San Francisco	CA-38001	116	78%	91	87%	101	88%	102	0%	0	12%	14	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>116</b>	<b>78%</b>	<b>91</b>	<b>87%</b>	<b>101</b>	<b>88%</b>	<b>102</b>	<b>0%</b>	<b>0</b>	<b>12%</b>	<b>14</b>	<b>0%</b>	<b>0</b>
<b>San Joaquin County EMS Agency</b>														
Bradford College of Nursing	CA-39010	120	65%	78	74%	89	74%	89	0%	0	26%	31	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>120</b>	<b>65%</b>	<b>78</b>	<b>74%</b>	<b>89</b>	<b>74%</b>	<b>89</b>	<b>0%</b>	<b>0</b>	<b>26%</b>	<b>31</b>	<b>0%</b>	<b>0</b>
<b>San Luis Obispo County EMS Agency</b>														
Cuesta College Allied Health-EMT	CA-40003	75	80%	60	87%	65	87%	65	0%	0	13%	10	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>75</b>	<b>80%</b>	<b>60</b>	<b>87%</b>	<b>65</b>	<b>87%</b>	<b>65</b>	<b>0%</b>	<b>0</b>	<b>13%</b>	<b>10</b>	<b>0%</b>	<b>0</b>
<b>San Mateo County EMS Agency</b>														
College of San Mateo	CA-41004	39	90%	35	90%	35	90%	35	0%	0	10%	4	0%	0
Skyline College	CA-41002	40	75%	30	85%	34	85%	34	0%	0	15%	6	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>79</b>	<b>83%</b>	<b>65</b>	<b>88%</b>	<b>69</b>	<b>88%</b>	<b>69</b>	<b>0%</b>	<b>0</b>	<b>13%</b>	<b>10</b>	<b>0%</b>	<b>0</b>
<b>Santa Barbara County EMS Agency</b>														
Allan Hancock College	CA-42001	49	49%	24	61%	30	61%	30	0%	0	39%	19	0%	0
Santa Barbara City College	CA-42002	84	89%	75	90%	76	90%	76	0%	0	10%	8	0%	0
UCSB Extension	CA-42006	94	83%	78	88%	83	88%	83	0%	0	12%	11	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>227</b>	<b>74%</b>	<b>177</b>	<b>80%</b>	<b>189</b>	<b>80%</b>	<b>189</b>	<b>0%</b>	<b>0</b>	<b>20%</b>	<b>38</b>	<b>0%</b>	<b>0</b>
<b>Santa Clara County EMS Agency</b>														
Foothill College	CA-43003	43	74%	32	88%	38	88%	38	0%	0	12%	5	0%	0
Mission College	CA-43005	67	46%	31	58%	39	58%	39	0%	0	42%	28	0%	0
National University	CA-37026	77	58%	45	68%	52	68%	52	0%	0	32%	25	0%	0
San Jose City College	CA-43002	35	74%	26	80%	28	80%	28	0%	0	20%	7	0%	0
South Bay Regional Public Safety Training	CA-43015	55	67%	37	76%	42	78%	43	0%	0	22%	12	0%	0
Stanford University	CA-43009	27	93%	25	100%	27	100%	27	0%	0	0%	0	0%	0
Sunnyvale Department of Public Safety	CA-43013	9	67%	6	100%	9	100%	9	0%	0	0%	0	0%	0
<b>LEMSA TOTALS &amp;</b>		<b>313</b>	<b>68%</b>	<b>202</b>	<b>81%</b>	<b>235</b>	<b>82%</b>	<b>236</b>	<b>0%</b>	<b>0</b>	<b>18%</b>	<b>77</b>	<b>0%</b>	<b>0</b>

