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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 2. Definitions [1810 - 1820] (*Article 2 added by Stats. 2020, Ch. 138, Sec. 4.*)

1810. Unless otherwise indicated in this chapter, the definitions contained in this article govern the provisions 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 Repealed as of January 1, 2031, pursuant to Section 1857.*)

1811. "Alternate destination facility" means a treatment location that is an authorized mental health facility, as defined in Section 1812 or an authorized sobering center as defined in Section 1813.
(*Added by Stats. 2020, Ch. 138, Sec. 4. (AB 1544) Effective January 1, 2021. Repealed as of January 1, 2031, pursuant to Section 1857.*)

1812. "Authorized mental health facility" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, or a certified crisis stabilization unit. An authorized mental health facility may also be a psychiatric health facility licensed by the State Department of Health Care Services. The facility shall be staffed at all times with at least one registered nurse.
(*Added by Stats. 2020, Ch. 138, Sec. 4. (AB 1544) Effective January 1, 2021. Repealed as of January 1, 2031, pursuant to Section 1857.*)

1813. (a) "Authorized sobering center" means a noncorrectional facility that is staffed at all times with at least one registered nurse, that provides a safe, supportive environment for intoxicated individuals to become sober, that is identified as an alternate destination in a plan developed pursuant to Section 1843, and that meets any of the following requirements:

- (1) The facility is a federally qualified health center, including a clinic described in subdivision (b) of Section 1206.
- (2) The facility is certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services.
- (3) The facility has been accredited as a sobering center under the standards developed by the National Sobering Collaborative. Facilities granted approval for operation by OSHPD before November 28, 2017, under the Health Workforce Pilot Project No. 173, may continue operation until one year after the National Sobering Collaborative accreditation becomes available.

(b) Paragraphs (1) and (2) of subdivision (a) do not impose any new or additional licensure or oversight responsibilities on the State Department of Health Care Services or the State Department of Public Health with regard to authorized sobering centers.

(c) Paragraphs (1) and (2) of subdivision (a) do not make an authorized sobering center eligible for reimbursement under the Medicaid program.

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

1814. "Community paramedic" means a paramedic licensed under this division who has completed the curriculum for community paramedic training adopted pursuant to paragraph (1) of subdivision (d) of Section 1830, has received certification in one or more of the community paramedicine program specialties described in Section 1815, and is accredited to provide community paramedic services by a local EMS agency as part of an approved community paramedicine program.

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

1815. (a) "Community paramedicine program" means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide community paramedicine services consisting of one or more of the program specialties described in this section under the direction of medical protocols developed by the local EMS agency that are consistent with the minimum medical protocols established by the authority. Community paramedicine services may consist of the following program specialties:

- (1) Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease.
- (2) Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.
- (3) Providing short-term, postdischarge followup for persons recently discharged from a hospital due to a serious health condition, including collaboration with, and by providing referral to, home health services when eligible.

(b) On or before January 1, 2025, the authority shall amend regulations adopted pursuant to this chapter to include sufficient state-level program oversight that would allow for local EMS agencies to develop community paramedicine programs, as defined in subdivision (a), when a local EMS agency includes a community paramedicine program in their local EMS agency EMS plan.

(Amended by Stats. 2023, Ch. 270, Sec. 2. (AB 767) Effective January 1, 2024. Repealed as of January 1, 2031, pursuant to Section 1857.)

1816. "Community paramedicine provider" means an advanced life support provider authorized by a local EMS agency to provide advanced life support who has entered into a contract to deliver community paramedicine services as described in Section 1815 as part of an approved community paramedicine program developed by a local EMS agency and approved by the Emergency Medical Services Authority.

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

1817. "Public agency" means a city, county, city and county, special district, or other political subdivision of the state that provides first response services, including emergency medical care.

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

1818. "Triage paramedic" means a paramedic licensed under this division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subdivision (d) of Section 1830 and has been accredited by a local EMS agency in one or more of the triage paramedic specialties described in Section 1819 as part of an approved triage to alternate destination program.

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

1819. (a) "Triage to alternate destination program" means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide triage paramedic assessments consisting of one or more specialties described in this section operating under triage and assessment protocols developed by the local EMS agency that are consistent with the minimum triage and assessment protocols established by the authority. Triage paramedic assessments may consist of the following program specialties:

- (1) Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in the patient's current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program.
- (2) Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in Section 1811.
- (3) Providing transport services for patients who identify as veterans and desire transport to a local veterans administration emergency department for treatment, when appropriate.

(b) This section does not prevent or eliminate any authority to provide continuous transport of a patient to a participating hospital for priority evaluation by a physician, nurse practitioner, or physician assistant before transport to an alternate destination facility.

(c) This section does not impair or otherwise interfere with an emergency medical services provider's ability to deliver emergency medical transport services as authorized pursuant to Section 1797.224 or a city or fire district to operate pursuant to Section

1797.201.

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

1820. “Triage to alternate destination provider” means an advanced life support provider authorized by a local EMS agency to provide advanced life support triage paramedic assessments as part of an approved triage to alternate destination program specialty, as described in Section 1819.

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