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TITLE 22, CALIFORNIA CODE OF REGULATIONS
DIVISION 9. Prehospital Emergency Medical Services, Chapter 1: Implementation of AB40.

INITIAL STATEMENT OF REASONS

INTRODUCTION

In 1980, the Emergency Medical Services System and Prehospital Emergency Care Personnel Act was signed into law, establishing the Emergency Medical Services Authority (EMSA) and introducing Division 2.5 of the Health and Safety Code (Sections 1797-1799). This act laid the foundation of the California's Emergency Medical Services (EMS) system, providing a comprehensive framework to ensure the coordination and delivery of high-quality emergency medical care statewide. Over the decades the act has been expanded, with additional provisions codified to address the evolving needs of the EMS system.

California's EMS system operates as a two-tiered structure. At the state level, EMSA provides overarching policy, regulatory guidance, and system oversight. Locally, this responsibility is carried out by the 34 Local Emergency Medical Services Authority (LEMSAs), which tailor EMS oversight to meet the specific needs of their regions. While most LEMSAs manage a service within a single county, several oversee multiple counties, reflecting the diverse geography and population distribution of California.

This system ensures a cohesive yet flexible approach to emergency medical care, enabling statewide standards to be implemented effectively while addressing local healthcare priorities and challenges.

PROBLEM STATEMENT

Incorporated by reference is the approved Emergency Regulation 2025-1201-02EE. The following facts regarding the existence of the finding of emergency continue today and therefore justify the readopt 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. EMSA continues to work diligently in applying many comments and improve the overall composition of the rulemaking package, which will replace the existing approved text in the future second readopt or certification package.

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 establish 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. EMSA was directed to develop implementation guidance and data reporting procedures to assist LEMSAs in monitoring and managing APOT within their jurisdictions.

Ensuring timely, efficient, and equitable emergency care for patients requires California's EMS system to collect, validate, and act on comprehensive APOT data. Although all 34 LEMSAs currently report APOT data, reporting practices remain inconsistent, limiting the state's ability to accurately assess system performance. Significant offload delays prevent patients from receiving appropriate and immediate care and simultaneously reduce EMS availability for other emergencies. To adopt and evaluate policy solutions that meaningfully address these delays, California must first have standardized, complete, and reliable statewide data.

ANTICIPATED BENEFITS

The proposed regulations are expected to improve patient outcomes and system performance by reducing delays in the transfer of patients from ambulance personnel to hospital emergency department staff, ensuring timely access to critical medical care. By establishing clear standardized definitions, measurable benchmarks, and uniform reporting protocols for APOT, the

regulations create transparent, data-driven framework for accountability and system improvement.

The use of statewide audit tools and standard electronic reporting will enable accurate documentation, verification, and analysis of APOT and offload delay data. This enhanced data integrity allows hospitals, EMS providers, and LEMSAs to identify bottlenecks, target operational inefficiencies, and make evidence-based decisions that directly improve service delivery and patient care.

The requirement for hospitals to develop and implement APOT reduction protocols will foster tangible operational improvements, such as activating surge plans, expediting transfers to alternate facilities, enhancing triage processes, and optimizing staffing levels. These actions are designed to reduce ED overcrowding, improve throughput, and strengthen overall healthcare system efficiency.

The inclusion of centralized and interoperable data systems, including California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS), ensures consistent statewide standards for data collection and performance monitoring. Additionally, the regulations promote collaboration among hospitals, EMS providers, and LEMSA, fostering a coordinated and accountable system response that enhances patient safety, resource utilization, and equitable access to emergency care.

SPECIFIC PURPOSE OF, AND RATIONALE FOR, EACH PROPOSED CHANGE

The proposed regulations implement the statutory requirements of AB 40 and are designed to improve timeliness, efficiency, and accountability of emergency medical care delivery across California. Each provision serves a specific purpose rooted in operational necessity and legislative intent.

Defining key terms such as "Ambulance Patient Offload Time" (APOT), "Ambulance Patient Offload Delay" (APOD), and "APOT Reduction Protocol" establishes a standardized terminology and common understanding among hospitals, LEMSAs, EMS transport provider agencies, and regulators. These foundational definitions ensure consistent statewide application and clarity in implementation, reporting, and enforcement.

The establishment of uniform APOT standards, with a default maximum of 30 minutes for ninety percent (90%) of all offloads unless otherwise specified by LEMSAs, provides a clear, measurable benchmark for performance and compliance. This threshold enables EMSA and LEMSAs to monitor progress in reducing ambulance offload delays and ensures patients receive timely transfer to hospital care.

To support these standards, hospitals are required to develop and submit APOT reduction protocols that have actionable steps, including triggers for activation, operational changes such as increasing staffing, and mechanisms like activating surge plans or suspending elective admissions. Such measures empower hospitals to respond proactively to patient surges and delays.

