

**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, and Atilla Uner, M.D.

COMMISSIONERS ABSENT:

Nancy Gordon, Carole Snyder, and Todd Valeri

EMS AUTHORITY STAFF PRESENT:

Brian Aiello, Chief Deputy Director
Hernando Garzon, M.D., Acting Medical Director
Julie McGinnis, HIE Grant Program Analyst
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, California Fire Chiefs Association (Cal Chiefs), 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.