**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 3. State Administration [1825 - 1836]** *( Article 3 added by Stats. 2020, Ch. 138, Sec. 4. )*

**1825.** On or before March 1, 2021, the director of the Emergency Medical Services Authority shall establish a community paramedicine and triage to alternate destination oversight advisory committee pursuant to Section 1797.133, to advise the authority on the development and oversight of community paramedicine program and triage to alternate destination program specialties described in Sections 1815 and 1819, respectively. Committee membership shall include representatives from entities within the emergency medical response system, including, but not limited to, all of the following:

(a) Local emergency medical services agency administrators.

(b) Local emergency medical services agency medical directors.

(c) Public safety agency medical directors.

(d) Physicians and surgeons, including emergency room physicians.

(e) Nurses, including nurses that specialize in treatment of substance use disorders who treat patients in authorized sobering centers.

(f) Hospital administrators.

(g) Public first responder paramedics.

(h) Private first responder paramedics.

(i) Medical professionals specializing in all of the following:

(1) Home health care.

(2) Hospice care.

(3) Mental health.

(4) Substance abuse disorder treatment who treat patients in authorized sobering centers.

(j) Physicians and surgeons specializing in the comprehensive care of individuals with cooccurring mental health or psychosocial and substance use disorders who treat patients in authorized mental health facilities.

(k) Licensed clinical social workers, including social workers who have experience providing services described in subdivision (b) of Section 1815.

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 Repealed as of January 1, 2031, pursuant to Section 1857.)*

**1830.** (a) The Emergency Medical Services Authority shall develop, and after approval by the commission, shall adopt regulations and establish minimum standards for the development of a community paramedicine or triage to alternate destination program.

(b) The regulations described in this section shall be based upon, and informed by, the Community Paramedicine Pilot Program under the Office of Statewide Health Planning and Development Health Workforce Pilot Project No. 173 and the protocols and operation of the pilot projects approved under the project.

(c) The regulations that establish minimum standards for the development of a community paramedicine or triage to alternate destination program shall consist of the following:

(1) Minimum standards and curriculum for each program specialty described in Section 1815. The authority, in developing the minimum standards and curriculum, shall provide for community paramedics to be trained in one or more of the program specialties described in Section 1815 and approved by the local EMS agency pursuant to Section 1840.

(2) Minimum standards and curriculum for each program specialty described in Section 1819. The authority, in developing the minimum standards and curriculum, shall provide for triage paramedics to be trained in one or more of the program specialties described in Section 1819 and approved by the local EMS agency pursuant to Section 1840.

(3) A process for certifying on a paramedic's license the successful completion of the training described in paragraph (1) or (2) and accreditation by the local EMS agency.

(4) Minimum standards for approval, review, withdrawal, and revocation of a community paramedicine or triage to alternate destination program in accordance with Section 1797.105. Those standards shall include, but not be limited to, both of the following:

(A) A requirement that facilities participating in the program accommodate privately or commercially insured, Medi-Cal, Medicare, and uninsured patients.

(B) Immediate termination of participation in the program by the alternate destination facility or the community paramedicine or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317.

(5) Minimum standards for collecting and submitting data to the authority to ensure patient safety that include consideration of both quality assurance and quality improvement. These standards shall include, but not be limited to, all of the following:

(A) Intervals for community paramedicine or triage to alternate destination providers, participating health facilities, and local EMS agencies to submit community paramedicine services data.

(B) Relevant program use data and the online public posting of program analyses.

(C) Exchange of electronic patient health information between community paramedicine or triage to alternate destination providers and health providers and facilities. The authority may grant a one-time temporary waiver, not to exceed five years, of this requirement for alternate destination facilities that are unable to immediately comply with the electronic patient health information requirement.

(D) Emergency medical response system feedback, including feedback from the emergency medical care committee described in subdivision (b) of Section 1797.273.