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CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Santa Cruz County EMS Agency</b>														
Cabrillo College	CA-44002	68	44%	30	57%	39	59%	40	0%	0	41%	28	0%	0
Defib This EMT Program	CA-44004	128	88%	113	93%	119	93%	119	0%	0	7%	9	0%	0
<b>LEMSA TOTALS &amp;</b>	<b>252</b>	<b>196</b>	<b>66%</b>	<b>143</b>	<b>75%</b>	<b>158</b>	<b>76%</b>	<b>159</b>	<b>0%</b>	<b>0</b>	<b>24%</b>	<b>37</b>	<b>0%</b>	<b>0</b>
<b>Sierra-Sac Valley EMS Agency</b>														
Butte Community College	CA-65025	92	83%	76	87%	80	87%	80	0%	0	13%	12	0%	0
NCTI-Roseville	CA-65003	48	98%	47	100%	48	100%	48	0%	0	0%	0	0%	0
NOLS Wilderness Medicine at COS	CA-65028	80	93%	74	94%	75	94%	75	0%	0	6%	5	0%	0
Sierra Community College	CA-65002	257	78%	201	87%	223	88%	225	0%	0	12%	32	0%	0
Sierra County Schools for Adults	CA-64031	14	79%	11	86%	12	86%	12	0%	0	14%	2	0%	0
Woodland Community College EMT Program	CA-57001	8	88%	7	88%	7	88%	7	0%	0	13%	1	0%	0
Yuba Community College District	CA-65004	51	49%	25	69%	35	69%	35	0%	0	31%	16	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>550</b>	<b>81%</b>	<b>441</b>	<b>87%</b>	<b>480</b>	<b>87%</b>	<b>482</b>	<b>0%</b>	<b>0</b>	<b>13%</b>	<b>68</b>	<b>0%</b>	<b>0</b>
<b>Solano County EMS Agency</b>														
Solano Community College	CA-48001	56	43%	24	64%	36	64%	36	0%	0	36%	20	0%	0
Vallejo Regional Education Center	CA-48006	49	55%	27	69%	34	69%	34	0%	0	31%	15	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>105</b>	<b>49%</b>	<b>51</b>	<b>67%</b>	<b>70</b>	<b>67%</b>	<b>70</b>	<b>0%</b>	<b>0</b>	<b>34%</b>	<b>35</b>	<b>0%</b>	<b>0</b>
<b>Stanislaus County EMS Agency</b>														
Academy for Profesional Development	CA-60027	28	46%	13	61%	17	64%	18	0%	0	36%	10	0%	0
Abrams College	CA-60003	92	35%	32	55%	51	57%	52	0%	0	43%	40	0%	0
Ceres Unified Adult Education	CA-60002	18	44%	8	67%	12	67%	12	0%	0	33%	6	0%	0
First Lady Permanente	CA-60028	47	47%	22	57%	27	60%	28	0%	0	40%	19	0%	0
Modesto Junior College	CA-60001	75	68%	51	69%	52	72%	54	0%	0	28%	21	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>260</b>	<b>48%</b>	<b>126</b>	<b>62%</b>	<b>159</b>	<b>64%</b>	<b>164</b>	<b>0%</b>	<b>0</b>	<b>36%</b>	<b>96</b>	<b>0%</b>	<b>0</b>
<b>Tuolumne County EMS Agency</b>														
Columbia College	CA-55001	23	48%	11	61%	14	61%	14	0%	0	39%	9	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>23</b>	<b>48%</b>	<b>11</b>	<b>61%</b>	<b>14</b>	<b>61%</b>	<b>14</b>	<b>0%</b>	<b>0</b>	<b>39%</b>	<b>9</b>	<b>0%</b>	<b>0</b>
CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years
<b>Ventura County EMS Agency</b>														
Conejo Valley Adult School	CA-56007	15	67%	10	80%	12	80%	12	0%	0	20%	3	0%	0
Moorpark College	CA-56001	53	77%	41	83%	44	83%	44	0%	0	17%	9	0%	0
Oxnard College	CA-56002	154	56%	87	67%	103	68%	104	0%	0	32%	50	0%	0
Simi Valley Adult School	CA-56003	55	84%	46	89%	49	89%	49	0%	0	11%	6	0%	0
Ventura College	CA-56004	56	77%	43	77%	43	77%	43	0%	0	23%	13	0%	0
<b>LEMSA TOTALS &amp; AVERAGE %</b>		<b>333</b>	<b>72%</b>	<b>227</b>	<b>79%</b>	<b>251</b>	<b>79%</b>	<b>252</b>	<b>0%</b>	<b>0</b>	<b>21%</b>	<b>81</b>	<b>0%</b>	<b>0</b>

