



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 3. State Administration [1797.100 - 1797.197a]** ( *Chapter 3 added by Stats. 1980, Ch. 1260.*  )

**ARTICLE 1. The Emergency Medical Services Authority [1797.100 - 1797.120.7]** ( *Article 1 added by Stats. 1980, Ch. 1260.*  )

**1797.100.** There is in the state government, in the California Health and Human Services Agency, the Emergency Medical Services Authority.

(Amended by Stats. 2023, Ch. 42, Sec. 19. (AB 118) Effective July 10, 2023.)

**1797.101.** (a) The Emergency Medical Services Authority shall be headed by the Director of the Emergency Medical Services Authority, who shall be appointed by the Governor upon nomination by the Secretary of California Health and Human Services, subject to confirmation by the Senate, and shall hold office at the pleasure of the Governor.

(b) The Emergency Medical Services Authority shall have a chief medical officer of the Emergency Medical Services Authority, who shall be appointed by the Governor upon nomination by the Secretary of California Health and Human Services, subject to confirmation by the Senate, and shall hold office at the pleasure of the Governor. The chief medical officer shall be a physician and surgeon licensed in California pursuant to the provisions of Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, and who has substantial experience in the practice of emergency medicine or emergency response in California.

(c) The chief medical officer shall provide clinical leadership and oversight concerning treatment, education, and other matters involving medical decisionmaking and delivery of patient care, including, but not limited to, scope of practice, trauma system organization, stroke and ST-elevation myocardial infarction (STEMI) requirements, and first aid and CPR training.

(Amended by Stats. 2023, Ch. 191, Sec. 3. (SB 137) Effective September 13, 2023.)

**1797.102.** The authority, utilizing regional and local information, shall assess each EMS area or the system's service area for the purpose of determining the need for additional emergency medical services, coordination of emergency medical services, and the effectiveness of emergency medical services.

(Added by Stats. 1980, Ch. 1260.)

**1797.103.** The authority shall develop planning and implementation guidelines for emergency medical services systems which address the following components:

- (a) Manpower and training.
- (b) Communications.
- (c) Transportation.
- (d) Assessment of hospitals and critical care centers.
- (e) System organization and management.
- (f) Data collection and evaluation.
- (g) Public information and education.
- (h) Disaster response.

(Added by Stats. 1980, Ch. 1260.)

**1797.104.** The authority shall provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems.

*(Added by Stats. 1980, Ch. 1260.)*

**1797.105.** (a) The authority shall receive plans for the implementation of emergency medical services and trauma care systems from local EMS agencies.

(b) After the applicable guidelines or regulations are established by the authority, a local EMS agency may implement a local plan developed pursuant to Section 1797.250, 1797.254, 1797.257, or 1797.258 unless the authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations, established by the authority.

(c) A local EMS agency may appeal a determination of the authority pursuant to subdivision (b) to the commission.

(d) In an appeal pursuant to subdivision (c), the commission may sustain the determination of the authority or overrule and permit local implementation of a plan, and the decision of the commission is final.

*(Amended by Stats. 1984, Ch. 1735, Sec. 1. Effective September 30, 1984.)*

**1797.106.** (a) Regulations, standards, and guidelines adopted by the authority and by local EMS agencies pursuant to the provisions of this division shall not prohibit hospitals which contract with group practice prepayment health care service plans from providing necessary medical services for the members of those plans.

(b) Regulations, standards, and guidelines adopted by the authority and by local EMS agencies pursuant to the provisions of this division shall provide for the transport and transfer of a member of a group practice prepayment health care service plan to a hospital that contracts with the plan when the base hospital determines that the condition of the member permits the transport or when the condition of the member permits the transfer, except that when the dispatching agency determines that the transport by a transport unit would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of treating the member.

*(Amended by Stats. 1986, Ch. 248, Sec. 127.)*

**1797.107.** The authority shall adopt, amend, or repeal, after approval by the commission and in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, such rules and regulations as may be reasonable and proper to carry out the purposes and intent of this division and to enable the authority to exercise the powers and perform the duties conferred upon it by this division not inconsistent with any of the provisions of any statute of this state.

