STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 07/23)

Fiscal Year	Business Unit Number	Department
2025-2026	4120	California Health and Human Services Agency, Emergency Medical Services Authority

Hyperion Budget Request Name	Relevant Program or Subprogram
4120-028-BCP-2025-MR	3820-Emergency Medical Services Authority

Budget Request Title
Enterprise Services and Data Management (ESDM) Solution - Reappropriation

Budget Request Summary
The Emergency Medical Services Authority (EMSA) requests reappropriation of $3,562,000 General Fund to support the implementation of a single Enterprise Services and Data Management (ESDM) solution that will meet the business and technical needs of the planned new Electronic Physician Orders for Life Sustaining Treatment (ePOLST) system, Central Registry replacement system, and the California Emergency Medical Services Information System (CEMSIS) replacement system.

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	N/A

Does this BCP contain information technology (IT) components?	Department CIO	Date
☒ Yes ☐ No	Joe Sullivan	5/14/2025

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

ESDM
Project No. 4120-018
Project Approval Document: S2AA
Approval Date: 12/26/2024
Total Project Cost: $ 9,348,322

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Joe Sullivan	5/14/2025	Craig Johnson	5/14/2025
Department Director	**Date**	**Agency Secretary**	**Date**
Elizabeth Basnett	5/14/2025	Julie Souliere	5/14/2025

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☒ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

Principal Program Budget Analyst	Date submitted to the Legislature
Christopher Odneal	5/14/2025

A. Problem Statement

EMSA requests reappropriation of $3,562,000 General Fund to support the implementation of a single Enterprise Services and Data Management (ESDM) solution that will meet the business and technical needs of the planned new ePOLST system, Central Registry replacement system, and the CEMSIS replacement system.

EMSA has re-evaluated the approach to implement three separate IT solutions, as described in previous years' budget requests, and elected to implement a single integrated solution to meet the unique needs and requirements of various EMSA programs.

This request consolidates three active efforts and will result in one ESDM as opposed to three separate systems:

- ePOLST Project: The ePOLST Project is in the state's Project Approval Lifecycle (PAL) Stage 3 and its purpose is to digitize the POLST form so that emergency care workers (e.g., EMTs and Paramedics) have access to real-time, electronic patient care data.
- CEMSIS: The CEMSIS is in maintenance and operations and is a critical system for patient care data, anticipated to expire by 9/30/2026 (inclusive of all optional extensions). Due to the length of the state's procurement cycle, re-procurement activities began in July of 2024.
- Central Registry: The Central Registry Project is in PAL Stage 2 and is a replacement effort of a legacy system that no longer meets the state's technical and data integrations standards.

Integrated Data Management Solution Approach

EMSA and the California Health and Human Services Agency (CalHHS), in partnership with the California Department of Technology (CDT), revised the PAL project approach with the intent of implementing a single enterprise data management solution instead of three separate systems. The single solution will support collection and presentation capabilities aimed at obtaining a holistic, end-to-end view of provider operations, patient outcomes, and opportunities for policy and care delivery improvements for EMSA.

EMSA and CalHHS reevaluated existing individual program-specific projects and concluded it is more efficient and cost effective to pursue a single enterprise solution to meet programs needs and streamline the process creating an end user single login solution.

Legislative Background

ePOLST Background:

Emergency care workers are required to follow patient care instructions on POLST forms to provide care and medical treatments to the seriously ill. However, these forms are generally printed pieces of paper and can be lost, misplaced, or difficult to find in emergency situations, and can lead to improper care. The solution is to digitize POLST information and bring better resources to emergency care workers through real-time access of patient data.

The 2021 Budget Act included a one-time appropriation of $10 million General Fund in 2021–22 for expenditures and encumbrances through June 30, 2024, for the planning, development, and implementation of a statewide electronic POLST registry (ePOLST) solution.

