



Home	Bill Information	California Law	Publications	Other Resources	My Subscriptions	My Favorites
------	------------------	----------------	--------------	-----------------	------------------	--------------

Code: Section:

[Up^](#) [Add To My Favorites](#)

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 4. Local Administration [1840 - 1843] (*Article 4 added by Stats. 2020, Ch. 138, Sec. 4.*)

1840. A local EMS agency may develop a community paramedicine or triage to alternate destination program that is consistent with the Emergency Medical Services Authority's regulations and the provisions of this chapter and submit evidence of compliance with the requirements of Section 1841 and Sections 1842 and 1843, as applicable, to the authority for approval pursuant to Section 1835. (*Added by Stats. 2020, Ch. 138, Sec. 4. (AB 1544) Effective January 1, 2021. Repealed as of January 1, 2031, pursuant to Section 1857.*)

1841. A local EMS agency that elects to develop a community paramedicine or triage to alternate destination program shall do all of the following:

- (a) Integrate the proposed community paramedicine or triage to alternate destination program into the local EMS agency's emergency medical services plan described in Article 2 (commencing with Section 1797.250) of Chapter 4.
- (b) Provide medical control and oversight.
- (c) Consistent with this article, develop a process to select community paramedicine providers or triage to alternate destination providers, to provide services as described in Section 1815 or 1819, at a periodic interval established by the local EMS agency.
- (d) Facilitate any necessary agreements with one or more community paramedicine or triage to alternate destination providers for the delivery of community paramedicine or triage to alternate destination services within the local EMS agency's jurisdiction that are consistent with the proposed community paramedicine or triage to alternate destination program. The local EMS agency shall provide medical control and oversight of the program.
- (e) The local EMS agency shall not include, in a request for proposal or otherwise, the provision of community paramedic program specialties or triage to alternate destination program specialties as part of an existing or proposed contract for the delivery of emergency medical transport services awarded pursuant to Section 1797.224. The local EMS agency shall not offer additional points or preferences to a bidder for emergency medical transport services on the basis that the bidder will provide, or has negotiated or agreed to provide, community paramedicine or triage to alternate destinations.
- (f) The local EMS agency shall prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

(*Amended by Stats. 2023, Ch. 270, Sec. 5. (AB 767) Effective January 1, 2024. Repealed as of January 1, 2031, pursuant to Section 1857.*)

1842. In addition to the requirements of Section 1841, a local EMS agency that elects to develop a community paramedicine program shall do both of the following:

- (a) Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties as described in Section 1815 consistent with all of the following:
 - (1) Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the local EMS agency shall review and approve any written agreements necessary to implement the program with those public agencies.

(2) Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties.

(3) If a public agency declines to provide the proposed program specialties pursuant to paragraph (1) or (2), the local EMS agency shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties.

(b) Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program specialties described in subdivision (a) of Section 1815.

(Amended by Stats. 2023, Ch. 270, Sec. 6. (AB 767) Effective January 1, 2024. Repealed as of January 1, 2031, pursuant to Section 1857.)

1843. In addition to the requirements of Section 1841, a local EMS agency that elects to develop a triage to alternate destination program shall do all of the following:

(a) (1) Develop a plan that includes existing advanced life supports (ALS) providers, including public agencies, operating in the proposed program area to deliver the triage to alternate destination services. An ALS provider operating in the area may opt out of the plan. If an ALS provider chooses to opt out of the plan, the local EMS agency may, in order to achieve the plan goals, select another existing ALS provider operating within the agency's jurisdiction to provide the triage to alternate destination services in the operational area where the ALS provider has opted out.

(A) The plan shall recognize existing operational boundaries of ALS providers and basic life support (BLS) providers providing emergency medical transport services pursuant to Section 1797.201 or 1797.224 in the proposed program area.

(B) An ALS provider providing emergency medical transport services pursuant to Section 1797.201 may contract with private providers to deliver triage to alternate destination services in the proposed program areas. This subparagraph does not impair or alter an existing right to contract or provide for administration of emergency medical services pursuant to Section 1797.201.

(C) An ALS provider who is authorized to provide emergency medical transport services pursuant to Section 1797.224 may enter into agreements with public agency ALS providers to deliver the triage to alternate destination program specialties. This subparagraph does not impair or alter an existing right to provide emergency medical transportation services pursuant to Section 1797.224. This subparagraph does not confer to the parties of the agreement a right to provide emergency medical transportation services pursuant to Section 1797.224.

(2) A local EMS agency may exclude an existing ALS provider from the plan if it determines that the provider's participation will negatively impact patient care. If a local EMS agency elects to exclude an ALS provider, the EMS agency shall do both of the following:

(A) Report to the authority at the time the program is submitted for approval, the specific reasons for excluding an ALS provider.

(B) Inform the ALS provider of the reasons for exclusion.

(b) Facilitate any necessary agreements to ensure continuity of care and efficient transfer of care between the triage to alternate destination program provider and the existing emergency medical transport provider to ensure transport to the appropriate facility.

(c) At the discretion of the local EMS medical director, develop additional triage and assessment protocols commensurate with the need of the local programs authorized under this chapter.

(d) Certify and provide documentation and updates to the Emergency Medical Services Authority showing that the alternate destination facility authorized to receive patients maintains adequate licensed medical and professional staff, facilities, and equipment that comply with the requirements of the Emergency Medical Services Authority's regulations and the provisions of this chapter.

(e) Secure an agreement with the alternate destination facility that requires the facility to notify the local EMS agency within 24 hours if there are changes in the status of the facility with respect to protocols and the facility's ability to care for patients.

(f) Secure an agreement with the alternate destination that requires the facility to operate in accordance with Section 1317. The agreement shall provide that failure to operate in accordance with Section 1317 will result in the immediate termination of use of the facility as part of the triage to alternate destination facility.

(g) In implementing a triage to alternate destination program specialties described in Section 1819, continue to use, and coordinate with, any emergency medical transport providers operating within the jurisdiction of the local EMS agency pursuant to Section 1797.201 or 1797.224. The local EMS agency shall not in any manner eliminate or reduce the services of the emergency medical transport providers.

(h) Establish a process for training and accreditation of triage paramedics in each of the proposed triage to alternate destination program's specialties 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.)