STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
June 12, 2024
10:00 A.M. – 1:00 P.M.

Location
Double Tree by Hilton-Sacramento
2001 Point West Way
Sacramento, CA 95815

AGENDA

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

2. **Review and Approval of March 13, 2024 Minutes**

3. **Director's Report**

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

Regular Calendar

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

6. **EMS Systems**
   A. Maddy Fund update
   B. APOT report
   C. Provision of care during APOD at the ED

7. **Personnel**
   A. Abby Snay – update on EMS Corps – presentation by LWDA
   B. Update on skills testing ending

8. **Disaster Medical Services**
   A. Update on exercise from April 6, 2024 - Video presentation

9. **Follow-up on previous items**

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 www.emsa.ca.gov. This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact j.mcginnis@emsa.ca.gov, no less than 7 days prior to the meeting.

STATE OF CALIFORNIA
COMMISSION ON EMS
March 13, 2024
Embassy Suites by Hilton Anaheim
11767 Harbor Blvd.
Anaheim, CA 92840

MINUTES

COMMISSIONERS PRESENT:
Sean Burrows, Chair
Marc Gautreau, M.D., Vice Chair
Steve Barrow
David Ghilarducci, M.D.
Thomas Giandomenico
Travis Kusman,
Lydia Lam, M.D.
Ken Miller, M.D. Ph.D.
Lori Morgan, M.D.
Lamont Nguyen
Masaru "Rusty" Oshita, M.D.
Jodie Pierce
Todd Rausser
Kristin Thompson,
Atilla Uner, M.D.

COMMISSIONERS ABSENT:
Nancy Gordon
Carole Snyder
Todd Valeri

EMS AUTHORITY STAFF PRESENT:
Brian Aiello, Chief Deputy Director
Hernando Garzon, M.D., Acting Medical Director
Julie McGinnis, Special Projects Analyst, Legislative and External Affairs
Tom McGinnis, Chief, EMS Systems Division
Tim Reed, Chief, Disaster Medical Services Division
Ashley Williams, Deputy Director of Legislative and External Affairs

PUBLIC COMMENTORS:
Tanir Ami, CARESTAR Foundation
Kevin Greene, California Professional Firefighters
Nate Pearson, Carlsbad Fire Department

Ray Ramirez, California Fire Chiefs Association

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

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

Chair Burrows introduced Lamont Nguyen and welcomed him to the Commission.

2. REVIEW AND APPROVAL OF DECEMBER 13, 2023, MINUTES

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

- *The Commission approves the December 13, 2023, Commission on Emergency Medical Services (EMS) Meeting Minutes as presented.*

Motion carried 12 yes, 0 no, and 3 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Giandomenico and Lam, and Vice Chair Gautreau.

3. DIRECTOR'S REPORT

Hernando Garzon, M.D., Acting Medical Director, stated Director Basnett, who was unable to be in attendance, directed him to say that she did not have specific updates to report and deferred to the agenda.

Discussion

Commissioner Barrow suggested including in the Director's Report the progress or results on requests or issues discussed in prior meetings.

Dr. Garzon agreed and stated staff reviews the minutes and aims to follow up on discussion items at the next meeting.

Chair Burrows requested that Commissioners send any questions to the Chair to bring to the Director's attention.

4. CONSENT CALENDAR

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

Discussion

Commissioner Uner referred to the Legal Report update and stated the Office of Administrative Hearings continues to meet online since COVID-19 restrictions were put in place. He asked when that is expected to be reversed and if it affects the paramedic accusation proceedings.

Chief Deputy Director Brian Aiello stated he will look into that and report back.

Commissioner Uner asked for further detail for better understanding on what was approved and denied in the Paramedic Disciplinary Review Board (PDRB) Report, since it is a new report.

Ashley Williams, Deputy Director for Legislative and External Affairs, stated additional detail will be added in future reports.

Chair Burrows referred to the PDRB Report and asked staff to add clarity on what the statutory numbers are for recommended changes to the progressive disciplinary scheme and review reference.

Deputy Director Williams stated additional clarity will be added for future reports.

Commissioner Thompson stated she also questioned the changes being made on the progressive disciplinary schemes. She referred to the Legal Report and asked staff for detail on the EMS Plan appeal with Contra Costa County.

Chief Deputy Director Aiello stated the documentation for finalizing the settlement with Contra Costa County is still in the final stages.

Commissioner Thompson asked for an update on the background and what the appeal regarded at the next Commission meeting.

Chair Burrows asked for a motion to approve the Consent Calendar.

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

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

Motion carried 15 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Giandomenico, Kusman, Lam, Miller, Morgan, Nguyen, Oshita, Pierce, Rausser, Thompson, and Uner, Vice Chair Gautreau, and Chair Burrows.

The item was noted and filed.

REGULAR CALENDAR

5. DMS

A. Storm Response Update

Tim Reed, Chief, Disaster Medical Services (DMS) Division, reviewed the Recent DMS Response Operations Update, which was included in the meeting materials. He provided information on the Authority's response activities to recent hospital and storm surges to date and highlighted current activities underway.

Discussion

Commissioner Ghilarducci asked about the census of 230 for the Fresno Community Regional Medical Center (CRMC) and whether it was a 24-hour census.

Chief Reed stated that number was listed on the CRMC's daily report. He assumed it was the 24-hour census.

Commissioner Barrow stated individuals had difficulty communicating with 911 or EMS due to their loss of power during the storms from Quincy through the upper Sierra Mountains. He asked Chief Reed to comment on this issue.

Chief Reed stated the EMSA was not made aware of any effects on the ambulance system. That does not mean that issues did not exist; they just did not reach the state level. 911 outages are tracked by the Public Safety Communications Branch of the California Governor's Office of Emergency Services (Cal OES).

Commissioner Barrow asked for information on 911 outages, if there are backup call centers, and how to ensure that individuals can still access services.

Chief Reed stated 911 dispatch centers are required to have a certain level of backup and operations planning.

Commissioner Ghilarducci asked about the patient acuity mix during the patient surge in Fresno County. There may be patients who could have been appropriately cared for in other settings than the emergency department, especially related to flu.

Chief Reed stated Fresno County reported that they fielded anything and everything. Their main concern was behavioral health patients since not many hospitals are set up for that. Some hospitals modified their triage process to include a fast-track area to service lower-level medical complaints to help keep the larger emergency room area clear.

Commissioner Morgan stated concern that the California Medical Assistance Team (CAL-MAT) was unavailable since it was three days before Christmas. She noted that dates are unimportant in disaster situations. She asked for further detail on the scope of their duties and if there is an obligation to have it fully staffed.

Chief Reed agreed and stated the CAL-MAT team members will be more readily available on an on-call status in the future. He stated the team consists of doctors, nurses, and EMTs that serve in technician roles. The team is versed in several specialties to be available to serve in whatever capacity is needed at the time.

Commissioner Morgan asked if the intent is to set up another care area and operate independently or if they integrate into the care at a hospital.

Chief Reed stated it depends on the operation. The team would integrate with the hospital and medical staff but a field hospital is a freestanding entity.

Vice Chair Gautreau asked if consideration was given to requesting assistance from the federal Disaster Medical Assistance Teams (DMAT), if the CAL-MAT team was unavailable.

Chief Reed stated the hospital did not want to go in that direction.

Vice Chair Gautreau asked if the hospital gave an explanation as to their concerns.

Chief Reed stated they had problems with DMAT contract staffing in the past. They were also concerned that the CAL-MAT team was not trained on the hospital equipment and reporting system used inside the hospital.

Vice Chair Gautreau asked if the resulting prolonged ambulance patient offload times (APOT) due to this issue affected the EMS response in the community and if there were episodes of call queuing or prolonged response times to 911 emergencies.

Chief Reed stated the EMS administrator reported that the APOT times were not as bad as expected – they increased 15 to 20 minutes. Hospitals were able to offload their ambulances in a relatively good amount of time with no ill effects on the EMS system.

Commissioner Barrow asked if the area was covered by Triage to Alternate Destination (TAD) programs.

Chief Reed stated they had one Community Paramedicine Program, but the EMS administrator did not mention activating it.

Commissioner Barrow stated it would be interesting to learn how many of the over 200 patients could have been taken to the alternative destination to relieve the hospitals. He asked if the TAD is not working the way it is supposed to.

Chief Reed stated the EMS administrator also mentioned that the Fresno CRMC took most of the overflow from the Madera Community Hospital closure. This increased the number significantly.

Dr. Garzon referred to Commissioner Ghilarducci's question about the patient acuity mix. He stated it was not only a larger number of patients, but also a larger hospital census, so they could not discharge patients, leading to emergency department crowding.

Dr. Garzon stated, historically, the California DMAT program is modeled after the federal DMAT program, but it does not rise to that level yet. The volunteers that make up the rosters generally do not come from hospital positions, so most of them do not have appropriate credentialing or training for hospitals. This is something the EMSA is looking to improve in defining the mission for CAL-MAT.

Dr. Garzon stated what is allowed for TAD programs are sobering centers and behavioral health centers. Even in counties that have those programs, many patients must be admitted to emergency departments for other medical complaints; therefore, the patients who can be deferred to an alternate destination are relatively few. If the definition of alternate destination site were to be increased to include other subsets of patients, larger numbers could be deflected from emergency departments.

Vice Chair Gautreau stated the understanding that DMATs have the capability of standalone operation, partly to provide medical support in a situation in which hospitals have been knocked out. He asked what the threshold is at which the state would consider requesting DMAT support, even over objections of a hospital.

Dr. Garzon stated it is counter to emergency management response to force a resource into a situation where it is not requested or desired. As far as requests, it would need governor approval and a federally-declared disaster.

Commissioner Morgan stated the closure of the Madera County Hospital is putting pressure on other hospitals; this will occur more frequently as more hospitals are forced to close. The closure of one hospital puts the next hospital almost immediately into crisis.

Commissioner Thompson asked about other collaboration in addition to the EMS administrator onsite.

Chief Reed stated the meetings were between the county EMS administrator, the DMS, public health, and hospital executives.

Commissioner Ghilarducci stated hospital crises are predictable, particularly every flu season. Something like a flu outbreak increases demand for healthcare services and forces healthcare professionals to call in sick, so the ability to provide care is low when the demand is highest. He stated it would be wise to find strategic ways to mitigate the impact of predictable cycles of need.

Commissioner Barrow stated the EMS concern becomes high in rural areas when a hospital closes because of large travel distances. He asked about responsibility to deal with the lack of a hospital or ER facility in rural areas.

Dr. Garzon stated one of the critical components of what the EMSA does around emergency response is to partner with the California Department of Public Health (CDPH) in order to predict hospital and emergency needs. It is a matter of planning to be prepared to respond if necessary.

Commissioner Barrow stated there are 5.4 million people in rural areas. It is important to research and put a plan in place to save those areas before they reach a crisis. He suggested that the EMSA have a seat at the table in those processes because of its involvement if rural services are lost.

Dr. Garzon stated that is not within the EMSA's oversight but it is at the table and involved in those conversations.

Public Comment

There was no public comment.

B. Update on Upcoming Full-Scale Exercise

Chief Reed reviewed the Update on Upcoming Full-Scale Exercise Report, which was included in the meeting materials. He noted that the EMSA's two annual exercises, one in Northern California and another in Southern California, will be combined into one statewide exercise this year in partnership with the California Military Department (CMD). The CMD medical team asked to partner with the EMSA in their exercise to gain more experience prior to their deployment overseas next year. The exercise will take place on April 6th and 7th, with the scenario focusing on Santa Clara County.

Chief Reed summarized the planned scenario activities using air and ground and private and military assets transporting patients to the Field Hospital and then turning around and transporting patients to local hospitals in the region. The exercise will also include CAL-MAT, the Medical Reserve Corps (MRC), CDPH, Cal OES, several EMS, fire, and law enforcement agencies, and several hospitals. Interested entities continue to be added throughout the Sacramento area.

Discussion

Commissioner Barrow asked about the location.

Chief Reed stated the exercise will take place at Mather Airport in Sacramento.

Commissioner Barrow asked how to volunteer to play a victim in the exercise.

Chief Reed stated there is a flyer with a QR code for signup. Volunteers can choose their shift. He offered to send the flyer to the Commission.

Chair Burrows asked whether any part of the drill will be held in Santa Clara County, or if that is only the simulation.

Chief Reed stated the coordination will involve the Medical Health Operational Area Coordination (MHOAC) Program in Santa Clara, the Regional Disaster Medical Health Coordinators and Specialists (RDMHS), and the EMSA; this process will be done before the beginning of the exercise. The actual movement of patients will occur only within Sacramento.

Public Comment

There was no public comment.

6. EMS ADMINISTRATION

A. Legislative Report

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

Discussion

Commissioner Ghilarducci stated there is a bill that is proposing to extend the expiration date for the Maddy EMS Fund; however, the Maddy Fund is not sustainable. He asked if staff is considering finding a more functional replacement.

Deputy Director Williams stated she will look into that and report back.

Chair Burrows asked for an update on the status of Assembly Bill (AB) 40.

Deputy Director Williams stated all previous legislation from last session is on hold until after discussion on the fiscal impacts.

Chair Burrows asked if there are any provisions of AB 40 that can be implemented without budgetary issues or constraints.

Deputy Director Williams stated she would ask Director Basnett.

Commissioner Thompson stated it is concerning that the message regarding AB 40 is not getting out. There are several related deadlines that do not have fiscal impacts, and policies and procedures being implemented that affect daily work. She requested an update as soon as possible.

Dr. Garzon stated the understanding that the provision for local EMS agencies (LEMSAs) to define an APOT of 30 minutes or less locally does not require funding and can happen. Unfortunately, all of the mechanisms to implement this do have fiscal impacts and budgetary requests, which are on hold.

Commissioner Thompson stated the hope that collaboration will continue, especially in electronic signatures for EMS.