(E) If the triage to alternate destination program utilizes an alternate destination facility, consideration of ambulance patient offload times for the alternate destination facility, the number of patients that are turned away, diverted, or required to be subsequently transferred to an emergency department, and identification of the reasons for turning away, diverting, or transferring the patient.

(6) A process to assess each community paramedicine or triage to alternate destination program's medical protocols or other processes.

(7) A process to assess the impact that implementation of a community paramedicine or triage to alternate destination program has on the delivery of emergency medical services, including the impact on response times in the local EMS agency's jurisdiction.

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

**1831.** Regulations adopted by the Emergency Medical Services Authority pursuant to Section 1830 relating to a triage to alternate destination program shall include all of the following:

(a) Local EMS agencies participating in providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility shall ensure that any patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.

(b) (1) Local EMS agencies participating in providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility shall require that a patient who is transported to an alternate destination facility and, upon assessment, is found to no longer meet the criteria for admission to an alternate destination facility, be immediately transported to the emergency department of a general acute care hospital.

(2) The local EMS agency shall require alternate destination facilities to send with each patient at the time of transfer or, in the case of an emergency, as promptly as possible, copies of all medical records related to the patient's transfer. To the extent practicable and applicable to the patient's transfer, the medical records shall include current medical findings, diagnosis, laboratory

results, medications provided prior to transfer, a brief summary of the course of treatment provided prior to transfer, ambulation status, nursing and dietary information, name and contact information for the treating provider at the alternate destination facility, and, as appropriate, pertinent administrative and demographic information related to the patient, including name and date of birth. The requirements in this paragraph do not apply if the alternate destination facility has entered into a written transfer agreement with a local hospital that provides for the transfer of medical records.

(c) For authorizing transport to an alternate destination facility, training and accreditation for the triage paramedic shall include topics relevant to the needs of the patient population, including, but not limited to:

(1) A requirement that a participating triage paramedic complete instruction on all of the following:

(A) Mental health crisis intervention, to be provided by a licensed physician and surgeon with experience in the emergency department of a general acute care hospital.

(B) Assessment and treatment of intoxicated patients.

(C) Local EMS agency policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.

(2) A requirement that the local EMS agency verify that the participating triage paramedic has completed training in all of the following topics meeting the standards of the United States Department of Transportation National Highway Traffic Safety Administration National Emergency Medical Services Education Standards:

(A) Psychiatric disorders.

(B) Neuropharmacology.

(C) Alcohol and substance abuse.

(D) Patient consent.

(E) Patient documentation.

(F) Medical quality improvement.

(d) For authorizing transport to a sobering center, a training component that requires a participating triage paramedic to complete instruction on all of the following:

(1) The impact of alcohol intoxication on the local public health and emergency medical services system.

(2) Alcohol and substance use disorders.

(3) Triage and transport parameters.

(4) Health risks and interventions in stabilizing acutely intoxicated patients.

(5) Common conditions with presentations similar to intoxication.

(6) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders.

(e) A process for local EMS agencies to certify and provide periodic updates to the authority to demonstrate that the alternate destination facility authorized to receive patients maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the authority's regulations and the provisions of this chapter, which shall include all of the following:

(1) Identification of qualified staff to care for the degree of a patient's injuries and needs.

(2) Certification of standardized medical and nursing procedures for nursing staff.

(3) Certification that the necessary equipment and services are available at the alternate destination facility to care for patients, including, but not limited to, an automatic external defibrillator and at least one bed or mat per individual patient.

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

**1832.** (a) The Emergency Medical Services Authority shall develop and periodically review and update the minimum medical protocols applicable to each community paramedicine program specialty described in Section 1815 and the minimum triage and assessment protocols for triage to alternate destination program specialties described in Section 1819.

(b) In complying with the requirements of this section, the authority shall establish and consult with an advisory committee comprised of the following members:

(1) Individuals in the fields of public health, social work, hospice, substance use, or mental health with expertise commensurate with the program specialty or specialties described in Section 1815 or 1819.

