



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

AB-1544 Community Paramedicine or Triage to Alternate Destination Act. (2019-2020)

SHARE THIS:  

Date Published: 09/29/2020 02:00 PM

Assembly Bill No. 1544

CHAPTER 138

An act to amend Section 1799.2 of, to add Section 1797.259 to, to add and repeal Section 1797.273 of, and to add and repeal Chapter 13 (commencing with Section 1800) of Division 2.5 of, the Health and Safety Code, relating to community paramedicine.

[Approved by Governor September 25, 2020. Filed with Secretary of State September 25, 2020.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1544, Gipson. Community Paramedicine or Triage to Alternate Destination Act.

(1) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The existing act establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of EMS systems. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor.

This bill would establish within the act until January 1, 2024, the Community Paramedicine or Triage to Alternate Destination Act of 2020. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop, and after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. The bill would require the director of the authority, on or before March 1, 2021, to establish a community paramedicine and triage to alternate destination oversight advisory committee to advise the authority on the development and oversight of specialties for those programs. The bill would require the authority to review a local EMS agency's proposed program and approve or deny the proposed program no later than 6 months after it is submitted by the local EMS agency. The bill would require a local EMS agency that opts to develop a program to perform specified duties that include, among others, integrating the proposed program into the local EMS agency's EMS plan. The bill would require the Emergency Medical Services Authority to submit an annual report on the community paramedicine or triage to alternate destination programs operating in California to the Legislature, as specified. The bill would also require the authority to contract with an independent 3rd party to prepare a final report on the results of the community paramedicine or triage to alternate destination programs on or before April 1, 2023, as specified.

The bill would prohibit a person or organization from providing community paramedicine or triage to alternate destination services or representing, advertising, or otherwise implying that it is authorized to provide those services unless it is expressly authorized by a local EMS agency to provide those services as part of a program approved by the authority. The bill would also prohibit a community paramedic or a triage paramedic from providing their respective services unless the community paramedic or triage

paramedic has been certified and accredited to perform those services and is working as an employee of an authorized provider. Because a violation of the act described above is punishable as a misdemeanor, and because this bill would create new requirements within the act, the bill would expand an existing crime, thereby imposing a state-mandated local program.

(2) Existing law authorizes a county to establish an emergency medical care committee and requires the committee, at least annually, to review the operations of ambulance services operating within the county, emergency medical care offered within the county, and first aid practices in the county. Existing law requires the county board of supervisors to prescribe the membership, and appoint the members, of the committee.

This bill would, if the county elects to develop a community paramedicine or triage to alternate destination program, require the committee to be established, if one is not already established, to include additional members, as specified, and to advise the local EMS agency on the development of its community paramedicine or triage to alternate destination program. The bill would specifically require the mayor of a city and county to appoint the membership.

The bill would repeal these provisions on January 1, 2024.

(3) Existing law establishes the Commission on Emergency Medical Services with 18 members. The commission, among other things, reviews and approves regulations, standards, and guidelines developed by the authority.

This bill would increase the membership of the commission to 19 members and modify the entities that submit names for appointment to the commission by the Governor, the Senate Committee on Rules, and the Speaker of the Assembly.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1797.259 is added to the Health and Safety Code, to read:

1797.259. A local EMS agency that elects to implement a community paramedicine or triage to alternate destination program pursuant to Section 1840 shall develop and, prior to implementation, submit a plan for that program to the authority according to the requirements of Chapter 13 (commencing with Section 1800).

SEC. 2. Section 1797.273 is added to the Health and Safety Code, to read:

1797.273. (a) Notwithstanding Sections 1797.270 and 1797.272, if a local EMS agency within the county elects to develop a community paramedicine or triage to alternate destination program pursuant to Section 1840, the county board of supervisors, or in the case of a city and county, the mayor, shall establish an emergency medical care committee to advise the local EMS agency on the development of the program and other matters relating to emergency medical services. Where a committee is already established for the purposes described in this article, the county board of supervisors or the mayor, as appropriate, shall ensure that the membership meets or exceeds the requirements of subdivision (b).

(b) The board of supervisors or the mayor shall ensure that the membership of the committee includes all of the following members to advise the local EMS agency on the development of the community paramedicine or triage to alternate destination program:

(1) One emergency medicine physician and surgeon who is board certified or board eligible practicing at an emergency department within the jurisdiction of the local EMS agency.

(2) One registered nurse practicing within the jurisdiction of the local EMS agency.

(3) One licensed paramedic practicing within the jurisdiction of the local EMS agency. Whenever possible, the paramedic shall be employed by a public agency.

(4) One acute care hospital representative with an emergency department that operates within the jurisdiction of the local EMS agency.

(5) Additional advisory members in the fields of public health, social work, hospice, substance use disorder detoxification and recovery, or mental health practicing within the jurisdiction of the local EMS agency with expertise commensurate with the program specialty or specialties described in Sections 1815 and 1819 that the local EMS agency proposes to adopt.

(c) The requirements of this section shall apply to any emergency medical care committee established pursuant to this section or Section 1797.270.

(d) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 3. Section 1799.2 of the Health and Safety Code is amended to read:

1799.2. The commission shall consist of 19 members appointed as follows:

(a) One full-time physician and surgeon, whose primary practice is emergency medicine, appointed by the Senate Committee on Rules from a list of three names submitted by the California Chapter of the American College of Emergency Physicians.

