

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1544
AUTHOR: Gipson and Gloria
BILL DATE: April 22, 2019, Amended
SUBJECT: Community Paramedicine or Triage to Alternate Destination Act
SPONSOR: California Chapter of American College of Emergency Physicians and California Professional Firefighters
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill would establish the Community Paramedicine or Triage to Alternate Destination Act of 2020 to establish state guidelines to govern the implementation of community paramedicine programs (CPPs) or triage to alternate destination programs (TADPs) by local emergency medical service agencies (LEMSAs) in California. The provisions in this bill would sunset on January 1, 2030.

BACKGROUND:

Under existing law, a paramedic is limited to providing care in emergency situations, during ambulance transports, and while working in a hospital. Beginning in late 2014, thirteen CPP pilot projects began in California, testing six concepts as part of the Health Workforce Pilot Project (HWPP) #173. These HWPP pilot projects were coordinated through the Office of Statewide Health Planning and Development (OSHPD).

ANALYSIS:

This bill would authorize a LEMSA within a county to elect to develop a CPP or TADP. A LEMSA that elects to develop a CPP or TADP is required to do the following:

- Integrate the proposed CPP or TADP into the LEMSA's emergency medical services plan.
- Develop a process to select community paramedicine providers or triage to alternate destination providers, to provide the services authorized by this bill.
- 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 LEMSA's jurisdiction that are consistent with the proposed CPP or TADP. The LEMSA must provide medical control and oversight of the program.
- The LEMSA shall not include the provision of CPP specialties or TADP specialties as part of an existing or proposed contract for the delivery of emergency medical transport services.

- Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties or triage to alternate destination services consistent with all of the following:
 - 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. If the public agency or agencies agree to provide the proposed program specialties, the LEMSA shall review and approve any written agreements necessary to implement the program with those public agencies.
 - Review and approve agreements with community paramedicine triage to alternate destination providers that partner with a private provider to deliver those program specialties.
 - If a public agency declines to provide the proposed program specialties, the LEMSA shall develop a process to select community paramedicine or triage to alternate destination providers to deliver the program specialties.
- Facilitate necessary agreements between the TADP provider and the existing emergency medical transport provider to ensure transport to the appropriate facility.
- At the discretion of the local medical director, develop additional triage and assessment protocols commensurate with the need of the local programs authorized under this act.
- 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 in existing law, 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.
- Certify and provide documentation and periodic updates to the Emergency Medical Services Authority (EMSA) 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 EMSA's regulations and the provisions of this chapter.
- Secure an agreement with the alternate destination facility that requires the facility to notify the LEMSA 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.
- Secure an agreement with the alternate destination that requires the facility to operate in accordance with existing law regarding emergency services and care. The agreement shall provide that failure to operate in accordance with this existing law will result in the immediate termination of use of the facility as part of the triage to alternate destination facility.
- In implementing a TADP, the LEMSA shall continue to use, and coordinate with, any emergency medical transport providers operating within the jurisdiction of the LEMSA. The LEMSA must not in any manner eliminate or reduce the services of the emergency medical transport providers.

- Establish a process to verify training and accreditation of community paramedics in each of the proposed CPP specialties.
- Establish a process for training and accreditation of triage paramedics in each of the proposed TADP specialties.
- Facilitate funding discussions between a CPP, TADP, or incumbent emergency medical transport provider and public or private health system participants to support the implementation of the LEMSA's CPP or TADP.

If a LEMSA elects to develop a CPP or TADP program, the county board of supervisors would be required to establish an emergency medical care committee (EMCC) that would be required to include the following members to advise the LEMSA agency on the development of the CPP or TADP program:

- One emergency medicine physician who is board certified or board eligible and practicing at an emergency department within the LEMSA's jurisdiction
- One registered nurse practicing within the LEMSA's jurisdiction.
- One licensed paramedic practicing in the LEMSA's jurisdiction. Whenever possible, the paramedic should be employed by a public agency.
- One acute care hospital representative with an emergency department operating within the LEMSA's jurisdiction.
- If the LEMSA elects to implement a TADP to a sobering center, one individual with expertise in substance use disorder detoxification and recovery.
- Additional advisory members in the fields of public health, social work, hospice, or mental health practicing within the jurisdiction of the LEMSA with expertise commensurate with the program specialty or specialties that the LEMSA proposes to adopt.

This bill would state the intent of the Legislature to establish state guidelines to govern the implementation of CPPs or TADPs by LEMSAs in California and would state the intent and purpose of CPPs and TADPs.