(2) Physicians and surgeons whose primary practice is emergency medicine.

(3) Two local EMS medical directors selected by the EMS Medical Directors Association of California.

(4) Two local EMS directors selected by the California Chapter of the American College of Emergency Physicians.

(c) The protocols developed pursuant to this section shall be based upon, and informed by, the Community Paramedicine Pilot Program under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173, and further refinements provided by local EMS agencies during the course and operation of the pilot projects.

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

**1833.** (a) Notwithstanding Section 10231.5 of the Government Code, the Emergency Medical Services Authority shall submit an annual report on the community paramedicine or triage to alternate destination programs operating in California to the relevant policy committees of the Legislature in accordance with Section 9795 of the Government Code and shall post the annual report on its internet website. The authority shall submit and post its first report one year after the authority adopts the regulations described in Section 1830. Thereafter, the authority shall submit and post its report annually on or before January 1 of each year.

(b) The report required by this section shall include all of the following:

(1) An assessment of each program specialty, including an assessment of patient outcomes in the aggregate and an assessment of any adverse patient events resulting from services provided under plans approved pursuant to this chapter.

(2) An assessment of the impact that the program specialties have had on the emergency medical system.

(3) An update on the implementation of program specialties operating in local EMS agency jurisdictions.

(4) Policy recommendations for improving the administration of local plans and patient outcomes.

(c) All data collected by the authority shall be posted on its internet website in a downloadable format and in a manner that protects the confidentiality of individually identifiable patient information.

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

**1834.** (a) Notwithstanding Section 10231.5 of the Government Code, on or before April 1, 2028, the Emergency Medical Services Authority shall submit a final report on the results of the community paramedicine or triage to alternate destination programs operating in California to the relevant policy committees of the Legislature, in accordance with Section 9795 of the Government Code, and shall post the report on its internet website.

(b) The authority shall develop the report required by this section.

(c) The report shall include all of the following:

(1) A detailed assessment of each community paramedicine or triage to alternate destination program operating in local EMS agency jurisdictions.

(2) An assessment of patient outcomes in the aggregate resulting from services provided under approved plans under the program.

(3) An assessment of workforce impact due to implementation of the program.

(4) An assessment of the impact of the program on the emergency medical services system.

(5) An assessment of how the currently operating program specialties achieve the legislative intent stated in Section 1801.

(6) An assessment of community paramedic and triage training.

(d) The report may include recommendations for changes to, or the elimination of, community paramedicine or triage to alternate destination program specialties that do not achieve the community health and patient goals described in Section 1801.

*(Amended by Stats. 2023, Ch. 270, Sec. 3. (AB 767) Effective January 1, 2024. Repealed as of January 1, 2031, pursuant to Section 1857.)*

**1835.** (a) The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols in order to ensure compliance with the statewide minimum protocols developed under Section 1832.

(b) The authority may impose conditions as part of the approval of a community paramedicine or triage to alternate destination program that the local EMS agency is required to incorporate into its program to achieve consistency with the authority's regulations and the provisions of this chapter.

(c) The authority shall approve or deny the proposed community paramedicine or triage to alternate destination program no later than six months after it is submitted by the local EMS agency.

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

**1836.** (a) A community paramedicine pilot program approved under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173 before January 1, 2020, is authorized to operate until one year after the regulations described in Section 1830 become effective.

(b) Notwithstanding subdivision (a), a community paramedicine short-term, postdischarge followup pilot program that was approved on or before January 1, 2019, under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173, and was continuing to enroll patients as of January 1, 2019, may continue operation until one year after the regulations described in subdivision (b) of Section 1815 become effective.

*(Amended by Stats. 2023, Ch. 270, Sec. 4. (AB 767) Effective January 1, 2024. Repealed as of January 1, 2031, pursuant to Section 1857.)*