



March 4, 2026

Craig Branson
Emergency Medical Services Authority
11120 International Drive, Suite 200
Rancho Cordova, CA 95670

Submitted via email to craig.branson@ems.ca.gov

Subject: Proposed Rulemaking – Implementation of Assembly Bill 40 (2023); Ambulance Patient Offload Time

Dear Mr. Branson:

As providers of emergency and acute care, hospitals are essential to ensuring all patients — including those transported by emergency medical services (EMS) — receive the right care, in the right place, at the right time. The California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, appreciates the opportunity to comment on the proposed Chapter 1.2 Ambulance Patient Offload Time (APOT) Emergency Medical Services Authority (EMSA) regulations, which implement provisions of Assembly Bill (AB) 40 (2023).

Ambulance patient offload delays (APODs) reflect unprecedented strain on the emergency care delivery system and are a symptom of broader systemwide challenges. These include limited inpatient capacity, discharge barriers and delays, shortages in post-acute and behavioral health placements, inadequate access to primary and preventive care, and increasing reliance on the 911 system for non-emergent needs. Despite increasing systemwide strain, emergency departments (EDs) remain open and provide care to all patients at all times. With ED visits at an all-time high — up 31% since 2020 — this work is more challenging and essential than ever.

CHA supports continued efforts to improve EMS operations and reduce APODs and is pleased to see progress since the last comment period for AB 40 regulations. Hospitals are hopeful that the continued improvement of the newly developed audit tool will fulfill its intended purposes of:

- Creating opportunities for all parties involved — including pre-hospital, hospital, and local emergency medical services agencies (LEMSAs) — to collaborate and address APODs
- Producing trustworthy, validated data as a reliable resource for informing operational change across the health care delivery system

With these goals in mind, additional changes — detailed below and in the attached document — would improve the audit tool’s usefulness, and ultimately better patients’ health care experience.

Improving the Process

- **Clarify who corrects discrepancies.** It is crucial to establish clear steps for pre-hospital and LEMSA partners to engage in the audit process. This partnership is critical in cases where provider agencies decline to revise data or miss the audit window, despite agreement on the discrepancy. EMSA should further clarify who is responsible for making the corrections to identified discrepancies. Without structured LEMSA and pre-hospital provider involvement, unresolved discrepancies will persist, reducing data reliability. Additionally, to ensure transparency, CHA supports giving pre-hospital providers visibility to the justification that hospitals input in the notes function in the audit tool.
- **Notify hospitals of correction request status.** Hospitals are committed to being good stewards of both patient care and the data that reflects it. Hospitals frequently submit data corrections but have no clear way of knowing whether those corrections were accepted, modified, or denied. Without confirmation, hospitals cannot determine whether the data will reflect their good faith efforts to report accurately. Significant time and resources are being utilized to review and correct APOT data in hospitals throughout California, and it is discouraging when inaccurate information continues to be submitted to the state. Establishing a process that notifies hospitals of the result of correction requests would improve confidence in the data and strengthen the integrity of the audit system.
- **Expand the correction timeframe.** EMSA should re-evaluate the timeframe for submitting data corrections. Because the current window is so limited, and does not account for weekends or holidays, hospitals do not have sufficient time to fully validate data before submission. Expanding the correction window through the 20th day of each month would ensure hospitals can produce a successful, accurate audit. Pre-hospital providers also require adequate time to review and process corrections and should have their window to make corrections extended.

Improving the Data

- **Continue movement toward real-time data.** One feature of APOT data that has proven most useful to hospitals to reduce offload delays is “real-time data,” or data that are as close to real time as possible. This allows for timely intervention and clarity on where bottlenecks occur in care transfers. To ensure the tool is effective in reducing APOT, hospitals must be able to access real-time data.
- **Maintain visibility into total qualifying ambulance runs.** As the audit tool transitions to displaying only delay times rather than all runs, hospitals must be able to retain visibility into the total number of qualifying ambulance arrivals to independently verify state compliance calculations. Maintaining access to this information is essential for transparency and ensuring that the tool is practical and useful.

Ongoing Training Opportunities

Lastly, the EMS and hospital community would benefit from additional education and training on the best uses of and practices for the audit tool, especially since the tool is still new and in development. CHA supports creating more opportunities for engagement and learning to help hospitals use the audit tool to its full potential and create consistency across California’s 34 LEMSAs.

CHA is hopeful that AB 40 will facilitate improvements in data accuracy and EMS operations, helping to advance our shared goal of ensuring all Californians have access to a consistently high standard of emergency and specialty care. Thank you for the opportunity to comment on these regulations and participate in this process.

If you have any questions, please contact me at stapia@calhospital.org or (323) 348-0095.

Respectfully,

A handwritten signature in cursive script that reads "Savannah Tapia". The signature is written in black ink and is positioned above the printed name and title.

Savannah Tapia
Policy Associate

cc: Ashley Williams, Deputy Director for Legislative and External Affairs, EMSA

Attachment: California Hospital Association Comments in EMSA Template