The Budget also included $750,000 ongoing General Fund through Chapter 143, Statutes of 2021 (AB133), beginning in 2022-23, for state operations to prepare for and support ePOLST, including ongoing education and training of health care professionals, community education and outreach, and adherence to quality standards. These funds are allocated to support positions within EMSA as well as POLST subject matter experts. As such, these resources are not included in this request for reappropriation.

AB 133 included the California POLST eRegistry Act, requiring EMSA to establish a statewide electronic POLST registry system for the purpose of collecting patient POLST information and providing real-time, electronic access to the form by EMS and medical providers. AB 133 also required EMSA to implement the POLST eRegistry in conjunction with the California Emergency Medical Services Data Resource System (CEDRS) solution.

CEMSIS Background:

Chapter 21, Statutes of 2021 (SB 128) included one-time funding of $2.4 million General Fund to support project planning efforts and approval of the Data Infrastructure Solution, previously referred to as CEDRS, through the PAL process and $7.6 million General Fund to connect 17 LEMSAs to an existing EMS network, with the intent of creating a link to various systems for increased data interoperability between hospitals, EMS agencies, and other healthcare organizations. As part of the 2022 Budget Act, EMSA was reappropriated $10 million for encumbrance through June 30, 2024.

A Stage 1 Business Analysis (S1BA), approved in 2021, by CDT as part of the PAL process, proposed a Data Infrastructure Solution to improve emergency service policies and practices, and facilitate health information exchange (HIE) of all EMS data in the state by implementing a statewide electronic patient care record and electronic health record data collection platform. This platform was intended to replace a legacy platform the state utilizes via a contract with the LEMSA that hosts and supports it.

AB 133, the health omnibus trailer bill, enacted the CalHHS Data Exchange Framework (DxF), requiring the establishment of a single data sharing agreement across health and human services systems and providers with a common set of data sharing policies and procedures to facilitate statewide HIE by July 2022. Due to the enactment of AB 133 and its potential impact on the Data Infrastructure Solution project, completion of Stage 2 of the PAL process was delayed to align with the CalHHS DxF.

In 2022, the LEMSA that hosted and supported CEMSIS notified EMSA that they were no longer able to fulfill their contractual obligations. In response EMSA executed an emergency contract with the vendor that developed the CEMSIS software, to migrate the on-premise LEMSA version to the Cloud. The contract also included general software support services In March 2023, following the migration of CEMSIS from the LEMSA to EMSA in January, CDT advised EMSA that the Data Infrastructure Solution S1BA required revision to document the CEMSIS migration. This resulted in a reassessment of the business problem and objectives of the project, with a determination that the primary objectives could be accomplished through participation in the CalHHS DxF, negating the need for the development of the Data Infrastructure Solution proposed in the S1BA. EMSA withdrew the Data Infrastructure Solution S1BA in July 2023; CDT approved the withdrawal in August 2023.

In June 2024, EMSA procured and implemented a data platform to consolidate and store EMSA's current data and planned IT systems, including CEMSIS and the Central Registry, through direct interfaces. The Data Infrastructure Solution will be a centralized hub of integrated statewide EMS data, providing a single, comprehensive solution for data analysis and reporting. The solution will improve EMSA's data reporting capabilities by providing a holistic view of EMS data, which will generate insights that drive policy decisions, programs, service delivery, and response to emerging issues.

Central Registry Background:

Health and Safety Code section 1797.117 requires EMSA to establish a Central Registry for tracking EMS personnel certification/licensure, accreditation, and enforcement history. EMSA's legacy Central Registry system is comprised of two independent solutions:

- a 13-year-old commercial-off-the-shelf solution called My License Office that provides licensing, certification, and personnel-related functionality.
- a custom-built training database that provides a public list of approved EMS training programs and continuing education courses.

Neither of the components of the legacy Central Registry system meet current business needs. Every major business process associated with the legacy Central Registry system requires a manual workaround due to obsolete technologies, resulting in unnecessary roadblocks and delays in achieving day-to-day operations that impact EMSA, EMS Providers, and the public.