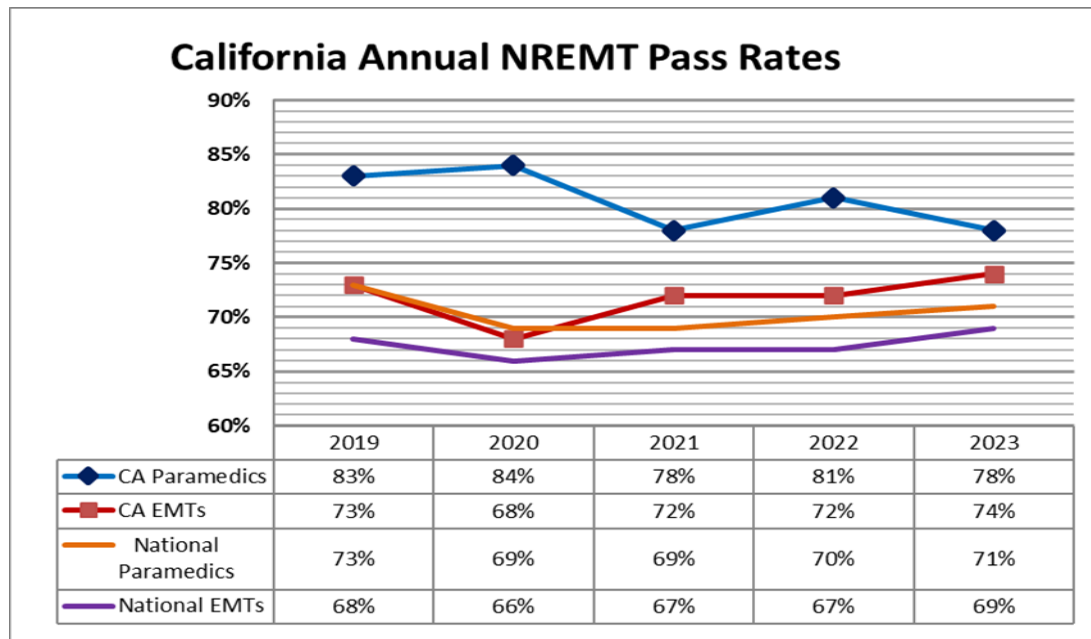
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Yolo County EMS Agency														
UC Davis Fire EMT Program	CA-57002	185	91%	168	94%	173	94%	173	0%	0	6%	12	0%	0
LEMSA TOTALS & AVERAGE %		185	91%	168	94%	173	94%	173	0%	0	6%	12	0%	0
EMS Authority														
CALJAC Academy	CA-94033	15	80%	12	80%	12	80%	12	0%	0	20%	3	0%	0
Butte College Fire Academy	CA-94010	29	55%	16	66%	19	66%	19	0%	0	34%	10	0%	0
LEMSA TOTALS & AVERAGE %		44	68%	28	73%	31	73%	31	0%	0	27%	13	0%	0



AEMT NREMT Pass Rates  
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California - AEMT NREMT Exam Pass Rate		2023 NREMT AEMT PASS RATES													
National - AEMT NREMT Pass Rate															
CA Paramedic Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years	
NORTHERN CALIFORNIA EMS AGENCY															
Sierra County Schools for Adults	CA-64031	5	60%	3	80%	4	80%	4	0%	0	20%	1	0%	0	
LEMSA TOTAL and AVERAGES %		5	60%	3	80%	4	80%	4	0%	0	20%	1	0%	0	
SIERRA-SAC VALLEY EMS AGENCY															
Sierra Community College	CA-65002	7	71%	5	71%	5	71%	5	0%	0	29%	2	0%	0	
LEMSA TOTAL and AVERAGES %		7	71%	5	71%	5	71%	5	0%	0	29%	2	0%	0	





