

AMENDED IN ASSEMBLY APRIL 22, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1544**

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**Introduced by Assembly Members Gipson and Gloria**  
(Principal coauthor: Senator Hertzberg)

February 22, 2019

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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.

LEGISLATIVE COUNSEL'S DIGEST

AB 1544, as amended, 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 ~~is required~~ 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 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, 2030, the Community Paramedicine or Triage to Alternate Destination Act of 2019. 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 regulations to establish minimum standards for a ~~program~~, *program* and would further require the Commission on Emergency Medical Services to review and approve those regulations. The bill would require the authority to review a local EMS agency's proposed program and approve, approve with conditions, 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 June 1, 2028, 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, ~~notwithstanding these provisions~~, *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 ~~a the~~ local EMS agency ~~within the county~~ on the development of its community paramedicine or triage to alternate destination ~~program if the local EMS agency develops that 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, 2030.

(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 20 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.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1797.259 is added to the Health and
- 2 Safety Code, to read:
- 3 1797.259. A local EMS agency that elects to implement a
- 4 community paramedicine or triage to alternate destination program
- 5 pursuant to Section 1840 shall develop and, prior to
- 6 implementation, submit a plan for that program to the authority
- 7 according to the requirements of Chapter 13 (commencing with
- 8 Section 1800).
- 9 SEC. 2. Section 1797.273 is added to the Health and Safety
- 10 Code, to read:
- 11 1797.273. (a) Notwithstanding Sections 1797.270 and
- 12 1797.272, if a local EMS agency within the county elects to
- 13 develop a community paramedicine or triage to alternate destination
- 14 program pursuant to Section 1840, the county board of supervisors,

1 or in the case of a city and county, the mayor, shall establish an  
2 emergency medical care committee.

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

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

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

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

16 (4) One acute care hospital representative with an emergency  
17 department ~~operating~~ *that operates* within the jurisdiction of the  
18 local EMS agency.

19 (5) If a local EMS agency elects to implement a triage to  
20 alternate destination program to a sobering center, one individual  
21 with expertise in substance use disorder detoxification and  
22 recovery.

23 (6) Additional advisory members in the fields of public health,  
24 social work, hospice, or mental health practicing within the  
25 jurisdiction of the local EMS agency with expertise commensurate  
26 with the program specialty or specialties described in Section 1815  
27 that the local EMS agency proposes to adopt.

28 (c) The requirements of this section shall apply to any  
29 emergency medical care ~~committees, or other committees, created~~  
30 ~~for the purposes described in Section 1797.274.~~ *committee*  
31 *established pursuant to this section or Section 1797.270.*

32 (d) This section shall remain in effect only until January 1, 2030,  
33 and as of that date is repealed.

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

36 1799.2. The commission shall consist of 20 members appointed  
37 as follows:

38 (a) One full-time physician and surgeon, whose primary practice  
39 is emergency medicine, appointed by the Senate Committee on

1 Rules from a list of three names submitted by the California  
2 Chapter of the American College of Emergency Physicians.

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

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

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

13 (e) One registered nurse, who is currently, or has been  
14 previously, authorized as a mobile intensive care nurse and who  
15 is knowledgeable in state emergency medical services programs  
16 and issues, appointed by the Governor from a list of three names  
17 submitted by the California Labor Federation.

18 (f) One full-time paramedic or EMT-II, who is not employed  
19 as a full-time peace officer, appointed by the Senate Committee  
20 on Rules from a list of three names submitted by the California  
21 Labor Federation.

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

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

30 (i) One physician and surgeon who is board prepared or board  
31 certified in the specialty of emergency medicine by the American  
32 Board of Emergency Medicine and who is knowledgeable in state  
33 emergency medical services programs and issues appointed by the  
34 Speaker of the Assembly from a list of three names submitted by  
35 the California Chapter of the American College of Emergency  
36 Physicians.

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

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

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

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

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

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

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

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

23 (r) One physician and surgeon specializing in *the* comprehensive  
24 care of individuals with co-occurring mental health or psychosocial  
25 and substance use disorders appointed by the Governor in  
26 consultation with the California Psychiatric Association and the  
27 California Society of Addiction Medicine.

