

TITLE 22. SOCIAL SECURITY
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL SERVICES AUTHORITY

NOTICE IS HEREBY GIVEN that the Emergency Medical Services Authority (EMSA) is proposing to take the action described in the Informative Digest. Written comments, including those sent by mail, facsimile, or e-mail to addresses listed under Craig Branson in this Notice, must be received by EMSA at its office by April 3rd, 2025. The Board has not scheduled a public hearing on this proposed action. However, EMSA will hold a hearing if it receives a written request for a public hearing from any interested person, or his or her authorized representative, no later than 15 days before the close of the written comment period. EMSA may thereafter adopt the proposal substantially as described below or may modify the proposal if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as the contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: The Health and Safety Code Section 1797.107 authorizes EMSA to adopt the proposed regulations, which would implement, interpret, clarify, or make specific Section 1797.112 of the Health and Safety Code.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (Health and Safety Code Division 2.5) created EMSA and outlined its authorities, duties, and responsibilities. Included in the act are the authority and procedures for promulgating regulation (Health and Safety Code section 1797.107), Health and Safety Code section 1797.112 creates the EMS personnel fund (Fund) along with requirement of the fund, which is maintained by EMSA. EMSA is part of a two-tier system overseeing Emergency Medical Services. EMSA serves as the agency that sets statewide EMS system operation, data collection, communications, manpower, and training standards and a Local Emergency Medical Service Agency (LEMSA) provides EMS system oversight at the local level. Today, there are 34 LEMSAs in California. Most LEMSAs serve a single county, but other LEMSAs serve multiple counties. Over the course of 30 years, Title 22 of the California has been continuously amended to reflect new technologies, policy priorities and budgetary items. Emergency Medical Services Authority has been diligent in updating regulations that impact how patients, professionals and other participants in the emergency medical system interact with each other.

The current regulations in Chapter 6, Critical and specialty Care Programs, govern trauma, ST-elevation myocardial Infarction (STEMI), stroke and EMS for Children (EMSC) systems, are established under Health and Safety Code Division 2.5. These regulations were previously distributed across multiple chapters and articles but have since been

consolidated into Chapter 6 to streamline oversight and improve regulatory clarity for critical and specialty care programs.

These regulations have not been updated in more than seven years, during which time significant advancements in clinical practices, hospital operations, and prehospital care have transformed the field of critical and specialty care. As a result, the current regulations no longer fully reflect the latest standards, creating potential gaps in care quality, operational inefficiencies, and inconsistencies across the state. To address these challenges and ensure California's specialty care system remains aligned with current evidence-based practices, and update to the chapter is necessary.

The proposed revisions were developed in collaboration with the California State technical advisory committees from Trauma, STEMI, Stroke, and EMSC. These committees, which include critical and specialty care physicians, hospital program coordinators, local EMS administrators and medical directors, provided expert input to ensure the updated regulations address the evolving needs of patients, healthcare providers, and the broader EMS system.

The anticipated benefits of these updates are substantial. They include improved patient outcomes through faster and more accurate care, increased system efficiency by standardizing operations and reducing administrative burdens and enhanced public safety by ensuring that all Californians have access to a consistently high standard of emergency and specialty care. These updates will also provide clearer guidance for LEMSAs and healthcare providers, fostering a more cohesive and effective statewide EMS system. EMSA does not anticipate direct impact to worker's safety or the State's environment.

Consistency and Compatibility with existing State regulations. During the process of developing these regulations and amendments, EMSA has conducted a search of any similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

DOCUMENTS INCORPORATED BY REFERENCE

Resources for Optimal Care of the Injured Patient (2022 Standards, Revised 12/2023)

- <https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/>

National Trauma Data Bank

- <https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/>

DISCLOSURES REGARDING THE PROPOSED ACTION

Cost or savings to any state agency: None.

Cost or savings in federal funding to the state: None.

Local mandate: None.

Nondiscretionary costs or savings to local agencies: None.

Cost to any local agency or school district which must be reimbursed in accordance with Government Code Section 17500-17630: None.

Business Report Requirement: None.

Cost impact on a representative private person or business: EMSA is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

Significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states: None.

Significant effect on housing costs: None.

Effect on small businesses: The proposed regulations will not affect small business because the proposed regulations update existing specialty care program regulations to meet current standards. Although there are some new data elements for quality insurance reporting, this already occurs by the affected hospitals. Additionally, none of the affected hospitals are considered small businesses.

RESULTS OF ECONOMIC IMPACT ANALYSIS/ASSESSMENT

Economic Impact Assessment:

EMSA concludes that it is: (1) unlikely that the proposal will eliminate any jobs; (2) unlikely the proposal will create any new jobs; (3) unlikely the proposal will create new businesses; (4) unlikely the proposal will eliminate any existing businesses; and (5) unlikely the regulations will result in the expansion of businesses currently doing business within the state. As described above in more detail, the proposed regulations will benefit the overall health and welfare of California residents because these regulations are essential to address operation and clinical gaps, ensuring California's EMS system aligns with national care standards and meets the evolving needs of healthcare. It is not anticipated to directly benefit worker safety or the state's environment.

CONSIDERATION OF ALTERNATIVES

EMSA must determine that no reasonable alternative to the regulation or has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposal described in this Notice, or would be more cost-effective to affected private persons and equally effective in implementing statutory policy or other provision of law.

Any interested person may present statements or arguments with respect to alternatives to the proposed regulations during the written comment period or

at the scheduled hearing.

INITIAL STATEMENT OF REASONS, TEXT OF THE PROPOSAL, FINAL STATEMENT OF REASONS, AND RULEMAKING FILE

Copies of the proposed text, any document incorporated by reference, and the initial statement of reasons are available by contacting the person named below.

All information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

A copy of the final statement of reasons can be obtained once it has been completed, by making a request to the contact person named below or by accessing the website listed below.

AVAILABILITY OF DOCUMENTS ON THE INTERNET

Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and the proposed text are available on the EMSA website at https://emsa.ca.gov/public_comment/

CONTACT PERSON

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

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