The integration of statewide data systems, specifically CEMSIS and NEMSIS allows for centralized, standardized data collection and analysis. This supports statewide oversight and transparency while enabling data-driven decision-making and identification of systemic trends.

To ensure accuracy and accountability in reporting, the regulations require implementation of an EMSA-developed audit tool that enables hospitals, and EMS providers to verify, validate, and reconcile discrepancies in APOT data. This mechanism enhances data integrity and confidence in statewide reporting outcomes.

The requirement for electronic signatures at the point of patient care transfer establishes a verifiable and secure record of transfer-of-care events, ensuring accuracy, accountability, traceability within the electronic patient care record (ePCR). This eliminates ambiguity and strengthens compliance with federal and state data standards.

Ongoing monthly and annual reporting requirements ensure continuous monitoring and evaluation of APOT performance. LEMSAs are assigned local oversight responsibilities, including adopting regional APOT standards, validating reported data, and facilitating coordination among hospitals and EMS providers to promote continuous improvement.

The regulations emphasize operational flexibility by allowing hospitals to implement alternative care site activation, diversion protocols, expedited discharge procedures, or temporary patient transfer during extended offload delays. These measures enable hospitals to maintain service quality and mitigate overcrowding during high-demand conditions.

The requirement for bi-weekly coordination calls between EMSA, LEMSAs, hospitals, and EMS transport providers ensures ongoing communication, collaborative problem-solving, and timely resolution of discrepancies. These meetings support sustained compliance and statewide responsiveness to offload challenges.

Collectively, these proposed changes establish a uniform, data-driven, and patient centered framework that strengthens emergency medical system

performance, accountability, and coordination throughout the State of California.

§ 100002.01 – Ambulance Patient Offload Delay (APOD)

This amendment is necessary to clarify the definition of "ambulance patient offload delay" and to ensure consistency with statutory terminology. The prior definition repeated elements of the definition of ambulance patient offload time (APOT), resulting in duplicative and potentially confusing regulatory language.

The revised definition removes unnecessary repetition and instead defines APOD by reference to whether the applicable APOT standard has been exceeded, consistent with Health and Safety Code section 1797.225. Aligning the regulatory definition with the statutory term "nonstandard patient offload time" improves clarity, supports uniform interpretation, and reduces ambiguity for local EMS agencies, ambulance providers, and receiving facilities.

This clarification is necessary to ensure accurate application, measurement, and reporting of ambulance patient offload delays.

§ 100002.09 – Electronic Signature

This amendment is necessary to clarify the definition of "electronic signature" and remove duplicative references to ambulance patient offload time (APOT). The prior definition incorporated elements already defined elsewhere in regulation, which created redundancy and reduced clarity regarding the purpose of the electronic signature requirement.

The revised definition focuses the term on its intended function: confirming transfer of care through a secure electronic authentication and associated time stamp within the electronic patient care record. Removing duplicative APOT references ensures consistency across regulatory definitions, supports accurate data collection, and reduces the potential for misinterpretation by ambulance providers and receiving facilities.

§ 100002.18 – Transfer of Care

This amendment is necessary to clarify the definition of "transfer of care" by specifying the data elements associated with patient arrival, receipt of report, and confirmation of transfer. The prior definition did not clearly identify the applicable time points, which could result in inconsistent interpretation and documentation across EMS providers and receiving facilities.

The revised definition explicitly references the relevant NEMSIS data elements to align the regulatory definition with existing electronic patient care record documentation practices. This clarification supports consistent measurement, reporting, and verification of transfer of care without creating new operational requirements.

Clarifying the definition of transfer of care is necessary to ensure uniform application of offload-related requirements and to support accurate system oversight and quality improvement.

§ 100003.01 – Verification of CEMSIS Data Used for APOD
This amendment is necessary to revise the section title and scope to focus exclusively on verification of CEMSIS data related to ambulance patient offload delay (APOD). Removing references to ambulance patient offload time (APOT) clarifies that verification and audit activities under this section apply only to records that exceed the applicable local APOT standard.
Limiting verification to APOD records ensures that review activities are narrowly tailored to instances of nonstandard patient offload time, consistent with the intent of AB 40 and Health and Safety Code section 1797.225. This approach reduces unnecessary review of records that do not indicate an offload delay while maintaining appropriate oversight and accountability.