*(Amended by Stats. 1986, Ch. 248, Sec. 128.)*

**1797.108.** Subject to the availability of funds appropriated therefor, the authority may contract with local EMS agencies to provide funding assistance to those agencies for planning, organizing, implementing, and maintaining regional emergency medical services systems.

In addition, the authority may provide special funding to multicounty EMS agencies which serve rural areas with extensive tourism, as determined by the authority, to reduce the burden on the rural EMS agency of providing the increased emergency medical services required due to that tourism.

Each local or multicounty EMS agency receiving funding pursuant to this section shall make a quarterly report to the authority on the functioning of the local EMS system. The authority may continue to transfer appropriated funds to the local EMS agency upon satisfactory operation.

*(Added by Stats. 1983, Ch. 191, Sec. 3. Effective July 11, 1983.)*

**1797.109.** (a) The director may develop, or prescribe standards for and approve, an emergency medical technician training and testing program for the Department of the California Highway Patrol, Department of Forestry and Fire Protection, California Fire Fighter Joint Apprenticeship Committee, and other public safety agency personnel, upon the request of, and as deemed appropriate by, the director for the particular agency.

(b) The director may, with the concurrence of the Department of the California Highway Patrol, designate the California Highway Patrol Academy as a site where the training and testing may be offered.

(c) The director may prescribe that each person, upon successful completion of the training course and upon passing a written and a practical examination, be certified as an emergency medical technician of an appropriate classification. A suitable identification card may be issued to each certified person to designate that person's emergency medical skill level.

(d) The director may prescribe standards for refresher training to be given to persons trained and certified under this section.

(e) The Department of the California Highway Patrol shall, subject to the availability of federal funds, provide for the initial training of its uniformed personnel in the rendering of emergency medical technician services to the public in specified areas of the state as designated by the Commissioner of the California Highway Patrol.

*(Amended by Stats. 2000, Ch. 157, Sec. 1. Effective January 1, 2001.)*

**1797.110.** The Legislature finds that programs funded through the authority are hindered by the length of time required for the state process to execute approved contracts and payment of vendor claims. These programs include, but are not limited to, general fund assistance to rural multicounty EMS agencies and dispersal of federal grant moneys for EMS systems development to local EMS agencies. This hardship is particularly felt by new or rural community based EMS agencies with modest reserves and cash flow problems. It is the intent of the Legislature that advance payment authority be established for the authority in order to alleviate such problems for those types of contractors to the extent possible.

Notwithstanding any other provision of law, the authority may, to the extent funds are available, provide for advanced payments under any financial assistance contract which the authority determines has been entered into with any small, rural, or new EMS agency with modest reserves and potential cash flow problems, as determined by the authority. Such programs include, but are not limited to, local county or multicounty EMS agencies.

No advance payment or aggregate of advance payments made pursuant to this section shall exceed 25 percent of the total annual contract amount. No advance payment should be made pursuant to this section if the applicable federal law prohibits advance payment.

*(Added by Stats. 1983, Ch. 191, Sec. 4. Effective July 11, 1983.)*

**1797.111.** With the approval of the Department of Finance, and for use in the furtherance of the work of the authority, the director may accept all of the following:

(a) Grants of interest in real property.

(b) Gifts of money from public agencies or from organizations or associations organized for scientific, educational, or charitable purpose.

*(Added by Stats. 1983, Ch. 1246, Sec. 18.)*

**1797.112.** (a) The Emergency Medical Services Personnel Fund is hereby created in the State Treasury, the funds in which are to be held in trust for the benefit of the authority's testing and personnel licensure program, for the duties and activities of the Paramedic Disciplinary Review Board pursuant to Article 2.5 (commencing with Section 1797.125) of this chapter, and for the purpose of making reimbursements to entities for the performance of functions for which fees are collected pursuant to Section 1797.172, for expenditure upon appropriation by the Legislature.

