

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

MINUTES

COMMISSIONERS PRESENT:

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

COMMISSIONERS ABSENT:

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

EMS AUTHORITY STAFF PRESENT:

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

PUBLIC COMMENTORS:

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

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

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

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

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

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

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

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

The following Commissioner abstained: Commissioner Rausser.

3. CONSENT CALENDAR

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

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

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

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

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

The following Commissioner abstained: Commissioner Rausser.

The item was noted and filed.

REGULAR CALENDAR

4. EMS ADMINISTRATION

A. Legislative Report

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

There was no discussion and no public comment.

B. Regulations Update

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

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

Discussion

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

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

Public Comment

There was no public comment.

5. EMS SYSTEMS

A. APOT Report

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

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

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

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

Discussion

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

Director Basnett stated it will.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comment

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

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

B. EMTALA Discussion

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

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

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

Discussion

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

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

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

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

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

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

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

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

Public Comment

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

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

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

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

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

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

Discussion, continued

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

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

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

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

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

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

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

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

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

6. EMS PERSONNEL

A. Statewide Paramedic License Report

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

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

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

Discussion

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

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

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

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

Commissioner Ghilarducci suggested capturing that data through CEMSIS.

Acting Medical Director Garzon stated staff can look into this.

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

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

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

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

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

Public Comment

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

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

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

B. EMT Denial Report

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

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

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

Discussion

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

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

Ms. Mixon stated it was.

Public Comment

No public comment.

C. Opioid Crisis and Buprenorphine Presentation

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

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

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

Discussion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Commissioner Uner asked how to define success in addiction treatment.

Public Comment

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

D. Trial Study – ICEMA Point of Care Ultrasound

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

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

Discussion

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

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

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

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

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

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

Commissioner Miller suggested adjusting and limiting the Inclusion Criteria. Including items such as Tension Pneumothorax adds time and risk that could interfere with clear decision-making and interventions. Commissioner Miller discouraged the use for Et-tube placement, even with end-tidal CO₂. Vascular access is difficult in critical patients. On the positive side, more acknowledgements of traumatic versus non-traumatic cardiac arrest would be valuable.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comment

No public comment.

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

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

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

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

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

The following Commissioners abstained: Commissioners Barrow and Kusman.

Discussion, continued

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

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

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

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

Director’s Report

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

2023 Accomplishments

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

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

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

There were no questions from Commissioners and no public comment.

7. DISASTER MEDICAL SERVICES (DMS)

A. APEC Report

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

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

There were no questions from Commissioners and no public comment.

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

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

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

A. Chairperson

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

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

B. Vice Chairperson

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

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

C. Two Administrative Committee Representatives

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

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

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

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

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

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

9. APPROVAL OF COMMISSION DATES FOR 2025

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

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

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

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

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

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

10. ITEMS FOR NEXT AGENDA

Chair Burrows asked Commissioners for suggestions for the next agenda.

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

11. PUBLIC COMMENT

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

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

12. ADJOURNMENT

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

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

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