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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1863]** ( *Division 2.5 added by Stats. 1980, Ch. 1260.* )

**CHAPTER 13. Community Paramedicine or Triage to Alternate Destination [1800 - 1857]** ( *Chapter 13 added by Stats. 2020, Ch. 138, Sec. 4.* )

**ARTICLE 1. General Provisions [1800 - 1801]** ( *Article 1 added by Stats. 2020, Ch. 138, Sec. 4.* )

**1800.** This chapter shall be known, and may be cited, as the Community Paramedicine or Triage to Alternate Destination Act of 2020.

(*Added by Stats. 2020, Ch. 138, Sec. 4. (AB 1544) Effective January 1, 2021. Repealed as of January 1, 2031, pursuant to Section 1857.*)

**1801.** (a) It is the intent of the Legislature to establish state standards that govern the implementation of community paramedicine or triage to alternate destination programs by local EMS agencies in California.

(b) It is the intent of the Legislature that community paramedicine or triage to alternate destination programs be community-focused extensions of the traditional emergency response and transportation paramedic model that has developed over the last 50 years and be recognized as an emerging model of care created to meet an unmet need in California's communities.

(c) It is the intent of the Legislature to improve the health of individuals in their communities by authorizing licensed paramedics, working under expert medical oversight, to deliver community paramedicine or triage to alternate destination services in California utilizing existing providers, promoting continuity of care, and maximizing existing efficiencies within the first response and emergency medical services system.

(d) It is the intent of the Legislature that a community paramedicine or triage to alternate destination program achieve all of the following:

- (1) Improve coordination among providers of medical services, behavioral health services, and social services.
- (2) Preserve and protect the underlying 911 emergency medical services delivery system.
- (3) Preserve, protect, and deliver the highest level of patient care to every Californian.
- (4) Preserve and protect the current health care workforce and empower local health care systems to provide care more effectively and efficiently.

(e) It is the intent of the Legislature that an alternate destination facility participating as part of an approved program always be staffed by a health care professional with a higher scope of practice, such as, at minimum, a registered nurse.

(f) It is the intent of the Legislature that the delivery of community paramedicine or triage to alternate destination services is a public good to be delivered in a manner that promotes the continuity of both care and providers. It is the intent of the Legislature that the delivery of these services be coordinate and consistent with, and complementary to, the existing first response and emergency medical response system in place within the jurisdiction of the local EMS agency.

(g) It is the intent of the Legislature that a community paramedicine or triage to alternate destination program be designed to improve community health and be implemented in a fashion that respects the current emergency medical system and its providers, and the health care delivery system. In furtherance of the public interest and good, agencies that provide first response services are well positioned to deliver care under a community paramedicine or triage to alternate destination program.

(h) It is the intent of the Legislature that the development of any community paramedicine or triage to alternate destination program reflect input from all practitioners of appropriate medical authorities, including, but not limited to, medical directors, physicians, nurses, mental health professionals, first responder paramedics, hospitals, and other entities within the emergency medical response system.

(i) It is the intent of the Legislature that local EMS agencies be authorized to develop a community paramedicine or triage to alternate destination program to improve patient care and community health. A community paramedicine or triage to alternate destination program should not be used to replace or eliminate health care workers, reduce personnel costs, harm the working conditions of emergency medical and health care workers, or otherwise compromise the emergency medical response or health care system. The highest priority of any community paramedicine or triage to alternate destination program shall be improving patient care.

(j) It is the intent of the Legislature to monitor and evaluate implementation of community paramedicine and triage to alternate destination programs by local EMS agencies in California and determine whether these programs should be modified or extended before the January 1, 2024, sunset date of this chapter.

*(Added by Stats. 2020, Ch. 138, Sec. 4. (AB 1544) Effective January 1, 2021. Repealed as of January 1, 2031, pursuant to Section 1857.)*