PARAMEDIC NREMT PASS RATES  
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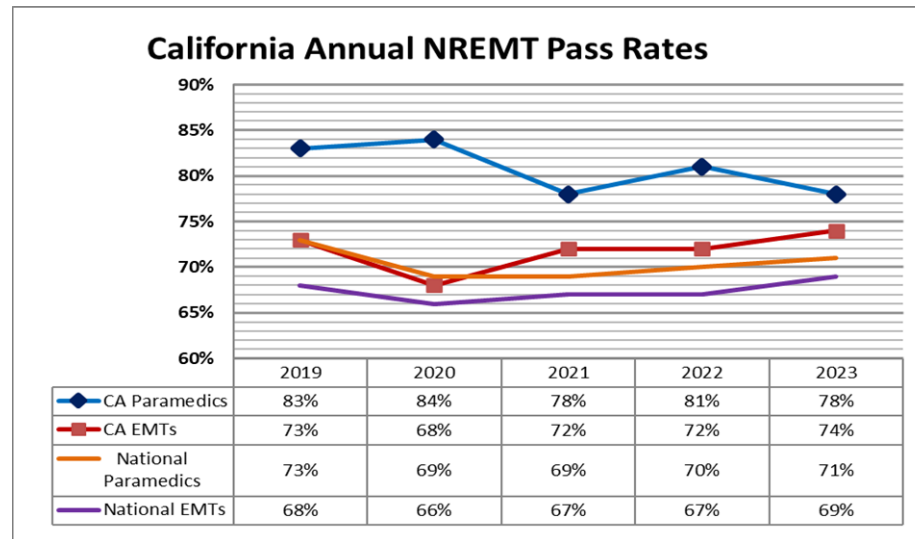
California - Paramedic NREMT Exam Pass Rate		78%		2023 NREMT PARAMEDIC PASS RATES											
National - Paramedic NREMT Pass Rate		71%													
CA EMT Training Program Name	NREMT Program #	Total # of Students that Attempted the Exam	% of Students First Exam Attempt	# of Students Passed 1st Attempt	Cumulative % of Students Pass Within 3 Attempts	# of Students Passed with 3 Attempts	Cumulative % of Students Pass Within 6 Attempts	# of Students Passed within 6 Attempts	% of Students Failed All 6 Attempts	# of Students Failed All 6 Attempts	% Eligible For Retest	# of Students Eligible for Retest	% of Students Who Did Not Complete w/in 2 Years	# of Students Who Did Not Complete w/in 2 Years	
ALAMEDA COUNTY EMS AGENCY															
Las Positas College	CA-01001	22	55%	12	68%	15	68%	15	0%	0	32%	7	0%	0	
NCTI- Bay Area (Livermore)	CA-65032	106	77%	82	92%	97	92%	98	0%	0	8%	8	0%	0	
LEMSA TOTALS and AVERAGE %		128	66%	94	80%	112	80%	113	0%	0	20%	15	0%	0	
CENTRAL CALIFORNIA EMS AGENCY															
Fresno County Dept. of Health	CA-61002	58	71%	41	84%	49	84%	49	0%	0	16%	9	0%	0	
West Hills College	CA-61004	16	50%	8	69%	11	81%	13	0%	0	19%	3	0%	0	
LEMSA TOTALS and AVERAGE %		74	61%	49	77%	60	83%	62	0%	0	18%	12	0%	0	
COASTAL VALLEY EMS AGENCY															
Santa Rosa Junior College	CA-66001	21	100%	21	100%	21	100%	21	0%	0	0%	0	0%	0	
LEMSA TOTALS and AVERAGE %		21	100%	21	100%	21	100%	21	0%	0	0%	0	0%	0	
CONTRA COSTA COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
LEMSA TOTALS and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
EL DORADO COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
LEMSA TOTAL and Average %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
IMPERIAL COUNTY EMS AGENCY															
Imperial Valley College	CA-13001	6	67%	4	83%	5	83%	5	0%	0	17%	1	0%	0	
LEMSA TOTALS and AVERAGE %		6	67%	4	83%	5	83%	5	0%	0	17%	1	0%	0	
INLAND COUNTY EMS AGENCY															
Crafton Hills College	CA-62009	71	80%	57	92%	65	93%	66	0%	0	7%	5	0%	0	
Victor Valley Community College	CA-62006	57	53%	30	74%	42	77%	44	0%	0	23%	13	0%	0	
LEMSA TOTALS and AVERAGE %		128	67%	87	83%	107	85%	110	0%	0	15%	18	0%	0	
KERN COUNTY EMS AGENCY															
Bakersfield College Paramedic	CA-15004	32	66%	21	72%	23	75%	24	0%	0	25%	8	0%	0	
LEMSA TOTAL and Average %		32	66%	21	72%	23	75%	24	0%	0	25%	8	0%	0	
LOS ANGELES COUNTY EMS AGENCY															
Los Angeles County EMS Agency Paramedic Training	CA-19008	69	78%	54	93%	64	94%	65	0%	0	6%	4	0%	0	
Mt. San Antonio College	CA-19011	33	70%	23	82%	27	85%	28	0%	0	15%	5	0%	0	
UCLA Paramedic Education Program	CA-19012	115	81%	93	90%	104	94%	108	0%	0	6%	7	0%	0	
University of Antelope Valley	CA-19001	21	57%	12	67%	14	67%	14	0%	0	33%	7	0%	0	
LEMSA TOTALS and AVERAGE %		238	72%	182	83%	209	85%	215	0%	0	15%	23	0%	0	
MARIN COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
LEMSA TOTALS and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
MERCED COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
LEMSA TOTALS and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
MONTEREY COUNTY EMS AGENCY															
South Bay Regional Public Safety Training Consortium/Monterey Peninsula College	CA-27005	15	80%	12	93%	14	93%	14	0%	0	7%	1	0%	0	
LEMSA TOTALS and AVERAGE %		15	80%	12	93%	14	93%	14	0%	0	7%	1	0%	0	