§ 100003.01(b)(1) – Availability of CEMSIS APOD Data
This amendment is necessary to clarify that EMSA will make available only CEMSIS data related to ambulance patient offload delay (APOD) through its PHI-secure electronic portal. Removing references to ambulance patient offload time (APOT) aligns this subdivision with the revised scope of the section and ensures consistency across regulatory provisions.
Limiting data availability to APOD records focuses access on instances in which the local APOT standard has been exceeded and supports targeted review, auditing, and quality improvement activities. This approach avoids unnecessary access to records that do not reflect an offload delay while maintaining appropriate transparency and oversight.

§ 100003.01(b)(1)(B)(xiv) – Removal of NEMSIS Element eTimes.13
This amendment is necessary to remove the requirement to make available the "unit back in service date/time" data element (NEMSIS element eTimes.13). This data element does not pertain to the calculation or verification of ambulance patient offload delay (APOD) and does not provide meaningful value to receiving general acute care hospitals with emergency departments for purposes of offload review.
Removing this element limits data availability to information directly relevant to APOD, reduces unnecessary disclosure of unrelated operational data, and supports a more focused and efficient review process.

§ 100003.01(b)(2) – Notification of Discrepancies and Audit Submission Timing
This amendment is necessary to clarify the timing for submission of monthly audit reports by general acute care hospitals that elect to use the APOT Audit Tool. Specifying a submission window between the 4th and 10th of each month

ensures consistency with the review and correction timeframe established elsewhere in this subsection.
Aligning the audit submission timeframe allows local EMS agencies and EMS transport provider agencies sufficient time, between the 10th and 15th of the month, to review reported discrepancies and make any appropriate corrections to CEMSIS records. This sequencing supports orderly data validation and timely resolution of discrepancies without altering existing responsibilities.

§ 100003.01(b)(4) – Correction of Discrepant Records
This amendment is necessary to clarify the entities responsible for evaluating and agreeing upon discrepancies identified by a general acute care hospital. The revised language specifies that both the relevant local EMS agency and the EMS transport provider agency or agencies that produced the electronic patient care record participate in the review of discrepant records.
Clarifying the participants involved in discrepancy review ensures shared understanding of roles and supports accurate and timely correction of CEMSIS data. This clarification improves consistency in record correction without modifying the underlying correction process or deadlines.

§ 100004.01(f) – Local EMS Agency Review and Validation of APOD Data
This amendment is necessary to clarify the scope of local EMS agency review responsibilities and the participants involved in resolving data discrepancies. Revising the subdivision to reference only ambulance patient offload delay (APOD) data aligns the provision with the focus of the AB 40 requirements and with related sections limiting review to records that exceed the applicable offload standard.
The amendment also clarifies that coordination occurs with the relevant EMS transport provider agency or agencies that submitted the data, in addition to the relevant general acute care hospitals and any affected local EMS agencies. This clarification ensures a shared understanding of roles in the review and validation process.
The change is clarifying in nature and does not expand review obligations or alter existing timelines for data validation and correction.

§ 100004.01(g) – Medical Control Policy Implementation
This subsection is added to provide guidance regarding the implementation of medical control policies necessary to support the ambulance patient offload time standard. While existing law and regulation require local EMS agencies to maintain medical control policies, this chapter does not currently specify a timeframe for implementing policies related to offload requirements.
Establishing a sixty-day timeframe ensures timely and consistent operational implementation of the offload standard across local EMS systems following adoption of the standard. This provision supports coordinated system readiness and uniform application of the requirements of this chapter.

§ 100005.01(a) – Electronic Signature at Transfer of Care
This amendment is necessary to clarify the relationship between the transfer of care time and the associated electronic signature data elements. The revised language specifies that the transfer of care time is captured as NEMSIS element eTimes.12, while the electronic signature date and time are captured as NEMSIS element eOther.19.
Clarifying the use of these data elements supports consistent documentation within the electronic patient care record and reduces the potential for confusion regarding how transfer of care is recorded and verified.

§ 100005.01(d) – Notification Timeframe Correction
This amendment is necessary to correct a typographical error in the notification timeframe. Revising "twenty-hour (24) hours" to "twenty-four (24) hours" ensures internal consistency and clarity within the regulation.
This correction is technical in nature and does not alter the substantive notification requirement or timeframe.

§ 100006.01(b) – Visibility of Transfer of Care Time
This amendment is necessary to clarify when the destination transfer of care time must be viewable to emergency department medical personnel. Specifying that the date and time entered for NEMSIS element eTimes.12 must be viewable at the time of transfer of care ensures that validation occurs contemporaneously with the transfer.
Clarifying the timing of visibility supports accurate confirmation of transfer of care and consistent documentation practices without imposing new data entry or system requirements on EMS transport provider agencies.

§ 100006.01(d) – Participation in EMSA-Hosted Calls
This amendment is necessary to clarify that the bi-weekly calls referenced in this subdivision relate specifically to implementation of the APOT Reduction protocol. Explicitly identifying the protocol ensures clarity regarding the subject matter of the calls and avoids ambiguity about the scope of discussions.