28 (s) One licensed clinical social worker appointed by the  
29 Governor in consultation with the California State Council of the  
30 Service Employees International Union and the California Chapter  
31 of the National Association of Social Workers.

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

1 CHAPTER 13. COMMUNITY PARAMEDICINE OR TRIAGE TO  
2 ALTERNATE DESTINATION

3  
4 Article 1. General Provisions  
5

6 1800. This chapter shall be known, and may be cited, as the  
7 Community Paramedicine or Triage to Alternate Destination Act  
8 of 2019.

9 1801. (a) It is the intent of the Legislature to establish state  
10 standards that govern the implementation of community  
11 paramedicine or triage to alternate destination programs by local  
12 EMS agencies in California.

13 (b) It is the intent of the Legislature that community  
14 paramedicine or triage to alternate destination programs be  
15 community-focused extensions of the traditional emergency  
16 response and transportation paramedic model that has developed  
17 over the last 50 years and be recognized as an emerging model of  
18 care created to meet an unmet need in California's communities.

19 (c) It is the intent of the Legislature to improve the health of  
20 individuals in their communities by authorizing licensed  
21 paramedics, working under expert medical oversight, to deliver  
22 community paramedicine or triage to alternate destination services  
23 in California utilizing existing providers, promoting continuity of  
24 care, and maximizing existing efficiencies within the first response  
25 and emergency medical services system.

26 (d) It is the intent of the Legislature that a community  
27 paramedicine or triage to alternate destination program achieve  
28 all of the following:

29 (1) Improve coordination among providers of medical services,  
30 behavioral health services, and social services.

31 (2) Preserve and protect the underlying 911 emergency medical  
32 services delivery system.

33 (3) Preserve, protect, and deliver the highest level of patient  
34 care to every Californian.

35 (4) Preserve and protect the current health care workforce and  
36 empower local health care systems to provide care more effectively  
37 and efficiently.

38 (e) It is the intent of the Legislature that an alternate destination  
39 facility participating as part of an approved program always be

1 staffed by a health care professional with a higher scope of practice,  
2 such as, at minimum, a registered nurse.

3 (f) It is the intent of the Legislature that the delivery of  
4 community paramedicine or triage to alternate destination services  
5 is a public good to be delivered in a manner that promotes the  
6 continuity of both care and providers. It is the intent of the  
7 Legislature that the delivery of these services be coordinate and  
8 consistent with, and complementary to, the existing first response  
9 and emergency medical response system in place within the  
10 jurisdiction of the local EMS agency.

11 (g) It is the intent of the Legislature that a community  
12 paramedicine or triage to alternate destination program be designed  
13 to improve community health and be implemented in a fashion  
14 that respects the current emergency medical system and its  
15 providers, and the health care delivery system. In furtherance of  
16 the public interest and good, agencies that provide first response  
17 services are well positioned to deliver care under a community  
18 paramedicine or triage to alternate destination program.

19 (h) It is the intent of the Legislature that the development of  
20 any community paramedicine or triage to alternate destination  
21 program reflect input from all practitioners of appropriate medical  
22 authorities, including, but not limited to, medical directors,  
23 physicians, nurses, mental health professionals, first responder  
24 paramedics, hospitals, and other entities within the emergency  
25 medical response system.

26 (i) It is the intent of the Legislature that local EMS agencies be  
27 authorized to develop a community paramedicine or triage to  
28 alternate destination program to improve patient care and  
29 community health. A community paramedicine or triage to alternate  
30 destination program should not be used to replace or eliminate  
31 health care workers, reduce personnel costs, harm the working  
32 conditions of emergency medical and health care workers, or  
33 otherwise compromise the emergency medical response or health  
34 care system. The highest priority of any community paramedicine  
35 or triage to alternate destination program shall be improving patient  
36 care.



Article 2. Definitions

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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 designated facility, as defined in subdivision (n) of Section 5008 of the Welfare and Institutions Code, that has at least one registered nurse staffed onsite at the facility at all times.

