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Public Comment and CCCEMSA Response

Date Public Comment Opened: June 18, 2025
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Document Name: Policy 4007 – Declining Medical Care

Reference	Comment	Response
VII.	If a person is under 5150 hold from PD and states they do not want to go to the hospital, how is EMS to proceed? What language would LEMSA recommend using to inform law enforcement of its inability to transport this patient?	Please refer to your agency's policies and procedures and CCCEMSA Policy 1008.
	First, I noticed a distinct departure from the traditional RAS/AMA language. What is the intent behind this change? Will eliminating the distinction between an RAS and an AMA affect billing—for example, could a PERSON and a PATIENT be assessed the same "Treat and Refused Transport" fee by agencies that bill for it, even when the PERSON did not request service and merely meets policy 4012 criteria without requiring a Paramedic to complete the refusal? I understand that LEMSA does not set billing practices, but the lack of differentiation seems like it could work in the county's financial favor. Could you clarify the rationale? Current policy 4007 references the AMA/RAS-Form 4007, whereas the	The RAS process did not capture a release of liability for individuals whom EMS had contact. CCCEMSA does not determine or regulate who is charged fees by first responder agencies for "Treat and Refuse Transport." CCCEMSA does not receive any revenue from first responder fees. Provider agencies must develop a release of liability and refusal form for CCCEMSA approval. CCCEMSA will provide mandatory language for the release and refusal forms before the policy is implemented. The RAS form will be eliminated

	rewrite does not identify a specific form. Will we still be required to complete the AMA/RAS-Form 4007, or will a new form be introduced? Similarly, will the mass RAS form referenced in the current policy remain available, or has it been removed or updated?	with this implementation of the revised policy.
Section III-D2-C. The recommended language for "After our assessment. . ."	This is a long worded quote that should be trimmed down.	The quote is recommended. Paramedics are encouraged to use their judgment based on the totality of circumstances when adding or removing words from the suggested language.
III and III A. 1-3	The word competent is used in the first paragraph and then Decision making capacity in III A. What is competent based on? In this instance, is competent equivalent to having decision making capacity.	Yes. Competency is defined in Section III(B)(1)-(5). This section is subject to change post public meeting September 23, 2025.
	Who do we RAS vs AMA?	The RAS process will be eliminated with implementation of the revised policy.
	Will we start carrying RAS forms on the engines to comply	The RAS form will be eliminated with implementation of the revised policy.
	Do lift assist only/ person sleeping or anyone we make contact with now require RAS or AMA.	A patient refusal form is only required if the individual meets the definition of a patient.
	Do we need to now call base for every medical complaint since they all can progress potentially.	Base contact is only required under those circumstances outlined in Section IV
	Does a non injury accident require AMA or RAS on multiple people?	The RAS process will be eliminated with implementation of the revised policy.
	For PERSON refusing care it says requirement is visual assessment of ABCs and level of consciousness (is this just the assessment tab on the tablet?) And GCS (is this just done by inserting vitals and only filling out GCS portion) Does an RAS form need to be filled out or do they just sign the same area as AMA on image trend??	The RAS form will be eliminated with the implementation of the revised policy. Please refer to your agency's documentation policy.

	Can we still AMA baseline altered patient with family on scene with power of attorney to make there medical decisions/ phone	This policy does not change how you would conduct an assessment. If the PATIENT is not competent and is unable to make informed healthcare decisions, a person with power of attorney may be able to make those decisions for the patient. In cases where the refusal is being completed by a person with power of attorney or conservatorship, that individual must be present at the scene and have the signed power of attorney or conservatorship orders with them and present the documents to prehospital care providers in real time.
	Do we use our paper AMA for PERSONS?	All contacts with PATIENTS and PERSONS must be documented on an EHR.
	Can we still AMA baseline altered patient with family on scene with power of attorney to make their medical decisions/ phone AMA?	This policy does not change how you would conduct an assessment. If the PATIENT is not competent and is unable to make informed healthcare decisions, a person with power of attorney may be able to make those decisions for the patient. In cases where the refusal is being completed by a person with power of attorney or conservatorship, that individual must be present at the scene and have the signed power of attorney or conservatorship orders with them and present the documents to the prehospital care providers in real time.
Section 3 Subsection C	Relating to “Persons” it is very common for a passerby to see an unhoused person laying in the grass and call 911 thinking there is a medical problem. This by definition would require a full assessment	The revisions to Policy 4007 do not require a full assessment for this scenario.