This bill would require EMSA to review a LEMSA's proposed CPP or TADP and review the LEMSA's program protocols to ensure compliance with the statewide minimum protocols. This bill would allow EMSA to impose conditions as part of the approval of the CPP or TADP. This bill would require EMSA to approve, approve with conditions, or deny the proposed CPP or TADP no later than six months after it is submitted by the LEMSA.

This bill would define a community paramedic as a paramedic who is in good standing and who has completed the curriculum for community paramedic training, has received certification in one or more of the CPP specialties, and is certified and accredited to provide community paramedic services by a LEMSA as part of an approved CPP.

This bill would define a CPP as a program developed by a LEMSA and approved by EMSA to provide community paramedicine services consisting of: providing short-term post-discharge follow-up for persons recently discharged from a hospital due to a serious health condition; providing directly observed therapy 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; and providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

This bill would define a TADP as a program developed by a LEMSA and approved by EMSA to provide triage paramedic assessments operating under triage and assessment protocols developed by the LEMSA that are consistent with the minimum triage and assessment protocols established by EMSA. Triage paramedic assessments may consist of: providing care and comfort services to hospice patient 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; and providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility.

This bill would require EMSA to develop regulations that establish minimum standards for the development of a CPP or TADP. This bill would require the Commission on Emergency Medical Services (Commission) to review and approve the regulations. This bill would add the following members to the existing Commission: one physician specializing in the comprehensive care of individuals with co-occurring mental health or psychosocial and substance use disorders appointed by the Governor in consultation with the California Psychiatric Association and the California Society of Addiction Medicine; and one licensed clinical social worker appointed by the Governor in consultation with the California State Council of the Service Employees International Union and the California Chapter of the National Association of Social Workers. The currently required commission member who is a physician 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 will now be chosen from a list of three names submitted by the California Chapter of the American College of Emergency Physicians.

This bill would require the regulations for CPPs and TADPs to be based upon, and informed by, the Community Paramedicine Pilot Program under HWPP #173 and the protocols and operation of the pilot projects approved. This bill would require the regulations that establish the minimum standards for CPPs and TADPs to consist of all of the following:

- Minimum standards and curriculum for each program specialty for CPPs.
- Minimum standards and curriculum for each program specialty for TADPs.
- A process for verifying on a paramedic's license the successful completion of the required training.
- Staff qualifications to care for a patient's injuries and needs based on degree and severity.
- Standardized medical and nursing procedures for staff.
- The medical equipment and services required to be available at an alternate destination facility to care for patients.

- Limitations that may apply to the ability of an alternate destination facility to treat patients requiring medical services, including, but not limited to, time of day.
- Minimum standards for approval, review, withdrawal, and revocation of a CPP or TADP. Those standards shall include, but not be limited to, both of the following:
 - A requirement that facilities participating in the program accommodate privately or commercially insured, Medi-Cal, Medicare, and uninsured patients.
 - Immediate termination of participation in the program by the alternate destination facility or CPP or TADP if it fails to operate in accordance with existing law regarding emergency services and care.
- Minimum standards for collecting and submitting data to EMSA 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:
 - Intervals for CPPs or TADPs, participating health facilities, and LEMSAs to submit community paramedicine services data.
 - Relevant program use data and the online posting of program analyses.
 - Exchange of electronic patient health information between CPP or TADP providers and facilities. EMSA 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.
 - Emergency medical response system feedback, including feedback from the EMCC.
 - If the CPP or TADP 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.
 - An assessment of each CPP or TADP's medical protocols or other processes.
 - An assessment of the impact that implementation of a CPP or TADP has on the delivery of emergency medical services, including the impact on response times in the local EMS agency's jurisdiction.

This bill would specify that a community paramedicine pilot program approved under OSHPD's HWPP # 173 before January 1, 2020, is authorized to operate until one year after the above-described regulations become effective.

This bill would specify that regulations adopted by EMSA relating to a triage to alternate destination program must include all of the following:

- LEMSAs 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.

- LEMSAs 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.
- 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, a requirement that a participating triage paramedic complete instruction on all of the following:
 - 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.
 - Assessment and treatment of intoxicated patients.
 - LEMSAs policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.
 - A requirement that the LEMSAs 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: psychiatric disorders; neuropharmacology; alcohol and substance abuse; patient consent; patient documentation; and medical quality improvement.
- For authorizing transport to a sobering center, a training component that requires a participating triage paramedic to complete instruction on all of the following:
 - The impact of alcohol intoxication on the local public health and emergency medical services system.
 - Alcohol and substance use disorders.
 - Triage and transport parameters.
 - Health risks and interventions in stabilizing acutely intoxicated patients.
 - Common conditions with presentations similar to intoxication.
 - Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders.
- A process for LEMSAs to certify and provide periodic updates to EMSAs 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:
 - Identification of qualified staff to care for the degree of a patient's injuries and needs.
 - Certification of standardized medical and nursing procedures for nursing staff.
 - 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.

