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 December 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 also be submitted in writing to the contact person: Craig Branson at regulations@emsa.ca.gov or mailed to 11120 International Drive, Suite 200, Rancho Cordova, CA 95670.

Authority and Reference: The Health and Safety Code Section 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.120.6, and 1797.120.7 authorizes EMSA to adopt the proposed regulations, which would implement, interpret, clarify, or make specific Sections 1797.102, 1797.120, 1797.120.5, 1797.120.6, and 1797.120.7 of the Health and Safety Code.

STATEMENT OF SUBSTANTIAL PROGRESS

Incorporated by reference is the approved emergency regulation 2025-0612-01ER. The following facts regarding the existence of the finding of emergency continue today and therefore justify the readoption of the attached proposed regulation. During the comment period of the initial submission of the emergency proposal, EMSA received numerous comments, questions, and suggestions to improve or make clearer the regulation text. At this time, EMSA seeks only to extend the existing regulations while it continues to work diligently in applying the comments and lessons learned, improving the overall composition of the rulemaking package and clarifying most sections of the proposal. Specific areas are being edited to allow for general acute care hospitals (GACH) to review and audit with best practices in responding only to where APOD occurred, as well as more clearly aligning language with the NEMSIS and CEMSIS elements. These changes will be reflected in a future second readopt or final certification notice package.

FINDING OF EMERGENCY

Ambulance patient offload time (APOT), known also 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, or chair, at which time the ED assumes responsibility for the care of the patient.

For many local emergency medical services agencies (LEMSAs) across California, prolonged APOT has been a persistent and gradually worsening problem, which was further exacerbated by the COVID-19 pandemic and ongoing influenza surges. While not all local EMS systems and hospitals experience delayed APOT, those that do may face significant operational and clinical consequences.

Prolonged APOT leads to delays in time-to-triage, time-to-physician, and definitive patient care. Additionally, if multiple ambulances are at the hospital, “on the wall”, this can leave a critical resource shortage for response to a 911 call of a severely sick patient. Having ambulance crews spend more time at hospitals results in extended turnaround times, which decreases the number of ambulance crews available and places people at risk of inadequate emergency services.

Assembly Bill 40 (Rodriguez, Chapter 367, Statutes of 2023) mandates EMSA to adopt emergency regulations to implement section 1797.120.5 of the H&S Code establishing a standardized statewide definition of APOT, create a uniform methodology to measure excessive delays, and implement consistent reporting requirements to support data-driven strategies for APOT reduction.

Pursuant to Section 11349.6 of the Government Code, EMSA, in agreement with the California State Legislature, finds that the immediate adoption of these emergency regulations is necessary to preserve public peace, health, safety, and the general welfare for the State's citizens and guests alike. Ambulance patient offload time (APOT), known also 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.

Where local EMS systems and hospitals experience delayed APOT, dire outcomes may and often result, in addition to extensive costs on the system. If multiple ambulances are at the hospital, "on the wall", this leaves a critical resource shortage for response to a 911 call from other severely sick patients. Ambulance patient offload delays are a significant and growing crisis in California, with some emergency departments exceeding acceptable offload times, jeopardizing the availability of emergency services for others in need. According to the California Fire Chiefs Association, “delays in the transfer to the emergency room personnel is both dangerous to the patient needing urgent care and to the ambulance crew that are taken off the grid to respond to other exigent emergencies while they remain “on the wall” assisting the patient while on the hospital premises. It has been shown that nearly 70,000 patients wait for more than an hour to be admitted and moved to a

hospital bed." Nora Mishanec, of the San Francisco Chronicle, reports, "The delays cost San Francisco taxpayers an estimated $772,000 each year in staffing and overtime as paramedics idle for lengthy periods at hospitals, according to an estimate provided by the San Francisco Fire Department, which handles about 80% of all ambulance transports in the city. (How delays at SF hospitals keep patients waiting in ambulances).