Commissioner Uner agreed and stated ambulance and EMS providers have upgraded their software and procedures to comply with the National EMS Information System (NEMSIS) at tremendous cost, so it is disappointing that cost is slowing them down now.

Public Comment

Kevin Greene, EMS/Health and Safety Director, California Professional Firefighters (CPF), stated appreciation for the Commission bringing up AB 40 and implementation. CPF, as the sponsoring organization of the bill, understands and appreciates the challenges around the state budget and continues to monitor the EMSA's Budget Change Proposals that are being discussed as part of this process.

Kevin Greene stated CPF believes there are important provisions of AB 40 that do not require state funding and that should be implemented now, including LEMSAs adopting a time standard and hospitals being required to develop reduction protocol. CPF encourages focusing on implementation as soon as there is greater clarity.

B. Regulations Update

Deputy Director Williams reviewed the Regulations Update Report of the regulations being promulgated, which was included in the meeting materials.

Discussion

Commissioner Thompson stated the EMSA is supposed to adopt specific emergency regulations regarding AB 40 by December 31, which are considered by the Office of Administrative Law as necessary for the immediate preservation of public peace, health and safety, and general welfare. She asked where those are on the regulation update.

Dr. Garzon stated one of the challenges is that the regulations that the EMSA needs to write must be based on the process set in place by AB 40, but the process must first be defined.

Commissioner Thompson asked for an update on the regulations at the next meeting.

Dr. Garzon stated the rechaptering and renumbering was a cleanup process that would not change the language of the regulation or require a public comment period. However, definition inconsistencies were found, and the necessary minor edits are enough to require a public comment period. Further updates to the chapters will be prioritized based on what needs to be updated for legislative intent. After the rechaptering and renumbering, the substance of the regulations will also be updated. That is where AB 40 will be addressed.

Chair Burrows asked about Chapter 13.

Deputy Director Williams stated Chapter 13 is in the final stages of approval. Staff hopes to send out workgroup invitations soon.

Public Comment

There was no public comment.

7. EMS SYSTEMS

A. CEMSIS Update

Tom McGinnis, Chief of the EMS Systems Division, stated the backbone of the California EMS Information System (CEMSIS) is the National EMS Information System (NEMSIS), a universal standard for EMS patient care information collection. He provided an overview, with a slide presentation, of the background and general structure, past and present participation and statistics, and future vision of CEMSIS.

Chief McGinnis stated all 58 counties have some scale of data included within CEMSIS. Approximately 480 provider agencies submit data. The recent addition of Los Angeles County marks the first time in the history of California collecting EMS data that all LEMSAs are participating at some level in the submission of EMS data to CEMSIS. This is a major success.

Chief McGinnis stated the current NEMSIS data standard is version 3.5, which corrected errors in version 3.4 and expanded data elements and definitions. CEMSIS only accepts NEMSIS version 3.5; however, NEMSIS version 3.4 data will be maintained and can still be accessed as needed.

Chief McGinnis stated the Executive Data Advisory Group (EDAG), made up of EMSA staff and LEMSA administrators and medical directors, meets quarterly to review challenges and successes and to make recommendations on how to improve the data standard setup and operation. Chief McGinnis stated Director Basnett has suggested expanding the role of the EDAG by creating subcommittees to look at core quality measures, data standardization and quality, and research. He stated the need to include stakeholders in these subcommittees.

Discussion

Commissioner Morgan referred to Slide 12 and asked about structure. In the rubric about data feeds, there is one around STEMI. She asked if there is intent to feed directly from the IHA data so hospitals are not doing data entry twice.

Chief McGinnis stated staff is working with hospital data as well as EMS data. There is no formal repository, so staff is working on creating one now. Staff is also evaluating collected STEMI data. Regarding regulatory changes in and around specialty care, staff is looking at how data is structured and flows within the STEMI umbrella specifically.

Vice Chair Gautreau asked if there is someone at the CEMSIS, NEMSIS, or LEMSA level who looks into the odd data entries.

Chief McGinnis stated there is some quality improvement work being done. At the state level, it is difficult to pinpoint some of the oddities. NEMSIS looks at this data only from a large volume standpoint. The EDAG is looking to make subcommittees to help figure out what to look at and how to make better data available in order to address some of the oddities.

Vice Chair Gautreau stated this is an opportunity to look at what may be perceptual errors on what a data field means to the provider versus NEMSIS. It is an opportunity to educate providers broadly for the sake of clarity of data.

Chief McGinnis stated CEMSIS workshops are being planned at the state level to do that. There will be physical and virtual meetings beginning in May or June. The intent is to have a workshop on an annual basis.

Commissioner Uner referred to Slide 24 and asked if there is a mechanism to double-check patient gender when it is listed as not applicable or not recorded.

Chief McGinnis stated, for now, that data is lost. A research group could try to figure out if this is easily fixable.

Commissioner Ghilarducci stated, recently, health departments have recognized that e-bikes are becoming a significant problem and are not recorded in NEMSIS. He asked if there is a capability at the state level to look at the national trauma dataset to pull more information about e-bikes.

Chief McGinnis stated staff has the ability to do that. It is in place in Version 3.5.

Commissioner Barrow stated the need for more specific trauma data regarding children, such as fall distance or environment contributing to sleep suffocation. There are several traumatic causes that drive policy that need to be captured in 3.5. He stated he was only able to find a few specific data points that are automatically put in without requiring a first responder to do something extra.

Chief McGinnis stated there can be enhancements and changes to the data standard in the future. Staff does not have the independent ability to make changes within the standard but does have a large national voice. He asked Commissioners for items of interest that can be shared in national recommendations.

Commissioner Barrow suggested meeting with the new director of EpiCenter and the California Unintentional Injury Prevention Strategic Plan Project.

Commissioner Morgan referred to Slide 20 and asked why overdose is not in the top 20 diagnoses when NARCAN is the ninth most commonly used drug, and when "no medical diagnosis" is in the top 20.

Dr. Garzon stated paramedics probably give NARCAN to almost every patient with altered level of consciousness to rule out overdose.

Commissioner Ghilarducci stated, in his local data, more NARCAN is being used per patient than before.

Vice Chair Gautreau referred to Slide 26 and stated a heat map that shows population centers is not as useful as a heat map that shows per capita incidents.

Chair Burrows congratulated the team on capturing all 34 LEMSAs after all these years. He stated it is quite an achievement.

Commissioner Pierce asked if the executive EDAG includes provider agencies.

Chief McGinnis stated it does not at this point. The EDAG includes LEMSA administrators and medical directors. The subcommittees to be added will include provider-level representation.

Commissioner Pierce stated it would be of value to have provider agencies at the executive level because the executives will set what the subcommittees look at, and recommended expanding the executive EDAG committee to represent stakeholders.

Commissioner Thompson stated fire-based EMS is the largest provider of EMS in California. They would be an asset for clarity of data by, for example, explaining why "no medical diagnosis" is such a big part of the study.

Commissioner Barrow asked whether there are graduate-level fellows working with the EMSA, if there is outreach into academic settings, and how the EMSA is preparing to share the complex knowledge that goes into CEMSIS before it is lost and must be recreated by the next generation.

Chief McGinnis stated, in the last year or two, more staff has been hired to operate the system. The learning curve is between four and six months for even the most basic reports. Training and education is ongoing. There are people interested in the research and higher levels. He stated he and Dr. Garzon have upcoming discussions with different entities that want to help work with this data. Staff is also documenting things historically so the next generation will be able to be consistent and not recreate past mistakes.

Commissioner Ghilarducci referred to Slide 17 and asked whether the increase in number of records for 2023 includes Los Angeles County.

Chief McGinnis stated it will be included from 2024 onward.

Commissioner Ghilarducci asked whether staff has projected an expected number of records for 2024.

Chief McGinnis stated, broadly, it is 5.5 to 5.75 million. There are a few places in the state where there is more data to be brought in. He stated the hope that there will be a clearer picture in the next few months.

Dr. Garzon stated, in response to Commissioner Barrow's question, it is important to expand and grow what has been done in the past, such as through collaboration with research partners and leveraging of the research community, particularly in emergency medicine.

Commissioner Uner asked about the steps to gain access to CEMSIS data.

Chief McGinnis stated there is a process listed on the EMSA website, which staff can send to the Commission. It is a specific data request process requiring applicants to specify the elements and subvalues they want, the timeframe they expect, and what they will use the data for. There are a number of requests, including nationally and internationally, per day.

Vice Chair Gautreau stated clean data is best. He asked if there is a point in the data management chain that interacts with the primary. Sometimes bad data is entered. He asked if there is a way to work with vendors to flag odd data entry points for clarification.

Chief McGinnis stated there are possibilities to do that. Many current data systems have the sophistication to pick out abnormalities. However, much of these things must be designated manually. There are vendors who have the opportunity to automate this, but it does require time and money.

Commissioner Miller stated there is always a drive to collect more data. The EMS mission is patient care. Therefore, although collecting collateral information may inform policy, it must be balanced with what is needed for patient care and expediency on response and return to service.

Commissioner Miller stated it is difficult to link various data sources at the patient level due to privacy issues and other safety concerns.

Public Comment

Tanir Ami, CEO, CARESTAR Foundation, congratulated staff for the milestone of having 100 percent reporting. The speaker asked whether race will be looked at by the subcommittees so that data field will be clean and consistently entered.

Chief McGinnis stated race is captured. It has limited fields. In early May, he will engage in a federal conversation to find ways to expand that list. It is difficult when paramedics or EMTs cannot identify that information.

Nate Pearson, Division Chief, Carlsbad Fire Department, stated, regarding prehospital agency and provider agency contribution to the EDAG at the executive and subcommittee levels, having provider agencies' input will clean up data. The speaker recommended that LEMSAs provide a standardized

format for a data dictionary so that end users can better understand how to enter clean data.

8. EMS PERSONNEL

A. National Registry Pass Rates Update

Dr. Garzon presented the report on the National Registry of Emergency Medical Technicians (NREMT) exam pass rates on behalf of Kim Lew, Chief, EMS Personnel Division. He stated LEMSAs approve most EMT, Advanced Emergency Medical Technicians (AEMT), and paramedic training programs; however, the EMSA has a role in approving statewide public safety agency EMT training programs. California has adopted the NREMT to provide EMS training program graduates cognitive and psychomotor skills examinations as proof of competency for licensure and certification in California.

Dr. Garzon stated 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.

Discussion

Commissioner Morgan stated the pass rate for most categories is almost identical after three and six attempts. She asked if it should be limited to three attempts.

Dr. Garzon stated he will discuss this with the Personnel Division and report back.

Public Comment

There was no public comment.

9. ELECTION 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 nominations in December were Chair: current Chair Burrows, Vice Chair: current Vice Chair Gautreau, and Administrative Committee: Commissioners Ghilarducci, Kusman, Miller, and Pierce.

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

A. Chairperson

Chair Burrows asked for additional nominations for Chair of the EMSA for March of 2024 to March of 2025.

No additional nominations were offered.

Chair Burrows stated, through acclamation, Chair Burrows will be Chair for one additional year, which will complete his time in this position.

B. Vice Chairperson

Chair Burrows asked for additional nominations for Vice Chair of the EMSA for March of 2024 to March of 2025.

No additional nominations were offered.

Chair Burrows stated, through acclamation, Vice Chair Gautreau will be Vice Chair for one additional year, which will complete his time in this position.

C. Two Administrative Committee Representatives

Chair Burrows stated Commissioner Uner will be on the Administrative Committee as the Immediate Past Chair. He asked for additional nominations for the two remaining Administrative Committee positions for March of 2024 to March of 2025.

No additional nominations were offered.

Commissioners Miller and Kusman were elected to serve on the Administrative Committee from March 2024 to March 2025 per roll call vote.

2024-25 Officers

- Chair of the Commission on EMS for 2024-25 is Sean Burrows.
- Vice Chair of the Commission on EMS for 2024-25 is Marc Gautreau.
- Ken Miller and Travis Kusman will serve on the Administrative Committee as representatives of the Commission on EMS and Atilla Uner is Member Emeritus, as Immediate Past Chair.

10. ITEMS FOR NEXT AGENDA

Chair Burrows asked Commissioners for suggestions for the next agenda.

Commissioner Barrow asked for a short presentation on how autonomous cars affect EMS personnel in the field.

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

- *The Commission approves inviting a research company to make an autonomous vehicle presentation at the next meeting.*

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

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Giandomenico, Kusman, Lam, Miller, Nguyen, Oshita, Pierce, Rausser, and Thompson, Vice Chair Gautreau, and Chair Burrows.

The following Commissioner voted "No": Commissioner Uner.

Commissioner Ghilarducci asked to add a section on follow-up from prior meetings to the regular agenda.

Chief Deputy Director Aiello stated staff works with the Administrative Committee to identify action items from prior meetings and develop future agendas. If specific action items are not being addressed appropriately, he asked Commissioners to request what they want to see.

Chair Burrows asked whether Commissioner Ghilarducci intends to have this as a standing item on the agenda.

Commissioner Ghilarducci stated more follow-up would be sufficient. He stated the minutes and agenda come out at the same time, so there is no time to make recommendations for the agenda.

Chair Burrows asked if it would be appropriate to have draft minutes to the Executive Committee prior to the agenda meeting.

Health Information Exchange (HIE) Grant Program Analyst Julie McGinnis stated items for the next agenda is what Section 10 is for. If there is an item from the minutes, that is the time for Commissioners to bring it forward as a topic for the next agenda.

Commissioner Barrow clarified that the Bagley-Keene law requires items to be posted before action.

Commissioner Uner recommended having a mechanism to automate putting items on future agendas.

Commissioner Thompson stated the expectation that there would have been a presentation on APOT and the Emergency Medical Treatment and Labor Act (EMTALA) that was not from the hospital perspective, and a slide presentation on paramedics providing advanced life support (ALS) care within the emergency department. She suggested AB 40, APOT, EMTALA, and provision of care by paramedics holding the wall as future agenda items.

