

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 Wednesday, March 4, 2026. EMSA has not scheduled a public hearing on this proposed action at this time. 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 regulations (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, Division 9 of the California Code of Regulations 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, Statutes of 2015), EMSA worked with an Ambulance Patient Offload Time 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 (Rodriguez, Chapter 367, 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 Emergency Departments (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.

In summary, the proposed regulations will define key terms and phrases used throughout the medical field, codify within regulations uniform APOT standards, require hospitals to submit reduction time protocols, integrate statewide data systems, implement EMSA-developed audit tools, include signature time requirements, and require bi-weekly coordination calls between various entities to correct non-compliance.

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

- 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: 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:

- 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. There will be some impact to businesses in the form of hospitals and EMS providers to account for specific IT requirements with data reporting in addition to expected minimal initial training of new guidelines.

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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