1813. “Authorized sobering center” means a noncorrectional facility that provides a safe, supportive environment for intoxicated individuals to become sober that meets both of the following requirements:

(a) The facility is staffed at all times with at least one registered nurse.

(b) The facility is a federally qualified health center, including a clinic described in *subdivision (b) of Section 1211.1206*.

1814. “Community paramedic” means a paramedic in good standing 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 certified and 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 short-term postdischarge followup for persons recently discharged from a hospital due to a serious health

1 condition, including collaboration with, and by providing referral  
2 to, home health services when eligible.

3 (b) Providing directly observed therapy (DOT) to persons with  
4 tuberculosis in collaboration with a public health agency to ensure  
5 effective treatment of the tuberculosis and to prevent spread of the  
6 disease.

7 (c) Providing case management services to frequent emergency  
8 medical services users in collaboration with, and by providing  
9 referral to, existing appropriate community resources.

10 1816. “Community paramedicine provider” means an advanced  
11 life support provider authorized by a local EMS agency to provide  
12 advanced life support who has entered into a contract to deliver  
13 community paramedicine services as described in Section 1815  
14 as part of an approved community paramedicine program  
15 developed by a local EMS agency.

16 1817. “Public agency” means a city, county, city and county,  
17 special district, or other political subdivision of the state that  
18 provides first response services, including emergency medical  
19 care.

20 1818. “Triage paramedic” means a paramedic licensed under  
21 this division who has completed the curriculum for triage  
22 paramedic services adopted pursuant to paragraph (2) of  
23 subdivision (d) of Section 1830 and has been accredited by a local  
24 EMS agency in one or more of the triage paramedic specialties  
25 described in Section 1819 as part of an approved triage to alternate  
26 destination program.

27 1819. (a) “Triage to alternate destination program” means a  
28 program developed by a local EMS agency and approved by the  
29 Emergency Medical Services Authority to provide triage paramedic  
30 assessments consisting of one or more specialties described in this  
31 section operating under triage and assessment protocols developed  
32 by the local EMS agency that are consistent with the minimum  
33 triage and assessment protocols established by the authority. Triage  
34 paramedic assessments may consist of the following program  
35 specialties:

36 (1) Providing care and comfort services to hospice patients in  
37 their homes in response to 911 calls by providing for the patient’s  
38 and the family’s immediate care needs, including grief support in  
39 collaboration with the patient’s hospice agency until the hospice  
40 nurse arrives to treat the patient.

1 (2) Providing patients with advanced life support triage and  
2 assessment by a triage paramedic and transportation to an alternate  
3 destination facility.

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

9 1820. “Triage to alternate destination provider” means an  
10 advanced life support provider authorized by a local EMS agency  
11 to provide advanced life support triage paramedic assessments as  
12 part of an approved triage to alternate destination program  
13 specialty, as described in Section 1819.

14

15 Article 3. State Administration

16

17 1830. (a) The Emergency Medical Services Authority shall  
18 develop regulations that establish minimum standards for the  
19 development of a community paramedicine or triage to alternate  
20 destination program.

21 (b) The Commission on Emergency Medical Services shall  
22 review and approve the regulations described in this section in  
23 accordance with Section 1799.50.

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

29 (d) The regulations that establish minimum standards for the  
30 development of a community paramedicine or triage to alternate  
31 destination program shall include all of the following:

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

38 (2) Minimum standards and curriculum for each program  
39 specialty described in Section 1819. The authority, in developing  
40 the minimum standards and curriculum, shall provide for triage

1 paramedics to be trained in one or more of the program specialties  
2 described in Section 1819 and approved by the local EMS agency  
3 pursuant to Section 1840.

4 (3) A process for verifying on a paramedic's license the  
5 successful completion of the training described in paragraph (1)  
6 or (2).

7 (4) Staff qualifications to care for a patient's injuries and needs  
8 based on degree and severity.

9 (5) Standardized medical and nursing procedures for nursing  
10 staff.