This bill would require EMSA to develop and periodically review and update the minimum medical protocols applicable to each CPP and TADP. This bill would require EMSA to establish and consult with an advisory committee comprised of the following members:

- 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 the definition of CPPs.
- Physicians whose primary practice is emergency medicine.
- Two local EMS medical directors selected by the EMS Medical Directors Association of California.
- Two local EMS directors selected by the California Chapter of the American College of Emergency Physicians.

This bill would require EMSA to submit an annual report on the CPPs and TADPs operating in California to the relevant policy committees of the Legislature and post the report on its website. This bill would require EMSA to submit and post its first report six months after EMSA adopts the CPP and TADP regulations, and every January 1 thereafter for the next five years. This bill would allow the annual report to include recommendations for changes to, or elimination of, CP program specialties that do not achieve the goals expressed in this bill. This bill would require the report to include all of the following:

- 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.
- An assessment of the impact that the program specialties have had on the emergency medical system.
- An update on the implementation of program specialties operating in local EMS agency jurisdictions.
- Policy recommendations for improving the administration of local plans and patient outcomes.

This bill would require EMSA, on or before June 1, 2028, to submit a final report on the results of the CPPs and TADPs operating in California to the relevant policy committees of the Legislature and post the report on its website. This bill would require EMSA to contract with an independent third-party evaluation to develop the final report. This bill would require the final report to include the following:

- A detailed assessment of each CPP and TADP operating in LEMSA jurisdictions.
- An assessment of patient outcomes in the aggregate resulting from services provided under approved plans under the program.
- An assessment of workforce impact due to implementation of the program.
- An assessment of the impact of the program on the emergency medical services system.

- An assessment of how the currently operating program specialties achieve the legislative intent.
- An assessment of community paramedic and triage training.

This bill would allow the final report to include recommendations for changes to, or elimination of, CPP or TADP program specialties that do not achieve the community health and patient goals.

This bill would specify that 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 LEMSA to provide those services as part of a CPP or TADP approved by EMSA.

This bill would specify that a community paramedic shall provide community paramedicine services only if the community paramedic has been certified and accredited to perform those services by a LEMSA and is working as an employee of an authorized community paramedicine provider. This bill would specify that a triage paramedic shall provide triage to alternate destination services only if the triage paramedic has been accredited to perform those services by a LEMSA and is working as an employee of an authorized triage to alternate destination provider.

This bill would specify that entering into an agreement to be a community paramedicine or triage to alternate destination provider pursuant to this bill shall not alter or otherwise invalidate an agency's authority to provide or administer emergency medical services.

According to the author, today's existing model of directing all transports to emergency departments has created gridlock. Patients requiring services such as mental health intervention or a sobering facility, for example, are too often subjected to numerous providers who deny them the expeditious care they need. The author states that community paramedicine can play an important role in improving California's health care delivery system. CPP is an innovative model of care that seeks to improve the effectiveness and efficiency of health care delivery by using specially trained paramedics in partnership with other health care providers to address the needs of local health care systems.

Board staff, working with a Board Member who is a physician, provided input to OSHPD on HWPP #173 and raised patient safety concerns. One of these concerns being that persons recently discharged from the hospital should be seen by their primary care physician for follow up care. The additional training that would be required would not be sufficient enough to teach paramedics the basics of disease management or how to diagnose and treat medical conditions. The other concern raised was that the pilot project did not specifically delineate what services will be allowed to be performed by community paramedics.

However, this bill is very similar to a bill that the Board took a neutral position on, SB 944 (Hertzberg, 2018). The Board took a neutral position because it recognized the important role that emergency responders play in emergency care in California and because SB 944 was amended to increase the oversight of CPPs, to add a sunset date, and add requirements for additional protocols and enhanced reporting. Because this bill includes all of these elements, the Board has taken a neutral position on this bill.

FISCAL: None

SUPPORT: California Chapter of the American College of Emergency Physicians (Co-Sponsor)
California Professional Firefighters (Co-Sponsor)

OPPOSITION: California Ambulance Association; California Association for Health Services at Home; and California Nurses Association