	when in reality it is very appropriate to simply ask the person if they have any complaints and if they say no to leave them be.	
2A	The patient definition of "involved in an event with significant mechanism that could cause illness or injury" seems too extreme and removes a paramedics ability to use their judgment in determining when a person is a patient and when a full assessment and PCR should be completed and when it shouldn't.	This language exists in the current version of Policy 4007. The paramedic should continue use their judgment to determine whether an individual has been "involved in an event with significant mechanism that could cause illness or injury."
2A	Why does the LEMSA feel it is necessary to define person vs patient?	The definition of PATIENT versus PERSON distinguishes who receives a full assessment and who should be encouraged to seek medical evaluation in an emergency department.
2A	What is the State Standard?	The California Code of Regulations defer to each LEMSA to develop local policies and procedures for documentation and patient refusals.
	How does this policy compare to other LEMSAs?	There are 42 LEMSAs in California. CCCEMSA does not evaluate each of the other 41 LEMSA's policies when undergoing policy revisions or development. Each of the 42 LEMSAs publish their policies and their websites and are available for anyone to review and compare with Policy 4007.
II. A. 1.	A "PATIENT" should be anyone with an illness, injury or medical complaint. Someone that was sleeping on a park bench and someone called 911 to check on them shouldn't automatically make the subject napping a patient or a "PERSON" requiring an assessment, unless being tired and sleeping like we all do is a medical concern. I don't believe we should go out of our way to manufacture AMA's in an already over whelmed	The policy does not require nor encourage manufacturing of AMAs. In fact, this policy eliminated the words "against medical advice" and the initialism "AMA". Conducting a proper assessment, providing care in compliance with CCCEMSA treatment guidelines and policies, and exercising professional judgment will mitigate potential for liability.

	system. The definition of "Patient vs Person" seems to add more confusion, either they are a patient and should be treated or AMA'd or they're not a patient and nothing further is needed. This seems like an opportunity to for EMS personnel to be open to more liability.	
Section II,III,V	This policy change is going to generate more AMAs across the entire system. I believe this is going to effect the most venerable subset of the population by straddling them with a $686.66 - $753.00 bill. I also believe that this pushes more liability onto the Fire and EMS Paramedics, this policy change turns them into robots that cannot use common sense in dealing with low level calls. The EMS and Hospital system is already maxed out and this is going to add a considerable amount of time to each call further stretching the system to its limit. I believe a study needs to be completed to ensure there is enough resources in the county to add this amount of paperwork.	CCCEMSA does not develop, regulate or mandate fees charged for EMS response. In that regard, CCCEMSA cannot control who is assessed or charged EMS response fees from first responder agencies. Concerns regarding the appropriateness of fees should be directed to the agency charging the fee. PERSONS was defined for the purpose of creating a subset of patients who have no medical complaint or obvious injury/impairment and do not require EMS transport or care. The implementation of this policy would not change who should or should not be transported, thus, there should be no impact to system resources.
Section III - Subsection C	The way this new protocol is written, it is stating that an initial statement needs to be performed for all persons. Even if the person is not the one who activated the 911 system. That initial assessment is technically making patient contact which in turn will require a AMA. This is a gray area that will cause a lot of paramedics to proceed on the side of caution which will increase AMA use and in turn increase the number of people getting unnecessarily billed by our billing	The standard of care is that a modified initial assessment must be performed for each contact EMS has with PERSON or PATIENT requesting care or for whom care was requested. The policy does not require nor encourage manufacturing of AMAs. In fact, this policy eliminated the words "against medical advice" and the initialism "AMA". PERSONS are not PATIENTS.

	department. False medical alarms or people just sleeping in their cars are not requiring assessments when they should actually be considered "no patient". This verbiage needs to be taken out and allow us to rightfully consider some parties no patients and save them from the financial burden that this new verbiage will cause and allow us to make the proper decision to do a assessment and AMA when deemed necessary.	CCCEMSA does not develop, regulate or mandate fees charged for EMS response. In that regard, CCCEMSA cannot control who is assessed or charged EMS response fees from first responder agencies. Concerns regarding the appropriateness of fees should be directed to the agency charging the fee.
Section II	Doesn't this addition of "Person" bring some additional liability in the sense that this "Person" is being legally and financially held liable for something they did not initiate? Reciprocally EMS being in the counter position in such situations?	CCCEMSA does not develop, regulate or mandate fees charged for EMS response. In that regard, CCCEMSA cannot control who is assessed or charged EMS response fees from first responder agencies. Concerns regarding the appropriateness of fees should be directed to the agency charging the fee.
Initial Assesment and documentation for a "Person"	I believe that requiring paramedics to attempt a initial assessment and require documentation for people labeled as "PERSON" will greatly complicate emergency operations and create un-needed on scene time. There are countless scenarios every shift that paramedics encouter people who did not call 911 and do not need medical attention. Requiring initial assessments for these people can cause these people undue stress, un-needed conflicts and put first responders at greater risk. Furthermore the standard throughout the bay areas multiple LEMSA policies is to not require EHR documentation for "PERSONS". In limited research we have found that counties surrounding us such as San Francisco, Solano, Oakland, and	There should be no additional scene time when a PERSON is encountered for a call for service. The policy does not require a PERSON to receive a physical exam or detailed assessment. The policy does require, however, due diligence and an initial assessment sufficient to rule out the PERSON as a PATIENT. The due diligence and assessment must be documented in the EHR.