(b) The authority may transfer unused portions of the Emergency Medical Services Personnel Fund to the Surplus Money Investment Fund. Funds transferred to the Surplus Money Investment Fund shall be placed in a separate trust account, and shall be available for transfer to the Emergency Medical Services Personnel Fund, together with interest earned, when requested by the authority.

(c) The authority shall maintain a reserve balance in the Emergency Medical Services Personnel Fund of 5 percent. Any increase in the fees deposited in the Emergency Medical Services Personnel Fund shall be effective upon a determination by the authority that additional moneys are required to fund expenditures of the personnel licensure program, including, but not limited to, reimbursements to entities set forth in subdivision (a).

*(Amended by Stats. 2021, Ch. 463, Sec. 1. (AB 450) Effective January 1, 2022.)*

**1797.113.** The Emergency Medical Services Training Program Approval Fund is hereby established in the State Treasury and, notwithstanding Section 13340 of the Government Code, is continuously appropriated to the authority for the authority's training program review and approval activities. The fees charged by the authority under Section 1797.191 shall be deposited in this fund. The authority may transfer unexpended and unencumbered moneys contained in the Emergency Medical Services Training Program Approval Fund to the Surplus Money Investment Fund for investment pursuant to Article 4 (commencing with Section 16470) of Chapter 3 of Part 2 of Division 4 of Title 2 of the Government Code. All interest, dividends, and pecuniary gains from these investments or deposits shall accrue to the Emergency Medical Services Training Program Approval Fund.

*(Amended by Stats. 1998, Ch. 666, Sec. 2. Effective September 21, 1998.)*

**1797.114.** The rules and regulations of the authority established pursuant to Section 1797.107 shall include a requirement that a local EMS agency local plan developed pursuant to this division shall require that in providing emergency medical transportation services to any patient, the patient shall be transported to the closest appropriate medical facility, if the emergency health care needs of the patient dictate this course of action. Emergency health care need shall be determined by the prehospital emergency medical

care personnel under the direction of a base hospital physician and surgeon or in conformance with the regulations of the authority adopted pursuant to Section 1797.107.

*(Added by Stats. 1998, Ch. 979, Sec. 4. Effective January 1, 1999.)*

**1797.115.** (a) To the extent permitted by federal law and upon appropriation in the annual Budget Act or another statute, the Director of Finance may transfer any moneys in the Federal Trust Fund established pursuant to Section 16360 of the Government Code to the Emergency Medical Services Authority if the money is made available by the United States for expenditure by the state for purposes consistent with the implementation of this section.

(b) Moneys appropriated pursuant to subdivision (a) shall be allocated by the authority to the California Fire Fighter Joint Apprenticeship Program to do all of the following:

- (1) Offset the cost of paramedic training course development.
- (2) Enter into reimbursement contracts with eligible state and local agencies that in turn may contract with educational institutions for the delivery of paramedic training conducted in compliance with the requirements of subdivision (a) of Section 1797.172.
- (3) Allocate funds, in the form of grants, to eligible state and local agencies to defray the cost of providing paramedic training for fire services personnel, including, but not limited to, instructional supplies and trainee compensation expenses.

(c) To the extent permitted by federal law, the authority shall recover its costs for administration of this section from the funds transferred pursuant to subdivision (a).

(d) In order to be eligible for a grant under paragraph (3) of subdivision (b), a state or local agency shall demonstrate a need for additional paramedics.

(e) For purposes of this section, the following definitions apply:

- (1) "Fire service personnel" includes, but is not limited to, a firefighter or prehospital emergency medical worker employed by a state or local agency.
- (2) "Local agency" means any city, county, city and county, fire district, special district, joint powers agency, or any other political subdivision of the state that provides fire protection services.
- (3) "State agency" means any state agency that provides residential or institutional fire protection, including, but not limited to, the Department of Forestry and Fire Protection.