Chair Burrows stated he discussed EMTALA with Director Basnett, who intended to have an ongoing discussion but was unable to be part of the agenda planning session or the meeting today.

Chief Deputy Director Aiello stated it would be permissible for someone to facilitate bringing in a speaker to discuss another view on EMTALA as long as

their associations were clearly stated. There was an issue with the funding mechanism.

Vice Chair Gautreau stated he has had conversations with a potential speaker, but it would cost money to bring them in to speak, since they cannot speak virtually according to state law. Staff is exploring funding options. The speaker may be able to attend in September.

Commissioner Thompson made a motion to add an AB 40/APOT update as well as provision of ALS care in the emergency department to the agenda for the next meeting.

Commissioner Pierce seconded.

Commission Uner made a friendly amendment to add basic life support (BLS) care to the motion.

Commissioner Thompson accepted the friendly amendment.

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

- *The Commission approves adding an AB 40/APOT update as well as provision of ALS and BLS care in the emergency department to the agenda for the next meeting.*

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

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Giandomenico, Kusman, Lam, Miller, Nguyen, Oshita, Pierce, Rausser, Thompson, and Uner, Vice Chair Gautreau, and Chair Burrows.

11. PUBLIC COMMENT

Ray Ramirez, Deputy Chief, City of Ontario Fire Department, and California Fire Chiefs Association (CalChiefs), asked for clarification that the renumbering of the EMS System Regulations will come out before the draft of Chapter 13 so it will be in the context of that format.

Deputy Director Williams stated that is correct.

Ray. Ramirez stated changes in the processes could either be done by updating the regulations or through the bylaws. He suggested updating the bylaws at the same time so they are synchronized with the new system regulations.

12. ADJOURNMENT

There being no further business, Chair Burrows adjourned the meeting at 12:19 p.m.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 4A**

SUBJECT: Administration and Personnel Report

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
EMSA Budget
2024-25
The Governor's May Revision Budget for fiscal year (FY) 2024-25 includes expenditure authority for $64.3 million and 121 positions. Of the amount, $38 million is delegated to State operations and $26.3 million is delegated to local assistance.

The EMSA budget adjustments that have occurred since the release of the January Governor's budget are reflected in the attached 2024-25 Proposed May Revision Adjustments to the Governor's Budget letter dated May 14, 2024.

2023-24

DEPARTMENT OF FINANCE
OFFICE OF THE DIRECTOR

Gavin Newsom ▪ Governor
1021 O Street, Suite 3110 ▪ Sacramento CA 95814 ▪ www.dof.ca.gov

May 14, 2024

Honorable Scott D. Wiener, Chair
Senate Budget and Fiscal Review Committee

Attention: Elisa Wynne, Staff Director

Honorable Jesse Gabriel, Chair
Assembly Budget Committee

Attention: Christian Griffith, Chief Consultant

Amendment to Budget Bill Item 4120-001-0001, and Addition of Items 4120-490 and 4120-491, Support, Emergency Medical Services Authority (EMSA)

Staffing Support Resources Electronic Physician Orders for Life Sustaining Treatment (ePOLST) (Issue 030)—It is requested that Item 4120-001-0001 be increased by 3 positions ongoing to support the planning, development and implementation of ePOLST as required by Chapter 143, Statutes of 2021(AB 133), including training and outreach, promulgation of regulations, and integration with related data systems.

ePOLST Registry Project Reappropriation (Issue 031)—It is requested that Item 4120-490 be added to reappropriate up to $6,606,000 from Item 4120-001-0001 from the 2021 Budget Act and extend the availability of these funds from June 30, 2024 to June 30, 2025 to support the continued planning and implementation of the Electronic Physician Orders for Life Sustaining Treatment (ePOLST) Registry project (see Attachment 1). See related Issue 040 in the California Health and Human Services Agency Finance Letter.

Central Registry Replacement and California Emergency Medical Services Information System (CEMSIS) Re-procurement Reappropriation (Issue 032)—It is requested that Item 4120-491 be added to reappropriate up to $2,964,000 from Item 4120-001-0001 from the 2021 Budget Act and extend the availability of these funds from June 30, 2024 to June 30, 2026 to support planning and implementation of the California Emergency Medical Services Central Registry Replacement Project and re-procurement activities of CEMSIS (see Attachment 2). See related Issue 043 in the California Health and Human Services Agency Finance Letter.

Adjustment to Reflect End of Limited Term Funding for Increased Emergency Preparedness and Response Capability Resources (Issue 035)—It is requested that Item 4120-001-0001 be decreased by $5,516,000 ongoing to reflect a technical correction to align resources to what was approved in the Increased Emergency Preparedness and Response Capability Resources Budget Change Proposal approved in the 2021 Budget Act.

The May Revision proposes the following adjustments to enable departments to implement recently chaptered legislation:

Community Paramedicine or Triage to Alternate Destination Act: Chapter 270, Statutes on 2023 (AB 767) (Issue 009)—It is requested that Item 4120-001-0001 be increased by $686,000 and 3 positions in fiscal year 2024-25, $606,000 and 3 positions in 2025-26, and $432,000 and 3 positions in 2026-27 and ongoing.

Emergency Medical Services: Liability Limitation: Chapter 474, Statutes of 2023 (AB 1376) (Issue 012)—It is requested that Item 4120-001-0001 be increased by $200,000 in 2024-25.

Emergency Medical Transportation "No Suprises" Rate Reporting: Chapter 454, Statutes of 2023 (AB 716) (Issue 013)—It is requested that Item 4120-001-0001 be increased by $521,000 and 2 positions in 2024-25 and $321,000 and 2 positions in 2025-26 and ongoing to develop and publish a report annually on the allowable maximum rates for ground ambulance transportation services in each county.

Ambulance Patient Offload Time: Chapter 793, Statutes of 2023 (AB 40) (Issue 017)—It is requested that Item 4120-001-0001 be increased by $1,246,000 and 4 positions in 2024-25 and $696,000 and 4 positions in 2025-26 and ongoing to streamline patient transfers, reduce delays, and enhance coordination between EMS agencies and hospitals to decrease ambulance patient offload time.

The effect of my requested action is reflected on the attachment.

If you have any questions or need additional information regarding this matter, please call Nina Hoang, Principal Program Budget Analyst, at (916) 445-6423.

JOE STEPHENSHAW
Director
By:

/s/ Erika Li

ERIKA LI
Chief Deputy Director

Attachment

cc: On following page

cc: Honorable Anna M. Caballero, Chair, Senate Appropriations Committee
Attention: Mark McKenzie, Staff Director
Honorable Roger W. Niello, Vice Chair, Senate Budget and Fiscal Review Committee
Attention: Elisa Wynne, Staff Director
Honorable Buffy Wicks, Chair, Assembly Appropriations Committee
Attention: Jay Dickenson, Chief Consultant
Honorable Vince Fong, Vice Chair, Assembly Budget Committee
Attention: Christian Griffith, Chief Consultant
Honorable Dr. Akilah Weber, Chair, Assembly Budget Subcommittee No. 1
Honorable Caroline Menjivar, Chair, Senate Budget and Fiscal Review Subcommittee No. 3
Gabriel Petek, Legislative Analyst
Kirk Feely, Fiscal Director, Senate Republican Fiscal Office
Christopher W. Woods, Senate President pro Tempore's Office
Joseph Shinstock, Fiscal Director, Assembly Republican Caucus, Office of Policy and Budget
Jason Sisney, Assembly Speaker's Office
Paul Dress, Caucus Co-Chief of Staff, Assembly Republican Leader's Office
Katja Townsend, Capitol Director, Assembly Republican Leader's Office
Marko Mijic, Undersecretary, California Health and Human Services Agency
Brendan McCarthy, Deputy Secretary of Program and Fiscal Affairs, California Health and Human Services Agency
Julie Souliere, Assistant Secretary, California Health and Human Services Agency
Elizabeth Basnett, Acting Director, Emergency Medical Services Authority
Brian Aiello, Chief Deputy Director, Emergency Medical Services Authority
Craig Johnson, Administration and HR Division Chief, Emergency Medical Services Authority

Attachment 1

4120-490—Reappropriation, Emergency Medical Services Authority. The amount specified in the following citations are reappropriated for the purposes provided for in those appropriations and shall be available for encumbrance or expenditure until June 30, 2025:

0001—General Fund

(1) Up to $6,606,000 in Item 4120-001-0001, Budget Act of 2021 (Chs. 21, 69, and 240, Stats. 2021), for the purpose of establishing the Physician Orders for Life Sustaining Treatment (POLST) e-registry.

4120-491—Reappropriation, Emergency Medical Services Authority. The amount specified in the following citations are reappropriated for the purposes provided for in those appropriations and shall be available for encumbrance or expenditure until June 30, 2026:

0001—General Fund

(1) Up to $2,964,000 in Item 4120-001-0001, Budget Act of 2021 (Chs. 21, 69, and 240, Stats. 2021), for the purpose of planning and implementation of the California Emergency Medical Services Central Registry Replacement Project and re-procurement of the California Emergency Medical Services Information System.

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 May 9, 2024, accounting records indicate that the Department has expended or encumbered $40.8 million, or 67.5% of all available expenditure authority. Of this amount, $26.1 million, or 71.4% of State Operations expenditure authority, has been expended or encumbered, and $14.7 million, or 61.5% 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 15 temporary (blanket and retired annuitant) positions. Of the 134 positions, 26 authorized positions are vacant and 3 temporary positions are vacant as of May 14, 2024.

	Department				
	Admin	**DMS**	**EMS**	**EMSP**	**Total**
Authorized	48.0	34.0	19.0	18.0	119.0
Temporary Staff	9.0	2.0	4.0	0.0	15.0
Staffing Level	**57.0**	**36.0**	**23.0**	**18.0**	**134.0**
Authorized (Vacant)	-7.0	-13.0	-1.0	-5.0	-26.0
Temporary (Vacant)	0.0	0.0	-3.0	0.0	-3.0
Current Staffing Level	**50.0**	**23.0**	**19.0**	**13.0**	**105.0**

DISCUSSION

None.

ATTACHMENT(S)

Governor's Budget May Revise Letter dated May 14, 2024

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE : June 12, 2024 **ITEM NUMBER : 4B**

SUBJECT : Legal Report

PRESENTER : Erin Brennan, Chief Counsel

CONSENT : _X__ ACTION : ____ INFORMATION : ___

RECOMMENDATION

FISCAL IMPACT
No fiscal impact.

DISCUSSION

ATTACHMENT(S)
NOTE: In or around March 2020, in response to the COVID-19 pandemic, the Office of Administrative Hearings and most courts in the state began conducting hearings only remotely through services such as Zoom, Microsoft Teams, etc. Remote hearings remain an option in many forums, including the Office of Administrative Hearings.

Disciplinary Cases:

From February 23, 2024 to March 20, 2024, EMSA has issued twenty-one new Accusations against existing paramedic licenses. One Accusation was issued concurrently with a Temporary Suspension Order. EMSA has issued two denial letters against applicants for licensure; one applicant appealed the denial letter, and a Statement of Issues was filed. Of the newly issued actions, seven cases have been resolved through a Stipulated Settlement Agreements. An administrative hearing has been requested on ten of the newly issued actions. There are currently three cases set for hearing before the Office of Administrative Hearings. One case has resolved before the PDRB. One case resulted in a default decision due to the Respondent failing to appear at the

administrative hearing. Four Respondents have voluntarily surrendered their licenses. EMSA has closed eleven matters with a warning letter. There are currently seventy-three open active disciplinary cases in the legal office.

EMS Plan Appeals:

Contra Costa County EMS v. EMSA: this matter is resolved.

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. A default judgment in favor of EMSA was entered on April 18, 2024. Enforcement of judgment is pending.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 4C**

SUBJECT: Enforcement Report

PRESENTER: Alexander Bourdaniotis, Chief Investigator

CONSENT: ___ ACTION: ___ INFORMATION: __x_

RECOMMENDATION
Receive information on Enforcement Unit activities.

FISCAL IMPACT
None

BACKGROUND
Unit Staffing
The Enforcement Unit is budgeted for five full-time Special Investigators, one retired annuitant Associate Government Program Analyst, 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 May 1, 2024, including:

Cases opened:	115
Cases completed and/or closed:	76
EMT-Paramedics on Probation:	174

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 237 cases in "open" status.

As of May 1, 2024, there are 108 cases that have been in "open" status for 180 days or longer, including: 12 Firefighters' Bill of Rights (FFBOR) cases and 3 cases awaiting fitness for duty 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 108 cases are divided among five Special Investigators and one retired annuitant Associate Government Program Analyst 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: June 12, 2024 **ITEM NUMBER: 4D**

SUBJECT: Paramedic Disciplinary Review Board

PRESENTER: Ashley Williams
Deputy Director of Legislative and 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) denials of licensure and decisions to impose licensure actions 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.

DISCUSSION
At the March 2024 quarterly board meeting, the PDRB met in closed session to deliberate on one (1) licensure disciplinary matter and issued a notice of adoption of the Administrative Law Judge's Proposed Decision.

The March 2024 PDRB Commission Report indicated the board tabled discussion of the violation, "addiction to, the excessive use of, or the misuse of alcoholic beverages, narcotics, dangerous drugs, or controlled substances (HSC 1798.200(c)(9))". This is incorrect. At the December 2023 meeting, the PDRB made no changes to the progressive disciplinary scheme of this violation.

The March 2024 PDRB Commission Report indicated the board recommended no changes to the disciplinary scheme of "violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances (HSC 1798.200(c)(8))". This was incorrect as this violation was tabled until the March meeting.

At the PDRB March 2024 meeting, the board discussed the disciplinary scheme for "violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances (HSC 1798.200(c)(8))". The board recommended no changes to the progressive disciplinary scheme. The board recommended changing the language regarding imposition of optional conditions from "All Standard Conditions and Optional Conditions…" to "All Standard Conditions and consideration for the addition of Optional Conditions…" The board recommended changing the language for all violations to this format.