§ 100006.01(e) – Sequencing of Unit Back in-Service Time
This subsection is added to ensure accurate sequencing of events within the electronic patient care record. Requiring that the unit back in-service time not be recorded as occurring prior to the electronic signature confirming transfer of care supports data integrity and consistency in CEMSIS reporting.
Accurate sequencing of these data elements is necessary to ensure reliable documentation of transfer of care and ambulance availability metrics.

§ 100007.04(c)(1) – Proof of Eligibility Citation Correction

This amendment is necessary to correct an internal regulatory citation. Updating the referenced sections ensures accuracy and consistency within the chapter. This correction is technical in nature and does not modify eligibility criteria or substantive requirements.

Technical Specification to Calculate Ambulance Patient Offload Time (APOT) Criteria in NEMSIS 3.5

This amendment is necessary to revise the formatting of the criteria used to identify applicable NEMSIS events for calculation of ambulance patient offload time. The revised structure aligns the presentation of criteria with the formatting used elsewhere in the technical specifications and improves readability and clarity.

The amendment does not modify which event types are included or excluded from APOT calculation and does not alter substantive requirements. It is a non-substantive formatting change intended to support consistent interpretation and application of the technical specification.

Technical Specification to Calculate Ambulance Patient Offload Time (APOT) Criteria in NEMSIS 3.5

This amendment is necessary to revise the formatting of the transport disposition criteria used in the technical specification for calculating ambulance patient offload time. Aligning the presentation of these criteria with the formatting used for other specification elements improves readability and consistency.

The amendment does not change which transport dispositions are included for APOT calculation and does not modify substantive requirements. It is a non-substantive formatting change intended to support consistent interpretation and application of the technical specification.

Technical Specification to Calculate Ambulance Patient Offload Time (APOT) Criteria in NEMSIS 3.5

This amendment is necessary to delete criteria based on the "Type of Patient Representative" data element (NEMSIS element eOther.14) from the technical specification used to calculate ambulance patient offload time. This data element is duplicative of other information captured during transfer of care and is not necessary to determine or verify offload time.

Removing this criterion simplifies the technical specification, reduces unnecessary data reliance, and does not change how ambulance patient offload time is calculated or which events are included. The amendment is non-substantive and intended to improve clarity and efficiency.

Technical Specification to Calculate Ambulance Patient Offload Time (APOT) Data Elements – NEMSIS 3.5

This amendment is necessary to delete the "Type of Patient Representative" data element (NEMSIS element eOther.14). This field is duplicative of other data

collected within the electronic patient care record and is not necessary to support ambulance patient offload time or ambulance patient offload delay requirements.

OTHER REQUIRED SHOWINGS – GOVERNMENT CODE §11346.2(b)(2)-(5)

Studies, Reports, or Documents Relied Upon – Gov. Code §11346.2(b)(3): None.

Items 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)

Reasonable Alternatives That Would Lessen the Impact on Small Business – Government Code §11346.2(b)(4)(B): None.

Reasonable Alternatives That Would Be Less Burdensome and Equally Effective – Government Code §11346.2(b)(4)(A): None.

Evidence Relied Upon to Support the Initial Determination That the Regulation Will Not Have a Significant Adverse Economic Impact on Business – Government Code §11346.2(b)(5): None.

ECONOMIC IMPACT STATEMENT – GOVERNMENT CODE § 11346.3(b)(1)(A)-(D)

(A) Creation or elimination of jobs within the state:

None. It is not anticipated that the adoption of these regulations will create or eliminate jobs within the State of California. EMSA, LEMSAs, hospitals, and EMS transport provider agencies currently have adequate staffing and operational capacity to implement the requirements of these regulations within existing resources.

(B) Creation of new businesses or elimination of existing businesses within the state:

None. It is not anticipated that the adoption of these regulations will create new business or eliminate existing businesses within the state. EMSA, LEMSAs, hospitals, and EMS providers already operate within established EMS systems and have the infrastructure necessary to comply with regulatory requirements.

(C) Expansion of businesses currently doing business within the state:
None. The proposed regulations are intended to standardize data reporting and eliminate discrepancies related to APOT. The activities do not expand the scope of services or business operations of any entity currently doing business within the state.

(D) Benefits of regulation to health and welfare of California residents, worker safety, and the state's environment:
As described in detail above, the proposed regulations will improve the overall health and welfare of California residents by reducing ambulance offload delays, improving patient throughput, and enhancing the efficiency of emergency medical care. By establishing consistent standards and accountability mechanisms, the regulations are expected to improve patient outcomes and public safety statewide. The regulations are not expected to have a direct impact on worker safety or the state's environment.