	Alameda County does not require this. This would create avoidable stress for first responders and citizens. Please reconsider this policy change.	
Required documentation	The verbiage has been change in required documentation to "Must include" from "may include" There are many criteria in that section that may not apply to refusal scenarios. Requiring all of this documentation will create more prolonged paper work for paramedics that are already inundated with hours of charting. Please return the verbiage to may include, to better help paramedics in those specific scenarios, but not overload them with excess documentation. thanks	This revision includes requirements for assessment documentation that should be included in the EHR regardless of policy requirements. The revisions make clear that information about how the patient's decision making capacity was determined, their understanding of the risks and consequences of refusing care and/or transport, what the patient said about refusing transport, what actions the prehospital personnel took to encourage the PATIENT to seek care, the PERSONS who agreed to look after the PATIENT and whether base hospital contact was made is the gold standard of documentation for patient refusals and is required in every circumstance. Requiring, instead of relying on the paramedic to document these content areas if they chose to do so, will mitigate any liability from patient refusals.
AMA	The changes to this policy seem to only add for additional chances for scrutiny against our paramedics. These changes show distrust in field medics from our Lemsa. Us as field medics have not been told any reason for the changes that have led to this. This just seems like another way our LEMSA can handcuff field personnel. Why are we trying to do something completely different than our neighboring EMS agencies? Seems to me like we need a LEMSA that looks out for their care providers instead of constantly trying to catch	No response required

	them on wrong doing.	
	Please stop trying to make your mark as some pioneering agency all the while destroying the people that do the real work and are clearly fed up with your terrible leadership and decisions	No response required.
II & III	Increasing the amount of AMA's will put an increased cost burden on our County's most economically vulnerable. What studies or work has been done to show the economic impact of $600-750 AMA bills being imposed on those who are on a fixed income? With Paramedics being placed in a "no win situation" where they'll have to cover their license, AMA's are certain to exponentially increase.	This revisions to this policy eliminated the words "against medical advice" and the initialism "AMA". The standard AMA language will no longer exist. This policy does not create implications for a paramedic's license.
III	Can this section be defined further "Relate the above information to their personal values and then make and convey a decision." What are the personal values?	The term "personal values" is intentionally broad and intentionally patient centered. In this context, the term "personal values" refers to the patient's individual priorities, preferences, and what they personally consider most important in their current situation. These will vary from person to person and from one situation to the next. The patient must be able to relate that their personal values (rather than extrinsic factors) are guiding their healthcare decisions.
	There are also instances where a person might have had several alcoholic beverages but is A&Ox4. What is advised at this point?	Alcoholic consumption, in and of itself, does not render an individual unable to consent to or refuse medical care and treatment. Only in cases where a PATIENT with a life-threatening medical emergency who is so intoxicated that they are not competent to make decisions may be transported under the implied consent doctrine.
IV Base Hospital Contact	Base contact will be required when "refusal of care or transport poses a	Paramedics are encouraged to use training and experience to

	threat to the PATIENT's wellbeing." With the poorly defined language of "wellbeing" base contacts will increase.	determine whether a PATIENT's refusal to be transported poses a threat to their wellbeing.
IV Base Hospital Contact	Will John Muir WC staff additional base contact lines?	No.
	Has the increased time on task been looked at and will more ambulances be staffed and engine companies positioned to accommodate a more strained system?	There is no indication that this policy revision will require changes to staffing or deployment. Similarly, there was no impact to system status or a change to staffing or deployment when CCCEMSA added the RAS policy.
definition of a person	If there is a transient person sleeping on the side of the road and someone calls 911 for them and EMS shows up on scene finds person sleeping and does not want care, does EMS still have to fill out an AMA for that person with nothing wrong with them. Same question goes for someone involved in a minor fender bender who has zero complaints and does not want any care.	This revisions to this policy eliminated the words "against medical advice" and the initialism "AMA". The scenarios referenced do not identify PATIENTS, but rather PERSONS as defined in the policy revision.
	These changes appear to be nothing more than an additional money grab by LEMSA. This will essentially bill every resident for anything including lift assist. Additionally, this will delay crews on seen further making the ALS ambulance availability even worse than it already is.	CCCEMSA does not develop, regulate or mandate fees charged for EMS response. In that regard, CCCEMSA cannot control who is assessed or charged EMS response fees from first responder agencies. Concerns regarding the appropriateness of fees should be directed to the agency charging the fee. This policy revision does not require anything more from prehospital personnel than what is required today with regard to patient refusals.
AMA and Declining care	If a person does not request medical care, they should not be considered	The revision to this policy provides that a PERSON who does not

	a patient. If a person is sleeping on the side walk, and did not call 911 with no medical need, they are not considered a patient. I believe this policy makes it so every person we interact with is deemed a patient which they are not. It is unnecessary to do a report each of these.	request medical care and who has no medical complaint is not a PATIENT. It is necessary to complete documentation for each encounter a prehospital provider has with an individual in response to a medical aid call. CCCEMSA does not develop, regulate or mandate fees charged for EMS response. In that regard, CCCEMSA cannot control who is assessed or charged EMS response fees from first responder agencies. Concerns regarding the appropriateness of fees should be directed to the agency charging the fee.