



November 26, 2025

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

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

Subject: Chapter 6 EMSA Proposed Regulations – Impact on California Hospitals

Dear Mr. Branson:

As key providers of emergency and acute care, hospitals play a vital role in the continuum of care for patients transported by emergency medical services (EMS). The California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, supports the Emergency Medical Services Authority's (EMSA's) efforts to improve EMS operations, coordination, and patient outcomes, and to bring statewide application to the rules governing critical and specialty care.

However, CHA has concerns about the operational impact that EMSA's proposed Chapter 6 regulations would have on hospitals, specifically regarding medical staff composition; local EMS agency (LEMSA) medical director latitude; data reporting; and the substantial implementation costs impacting **all** hospitals with emergency departments, not just those designated to provide critical and specialty care.

Medical Staff Composition

As proposed, new definitions in Chapter 6 would undermine existing medical staff self-governance laws, California courts, and the Medicare Conditions of Participation, which would create confusion between state and federal policies.

LEMSA Medical Director Latitude

Throughout the proposed regulations, EMSA provides autocratic leadership to 34 LEMSA medical directors, which would undermine the stated intent of developing regulations "... to clearly define the overall purpose of Chapter 6 as establishing minimum **statewide standards** for the development, implementation, and evaluation of all critical and specialty care systems ..."

In more than 20 instances within the proposed regulations, EMSA codifies the authority of a LEMSA medical director to impose additional local requirements. California's EMS system is intentionally built on statewide standards with local flexibility, not local autonomy without guardrails. Allowing each of the 34

LEMSAs to create or modify regulations independently — without oversight or stakeholder input — creates significant risks for patient safety, equity, accountability, and system integrity.

Data Reporting

Hospitals continue to be asked to collect and submit data to multiple state agencies and departments, resulting in duplicate reporting, conflicting definitions, cybersecurity risk, and significant expenses — all without improving outcomes. Of greater concern is the wholesale expansion of this regulation package, which extends new data collecting and reporting requirements for **all** hospitals, even those **not currently** designated as critical and specialty care hospitals.

As CHA previously stated, if these changes are not phased, funded, or flexibly applied, they risk compromising access to care for rural and safety-net communities — especially given the current environment of financial strain, workforce shortages, and impending federal funding and coverage reductions. EMSA should carefully consider the operational realities facing hospitals and adopt a regulatory framework that prioritizes quality without creating unintended barriers to sustaining trauma and specialty services.

Cost Implications

More than 50% of California hospitals currently operate at low or negative margins, which reduces revenue, workforce, and the ability to comply with state regulations needed for new mandates. These proposed regulations are a major regulatory change for hospitals that, without fiscal offsets, may result in some hospitals reducing service lines or being pushed to the brink of closure — especially in underserved areas where trauma and specialty care access is already fragile.

EMSA should:

- Adopt a phased timeline of no less than 24 months that includes hardship extensions for rural and safety-net providers
- Develop an education and implementation plan to assist hospitals that have not previously been subjected to EMSA regulations

CHA appreciates the opportunity to comment on EMSA's proposed Chapter 6 regulations. If you have any questions, please contact me at slowe@calhospital.org or (916) 240-8277, or Savannah Tapia, policy associate, at stapia@calhospital.org.

Attached is a document containing CHA's specific comments and recommendations for EMSA's consideration.

Respectfully,



Sheree Lowe
Vice President, Policy