11 (6) The medical equipment and services required to be available  
12 at an alternate destination facility to care for patients, including,  
13 but not limited to, an automatic external defibrillator and at least  
14 one bed or mat per patient.

15 (7) Limitations that may apply to the ability of an alternate  
16 destination facility to treat patients requiring medical services,  
17 including, but limited to, time of day.

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

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

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

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

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

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

38 (C) Exchange of electronic patient health information between  
39 community paramedicine or triage to alternate destination providers  
40 and health providers and facilities. The authority may grant a

1 one-time temporary waiver, not to exceed five years, of this  
2 requirement for alternate destination facilities that are unable to  
3 immediately comply with the electronic patient health information  
4 requirement.

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

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

15 (F) An assessment of each community paramedicine or triage  
16 to alternate destination program's medical protocols or other  
17 processes.

18 (G) An assessment of the impact that implementation of a  
19 community paramedicine or triage to alternate destination program  
20 has on the delivery of emergency medical services, including the  
21 impact on response times in the local EMS agency's jurisdiction.

22 1831. Regulations adopted by the Emergency Medical Services  
23 Authority pursuant to Section 1830 relating to a triage to alternate  
24 destination program shall include all of the following:

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

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

- 1 (c) For authorizing transport to an alternate destination facility,  
2 training and accreditation for the triage paramedic ~~and the~~  
3 ~~incumbent transport provider~~ shall include topics relevant to the  
4 needs of the patient population, including, but not limited to:
- 5 (1) A requirement that a participating triage paramedic complete  
6 instruction on all of the following:
- 7 (A) Mental health crisis intervention, to be provided by a  
8 licensed physician and surgeon with experience in the emergency  
9 department of a general acute care hospital.
- 10 (B) Assessment and treatment of intoxicated patients.
- 11 (C) Local EMS agency policies for the triage, treatment,  
12 transport, and transfer of care, of patients to an alternate destination  
13 facility.
- 14 (2) A requirement that the local EMS agency verify that the  
15 participating triage paramedic has completed training in all of the  
16 following topics meeting the standards of the United States  
17 Department of Transportation National Highway Traffic Safety  
18 Administration National Emergency Medical Services Education  
19 Standards:
- 20 (A) Psychiatric disorders.
- 21 (B) Neuropharmacology.
- 22 (C) Alcohol and substance abuse.
- 23 (D) Patient consent.
- 24 (E) Patient documentation.
- 25 (F) Medical quality improvement.
- 26 (d) For authorizing transport to a sobering center, a training  
27 component that requires a participating triage paramedic ~~and the~~  
28 ~~medics staffing the ambulance of the incumbent transport provider~~  
29 to complete instruction on all of the following:
- 30 (1) The impact of alcohol intoxication on the local public health  
31 and emergency medical services system.
- 32 (2) Alcohol and substance use disorders.
- 33 (3) Triage and transport parameters.
- 34 (4) Health risks and interventions in stabilizing acutely  
35 intoxicated patients.
- 36 (5) Common conditions with presentations similar to  
37 intoxication.
- 38 (6) Disease process, behavioral emergencies, and injury patterns  
39 common to those with chronic alcohol use disorders.

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

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

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

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

15 1832. (a) The Emergency Medical Services Authority shall  
16 develop and periodically review and update the minimum medical  
17 protocols applicable to each community paramedicine program  
18 specialty described in Section 1815 and the minimum triage and  
19 assessment protocols for triage to alternate destination program  
20 specialties described in Section 1819.

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

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

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

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

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

34 (c) The protocols developed and revised pursuant to this section  
35 shall be based upon, and informed by, the Community  
36 Paramedicine Pilot Program under the Office of Statewide Health  
37 Planning and Development's Health Workforce Pilot Project No.  
38 173, and further refinements provided by local EMS agencies  
39 during the course and operation of the pilot projects.

1 1833. (a) Notwithstanding Section 10231.5 of the Government  
 2 Code, the Emergency Medical Services Authority shall submit an  
 3 annual report on the community paramedicine or triage to alternate  
 4 destination programs operating in California to the relevant policy  
 5 committees of the Legislature in accordance with Section 9795 of  
 6 the Government Code and shall post the annual report on its  
 7 internet website. The authority shall submit and post its first report  
 8 six months after the authority adopts the regulations described in  
 9 Section 1830. Thereafter, the authority shall submit and post its  
 10 report annually on or before January 1, for a period of five years.