The board was given training on the Bagley-Keene Open Meeting Act, the California Public Record Act, and on statewide travel rules and claims processing.

SUMMARY
Since June 2023, the PDRB has made 5 final decisions adopting the ALJ proposed decisions in 4 cases and issued one Decision and Order after Non-Adoption.

The PDRB completed review of the Recommended Guidelines for Disciplinary Orders and Conditions of Probation, dated July 26, 2008, and made some recommendations to the progressive disciplinary schemes of some violations and made some changes to the recommended optional conditions to some violations as detailed in prior reports to the Commission. The PDRB reviewed the fine structure and made no changes.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 5A**

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/ .

ATTACHMENT(S)

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 5B**

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: The rechaptering is currently available for public comment until June 17, 2024. Once the comment period closes EMSA will finalize the OAL process to finalize the changes.
- ▪ 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: The first Policy Advisory Committee meeting kicked off June 4. The second meeting is scheduled for July 9.
- 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: 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: June 12, 2024 **ITEM NUMBER: 5B.1**

SUBJECT: Regulations Rechaptering

PRESENTER: Ashley Williams
Deputy Director of Legislative and External Affairs

CONSENT: ___ ACTION: X___ INFORMATION: ___

RECOMMENDATION
SUPPORT – Supporting the rechaptering of EMSA's regulations will result in a regulatory code that is more coherent and easier to understand for patients, providers, and partners.

FISCAL IMPACT
EMSA is not aware of any significant cost impacts that would be incurred in reasonable compliance with the proposed action.

DISCUSSION
By reorganizing EMSA's regulations into a more coherent and user-friendly format, EMSA ensures that patients, providers, and partners can more easily understand and comply with the guidelines. This improvement in clarity not only facilitates better adherence to safety and operational standards but also helps in reducing administrative errors and increasing efficiency.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE : June 12, 2024 **ITEM NUMBER : 6A**

SUBJECT : Maddy Fund

PRESENTER : Tom McGinnis, EMS Systems Division Chief

CONSENT : ___ ACTION : ____ INFORMATION : _X__

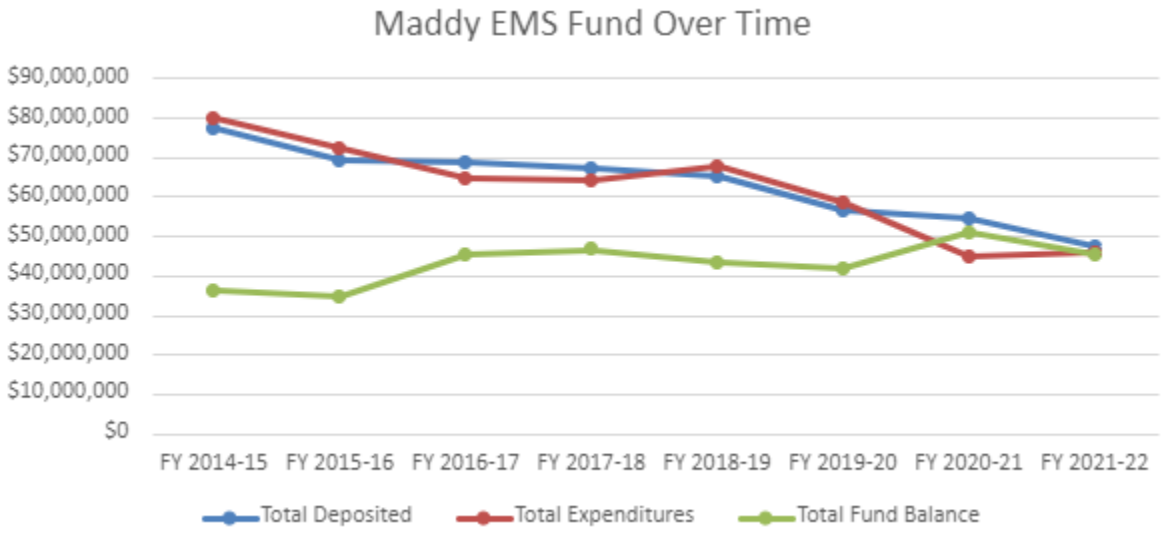
DISCUSSION

Health and Safety Code (HSC) § 1797.98b requires each county with an established Maddy Emergency Medical Services (EMS) Fund to report to the California Emergency Medical Services Authority (EMS Authority) annually on the implementation and status of the fund for the immediately preceding fiscal year, and requires the EMS Authority to forward a summary of each county's report to the appropriate policy and fiscal committees of the State Legislature. The EMS Authority prepared the tables presented in this report from data submitted by each county in its report; data in these tables have not been audited. The summary provides a snapshot of the revenue and expenditures for the state fiscal year (FY) 2021-2022.

Fifty-one counties have established the Maddy EMS Fund (Original Assessment), and 36 of these counties have established Richie's Fund (Supplemental Assessment). For FY 2021-22, 49 counties submitted reports to the EMS Authority in accordance with HSC § 1797.98b. Modoc and Mono Counties did not submit reports; therefore, their data is not included.

As shown in the table below, the beginning balance on July 1, 2021, was $51.2 million. That amount, combined with interest, other deposits, penalty collection deposits, and reimbursements from both physicians/surgeons and hospitals, provided for a combined total of $91.3 million in the fund statewide. Expenditures for FY 2021-22 totaled $46.2 million, leaving a balance of $45.6 million in the fund on June 30, 2022.

Fund Balance and Expenditures		
Fund Balance		
Beginning Balance July 1, 2021		$44,298,763
Interest, Other Deposits, Penalty Collection Deposits & Reimbursements		$47,507,627
	Total	**$91,313,812**
Expenditures		
County Administration		$4,182,480
Richie's Fund		$1,994,169
Physicians/Surgeons Paid Claims		$23,419,823
Hospitals Paid Claims		$2,185,842
Hospitals Direct Disbursement		$7,574,334
Other Discretionary EMS		$6,785,408
Total Expenditures		**$46,214,056**
Fiscal Year Ending Balance June 30, 2021		**$45,592,333**



HISTORY AND BACKGROUND

In 1987, the Legislature concluded that EMS providers, including both physicians/surgeons and hospitals, as part of a requirement to provide emergency medical care to all patients regardless of their ability to pay, "bore higher costs for their services but often received only partial or no payment from patients." The legislature enacted a series of laws to compensate

physicians/surgeons and hospitals for patients who cannot pay for their medical care. Senator Ken Maddy authored the first of these bills in 1987. The legislature enacted Senate Bill (SB)12 (Maddy, Chapter 1240, Statutes of 1987), allowing each county to establish, finance, and administer an EMS Fund, later known as the Maddy EMS Fund, which authorized a penalty assessment of $1 per $10 on applicable fines, penalties, and forfeitures Government Code (GC) § 76000.

The bill was subsequently amended by SB 612, (Maddy, Ch. 945, Stats. 1988), in which the penalty assessment was doubled to $2 per $10 on applicable fines, penalties, and forfeitures.

As a result of a restructuring of penalty assessments for trial courts funding in 1991, the Maddy EMS Fund deposit methodology (GC § 76104) was revised by SB 939 (Monteith, Ch. 674, Stats. 1999). If the fund was established before July 1, 1991, then the amount deposited into the Maddy EMS Fund is based upon the actual amount collected and deposited in the Maddy EMS Fund for FY 1990-91, plus a maximum of 10% growth per year, if any. For counties implementing the penalty assessment after FY 1990-91, up to 28% of the total revenue collected from penalty assessments under GC § 76000 may be set aside.

Legislation enacted by SB 623, (Speier, Ch. 679, Stats. 1999), requires a portion of fees collected from people attending traffic violator schools to be deposited into the Maddy EMS Fund, unless counties had already committed the fund to finance debt service related to capital projects before January 1, 2000 (VC § 42007).

Legislation enacted by SB 476, (Florez, Ch. 707, Stats. 2003), permits each county to maintain a reserve of up to 15% of the amount reimbursable to physicians/surgeons and hospitals and allows reserves of any amount distributed for discretionary EMS purposes. When the physicians/surgeons balance exceeds the permitted reserve, a county must proportionally distribute the excess to physicians/surgeons submitting claims during the year (HSC § 1797.98a(d)).

The HSC § 1797.98a was later amended by SB 1773, (Alarcon, Ch. 841, Stats. 2006), adding an additional penalty assessment of $2 per $10 on applicable fines, penalties, and forfeitures, and modifying the purpose and distribution by requiring 15% of the funds to be expended for pediatric trauma care, with a sunset date of December 31, 2013 (GC § 76000.5). The authorization for the additional penalty assessment and purpose and distribution was extended by SB 191, (Padilla, Ch. 600, Stats. 2013), through January 1, 2017, and again by SB 867, (Roth, Ch. 147, Stats. 2016), allowing counties to continue to collect for the Richie's Fund until January 1, 2027.

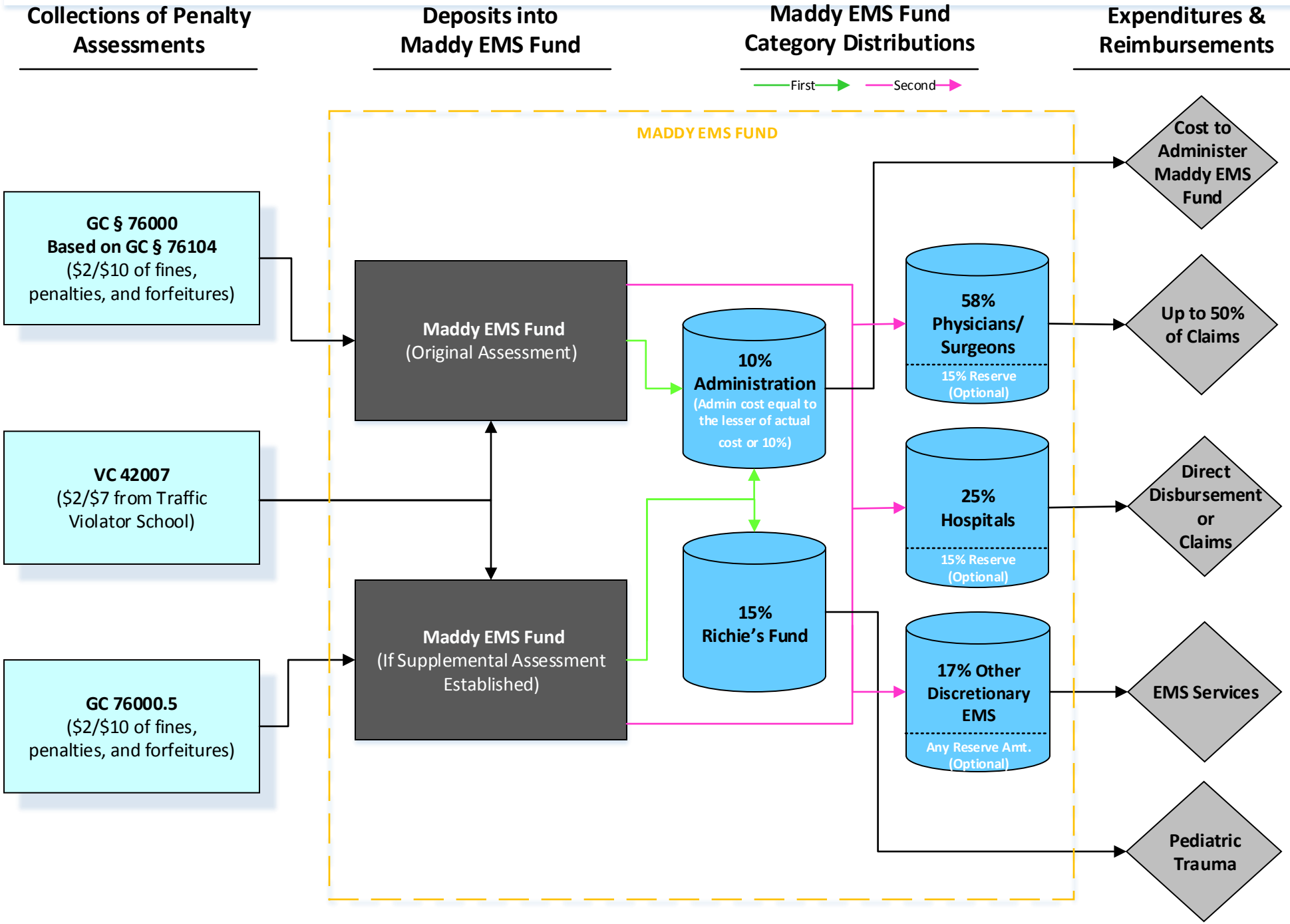
HSC § 1797.98a authorizes counties to establish a Maddy EMS Fund, through the adoption of a resolution by the board of supervisors, to reimburse

physicians/surgeons and hospitals for the cost of uncompensated emergency care and discretionary EMS purposes. The Maddy EMS Fund is administered by each county, except when a county elects to have the state administer its medically indigent services program, and then the county may also elect to have its Maddy EMS Fund administered by the state. Additionally, HSC § 1797.98a(e) authorizes counties to establish a Richie's Fund, as part of the Maddy EMS Fund, to provide funding for pediatric trauma centers throughout the county. If no pediatric trauma centers exist, the funding must be used to improve access to, and coordination of, pediatric trauma and emergency services in the county. Expenditures from the Richie's Fund are limited to reimbursement to physicians/surgeons and hospitals for the cost of uncompensated pediatric emergency care.

The Maddy EMS Fund and Richie's Fund are funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations; GC §§ 76000, 76104, and 76000.5, respectively. The revenue generated also includes a portion of traffic school fees (VC § 42007), collected by the courts, and forwarded to the counties. The Richie's Fund is a supplemental assessment to the Maddy EMS Fund original assessment. A Richie's Fund cannot be established without a Maddy EMS Fund.