*(Amended by Stats. 2003, Ch. 62, Sec. 180. Effective January 1, 2004.)*

**1797.116.** (a) The authority shall establish additional training standards that include the criteria for the curriculum content recommended by the Curriculum Development Advisory Committee established pursuant to Section 8588.10 of the Government Code, involving the responsibilities of first responders to terrorism incidents and to address the training needs of those identified as first responders. Training standards shall include, but not be limited to, criteria for coordinating between different responding entities.

(b) Every EMT I, EMT II, and EMT-P, as defined in Sections 1797.80, 1797.82, and 1797.84, may receive the appropriate training described in this section. Pertinent training previously completed by any jurisdiction's EMT I, EMT II, or EMT-P personnel and meeting the training requirements of this section may be submitted to the training program approving authority to assess its content and determine whether it meets the training standards prescribed by the authority.

*(Amended by Stats. 2014, Ch. 668, Sec. 3. (AB 1598) Effective January 1, 2015.)*

**1797.117.** (a) The authority shall establish and maintain a centralized registry system for the monitoring and tracking of each EMT-I and EMT-II certificate status and each EMT-P license status. This centralized registry system shall be used by the certifying entities as part of the certification process for an EMT-I and EMT-II and by the authority as part of the licensure process for an EMT-P license. The authority shall, by regulation, specify the data elements to be included in the centralized registry system, the requirements for certifying entities to report the data elements for inclusion in the registry, including reporting deadlines, the penalties for failure of a certifying entity to report certification status changes within these deadlines, and requirements for submission to the Department of Justice fingerprint images and related information required by the Department of Justice of, except as otherwise provided in this division, EMT-I and EMT-II certificate candidates or holders and EMT-P license candidates or holders for the purposes described in subdivision (c). The data elements to be included in the centralized registry system shall include, but are not limited to, data elements that are to be made publicly available pursuant to subdivision (b).

(b) The information made available to the public through the centralized registry system shall include all of the following data elements: the full name of every individual who has been issued an EMT-I or EMT-II certificate or EMT-P license, the name of the

entity that issued the certificate or license, the certificate or license number, the date of issuance of the license or certificate, and the license or certificate status.

(c) (1) As part of the centralized registry system, the authority shall electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all EMT-I and EMT-II certificate candidates or holders, and of all EMT-P license applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this subdivision. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and electronically disseminate a primary response to the authority and electronically disseminate a dual response to one government agency certifying entity.

(3) The Department of Justice shall electronically provide the primary response to the authority and also electronically, the dual response to one certifying entity that is a government agency, pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(d) The authority shall request the Department of Justice to provide subsequent arrest notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in subdivision (c). All subsequent arrest notifications provided to the authority for persons described in subdivision (c) shall be electronically submitted to one government agency certifying entity, as a dual response by the Department of Justice.

(e) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this section.

*(Added by Stats. 2008, Ch. 274, Sec. 6. Effective January 1, 2009.)*

**1797.118.** (a) On and after July 1, 2010, and except as provided in subdivision (b), every EMT-I and EMT-II certificate candidate or holder shall have their fingerprint images and related information submitted to the authority for submission to the Department of Justice pursuant to the regulations adopted pursuant to Section 1797.117 for a state and federal level criminal offender record information search, including subsequent arrest information.

(b) If a state level criminal offender record information search, including subsequent arrest information, has been conducted on a currently certified EMT-I or EMT-II, who was certified prior to July 1, 2010, for the purposes of employment or EMT-I or EMT-II certification, then the certifying entity or employer as identified in paragraph (2) of subdivision (a) of Section 1798.200 shall verify in writing to the authority pursuant to regulations adopted pursuant to Section 1797.117 that a state level criminal offender record information search, including subsequent arrest information, has been conducted and that nothing in the criminal offender record information search precluded the individual from obtaining EMT-I or EMT-II certification.

*(Added by Stats. 2008, Ch. 274, Sec. 7. Effective January 1, 2009.)*

**1797.119.** (a) The authority shall distribute to each local EMS agency the curriculum content criteria for peer-to-peer suicide prevention programming developed pursuant to Section 13159.6.

(b) Each local EMS agency shall make the curriculum content criteria available to each emergency medical services employer in the local EMS agency's jurisdiction.