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

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

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

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

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

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

27 ~~1834~~

28 1834. (a) Notwithstanding Section 10231.5 of the Government  
 29 Code, on or before June 1, 2028, the Emergency Medical Services  
 30 Authority shall submit a final report on the results of the  
 31 community paramedicine or triage to alternate destination programs  
 32 operating in California to the relevant policy committees of the  
 33 Legislature, in accordance with Section 9795 of the Government  
 34 Code, and shall post the report on its internet website.

35 (b) The authority shall identify and contract with an independent  
 36 third-party evaluator to develop the report required by this section.

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

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



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

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

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

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

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

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

14 1835. (a) The Emergency Medical Services Authority shall  
15 review a local EMS agency's proposed community paramedicine  
16 or triage to alternate destination program using procedures  
17 consistent with Section 1797.105 and review the local EMS  
18 agency's program protocols in order to ensure compliance with  
19 the statewide minimum protocols developed under Section 1832.

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

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

29 1836. A community paramedicine pilot program approved  
30 under the Office of Statewide Health Planning and Development's  
31 Health Workforce Pilot Project No. 173 before January 1, 2020,  
32 is authorized to operate until one year after the regulations  
33 described in Section 1830 become effective.

34

#### 35 Article 4. Local Administration

36

37 1840. A local EMS agency may develop a community  
38 paramedicine or triage to alternate destination program that is  
39 consistent with the Emergency Medical Services Authority's  
40 regulations and the provisions of this chapter and submit evidence

1 of compliance with the requirements of Section 1841 to the  
2 authority for approval pursuant to Section 1835.

3 1841. A local EMS agency that elects to develop a community  
4 paramedicine or triage to alternate destination program shall do  
5 all of the following:

6 (a) Integrate the proposed community paramedicine or triage  
7 to alternate destination program into the local EMS agency's  
8 emergency medical services plan described in Article 2  
9 (commencing with Section 1797.250) of Chapter 4.

10 (b) Consistent with this article, develop a process to select  
11 community paramedicine providers or triage to alternate destination  
12 providers, to provide services as described in Section 1815 or 1819,  
13 at a periodic interval established by the local EMS agency.

14 (c) Facilitate any necessary agreements with one or more  
15 community paramedicine or triage to alternate destination providers  
16 for the delivery of community paramedicine or triage to alternate  
17 destination services within the local EMS agency's jurisdiction  
18 that are consistent with the proposed community paramedicine or  
19 triage to alternate destination program. The local EMS agency  
20 shall provide medical control and oversight of the program.

21 (d) The local EMS agency shall not include the provision of  
22 community paramedic program specialties or triage to alternate  
23 destination program specialties as part of an existing or proposed  
24 contract for the delivery of emergency medical transport services  
25 awarded pursuant to Section 1797.224.

26 (e) Coordinate, review, and approve any agreements necessary  
27 for the provision of community paramedicine specialties or triage  
28 to alternate destination services consistent with all of the following:

29 (1) Provide a first right of refusal to the public agency or  
30 agencies within the jurisdiction of the proposed program area to  
31 provide the proposed program specialties. If the public agency or  
32 agencies agree to provide the proposed program specialties, the  
33 local EMS agency shall review and approve any written agreements  
34 necessary to implement the program with those public agencies.

35 (2) Review and approve agreements with community  
36 paramedicine triage to alternate destination providers that partner  
37 with a private provider to deliver those program specialties.

38 (3) If a public agency declines to provide the proposed program  
39 specialties pursuant to paragraph (1) or (2), the local EMS agency

1 shall develop a process to select community paramedicine or triage  
2 to alternate destination providers to deliver the program specialties.

3 (f) Facilitate necessary agreements between the triage to  
4 alternate destination program provider and the existing emergency  
5 medical transport provider to ensure transport to the appropriate  
6 facility.