ATTACHMENT(S)
Maddy Fund Flow Chart

MADDY EMS FUND – Original & Supplemental Assessment



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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE : June 12, 2024 **ITEM NUMBER : 6B**

SUBJECT : Ambulance Patient Offload Time (APOT)

PRESENTER : Tom McGinnis, EMS Systems Division Chief

CONSENT : ___ ACTION : ____ INFORMATION : _X_

RECOMMENDATION
No Action Recommended.

FISCAL IMPACT
No Fiscal Impact.

DISCUSSION
The EMS Authority is monitoring APOT using the California EMS Information System (CEMSIS) ran data since 2023 for all participating LEMSAs. LEMSAs with limited CEMSIS participation are providing the EMS Authority with quarterly reports until their CEMSIS participation is deemed sufficient to calculate APOT.

The EMS Authority has been running monthly APOT reports sourced from CEMSIS for all participating LEMSAs using the updated APOT specifications from Fall 2022. Following internal EMS Authority review, each LEMSA has been receiving a monthly APOT report outlining their APOT representation in CEMSIS. LEMSAs are encouraged to continue to monitor APOT locally and engage the EMS Authority if they identify any discrepancies in their CEMSIS representation. The EMS Authority updated the APOT specifications using the NEMSIS 3.5 data dictionary and can be found on the website; www.emsa.ca.gov/APOT. The EMS Authority is continuing to run monthly APOT reports using NEMSIS 3.5.

ATTACHMENT(S)
June 2024 Report to Commission: Ambulance Patient Offload Delays

Report to Commission: Ambulance Patient Offload Delays

Emergency Medical Services Authority

California Health and Human Services Agency

June 2024

Elizabeth Basnett, Director

ACKNOWLEDGEMENTS

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Ambulance Patient Offload Time (APOT) Specifications

This report was generated using California Emergency Medical Services Information System (CEMSIS) records meeting the APOT specification described below. The Emergency Medical Services Authority (EMSA) developed updated APOT Specifications for the National Emergency Medical Services Information System (NEMSIS) version 3.5 for 2024 data as NEMSIS 3.4 was retired December 31, 2023.

The APOT Specifications outlined below can be found in full detail at https://emsa.ca.gov/apot/. The APOT qualifying record population for a given timeframe, for both APOT-1 and APOT-2, is defined as emergency medical services (EMS) records which meet the following NEMSIS criteria:

• All events for which eResponse.05 "Type of Service Requested" with the value of 2205001 "911 Response (Scene)"/ "Emergency Response (Primary Response Area); **AND EITHER**
• ***For NEMSIS 3.4 Records (2023)*** All events in eDisposition.12 "Incident/Patient Disposition" with the value of 4212033, "Patient Treated, Transported by this EMS Unit"; **OR**
• ***For NEMSIS 3.5 Records (2024)*** All events in eDisposition.30 "Transport Disposition" with the value of 4230001 "Transport by This EMS Unit (This Crew Only)" or 4230003 "Transport by This EMS Unit, With a Member of Another Crew" **AND**
• All events in eDisposition.21 "Type of Destination" with the value of 4221003, "Hospital-Emergency Department"; **AND**
• eTimes.11 "Patient Arrived at Destination Date/Time" values are logical and present **AND**
• eTimes.12 "Destination Patient Transfer of Care Date/Time" values are logical and present

APOT-1 identifies the count of offloads meeting the APOT specification criteria and, based on those same records, the 90th percentile APOT time for a given time frame. APOT-1 is reported by general acute care facility or aggregated at a LEMSA level.

APOT-2 identifies the count of offloads meeting the same APOT specification criteria as APOT-1 and based on those same records, counts the number of records found within the five time intervals for a given time frame. The time intervals are as follows:

2.1: What count of patients transported by EMS personnel experience a transfer of care within 20 minutes of arrival at the Hospital Emergency Department?
2.2: What count of patients transported by EMS personnel experience a transfer

of care between 20:01-60 minutes of arrival at the Hospital Emergency Department?
2.3: What count of patients transported by EMS personnel experience a transfer of care between 60:01-120 minutes after arrival at the Hospital Emergency Department?
2.4: What count of patients transported by EMS personnel experience a transfer of care between 120:01-180 minutes after arrival at the Hospital Emergency Department?
2.5: What count of patients transported by EMS personnel experience a transfer of care more than 180:01 minutes after arrival at the Hospital Emergency Department?

Qualifying Record Exclusion Criteria:

EMS records which meet the APOT specification criteria and have a negative calculated time between eTimes.11 and eTimes.12 do not qualify as being part of the APOT record population and have been excluded from this report.

EMS records which meet the APOT specification criteria and has an eDisposition.02 "Destination Code" (CEMSIS Facility ID) recorded for as "Blank, Not Recorded, Not Reported, Not Available, or Null" do not qualify as being part of the APOT record population and have been excluded from this report.

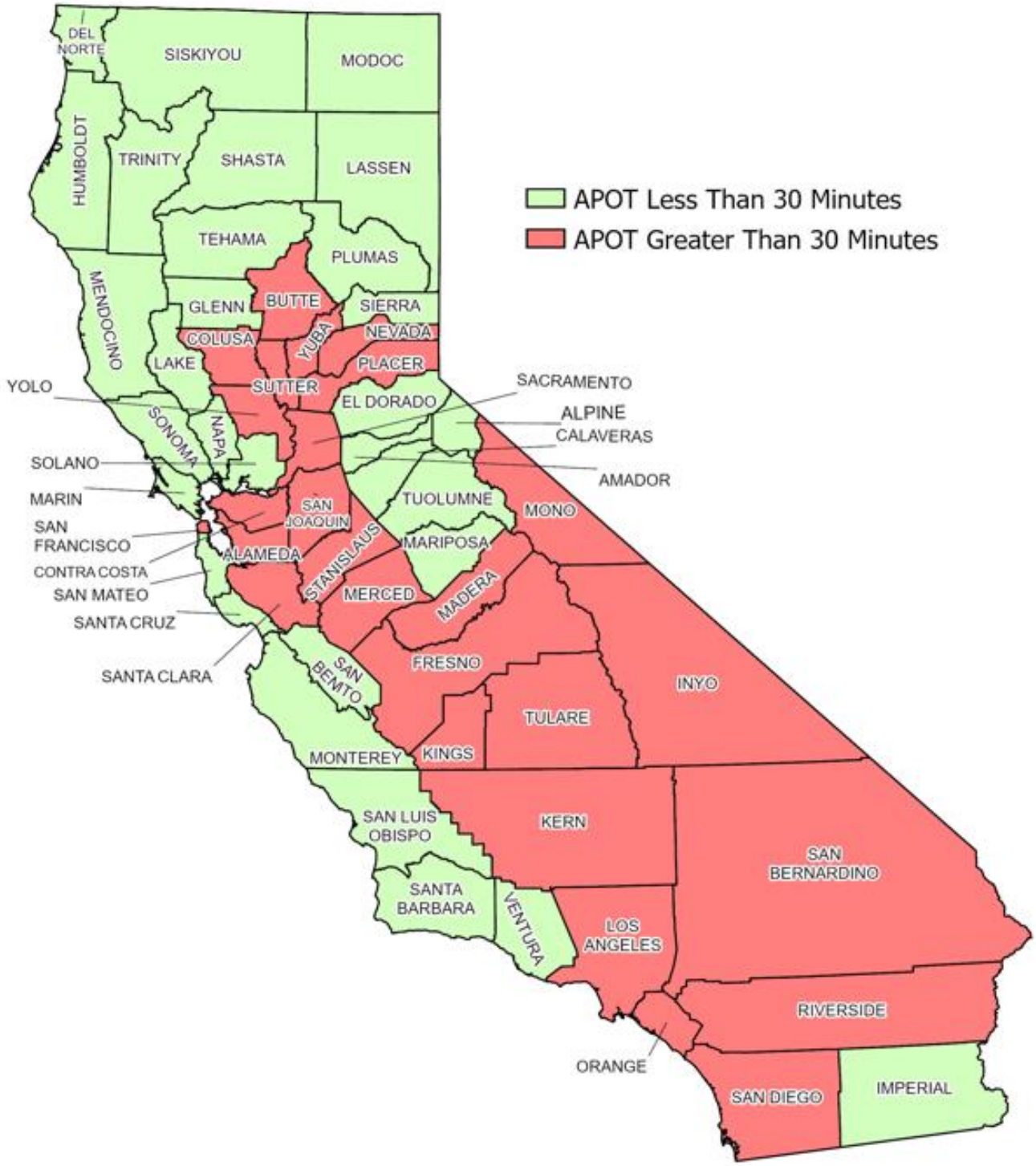
EMS records represented in this report are based on the specifications which may include duplicate records, records with offload times exceeding 24 hours, records from non-transport providers, and facilities which are not general acute care hospitals or do not have an emergency department. These records, which fall into one of the above categories, are included in this report due to provider documentation, a limitation of the NEMSIS data standard, or as a limitation of the APOT Specifications used for this report.

Report Notes and Transition to NEMSIS 3.5:

All APOT record counts and times are associated with EMS providers operating within the listed LEMSA and include transport to facilities both within and outside of a LEMSA's jurisdiction. There is no hospital-level or hospitals specific information contained in this report.

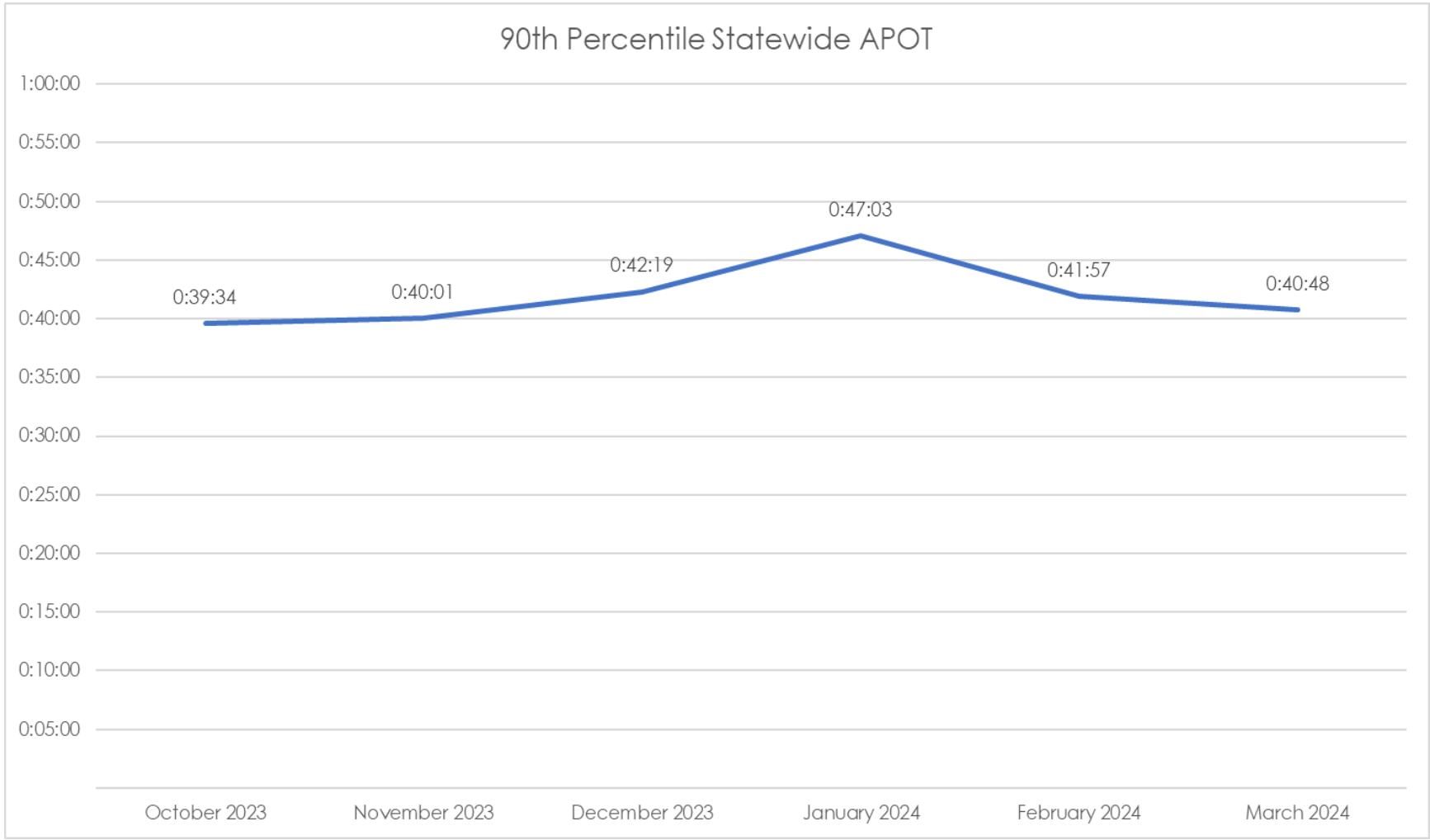
During the period analyzed in this report, LEMSAs began or completed transitioning to the NEMSIS 3.5 data standard which is why multiple LEMSA have APOT record representation for the final months of 2023. All 34 LEMSAs are represented in this report, however, representation may be limited due to their transition status.

California Counties with a LEMSA 90th Percentile APOT Greater than 30 minutes over A 6-Month Period (October 2023 – March 2024)



All data represented in this report is sourced from CEMSIS with a run date of April 30, 2024. CEMSIS records are populated by participating EMS providers documented care in the pre-hospital setting through direct transmission into CEMSIS or passed through their local EMS Agency (LEMSA). Not all EMS providers in all LEMSAs are CEMSIS participants, therefore this report does not reflect 100% of EMS interactions and records meeting APOT criteria.