(b) One physician and surgeon, who is a trauma surgeon, appointed by the Speaker of the Assembly from a list of three names submitted by the California Chapter of the American College of Surgeons.

(c) One physician and surgeon appointed by the Senate Committee on Rules from a list of three names submitted by the California Medical Association.

(d) One county health officer appointed by the Governor from a list of three names submitted by the California Conference of Local Health Officers.

(e) One registered nurse, who is currently, or has been previously, authorized as a mobile intensive care nurse and who is knowledgeable in state emergency medical services programs and issues, appointed by the Governor from a pool of candidates submitted by the California Labor Federation and a pool of candidates submitted by the Emergency Nurses Association.

(f) One full-time paramedic or EMT-II, who is not employed as a full-time peace officer, appointed by the Senate Committee on Rules from a pool of candidates submitted by the California Labor Federation and a pool of candidates submitted by the California Rescue and Paramedic Association.

(g) One prehospital emergency medical service provider from the private sector, appointed by the Speaker of the Assembly from a list of three names submitted by the California Ambulance Association.

(h) One management member of an entity providing fire protection and prevention services appointed by the Governor from a list of three names submitted by the California Fire Chiefs Association.

(i) One physician and surgeon who is board prepared or board certified in the specialty of emergency medicine by the American Board of Emergency Medicine and who is knowledgeable in state emergency medical services programs and issues appointed by the Speaker of the Assembly.

(j) One hospital administrator of a base hospital who is appointed by the Governor from a list of three names submitted by the California Hospital Association.

(k) One full-time peace officer, who is either an EMT-II or a paramedic, who is appointed by the Governor from a list of three names submitted by the California Peace Officers Association.

(l) Two public members who have experience in local EMS policy issues, at least one of whom resides in a rural area as defined by the authority, and who are appointed by the Governor.

(m) One administrator from a local EMS agency appointed by the Governor from a list of four names submitted by the Emergency Medical Services Administrator's Association of California.

(n) One medical director of a local EMS agency who is an active member of the Emergency Medical Directors Association of California and who is appointed by the Governor.

(o) One person appointed by the Governor, who is an active member of the California State Firemen's Association.

(p) One person who is employed by the Department of Forestry and Fire Protection (CAL-FIRE) appointed by the Governor from a list of three names submitted by the California Professional Firefighters.

(q) One person who is employed by a city, county, or special district that provides fire protection appointed by the Governor from a list of three names submitted by the California Professional Firefighters.

(r) One medical director of a public fire protection agency in the state appointed by the Governor from a list of three names submitted by the California Professional Firefighters.

SEC. 4. Chapter 13 (commencing with Section 1800) is added to Division 2.5 of the Health and Safety Code, to read:

CHAPTER 13. Community Paramedicine or Triage to Alternate Destination

Article 1. General Provisions

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

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.

Article 2. Definitions

1810. Unless otherwise indicated in this chapter, the definitions contained in this article govern the provisions of this chapter.

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.

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.

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.

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.

1815. "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:

- (a) 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.
- (b) Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

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.

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.

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.

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.

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.

Article 3. State Administration

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.

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.

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.

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.

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.

1834. (a) Notwithstanding Section 10231.5 of the Government Code, on or before April 1, 2023, 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 identify and contract with an independent third-party evaluator to 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.

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.

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, post-discharge 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 January 1, 2024. The authority shall seek federal funding or funding from private sources to support the continued operation of the post-discharge programs described in this subdivision. As part of any annual reports submitted in 2022 and 2023, the authority shall include in its annual report to the Legislature, as required by Section 1833, an analysis of the post-discharge followup pilot programs operating pursuant to this subdivision.

Article 4. Local Administration

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.

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.

(g) Facilitate funding discussions between a community paramedicine provider, triage to alternate destination provider, or incumbent emergency medical transport provider and public or private health system participants to support the implementation of the local EMS agency's community paramedicine or triage to alternate destination program.

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 subdivisions (a) and (b) of Section 1815.

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.

Article 5. Miscellaneous

1850. A community paramedicine pilot program approved under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173 before September 1, 2020, to deliver community paramedicine services, as described in Section 1815, is authorized to continue the use of existing providers and is exempt from paragraphs (1) to (3), inclusive, of subdivision (a) of Section 1842 unless the provider elects to reduce or eliminate one or more of those community paramedicine services approved under the pilot program or fails to comply with the program standards as required by this chapter.

1851. A person or organization shall not provide community paramedicine or triage to alternate destination services or represent, advertise, or otherwise imply that it is authorized to provide community paramedicine or triage to alternate destination services unless it is expressly authorized by a local EMS agency to provide those services as part of a community paramedicine or triage to alternate destination program approved by the Emergency Medical Services Authority in accordance with Section 1835.

1852. A community paramedic shall provide community paramedicine services only if the community paramedic has been certified and accredited to perform those services by a local EMS agency and is working as an employee of an authorized community paramedicine provider.

1853. A triage paramedic shall provide triage to alternate destination services only if the triage paramedic has been certified and accredited to perform those services by a local EMS agency and is working as an employee of an authorized triage to alternate destination provider.

1854. The disciplinary procedures for a community paramedic or triage paramedic shall be consistent with subdivision (d) of Section 1797.194.

1855. Entering into an agreement to be a community paramedicine or triage to alternate destination provider pursuant to this chapter shall not alter or otherwise supersede Section 1797.201 or 1797.224.

1856. The liability provisions described in Chapter 9 (commencing with Section 1799.100) apply to this chapter.

1857. This chapter shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.