(c) Every paid emergency medical services responder may receive appropriate training consistent with the curriculum content criteria.

*(Added by Stats. 2022, Ch. 575, Sec. 1. (AB 662) Effective January 1, 2023.)*

**1797.120.** (a) The authority shall develop, using input from stakeholders, including, but not limited to, hospitals, local EMS agencies, and public and private EMS providers, and, after approval by the commission pursuant to Section 1799.50, adopt a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

(b) For the purposes of this section, "ambulance patient offload time" is defined as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient.

*(Added by Stats. 2015, Ch. 379, Sec. 1. (AB 1223) Effective January 1, 2016.)*

**1797.120.5.** (a) (1) By no later than December 31, 2024, the authority shall develop and implement a California Emergency Medical Services Information System requirement for an electronic signature for use between the emergency department medical personnel at a receiving hospital and the Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Emergency Medical Technician-Paramedic (EMT-P) that captures the points in time when the ambulance arrives at the hospital

emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined by Section 1797.120.

(2) The signature shall be collected when physical transfer of the patient occurs and the report is given to hospital staff and shall note ambulance arrival time at the hospital.

(b) (1) By no later than July 1, 2024, every local EMS agency shall develop a standard not to exceed 30 minutes, 90 percent of the time, for ambulance patient offload time and report the adopted time to the authority.

(2) In the development of the standard required by paragraph (1), the local EMS agency may engage stakeholders, including hospital representatives, fire departments having jurisdiction, exclusive employee representatives of staff at hospitals, fire departments, EMS providers, if any, and others.

(c) By no later than December 31, 2024, the authority shall develop and implement an audit tool to improve the data accuracy of transfer of care with validation from hospitals and local EMS agencies.

(d) The authority shall provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement this section.

(e) On or before December 31, 2024, the authority shall adopt emergency regulations to implement this section. The emergency regulations adopted pursuant to this section shall be adopted in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and, for purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of the regulations is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health and safety, and general welfare.

*(Added by Stats. 2023, Ch. 793, Sec. 1. (AB 40) Effective January 1, 2024.)*

**1797.120.6.** (a) A licensed general acute care hospital with an emergency department shall, by September 1, 2024, develop, in consultation with its emergency department staff, and its exclusive employee representatives, if any, an ambulance patient offload time reduction protocol that addresses all of the following factors:

(1) Notification of hospital administrators, nursing staff, medical staff, and ancillary services that the local EMS agency standard for ambulance patient offload time has been exceeded for one month.

(2) Mechanisms to improve hospital operations to reduce ambulance patient offload time, which may include, but are not limited to, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems, and adding additional staffing.

(3) Systems to improve general hospital coordination with the emergency department, including consults for emergency department patients.

(4) Direct operational changes designed to facilitate a rapid reduction in ambulance patient offload time to meet the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5.

(b) A licensed general acute care hospital with an emergency department shall file its ambulance patient offload time reduction protocol with the authority and shall annually report any revisions to its protocol.

*(Added by Stats. 2023, Ch. 793, Sec. 2. (AB 40) Effective January 1, 2024.)*

**1797.120.7.** (a) On or before December 31, 2024, the authority shall monitor monthly ambulance patient offload time data for each hospital required to report under Section 1797.120.5.

(b) If, on or after December 31, 2024, a general acute care hospital with an emergency department has an ambulance patient offload time that exceeds the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5 for the preceding month, the authority shall comply with all of the following:

(1) Report the ambulance patient offload time exceedance to the relevant local EMS agency and the commission via electronic means.

(2) Direct the local EMS agency to alert all EMS providers in the jurisdiction.

(3) Direct the licensed general acute care hospital with an emergency department to implement the ambulance patient offload time reduction protocol developed pursuant to Section 1797.120.6.

(4) Host, at minimum, bi-weekly calls with the relevant hospital administration, including emergency department leadership, EMS providers, local EMS agency, and hospital employees to update and discuss implementation of the protocol and the outcomes.