CEMSIS Sourced Statewide APOT Trend Graph (October 2023 – March 2024)



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CEMSIS Sourced APOT 1 (October 2023 – March 2024): LEMSA Count of Offloads and 90th Percentile APOT

Local EMS Agency (LEMSA)	October 2023 Count	October 2023 APOT	November 2023 Count	November 2023 APOT	December 2023 Count	December 2023 APOT	January 2024 Count	January 2024 APOT	February 2024 Count	February 2024 APOT	March 2024 Count	March 2024 APOT
Alameda	3156	0:52:57	54	1:13:24	13	0:49:17	8059	0:52:48	7452	0:48:48	7901	0:45:53
Central California	218	0:32:39	3	1:31:54	3	0:11:28	14004	0:50:48	9096	0:49:36	13610	0:49:27
Coastal Valleys	3429	0:20:00	2411	0:20:06	841	0:30:23	3271	0:19:00	3376	0:18:00	3750	0:18:31
Contra Costa	6114	0:44:21	2158	0:43:54	235	0:27:17	7434	0:51:36	7039	0:48:39	7487	0:45:08
El Dorado	1105	0:22:26	464	0:21:03	0		1110	0:21:37	1033	0:22:46	1093	0:23:38
Imperial	0		1	0:19:03	0		866	0:31:28	825	0:27:27	927	0:28:25
Inland Counties	15489	0:44:03	14836	0:45:06	1759	0:40:00	10295	0:49:48	8986	0:46:35	9952	0:44:03
Kern	6558	0:53:11	3347	0:51:51	211	0:31:50	6128	0:58:06	5662	0:56:14	5705	0:52:52
Los Angeles	0		0		0		31383	0:54:16	26278	0:43:09	26781	0:42:57
Marin	1430	0:12:56	1332	0:13:00	178	0:13:03	1367	0:13:14	1329	0:13:34	1365	0:13:53
Merced	4	0:13:12	0		2	0:24:54	1796	0:49:00	1713	0:47:45	1847	0:48:41
Monterey	2237	0:22:17	75	0:21:08	0		1538	0:20:19	1306	0:18:00	1444	0:21:06
Mountain Counties	727	0:15:00	132	0:13:54	151	0:21:00	610	0:14:00	561	0:15:00	715	0:15:00
Napa	1162	0:14:00	483	0:15:38	0		909	0:15:00	782	0:16:18	829	0:13:00
Northern California	202	0:08:00	83	0:05:00	84	0:06:00	433	0:07:00	313	0:06:56	420	0:07:00
North Coast	701	0:12:36	617	0:11:39	94	0:12:54	1214	0:06:55	975	0:07:08	393	0:08:03
Orange	11742	0:32:11	777	0:27:59	265	0:21:53	18609	0:35:52	16548	0:29:46	17513	0:27:06
Riverside	598	0:33:43	35	0:11:00	50	0:14:00	15276	0:53:33	14233	0:42:39	15317	0:40:47
Sacramento	7605	0:55:06	485	0:53:25	70	1:07:40	11630	1:04:38	10738	0:59:47	10871	0:56:27
San Benito	0		0		0		370	0:12:02	281	0:11:00	255	0:11:05
San Diego	6770	0:40:31	6438	0:44:17	6909	0:51:37	284	0:49:00	5156	0:43:30	6681	0:54:57
San Francisco	2819	0:46:04	4	0:23:30	0		7376	0:56:09	6565	0:48:31	6854	0:45:00
San Joaquin	891	0:39:07	0		0		6157	0:47:53	5620	0:41:34	5915	0:39:21
San Luis Obispo	1570	0:14:02	1582	0:13:37	1005	0:14:42	1548	0:16:47	1392	0:12:42	1478	0:13:22
San Mateo	2874	0:17:09	0		0		4094	0:17:25	3677	0:16:53	3844	0:17:53
Santa Barbara	0		0		0		2412	0:13:35	2290	0:13:36	2461	0:13:39
Santa Clara	8017	0:30:29	7794	0:32:04	1375	0:34:39	8438	0:36:41	7837	0:32:40	7931	0:33:17
Santa Cruz	34	0:15:08	0		0		1290	0:21:22	1206	0:21:21	1306	0:18:10
Sierra-Sacramento Valley	463	0:06:00	54	0:06:44	3	0:01:30	10196	0:39:00	9214	0:33:30	9786	0:30:06
Solano	875	0:24:42	0		0		2683	0:25:19	2430	0:25:36	2522	0:23:53
Stanislaus County	618	0:31:50	539	0:30:05	448	0:34:01	4960	0:44:34	4380	0:46:13	3520	0:37:08
Tuolumne	149	0:14:04	16	0:17:30	4	0:13:48	430	0:15:55	334	0:12:00	409	0:12:20
Ventura	2144	0:22:49	0		0		4289	0:26:01	4055	0:25:49	4267	0:26:44
Yolo	0		0		0		949	0:53:35	1273	0:49:30	880	0:47:30
Statewide Total	89701	0:39:34	43720	0:40:01	13700	0:42:19	191408	0:47:03	173955	0:41:57	186029	0:40:48

During Quarter 4 of 2023, LEMSAs were in various stages of transition to the NEMSIS 3.5 data standard resulting in decreased APOT record representation in this table.

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CEMSIS Sourced APOT 2 (October 2023 – March 2024): Aggregate Count of Offloads by APOT-2 Time Intervals

Local EMS Agency (LEMSA)	<=20 Minute Offload	20:01-60 Minute Offload	60:01-120 Minute Offload	120:01-180 Minute Offload	>180 Minute Offload	Total Offloads
Alameda	12,600	12,451	1,452	119	13	26,635
Central California	16,440	18,470	1,922	76	26	36,934
Coastal Valleys	15,530	1,401	116	13	18	17,078
Contra Costa	13,852	14,932	1,419	160	104	30,467
El Dorado	4,233	514	53	3	2	4,805
Imperial	2,035	507	65	10	2	2,619
Inland Counties	32,540	26,150	2,489	112	26	61,317
Kern	9,800	15,630	1,883	225	73	27,611
Los Angeles	54,005	25,100	4,215	770	352	84,442
Marin	6,875	118	4	1	3	7,001
Merced	2,594	2,483	260	16	9	5,362
Monterey	5,885	680	32	3	0	6,600
Mountain Counties	2,750	129	14	1	2	2,896
Napa	3,970	189	5	1	0	4,165
Northern California	1,508	16	7	1	3	1,535
North Coast	3,926	61	5	1	1	3,994
Orange	52,044	11,755	1,475	151	29	65,454
Riverside	27,600	15,136	2,181	381	211	45,509
Sacramento	19,338	17,975	3,308	573	205	41,399
San Benito	886	19	1	0	0	906
San Diego	18,489	11,830	1,592	246	81	32,238
San Francisco	12,133	9,942	1,233	222	88	23,618
San Joaquin	9,397	8,505	581	44	56	18,583
San Luis Obispo	8,186	366	22	1	0	8,575
San Mateo	13,520	937	22	1	9	14,489
Santa Barbara	7,014	145	2	0	2	7,163
Santa Clara	29,592	10,872	816	96	16	41,392
Santa Cruz	3,448	381	7	0	0	3,836
Sierra-Sacramento Valley	23,236	5,498	805	128	49	29,716
Solano	6,564	1,881	40	4	21	8,510
Stanislaus County	9,886	3,852	622	75	30	14,465
Tuolumne	1,281	56	5	0	0	1,342
Ventura	12,229	2,351	137	12	26	14,755
Yolo	1,628	1,275	178	17	4	3,102
Statewide Total	445,014	221,607	26,968	3,463	1,461	698,513

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CEMSIS Sourced Statewide APOT "Heat" Table (October 2023 – March 2024)

Local EMS Agency (LEMSA)	October 2023 APOT	November 2023 APOT	December 2023 APOT	January 2024 APOT	February 2024 APOT	March 2024 APOT
Alameda	0:52:57	1:13:24	0:49:17	0:52:48	0:48:48	0:45:53
Central California	0:32:39	1:31:54	0:11:28	0:50:48	0:49:36	0:49:27
Coastal Valleys	0:20:00	0:20:06	0:30:23	0:19:00	0:18:00	0:18:31
Contra Costa	0:44:21	0:43:54	0:27:17	0:51:36	0:48:39	0:45:08
El Dorado	0:22:26	0:21:03		0:21:37	0:22:46	0:23:38
Imperial		0:19:03		0:31:28	0:27:27	0:28:25
Inland Counties	0:44:03	0:45:06	0:40:00	0:49:48	0:46:35	0:44:03
Kern	0:53:11	0:51:51	0:31:50	0:58:06	0:56:14	0:52:52
Los Angeles				0:54:16	0:43:09	0:42:57
Marin	0:12:56	0:13:00	0:13:03	0:13:14	0:13:34	0:13:53
Merced	0:13:12		0:24:54	0:49:00	0:47:45	0:48:41
Monterey	0:22:17	0:21:08		0:20:19	0:18:00	0:21:06
Mountain Counties	0:15:00	0:13:54	0:21:00	0:14:00	0:15:00	0:15:00
Napa	0:14:00	0:15:38		0:15:00	0:16:18	0:13:00
Northern California	0:08:00	0:05:00	0:06:00	0:07:00	0:06:56	0:07:00
North Coast	0:12:36	0:11:39	0:12:54	0:06:55	0:07:08	0:08:03
Orange	0:32:11	0:27:59	0:21:53	0:35:52	0:29:46	0:27:06
Riverside	0:33:43	0:11:00	0:14:00	0:53:33	0:42:39	0:40:47
Sacramento	0:55:06	0:53:25	1:07:40	1:04:38	0:59:47	0:56:27
San Benito				0:12:02	0:11:00	0:11:05
San Diego	0:40:31	0:44:17	0:51:37	0:49:00	0:43:30	0:54:57
San Francisco	0:46:04	0:23:30		0:56:09	0:48:31	0:45:00
San Joaquin	0:39:07			0:47:53	0:41:34	0:39:21
San Luis Obispo	0:14:02	0:13:37	0:14:42	0:16:47	0:12:42	0:13:22
San Mateo	0:17:09			0:17:25	0:16:53	0:17:53
Santa Barbara				0:13:35	0:13:36	0:13:39
Santa Clara	0:30:29	0:32:04	0:34:39	0:36:41	0:32:40	0:33:17
Santa Cruz	0:15:08			0:21:22	0:21:21	0:18:10
Sierra-Sacramento Valley	0:06:00	0:06:44	0:01:30	0:39:00	0:33:30	0:30:06
Solano	0:24:42			0:25:19	0:25:36	0:23:53
Stanislaus County	0:31:50	0:30:05	0:34:01	0:44:34	0:46:13	0:37:08
Tuolumne	0:14:04	0:17:30	0:13:48	0:15:55	0:12:00	0:12:20
Ventura	0:22:49			0:26:01	0:25:49	0:26:44
Yolo				0:53:35	0:49:30	0:47:30
Statewide Total	0:39:34	0:40:01	0:42:19	0:47:03	0:41:57	0:40:48

LEMSAs with red text and a red highlighted cell had a 90th Percentile APOT greater than 30 minutes for the month listed. The Statewide 90th Percentile APOT for each month between October 2023 and March 2024 exceeded 39 minutes.

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA for October 2023 through March 2024 (6 Months)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	8,058	30.3%	2639:22:54
Central California	11,944	32.3%	4439:03:09
Coastal Valleys	712	4.2%	656:21:39
Contra Costa	8,975	29.5%	4695:21:01
El Dorado	294	6.1%	92:15:20
Imperial	247	9.4%	145:57:49
Inland Counties	15,327	25.0%	4684:11:56
Kern	10,352	37.5%	3721:50:16
Los Angeles	17,660	20.9%	8939:46:24
Marin	41	0.6%	103:34:17
Merced	1,532	28.6%	551:13:30
Monterey	255	3.9%	61:56:04
Mountain Counties	72	2.5%	68:03:03
Napa	63	1.5%	13:15:51
Northern California	19	1.2%	79:24:28
North Coast	23	0.6%	31:22:32
Orange	6,973	10.7%	2570:36:58
Riverside	9,366	20.6%	4468:49:06
Sacramento	13,316	32.2%	7121:59:10
San Benito	10	1.1%	2:10:56
San Diego	7,305	22.7%	3259:06:35
San Francisco	6,311	26.7%	3407:55:11
San Joaquin	4,620	24.9%	1961:30:24
San Luis Obispo	158	1.8%	38:05:38
San Mateo	265	1.8%	201:26:04
Santa Barbara	17	0.2%	11:22:20
Santa Clara	5,249	12.7%	1534:40:47
Santa Cruz	134	3.5%	23:41:53
Sierra-Sacramento Valley	3,592	12.1%	1787:08:06
Solano	428	5.0%	1846:08:13
Stanislaus County	2,487	17.2%	1194:12:15
Tuolumne	35	2.6%	10:10:59
Ventura	1,021	6.9%	845:11:41
Yolo	878	28.3%	318:00:33
Statewide Total	137,739	19.7%	61525:17:02