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<b>MOUNTAIN VALLEY EMS AGENCY</b>															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>LEMSA TOTALS and AVERAGE %</b>		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>NAPA COUNTY EMS AGENCY</b>															
Napa Valley College	CA-66009	31	71%	22	97%	30	97%	30	0%	0	3%	1	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>31</b>	<b>71%</b>	<b>22</b>	<b>97%</b>	<b>30</b>	<b>97%</b>	<b>30</b>	<b>0%</b>	<b>0</b>	<b>3%</b>	<b>1</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>NORTHERN CALIFORNIA EMS AGENCY</b>															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>LEMSA TOTALS and AVERAGE %</b>		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>NORTH COAST EMS AGENCY</b>															
North Coast EMS	CA-63002	22	73%	16	91%	20	91%	20	0%	0	9%	2	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>22</b>	<b>73%</b>	<b>16</b>	<b>91%</b>	<b>20</b>	<b>91%</b>	<b>20</b>	<b>0%</b>	<b>0</b>	<b>9%</b>	<b>2</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>ORANGE COUNTY EMS AGENCY</b>															
Orange County EMT (OCEMT Corp)	CA-30020	78	77%	60	96%	75	96%	75	0%	0	4%	3	0%	0	0
Saddleback College	CA-30005	30	70%	21	90%	27	97%	29	0%	0	3%	1	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>108</b>	<b>74%</b>	<b>81</b>	<b>93%</b>	<b>102</b>	<b>97%</b>	<b>104</b>	<b>0%</b>	<b>0</b>	<b>4%</b>	<b>4</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>RIVERSIDE COUNTY EMS AGENCY</b>															
Moreno Valley College	CA-33002	20	100%	20	100%	20	100%	20	0%	0	0%	0	0%	0	0
NCTI- Riverside	CA-65034	124	77%	96	95%	118	95%	118	0%	0	5%	6	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>144</b>	<b>89%</b>	<b>116</b>	<b>98%</b>	<b>138</b>	<b>98%</b>	<b>138</b>	<b>0%</b>	<b>0</b>	<b>3%</b>	<b>6</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>SACRAMENTO COUNTY EMS AGENCY</b>															
American River College	CA-34001	10	100%	10	100%	10	100%	10	0%	0	0%	0	0%	0	0
CA State Univ. Sacramento, PreHospital Education	CA-34006	80	85%	68	94%	75	94%	75	0%	0	6%	5	0%	0	0
<b>LEMSA TOTAL and Average %</b>		<b>90</b>	<b>93%</b>	<b>78</b>	<b>97%</b>	<b>85</b>	<b>97%</b>	<b>85</b>	<b>0%</b>	<b>0</b>	<b>3%</b>	<b>5</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>SAN DIEGO COUNTY EMS AGENCY</b>															
EMSTA Inc.	CA-37007	45	82%	37	96%	43	96%	43	0%	0	4%	2	0%	0	0
Palomar Community College	CA-37001	44	89%	39	100%	44	100%	44	0%	0	0%	0	0%	0	0
San Diego Fire-Rescue Dept. Paramedic	CA-37029	38	84%	32	95%	36	95%	36	0%	0	5%	2	0%	0	0
Southwestern Community College	CA-37006	34	94%	32	100%	34	100%	34	0%	0	0%	0	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>161</b>	<b>87%</b>	<b>140</b>	<b>98%</b>	<b>157</b>	<b>98%</b>	<b>157</b>	<b>0%</b>	<b>0</b>	<b>2%</b>	<b>4</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>SAN FRANCISCO EMS AGENCY</b>															
City College of San Francisco	CA-38001	27	89%	24	100%	27	100%	27	0%	0	0%	0	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>27</b>	<b>89%</b>	<b>24</b>	<b>100%</b>	<b>27</b>	<b>100%</b>	<b>27</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>SAN LUIS OBISPO COUNTY EMS AGENCY</b>															
Cuesta College-CCPP	CA-40001	10	70%	7	70%	7	70%	7	0%	0	30%	3	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>10</b>	<b>70%</b>	<b>7</b>	<b>70%</b>	<b>7</b>	<b>70%</b>	<b>7</b>	<b>0%</b>	<b>0</b>	<b>30%</b>	<b>3</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>SAN MATEO COUNTY EMS AGENCY</b>															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>LEMSA TOTALS and AVERAGE %</b>		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>SANTA BARBARA COUNTY EMS AGENCY</b>															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>LEMSA TOTAL and Average %</b>		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>SANTA CLARA COUNTY EMS AGENCY</b>															
Foothill College	CA-43003	27	93%	25	100%	27	100%	27	0%	0	0%	0	0%	0	0
<b>LEMSA TOTALS and AVERAGE %</b>		<b>27</b>	<b>93%</b>	<b>25</b>	<b>100%</b>	<b>27</b>	<b>100%</b>	<b>27</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>
<b>SANTA CRUZ COUNTY EMS AGENCY</b>															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>LEMSA TOTAL and Average %</b>		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