The proposed emergency regulations are necessary to implement the requirements of AB 40, thereby mandating a statewide offload time standard to address these issues. Immediate regulatory action is required to meet the statutory deadline and extensions, as well as avert further risks to public safety. This would include 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, all of which are critical to reducing ambulance offload delays and ensuring timely emergency medical services. 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. Additionally, 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 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.

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 Code of Regulations has been continuously amended to reflect new technologies, policy priorities and budgetary items.

As previously required by AB 1223 (O'Connell, Chapter 379, Statutes 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 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 CEMSIS, 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 similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

NECESSITY

Article 1 (Section 100001.01): To inform the regulated and interested public of the authority and intended purpose for use of the foregoing regulatory language, laying the foundation for the specific requirements and procedures EMSA, a GACH and LEMSA are expected to perform to ensure accurate, efficient, and timely responses to noncompliant APOT and APOD occurrences.

Article 2 (Sections 100002.01 – 100002.19): The terms identified within this article define the technical and commonly used terms and phrases of the regulation text.

Article 3 (Section 100003.01): These sections provide a detailed breakdown of the mechanisms for validation and verification of APOT and APOD reporting between the General Acute Care Hospital, the transport provider agency, the Local EMS Agency, and EMSA; how the Audit Tool is used and high-level duties of the aforementioned parties. The audit tool serves as a quality assurance and data validation instrument aiding all levels of to find solutions to the APOT and APOD issues.

Article 4 (Section 100004.01): Identifies the specific roles and responsibilities of the LEMSA regarding APOT reporting and response. These are the requirements assigned to the local government entities for the purposes of assessing and responding to APOT and APOD. A LEMSA must first develop and adopt a localized standard and a system of ensuring such standards are met.

Article 5 (Section 100005.01): Identifies the specific roles and responsibilities of the GACH regarding APOT reporting and response. These are the requirements assigned directly to the individual hospitals which fall under the definitions in Article 2 of the proposed chapter, for the purposes of assessing and responding to APOT and APOD. A GACH must develop and adopt a protocol of ensuring the defined minimum standards are met.

Article 6 (Section 100006.01): Identifies the specific roles and responsibilities of the EMS Transport Provider Agency regarding APOT reporting and response. These are the requirements assigned directly to EMS transport providers which fall under the definitions in Article 2 of the proposed chapter, for the purpose of assessing and responding to APOT and APOD. An EMS transport provider must ensure that electronic signatures are collected from emergency department medical personnel and report accurate date and time stamps for destination transfer of care. When directed, providers are also required to participate in calls to discuss APOT reduction protocol outcomes.

Article 7 (Sections 100007.01 – 100007.05): Identifies the specific roles and responsibilities of EMSA regarding APOT data and required actions when APOT minimums are exceeded. As the statewide authority overseeing prehospital care, it is the ultimate responsibility of EMSA to monitor APOT and APOD data, and acting in response to occurrences that exceed the adopted standards. Where noncompliance exists, EMSA will coordinate the calls or meetings with all designated representatives. To aid each level of service, EMSA will establish and maintain technical assistance programs, provide funding support in qualifying circumstances, and provide oversight and accountability audits. Additionally, EMSA created forms to be used in the assistance and support programs.

Statement Regarding Non-Duplication

To ensure clarity of the technical nature of the subject matter and to aid the regulated public from having to refer to multiple sources, the regulation text language is often derived directly from statute, as deemed necessary by EMSA.

DOCUMENTS INCORPORATED BY REFERENCE

- Technical Specification to Calculate Ambulance Patient Offload Time (APOT) (Rev. 04/25)
- Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist for General Acute Care Hospitals (GACHs) with an Emergency Department (Rev. 04/25)
- EMSA-TA-Request-1 (Rev. 04/2025)
- EMSA-APOT-Grant-1(Rev. 04/2025)
- EMSA-Grant-Report-1 (Rev. 04/2025)

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: Yes.
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.