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA (October 2023)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	1038	32.9%	358:50:12
Central California	31	14.2%	9:02:40
Coastal Valleys	147	4.3%	56:41:38
Contra Costa	1601	26.2%	450:48:12
El Dorado	73	6.6%	23:52:53
Imperial	0	0.0%	0:00:00
Inland Counties	3508	22.6%	1026:05:11
Kern	2484	37.9%	857:31:46
Los Angeles	0	0.0%	0:00:00
Marin	8	0.6%	1:56:39
Merced	0	0.0%	0:00:00
Monterey	111	5.0%	29:43:48
Mountain Counties	19	2.6%	4:14:00
Napa	11	0.9%	2:27:10
Northern California	1	0.5%	23:42:00
North Coast	4	0.6%	2:17:06
Orange	1320	11.2%	521:24:45
Riverside	73	12.2%	23:27:59
Sacramento	2133	28.0%	948:32:28
San Benito	0	0.0%	0:00:00
San Diego	1276	18.8%	442:32:11
San Francisco	702	24.9%	391:42:43
San Joaquin	139	15.6%	426:49:03
San Luis Obispo	25	1.6%	5:40:36
San Mateo	68	2.4%	22:22:42
Santa Barbara	0	0.0%	0:00:00
Santa Clara	835	10.4%	201:54:15
Santa Cruz	1	2.9%	0:01:00
Sierra-Sacramento Valley	3	0.6%	24:42:00
Solano	50	5.7%	7:19:40
Stanislaus County	68	11.0%	65:57:22
Tuolumne	5	3.4%	2:20:04
Ventura	103	4.8%	94:00:30
Yolo	0	0.0%	0:00:00
Statewide Total	15,837	17.7%	6026:00:33

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA (November 2023)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	17	31.5%	9:29:52
Central California	2	66.7%	1:33:29
Coastal Valleys	96	4.0%	30:41:33
Contra Costa	507	23.5%	189:52:14
El Dorado	29	6.3%	8:48:59
Imperial	0	0.0%	0:00:00
Inland Counties	3549	23.9%	1113:20:42
Kern	1191	35.6%	439:43:26
Los Angeles	0	0.0%	0:00:00
Marin	9	0.7%	1:07:03
Merced	0	0.0%	0:00:00
Monterey	0	0.0%	0:00:00
Mountain Counties	3	2.3%	1:06:00
Napa	10	2.1%	2:04:27
Northern California	1	1.2%	0:40:00
North Coast	6	1.0%	2:04:57
Orange	72	9.3%	25:15:20
Riverside	0	0.0%	0:00:00
Sacramento	129	26.6%	54:52:25
San Benito	0	0.0%	0:00:00
San Diego	1336	20.8%	653:52:40
San Francisco	0	0.0%	0:00:00
San Joaquin	0	0.0%	0:00:00
San Luis Obispo	32	2.0%	7:38:25
San Mateo	0	0.0%	0:00:00
Santa Barbara	0	0.0%	0:00:00
Santa Clara	899	11.5%	258:14:06
Santa Cruz	0	0.0%	0:00:00
Sierra-Sacramento Valley	0	0.0%	0:00:00
Solano	0	0.0%	0:00:00
Stanislaus County	55	10.2%	15:04:55
Tuolumne	0	0.0%	0:00:00
Ventura	0	0.0%	0:00:00
Yolo	0	0.0%	0:00:00
Statewide Total	7,943	18.2%	2815:30:33

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA (December 2023)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	4	30.8%	1:21:31
Central California	0	0.0%	0:00:00
Coastal Valleys	85	10.1%	32:30:01
Contra Costa	15	6.4%	41:46:29
El Dorado	0	0.0%	0:00:00
Imperial	0	0.0%	0:00:00
Inland Counties	367	20.9%	118:36:32
Kern	25	11.8%	7:31:49
Los Angeles	0	0.0%	0:00:00
Marin	3	1.7%	24:17:09
Merced	0	0.0%	0:00:00
Monterey	0	0.0%	0:00:00
Mountain Counties	11	7.3%	4:25:00
Napa	0	0.0%	0:00:00
Northern California	1	1.2%	0:43:00
North Coast	0	0.0%	0:00:00
Orange	13	4.9%	3:20:19
Riverside	2	4.0%	0:17:00
Sacramento	24	34.3%	13:20:20
San Benito	0	0.0%	0:00:00
San Diego	1763	25.5%	748:37:14
San Francisco	0	0.0%	0:00:00
San Joaquin	0	0.0%	0:00:00
San Luis Obispo	23	2.3%	6:33:03
San Mateo	0	0.0%	0:00:00
Santa Barbara	0	0.0%	0:00:00
Santa Clara	179	13.0%	54:29:09
Santa Cruz	0	0.0%	0:00:00
Sierra-Sacramento Valley	0	0.0%	0:00:00
Solano	0	0.0%	0:00:00
Stanislaus County	55	12.3%	41:55:50
Tuolumne	0	0.0%	0:00:00
Ventura	0	0.0%	0:00:00
Yolo	0	0.0%	0:00:00
Statewide Total	2,570	18.8%	1099:44:26

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA (January 2024)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	2,611	32.4%	947:28:17
Central California	4,639	33.1%	1431:20:40
Coastal Valleys	132	4.0%	202:24:15
Contra Costa	2,485	33.4%	1968:17:51
El Dorado	57	5.1%	21:24:10
Imperial	100	11.5%	62:06:10
Inland Counties	3,011	29.2%	968:02:53
Kern	2,485	40.6%	933:23:32
Los Angeles	7,723	24.6%	4437:02:00
Marin	4	0.3%	73:44:13
Merced	501	27.9%	200:28:24
Monterey	64	4.2%	15:48:49
Mountain Counties	12	2.0%	3:26:13
Napa	17	1.9%	2:19:18
Northern California	7	1.6%	51:07:00
North Coast	7	0.6%	2:08:29
Orange	2,499	13.4%	1030:39:49
Riverside	3,730	24.4%	2090:32:58
Sacramento	4,237	36.4%	2100:07:47
San Benito	4	1.1%	1:18:00
San Diego	68	23.9%	28:33:48
San Francisco	2,194	29.7%	1143:57:49
San Joaquin	1,828	29.7%	704:53:42
San Luis Obispo	43	2.8%	12:13:14
San Mateo	74	1.8%	91:14:49
Santa Barbara	3	0.1%	0:06:35
Santa Clara	1,330	15.8%	481:43:16
Santa Cruz	50	3.9%	10:49:41
Sierra-Sacramento Valley	1,488	14.6%	889:25:59
Solano	132	4.9%	105:32:21
Stanislaus County	917	18.5%	488:55:42
Tuolumne	14	3.3%	3:10:45
Ventura	313	7.3%	277:30:56
Yolo	284	29.9%	110:49:36
Statewide Total	43,063	22.5%	20892:09:01

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA (February 2024)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	2,206	29.6%	694:34:03
Central California	2,982	32.8%	1695:18:07
Coastal Valleys	106	3.1%	172:15:24
Contra Costa	2,172	30.9%	922:58:09
El Dorado	60	5.8%	17:25:25
Imperial	71	8.6%	27:44:58
Inland Counties	2,440	27.2%	690:06:06
Kern	2,145	37.9%	797:34:36
Los Angeles	4,918	18.7%	2303:51:52
Marin	9	0.7%	0:58:59
Merced	504	29.4%	160:02:27
Monterey	35	2.7%	6:16:14
Mountain Counties	7	1.2%	3:20:50
Napa	19	2.4%	4:15:25
Northern California	6	1.9%	2:26:25
North Coast	4	0.4%	1:17:47
Orange	1,631	9.9%	550:00:09
Riverside	2,762	19.4%	1143:08:01
Sacramento	3,434	32.0%	2347:18:00
San Benito	3	1.1%	0:30:00
San Diego	1,066	20.7%	390:24:10
San Francisco	1,762	26.8%	1198:01:58
San Joaquin	1,383	24.6%	377:46:02
San Luis Obispo	9	0.6%	2:22:13
San Mateo	71	1.9%	67:37:13
Santa Barbara	5	0.2%	4:49:40
Santa Clara	973	12.4%	252:36:10
Santa Cruz	60	5.0%	9:17:28
Sierra-Sacramento Valley	1,116	12.1%	491:58:16
Solano	139	5.7%	1567:03:16
Stanislaus County	840	19.2%	403:22:25
Tuolumne	5	1.5%	1:43:48
Ventura	281	6.9%	221:50:07
Yolo	367	28.8%	119:36:05
Statewide Total	33,591	19.3%	16649:51:48

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CEMSIS Sourced Cumulative APOT Greater than 30 minutes by LEMSA (March 2024)

Local EMS Agency (LEMSA)	Count of Records > 30 Minutes	Percent of Total Records > 30 Minutes	Total Hours, Minutes and Seconds of Delay > 30 minutes
Alameda	2,182	27.6%	627:38:59
Central California	4,290	31.5%	1301:48:13
Coastal Valleys	146	3.9%	161:48:48
Contra Costa	2,195	29.3%	1121:38:06
El Dorado	75	6.9%	20:43:53
Imperial	76	8.2%	56:06:41
Inland Counties	2,452	24.6%	768:00:32
Kern	2,022	35.4%	686:05:07
Los Angeles	5,019	18.7%	2198:52:32
Marin	8	0.6%	1:30:14
Merced	527	28.5%	190:42:39
Monterey	45	3.1%	10:07:13
Mountain Counties	20	2.8%	51:31:00
Napa	6	0.7%	2:09:31
Northern California	3	0.7%	0:46:03
North Coast	2	0.5%	23:34:13
Orange	1,438	8.2%	439:56:36
Riverside	2,799	18.3%	1211:23:08
Sacramento	3,359	30.9%	1657:48:10
San Benito	3	1.2%	0:22:56
San Diego	1,796	26.9%	995:06:32
San Francisco	1,653	24.1%	674:12:41
San Joaquin	1,270	21.5%	452:01:37
San Luis Obispo	26	1.8%	3:38:07
San Mateo	52	1.4%	20:11:20
Santa Barbara	9	0.4%	6:26:05
Santa Clara	1,033	13.0%	285:43:51
Santa Cruz	23	1.8%	3:33:44
Sierra-Sacramento Valley	985	10.1%	381:01:51
Solano	107	4.2%	166:12:56
Stanislaus County	552	15.7%	178:56:01
Tuolumne	11	2.7%	2:56:22
Ventura	324	7.6%	251:50:08
Yolo	227	25.8%	87:34:52
Statewide Total	34,735	18.7%	14042:00:41

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER:** 6C

SUBJECT: Provision of Care during APOD at the ED

PRESENTER: Dr. Hernando Garzon, Acting Chief Medical Officer

CONSENT: ___ ACTION : ____ INFORMATION :__X_

FISCAL IMPACT

No fiscal impact.

BACKGROUND

The period of time between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for the care of the patient is Ambulance Patient Offload Time (APOT). (Health and Safety Code § 1797.120.) EMS personnel often spend extended periods of time at a receiving hospital before transfer of care to hospital staff is completed. Ambulance Patient Off-load Delays (APOD) occur when APOT exceeds the standard approved by the local Emergency Medical Services agency (LEMSA).

The state EMS Authority (EMSA) has received several requests from various stakeholders for clarification on the permissibility for EMS personnel to continue to deliver advanced life support (ALS) patient care during the APOT or APOD interval.

This report is intended to provide statutory and regulatory authority on the narrow question of the permissibility, under statute and regulation, for EMS personnel to provide ALS patient care during the APOT or APOD interval.

DISCUSSION

Neither the Health and Safety Code nor California Code of Regulations prohibit EMS personnel from providing ALS patient care while in the emergency department of an acute care hospital until responsibility is assumed by the emergency department or other medical staff of that hospital. (Health and Safety Code §§ 1979.52, 1797.218, 1798.84; Cal. Code Regs. §§ 100146, 100154(f).)

The extent to which other legal authority, including local and hospital policy and protocols delineate the care that may be provided during this time, or the responsibilities of the patient care providers involved, is beyond the scope of this report.

ATTACHMENT(S)
None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 7A**

SUBJECT: EMS Corps Update

PRESENTER: Jessica Pitt, Alex Briscoe, and Jeff Metcalfe

CONSENT: ___ ACTION: ____ INFORMATION: __X

RECOMMENDATION
Receive information

FISCAL IMPACT
None

BACKGROUND
N/A

SUMMARY
Biographies on 3 presenters for EMS Corps update:

Jessica Pitt joined the California Labor & Workforce Development Agency as Assistant Deputy Secretary for Healthcare Workforce in December 2022. In this newly created role, she oversees the Workforce for a Healthy California initiative on behalf of the Labor Agency, a $1.4 Billion investment in expanding and strengthening the State's healthcare workforce. Jessica has held leadership roles in the nonprofit, philanthropic, and public sector for over 20 years where she has worked at the intersection of workforce development, education, and economic development with a focus on fostering collaborative, cross-sector partnerships to address challenging social and economic problems.

Alex Briscoe is a principal of Public Works Alliance (PWA) and still serves as the Executive Director of the California Children's Trust (CCT). Prior to forming the CCT and PWA, he served as Chief Executive of the Alameda County Health Care Services Agency, one of California's largest public health systems. Before joining Alameda County, Alex was the Director of the Chappell Hayes Health

Center at McClymonds High School in West Oakland, a satellite outpatient center of Children's Hospital and Research Center. His work there has helped define the nexus of public health and public education.

Jeff Metcalfe is a co-founder of Public Works Alliance. He led PWA's expansion of EMS Corps into New Mexico in 2021 and is overseeing PWA's expansion of EMS Corps into 11 new California communities.

ATTACHMENT(S)
None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 7B**

SUBJECT: ALS Skills Testing Termination

PRESENTER: Kim Lew, Chief of Personnel

CONSENT: ___ ACTION: ____ INFORMATION: _X_

FISCAL IMPACT
None.

BACKGROUND
The National Registry of Emergency Technicians (NREMT) has provided advanced emergency technician (AEMT) and paramedic psychomotor (skills) examinations to ensure skills competencies for California licensure. However, due to advancements in testing practices and skills evaluation sciences, studies have shown ongoing student minimum competency (SMC) requirements and documentation of skills progression, to include clinical judgement scenarios, over time safeguard EMS clinician competencies.

Effective July 1, 2024, NREMT will no longer be providing AEMT and paramedic skills examinations for their national certification or for state certification or licensure purposes.