PARAMEDIC NREMT PASS RATES  
2023

SIERRA-SAC VALLEY EMS AGENCY															
Butte Community College	CA-65025	19	79%	15	100%	19	100%	19	0%	0	0%	0	0%	0	0
NCTI-Roseville	CA-65003	73	93%	68	99%	72	99%	72	0%	0	1%	1	0%	0	0
College of the Siskiyous	CA-65026	31	77%	24	87%	27	87%	27	0%	0	13%	4	0%	0	0
LEMSA TOTAL and AVERAGE %		123	83%	107	95%	118	95%	118	0%	0	5%	5	0%	0	0
SOLANO COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LEMSA TOTAL and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
STANISLAUS COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LEMSA TOTAL and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TUOLUMNE COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LEMSA TOTAL and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
VENTURA COUNTY EMS AGENCY															
Moorpark Community College	CA-56001	1	100%	1	100%	1	100%	1	0%	0	0%	0	0%	0	0
Ventura College	CA-56004	34	79%	27	82%	28	85%	29	0%	0	15%	5	0%	0	0
LEMSA TOTAL and AVERAGE %		35	90%	28	91%	29	93%	30	0%	0	8%	5	0%	0	0
YOLO COUNTY EMS AGENCY															
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LEMSA TOTAL and AVERAGE %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EMS AUTHORITY															
CA Firefighter Joint Apprenticeship Committee	CA-94033	18	67%	12	83%	15	83%	15	0%	0	17%	3	0%	0	0
TOTAL and AVERAGE %		18	67%	12	83%	15	83%	15	0%	0	17%	3	0%	0	0



**EMERGENCY MEDICAL SERVICES AUTHORITY**

11120 INTERNATIONAL DR., SUITE 200  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875

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

MEETING DATE: March 13, 2024

**ITEM NUMBER: 9**

SUBJECT: Election of Officers (March 2024 – March 2025)

PRESENTER: Commission Chair Sean Burrows

CONSENT: \_\_\_\_

ACTION:   X   INFORMATION: \_\_\_\_

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**RECOMMENDATION:** Election of Commission Officers for March 2024 – March 2025.

**FISCAL IMPACT:** No fiscal impact.

**DISCUSSION:** Nominations for Commission Officers are opened at the last Commission meeting of the year, and the election is held at the first meeting of the following year. Per the Commission on EMS By-Laws, the Chair can only serve two consecutive one-year terms. Per the Commission on EMS By-Laws, all Commission Officers are eligible for reelection except the immediate past chair who is automatically a member of the Administrative Committee.

Current Commission Officers: Chair, Sean Burrows Vice Chair, Marc Gautreau  
Administrative Committee, Atilla Uner, MD, Paul Rodriguez and Ken Miller, MD