The objective of the Central Registry Project is to replace the existing legacy Central Registry system with a modern solution that resolves the identified deficiencies of the legacy system (detailed below) and integrates with EMSA's data initiatives. The Project is currently in Stage 2 Alternatives Analysis of the PAL process.

The 2023 Budget Act included one-time funding of $190,000 for consulting services to support the initial planning efforts of the Central Registry Project through the CDT PAL process. However, additional funding is needed to successfully accomplish the subsequent stages of the PAL process.

Additionally, EMSA is a participant in the CalHHS Center for Data Insights and Innovation (CDII) Open Data Portal, a program that provides a centralized, public-facing system of CalHHS departments' publishable data. Due to the deficiencies of the legacy Central Registry system, EMSA is unable to provide accurate paramedic and EMT workforce demographic data for inclusion in the Open Data Portal. A modernized Central Registry system is required to meet security standards to comply with this CalHHS initiative.

The commitment of using real-time information to improve patient outcomes, assess education and training impacts on the workforce, analyze workforce demographics, and empower State evaluation activities remains a critical goal for California. However, EMSA's legacy data management tools and Central Registry trails behind its health care partners in the essential activities related to workforce data collection, standardization, exchange, reporting, and analytical capabilities.

Table 1 – Resource History

(Dollars in thousands)

Program Budget	**PY (21/22)**	**PY (22/23)**	**PY (23/24)**	**CY (24/25)**
Authorized Expenditures	$10,750	$10,750	$10,750	$10,750
Actual Expenditures	$200	$1,348	$2,603	$2,287
Authorized Positions	0.0	0.0	3.0	3.0
Filled Positions[1]	0.0	0.0	2.0	3.0
Vacancies	0.0	0.0	1.0	0.0

[1]In 2023-24 OTSI was approved to hire 3 FTE while managing the ePOLST. In 2024-25 EMSA hired 3 AGPA FTE's.

B. Justification

This proposal supports the implementation of an integrated enterprise data management solution rather than three distinct IT systems. The approach provides faster implementation and is more cost effective. System users will be able to move seamlessly between programs of the same system. Most importantly, this solution provides better experiences for Californians and

visitors, by providing one platform for end users for access to all EMSA program services. User information will be securely shared and readily available in real time to any EMSA program.

The risk of not implementing a single integrated solution model is that EMSA would duplicate efforts through planning, development, and implementation cycles for three individual solutions. This in turn would require additional EMSA program staff and IT staff to support and operate each solution. A single solution implementation will reduce the required level of implementation and operational support staff as well as minimize the likelihood of external state entities implementing work around solutions. For example, Epic (hospital records systems) recently implemented the national POLST form and associated workflow into their platform, however, EMSA was unable to participate in the implementation of Epic and is unable to access the data.

Based on actual and projected expenditures through 2024-25, an estimated $3.6 million is available for reappropriation through 2025-26 as part of streamlining the EMSA data enterprise solution. Approval for reappropriation of 2024-45 funds would allow the EMSA solution to fully encumber funds for development and implementation activities anticipated in 2025-26.

C. Departmentwide and Statewide Considerations

Approval of this proposal will allow EMSA to establish an enterprise solution that supports collection and presentation capabilities aimed at obtaining a holistic, end-to-end view of provider operations, patient outcomes, and opportunities for policy and care delivery improvements for EMSA's initiatives.

EMSA has statutory and regulatory responsibilities related to the collection and evaluation of EMS data, licensing, certification, investigatory, and legal disciplinary actions as described in the California Code of Regulations (CCR), title 22, division 9 regulations and the Health and Safety Code. Regulations include:

- HS 1797.102 requires EMSA to perform system evaluation using local and regional data.
- HSC 1797.117 requires EMSA to establish and maintain a system for monitoring, tracking, and providing the licensing, certification, and disciplinary actions of EMS personnel to the public.
- HS 1797.120 and 1797.225 requires EMSA to report Ambulance Patient Offload Times.
- HS 1797.227 requires EMS providers to have an electronic health record to record and report data.
- HS 1797.122 authorizes EMSA to receive patient-identifiable medical information for Quality Improvement purposes.
- CCR, Chapter 7, Trauma Regulations (100257) requires record level data from both the prehospital and hospital providers to be included in the EMSA data system.
- CCR, Chapter 12, Quality Regulations.