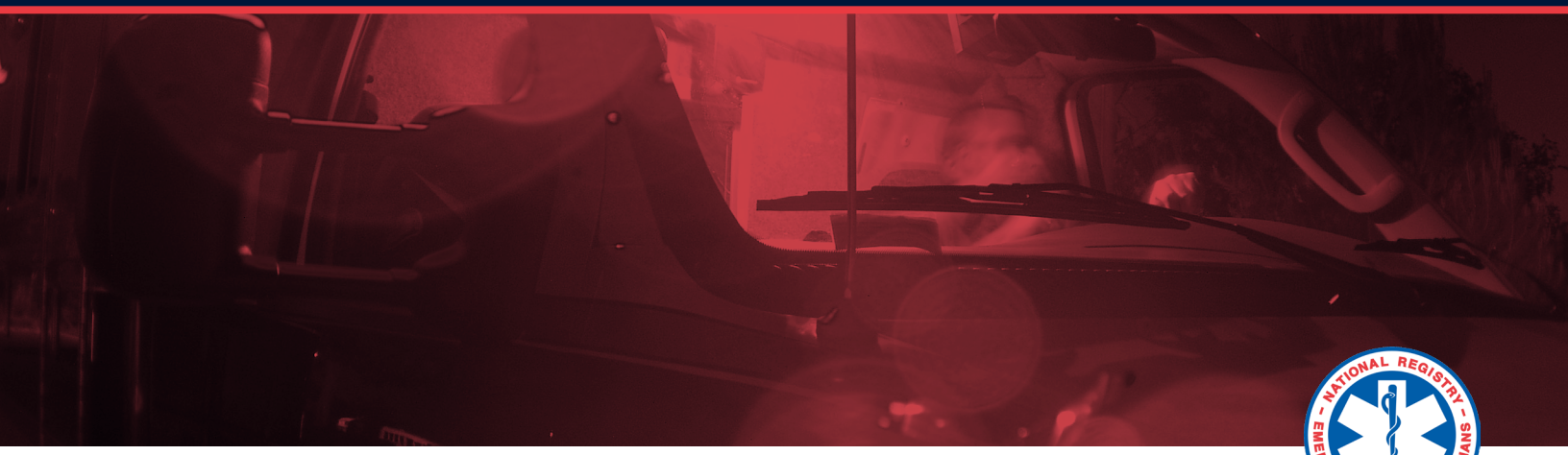
SUMMARY
Effective July 1, 2024, AEMT and paramedic training program graduates will no longer be required to show proof of passing a NREMT psychomotor skills exam for AEMT certification or paramedic licensure in California.

The Emergency Medical Services Authority (EMSA) recommends initial training programs, continuing education providers, EMS employers, and local EMS agencies (LEMSAs) establish student and/or employee minimum competency requirements along with regularly scheduled documentation of skills progression to promote patient-centered care and maintain consistent and effective standards of practice.

EMSA, in collaboration with LEMSAs and EMS educators, will develop policies and regulation amendments in support of continued EMS personnel competency within locals EMS systems.

DISCUSSION
None.

ATTACHMENT(S)
EMSA Notification Memo to EMS Stakeholders, May 17, 2024
NREMT ALS Psychomotor Examination Discontinuation, retrieved May 16, 2024



ALS Psychomotor Examination Discontinued

New AEMT and Paramedic Certification Examinations Launches July 1, 2024

With the launch of the new AEMT and Paramedic Certification Examinations and the introduction of Student Minimum Competency (SMC) requirements, the ALS psychomotor examinations used for NRAEMT and NRP certifications will be discontinued. Through this process, the National Registry is committed to a transition plan that provides accessibility and a clear path to National Certification.

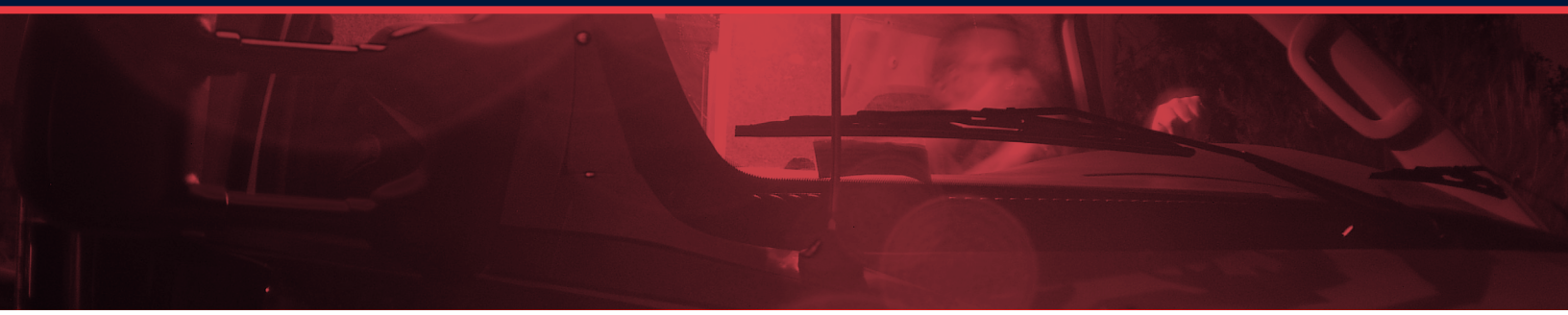
Effective July 1, 2024, all candidates seeking certification as an NRAEMT and NRP will be required to take the National Registry's new AEMT and Paramedic Certification Examinations. The last day the ALS psychomotor examination will be administered is June 30, 2024.

Why is the National Registry discontinuing the ALS Psychomotor Examination?

- The National Registry is discontinuing the ALS Psychomotor Examinations (NRAEMT & NRP) because there have been advancements in testing practices and testing science, and there has been a consistent, resonant call for modernization and efficiency of our examinations by stakeholders across the industry.

- Modern practices in testing and certification, especially within most health-based professions that administer high-stakes examinations, focus on delivering examinations that are transitioning away from administering psychomotor examinations.

- The move to the new AEMT and Paramedic Certification Examinations aligns with the requirements of the National Commission for Certifying Agencies (NCCA), the accreditation body for the National Registry as a certification organization.



- Issues raised by candidates, educators, and state regulators for the past several years include:
  - Logistical and budgetary challenges with equipment and personnel
  - Inconsistency in testing experience
  - Subjective application of testing standards
  - Emergency Medical Services being one of the last health industries that requires a psychomotor examination.
- The National Registry's updated examination, used in conjunction with the SMC prerequisite, will offer a more precise measurement of entry-level competency (especially clinical judgment) when compared to the current ALS cognitive and psychomotor examinations.
- Documented skills progression over time via the SMC is stronger evidence of competency than the current ALS psychomotor examination. The SMC will record psychomotor competency differently and in a more comprehensive manner. Instead of a one-and-done event, psychomotor skills (and other competencies) will be captured over a longer period, in various settings, and with multiple and differing evaluators.

What You Need To Know

- The National Registry is discontinuing the ALS Psychomotor Examination because there have been advancements in testing practices and testing science, and there has been a consistent, resonant call for modernization and efficiency by stakeholders across the industry.
- AEMT and Paramedic candidates who have passed the cognitive examination by June 30, 2024, but have not completed the psychomotor examination will be required to take the National Registry's new AEMT or Paramedic Certification Examination.
- Candidates who have passed the ALS psychomotor examination by June 30, 2024, but have not completed the cognitive examination will be required to take the National Registry's the new AEMT or Paramedic Certification Examination.

Key Takeaways

- Effective July 1, 2024, all candidates for AEMT and Paramedic certification will be required to take the National Registry's the new AEMT or Paramedic Certification Examination. The last day the ALS psychomotor examination will be administered is June 30, 2024.

- The National Registry is committed to ensuring an assessment process that is fair, accessible, and reliable. Regardless of circumstance, candidates will be given all reasonable opportunities to gain National Certification, within the bounds of organizational policy.

Questions

Q- My state still requires a psychomotor examination for state licensure. Will that be a requirement for National Certification?

A- No. Beginning July 1, 2024, a psychomotor examination will no longer be a requirement for National Certification. Check with your State EMS Office to determine state requirements.

Q- If I complete my course before July 1, 2024, do I have to complete the psychomotor examination?

A- If you complete the cognitive examination prior to July 1, 2024, and you do not successfully complete the psychomotor examination prior to July 1, 2024, you will be required to take the the new AEMT or Paramedic Certification Examination.

Q- If you complete the cognitive examination prior to July 1, 2024, and cannot complete the psychomotor examination before it is discontinued, what steps should I take?

A- If you have not completed both the cognitive and psychomotor examination prior to July 1, 2024, you will be required to take the new AEMT or Paramedic Certification Examination.

Q- If I complete the psychomotor exam prior to July 1, 2024, do I have the option of completing the cognitive examination after July 1, 2024?

A- If you have not completed both the cognitive and psychomotor examinations prior to July 1, 2024, you will be required to take the new AEMT or Paramedic Certification Examination.

Q- If I passed the cognitive examination and fail and exhaust all attempts at the psychomotor examination, do I have the option to undergo the new AEMT or Paramedic Certification Examination to gain National Certification?

A- No. You will have exhausted the pathway to achieve National Certification and must complete a new education course.

Q- Does the discontinuation of the psychomotor examination alter any of the National Registry's eligibility or assessment policies, such as the two-year eligibility window from the point of course completion or the number of attempts allowed on the examination?

A- No. The discontinuation of the ALS psychomotor examination does not alter the two-year eligibility timeframe. Candidates will continue to have two years to complete all testing requirements. The number of retests allowed is not changing. As an example: If a candidate fails the cognitive examination four times, the candidate would still be allowed two attempts at he new AEMT or Paramedic Certification Examination, so long as they are within their two-year window of eligibility.

Q- What is the path forward for ALS Psychomotor Examination Representatives?

A- With the discontinuation of the ALS Psychomotor Examination, ALS Examination Representatives will be given the opportunity to "opt" into additional or future volunteer opportunities.

Dates To Know

July 1, 2024

The National Registry's updated Certification Examinations will launch, and the ALS Psychomotor Examination will no longer be available.

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DATE: May 17, 2024

TO: **Local EMS Agency Administrators**
Local EMS Agency Coordinators
Local EMS Agency Medical Directors

FROM: Hernando, Garzon, MD
Interim Chief Medical Officer

SUBJECT: Advanced Emergency Medical Technician (AEMT) and Paramedic State License and Certification Eligibility and the Termination of National Registry of Emergency Medical Technician (NREMT) Psychomotor Skills Exams

Effective July 1, 2024, AEMT and paramedic training program graduates will no longer be required to show proof of passing a NREMT psychomotor skills exam for AEMT certification or paramedic licensure in California. Studies have shown ongoing student minimum competency (SMC) requirements and documentation of skills progression, to include clinical judgement scenarios, over time safeguard EMS clinician competencies.

The Emergency Medical Services Authority (EMSA) recommends initial training programs, continuing education providers, EMS employers, and local EMS agencies (LEMSAs) establish student and/or employee minimum competency requirements along with regularly scheduled documentation of skills progression to promote patient-centered care and maintain consistent and effective standards of practice.

EMSA, in collaboration with LEMSAs and EMS educators, will develop policies and regulation amendments in support of continued EMS personnel competency within locals EMS systems.

If you have additional questions, please email EMSA at paramedic@emsa.ca.gov.

H Garzon, M.D.

_____
Hernando Garzon, MD
Interim Chief Medical Officer, EMSA

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 8**

SUBJECT: Disaster Medical Services Exercise Update

PRESENTER: Tim Reed, Disaster Medical Services Chief

CONSENT: __ ACTION: ___ INFORMATION: _X_

RECOMMENDATION
Receive updates on Update on Upcoming Full- Scale Exercise

FISCAL IMPACT
No fiscal impact.

DISCUSSION
We are pleased to share the successful completion of the 2024 EMSA Statewide Full Functional Exercise, held on April 6th, 2024, at Mather AFB in Sacramento, California. This exercise was dedicated to enhancing Mass Casualty Incident response capabilities and saw the participation of EMSA, ASPR, CalOES, MRC, CAL-MAT, CAL-Guard, CDPH, and First Responders.

The exercise focused on strengthening Planning, Operational Coordination, Fatality Management, Public Health, Healthcare, and Emergency Medical Services. Key objectives included initiating Incident Command Systems, establishing a centralized resource ordering point, and ensuring seamless transfer of command within three operational periods.

Additionally, participants practiced extended patient care utilizing the model developed by the National Disaster Medical System (NDMS). CAL-MAT worked directly with military medical teams to optimize patient outcomes, demonstrating effective collaboration in a mass casualty scenario.

During the exercise, patients were swiftly transferred to our location from the affected area, where they received immediate medical attention. Our medical teams at the field hospital provided extended patient care until permanent

placement at a brick-and-mortar hospital could be arranged. This transition period was crucial for ensuring continuous treatment and monitoring.

The coordination of patient destinations was 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 aimed to guarantee seamless patient care and effective resource allocation during the exercise.

The scenario, involving multiple timed explosions and domestic terrorism threats, served as a stringent test of our emergency response readiness. It underscored the significance of adept coordination and preparedness measures, highlighting our commitment to ensuring the highest level of emergency response capability.

To provide a detailed overview of the exercise, we will play a video during the upcoming presentation, showcasing the various stages of the operation and the outstanding efforts of all participants.

ATTACHMENTS
None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: June 12, 2024 **ITEM NUMBER: 9**

SUBJECT: Follow-Up on Previous Items

PRESENTER: Brian Aiello, Chief Deputy Director

CONSENT: ___ ACTION: ____ INFORMATION: X_

INFORMATION

At the March 2024 meeting of the Commission on EMS, EMSA was asked to create a standing agenda entry for any additional follow-up items from the previous meeting not otherwise covered in the primary agenda. EMSA met with Commission leadership and members of the Commission Administrative Committee on April 18, 2024, to set the agenda for June 2024. All follow-up items from March 2024 were reviewed by the Commissioners present and incorporated into the relevant areas of the preceding June agenda.

There are no additional outstanding items to be included as part of this Agenda item.