



April 16, 2026

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Submitted via email to regulations@emsa.ca.gov

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

Dear Ms. Williams:

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 result 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 to provide care to all patients at all times. With ED visits at an all-time high — and approximately 2.1 million Californians estimated to lose health coverage by 2034 because of the One Big Beautiful Bill Act — this work is more challenging and essential than ever.

Even as ED volumes continue to rise and broader capacity constraints persist, hospitals are investing substantial operational time, staff resources, and leadership attention into improving APOT performance and strengthening patient flow. The most meaningful improvements in APOTs have occurred in regions where hospitals, pre-hospital providers, and local EMS agencies (LEMSAs) have approached this work collaboratively. At one hospital, APOT improved by 52% in just one year, demonstrating how the audit tool can achieve its intended purpose when all parties participate fully, review discrepancies in good faith, and use the resulting data to inform operational changes.

However, this progress is not possible in all regions. In areas where LEMSAs and pre-hospital providers decline to engage in the audit process and the operational improvements that follow, the potential for progress declines for the entire region. Hospitals that have diligently worked to improve APOT performance and validate their data are discouraged by EMSA's continued reporting of inaccurate information, despite hospitals' repeated

efforts to correct it. Continued publication of known erroneous data weakens confidence in the state's reporting framework and risks disincentivizing ongoing investment in this work.

CHA appreciates the additional language clarifying the LEMSA role in the audit process. However, clarification of role alone will not be enough if key players are not actively engaged. Without meaningful engagement from all parties responsible for APOT data generation and validation, the full potential of the audit tool will remain unrealized. Similarly, while EMSA's endorsement of a real-time audit as a best practice is an important development, it must not come at the expense of further investment in retrospective review. Retrospective audit was clearly contemplated by the Legislature and was part of the intent behind AB 40. Real-time auditing can be highly effective in many circumstances, but there are situations in which immediate review is simply not possible given the sheer volume of patient care records and fast paced nature of EDs. This should not be framed as an either-or choice; both approaches are needed for accurate reporting.

CHA appreciates that this version of the regulations will streamline the tool by displaying only APODs; we hope this change will address stakeholders' concerns regarding extraneous reporting. At the same time, accurate APOT data remain essential to hospitals' internal quality improvement processes, ED throughput strategies, and patient flow interventions. All stakeholders, including the public, must be able to rely on the integrity of the data being reported; there are already consequential examples of APOT data being used to inform regional emergency care policies. When APOT data are used to shape policy decisions that affect EDs, EMS systems, and patient care, inaccuracies have consequences beyond a single reporting period.

Ultimately, EMSA must take a more active role in addressing persistent nonparticipation and refusals to collaborate. Lack of engagement by any partner weakens the whole emergency care delivery system, compromises data transparency, and — most importantly — harms patients who depend on timely transfer of care.

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".

Savannah Tapia
Policy Associate