7 (g) At the discretion of the local medical director, develop  
8 additional triage and assessment protocols commensurate with the  
9 need of the local programs authorized under this act.

10 (h) Prohibit triage and assessment protocols or a triage  
11 paramedic's decision to authorize transport to an alternate  
12 destination facility from being based on, or affected by, a patient's  
13 ethnicity, citizenship, age, preexisting medical condition, insurance  
14 status, economic status, ability to pay for medical services, or any  
15 other characteristic listed or defined in subdivision (b) or (e) of  
16 Section 51 of the Civil Code, except to the extent that a  
17 circumstance such as age, sex, preexisting medical condition, or  
18 physical or mental disability is medically significant to the  
19 provision of appropriate medical care to the patient.

20 (i) Certify and provide documentation and periodic updates to  
21 the Emergency Medical Service Authority showing that the  
22 alternate destination facility authorized to receive patients  
23 maintains adequate licensed medical and professional staff,  
24 facilities, and equipment that comply with the requirements of the  
25 Emergency Medical Services Authority's regulations and the  
26 provisions of this chapter.

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

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

36 (l) In implementing a triage to alternate destination program  
37 specialties described in Section 1819, the local EMS agency shall  
38 continue to use, and coordinate with, any emergency medical  
39 transport providers operating within the jurisdiction of the local  
40 EMS agency pursuant to Section 1797.201 or 1797.224. The local

1 EMS agency shall not in any manner eliminate or reduce the  
2 services of the emergency medical transport providers.

3 (m) Establish a process to verify training and accreditation of  
4 community paramedics in each of the proposed community  
5 paramedicine program specialties described in subdivisions (a) to  
6 (c), inclusive, of Section 1815.

7 (n) Establish a process for training and accreditation of triage  
8 paramedics in each of the proposed triage to alternate destination  
9 program's specialties described in Section 1819.

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

16

17

#### Article 5. Miscellaneous

18

19 1850. A community paramedicine pilot program approved  
20 under the Office of Statewide Health Planning and Development's  
21 Health Workforce Pilot Project No. 173 before January 1, 2020,  
22 to deliver community paramedicine ~~services~~ *services*, as described  
23 in Section 1815, *or triage to alternate destination services, as*  
24 *described in Section 1819*, is authorized to continue the use of  
25 existing providers and is exempt from subdivisions (d) and (e) of  
26 Section 1841 until the provider elects to reduce or eliminate one  
27 or more of those community paramedicine services approved under  
28 the pilot program or fails to comply with the program standards  
29 as required by this chapter.

30 1851. A person or organization shall not provide community  
31 paramedicine or triage to alternate destination services or represent,  
32 advertise, or otherwise imply that it is authorized to provide  
33 community paramedicine or triage to alternate destination services  
34 unless it is expressly authorized by a local EMS agency to provide  
35 those services as part of a community paramedicine or triage to  
36 alternate destination program approved by the Emergency Medical  
37 Services Authority in accordance with Section 1835.

38 1852. A community paramedic shall provide community  
39 paramedicine services only if the community paramedic has been  
40 certified and accredited to perform those services by a local EMS

1 agency and is working as an employee of an authorized community  
2 paramedicine provider.

3 1853. A triage paramedic shall provide triage to alternate  
4 destination services only if the triage paramedic has been accredited  
5 to perform those services by a local EMS agency and is working  
6 as an employee of an authorized triage to alternate destination  
7 provider.

8 1854. The disciplinary procedures for a community paramedic  
9 shall be consistent with subdivision (d) of Section 1797.194.

10 1855. Entering into an agreement to be a community  
11 paramedicine or triage to alternate destination provider pursuant  
12 to this chapter shall not alter or otherwise invalidate an agency's  
13 authority to provide or administer emergency medical services  
14 pursuant to Section 1797.201 or 1797.224.

15 1856. The liability provisions described in Chapter 9  
16 (commencing with Section 1799.100) apply to this chapter.

17 1857. This chapter shall remain in effect only until January 1,  
18 2030, and as of that date is repealed.

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