

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

NOTICE OF PROPOSED EMERGENCY ACTION

Government Code section 11346.1(a)(2) requires that, at least five working days prior to submission of a proposed emergency action to the Office of Administrative Law (OAL), the adopting agency provide a notice of the proposed emergency action to every person who has filed a request for notice of regulatory action with the agency. After submission of the proposed emergency to OAL, OAL shall allow interested persons five calendar days to submit comments on the proposed emergency regulations as set forth in Government Code section 11349.6.

EMSA intends to submit this proposed emergency action for review on April 1, 2025. The submitted action will appear on the list of “Emergency Regulations Under Review” on OAL’s website at https://oal.ca.gov/emergency_regulations/emergency_regulations_under_review/

Comments must be submitted in writing to OAL at: Office of Administrative Law 300 Capitol Mall, Suite 1250 Sacramento, CA 95814 Fax: (916) 323-6826 Email: staff@oal.ca.gov

A copy of the comments must be submitted in writing to the contact person: Craig Branson at craig.branson@emsa.ca.gov or mailed to 11120 International Drive, Suite 200, Rancho Cordova, CA 95670.

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.

FINDING OF EMERGENCY

Pursuant to Section 11349.6 of the Government Code, EMSA finds that the immediate adoption of these emergency regulations is necessary to preserve public peace, health, safety, and general welfare. Ambulance patient offload delays are a growing crisis in California, with some emergency departments exceeding acceptable offload times, jeopardizing the availability of emergency services for others in need. These delays impede the timely return of ambulances to service, creating critical gaps in prehospital care and response times for 9-1-1 calls. AB 40 mandates a statewide offload time standard to address these issues, and immediate regulatory action is required to meet this statutory deadline and avert further risks to public safety.

The proposed emergency regulations are necessary to implement the requirements of AB 40. Including the adoption of an electronic signature system to document offload times, the establishment of statewide standards for ambulance offload times, and the provision of technical assistance to rural hospitals and volunteer EMS providers. Without these regulations, EMS providers, local EMS agencies, and hospitals will lack the operational framework to comply with the law. Immediate action is essential to protect public health and safety by ensuring the availability of emergency medical services. These regulations will establish standardized

protocols, improve data accuracy, and reduce ambulance offload delays, which directly impact the readiness and availability of ambulances for emergency response.

The development of these regulations is informed by AB 40 (Chapter 793, Statutes of 2023), the Legislative Counsel's Digest for AB 40, reports and data from EMSA on ambulance offload delays and their impact on service availability, and input from stakeholders, including local EMS agencies, hospitals, and emergency medical service providers. These sources collectively demonstrate the urgency of implementing these emergency regulations to address operational inefficiencies, improve outcomes, and meet statutory deadlines.

These emergency regulations are adopted under the authority provided in Health and Safety Code Sections 1797.120.5, 1797.120.6, and 1797.120.7 and implement the provisions of AB 40. The regulations will introduce electronic signature systems, establish ambulance offload time standards, and provide technical assistance to small rural hospitals and volunteer EMS providers, all of which are critical to reducing ambulance offload delays and ensuring timely emergency medical services. The regulations are not expected to impose significant costs on businesses but will enhance operational efficiency and improve public health outcomes.

Costs associated with these regulations are limited to state-funded technical assistance and oversight activities. These regulations do not impose a mandate requiring reimbursement under Section 6 of Article XIII B of the California Constitution. Instead, they represent a necessary step in ensuring compliance with AB 40 and preserving public safety.

Finally, these emergency regulations are adopted to ensure compliance with AB 40 by its statutory deadlines. The immediate adoption of these regulations is necessary for the preservation of public peace, health, and safety, as required under Government Code Section 11346.1(b).

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.

As previously required by AB 1223 (O'Connell, Chapter 379, Statues of 2015) EMSA worked with an APOT stakeholder group to create the APOT-1 and APOT-2 specifications, which were approved by the statewide Commission on EMSA in December 2016. Ambulance patient offload time

(APOT), known as “wall time”, is the time interval between (a) the arrival of an ambulance at an emergency department (ED) and (b) the transfer of the patient to a gurney/bed/chair, at which time the ED assumes responsibility for the care of the patient. Now, to meet the requirements of AB 40, Chapter 793, and Statutes of 2023), EMSA is again addressing necessary changes to streamline patient transfers, reduce delays, and enhance coordination between EMS agencies and hospitals. For many local EMS agencies (LEMSAs) across California, the problem of prolonged APOT has been a longstanding, gradually increasing problem, which has been exacerbated by the recent COVID-19 pandemic. While not all local EMS systems and hospitals experience delayed APOT, dire outcomes may result for those that do.

AB 40 requires LEMSAs to provide APOT data to EMSA on a consistent basis so that EMSA and stakeholders can work to implement policy solutions that achieve efficient APOTs across the state and standardize when transfer of care is executed for documentation of APOT. Improving APOT will improve patient care for patients in the entire medical response system and increase the public’s safety overall. In collaboration with experts from LEMSAs and other stakeholders, EMSA will develop and implement an electronic signature function in the CEMSYS, an audit tool to improve the data accuracy of transfer of care, establish monthly monitoring of APOT data for all reporting hospitals, report excessive APOT times to affected LEMSAs and the Commission on EMS, and provide technical assistance and compliance enforcement to EDs that do not meet APOT standards. LEMSAs will adopt an APOT standard, not to exceed 30 minutes, 90% of the time. Subsequently, this requires a hospital to develop an APOT reduction protocol to facilitate a rapid reduction in APOT to the adopted standard when the standard has been exceeded.

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

- **Ambulance Patient Offload Time (Rev. 12/24)**
- **Ambulance Patient Offload Time – Extended Delay (Rev. 12/24)**
- **Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist (Rev. 12/24)**

DISCLOSURES REGARDING THE PROPOSED ACTION

Cost or savings to any state agency: Yes.

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

Local mandate: No.

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:

- The regulation requires data reporting.
- The reporting requirement applies to businesses in the form of ambulance providers and hospitals throughout the state.
- EMSA finds that it is necessary for the health, safety, or welfare of the people of the state that the regulation apply to businesses.

Cost impact on a representative private person or business: Yes. The anticipated outcomes of the proposed regulations may result in allowing private businesses to resume operations more quickly, enabling them to assist those in need efficiently.

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 affect small business.

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. The health and welfare of California residents and anyone in California will benefit from these regulations as it specifically attempts to address and create solutions to APOT times exceeding 30 mins, thereby significantly improving positive patient outcomes. There is no anticipated impact on the environment or worker safety.

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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The backup contact person is:

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