This proposal supports several of EMSA's strategic goals, including providing innovative and data-driven approaches to lead the EMS system into the future and to determine that the California EMS system is equitable and transparent.

EMSA has established several strategic priorities associated with the collection, exchange, and analysis of statewide patient healthcare access, treatment, and services data, which includes EMSA EMS pre-hospital system services and how the makeup of the EMS workforce may impact the care provided to EMS patients. Data reported by LEMSAs and EMSA are fundamental to making critical policy decisions such as short-term and long-term EMS system and workforce planning. These policy decisions depend on accurate, reliable, and timely data collection from secure database systems.

D. Outcomes and Accountability

The outcomes of this request are to implement a single integrated data management solution for EMSA, meet the state's requirements for IT projects, meet the state's statutory requirements specific to these efforts, and most importantly, provide emergency care workers with real-time access to critical care data of Californians experiencing an emergency care incident.

The following PAL outcomes are expected for this proposal:

- Revised ePOLST Stage 2 planning documents, roadmap, and additional planning documents.
- Revised Central Registry Stage 1 and Stage 2 documents.

The California POLST eRegistry Act also requires the ePOLST Registry solution to be implemented in conjunction with CEDRS - a data infrastructure effort. The following statutory requirements are anticipated to be met:

- Consistent project development timelines with the CEDRS solution.
- Ensure the most current version of all POLST forms have been signed and submitted to the ePOLST Registry by authorized users.
- An electronic version of a POLST form is the only acceptable format to submit a form to the ePOLST Registry.

E. Implementation Plan

Date	Activity
July 2025	Complete PAL Stage 2 Alternative Analysis Update
September 2025	Complete Procurement
October 2025	Execute Solution Provider Prime Contract
March 2026	Application Configuration & Test
April 2026	User Onboarding and Training
May 2026	Go Live
June 2026	Transition & Stabilization (M&O)

F. Supplemental Information (If Applicable)

Attachment A – BCP Fiscal Detail Sheet

Attachment B - Project Team Organization Chart

Attachment A: BCP Fiscal Detail Sheet

BCP Title: Updated OIT Reappropriation

BR Name: 4120-028-BCP-2025-MR

Budget Request Summary

Personal Services

Personal Services	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Salaries and Wages Earnings - Permanent	0	182	0	0	0	0
Total Salaries and Wages	**$0**	**$182**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$0**	**$182**	**$0**	**$0**	**$0**	**$0**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
5301 - General Expense	0	125	0	0	0	0
5340 - Consulting and Professional Services - External	0	2,850	0	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	100	0	0	0	0
5342 - Departmental Services	0	80	0	0	0	0
5344 - Consolidated Data Centers	0	225	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$3,380**	**$0**	**$0**	**$0**	**$0**

Total Budget Request

Total Budget Request	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Total Budget Request	**$0**	**$3,562**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source

Fund Source	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
State Operations - 0001 - General Fund	0	3,562	0	0	0	0
Total State Operations Expenditures	**$0**	**$3,562**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$3,562**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding

Program Funding	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
3820 - Emergency Medical Services Authority	0	3,562	0	0	0	0
Total All Programs	**$0**	**$3,562**	**$0**	**$0**	**$0**	**$0**

Parameters	**Selected Values**
Year	FY25
Department	4120
House	MR Dept Working
BR Name	4120-028-BCP-2025-MR
Run Time	02/10/2025 03:34:42 PM
Last Data Refresh	02/10/2025, 03:34 PM

Attachment B
Project Team Organization Chart
FY 25/26

