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CAA Vision

To champion the leadership, advocacy, education, and tools that empower California's private ambulance and mobile healthcare services to provide people-centered EMS systems and standards. The CAAs overarching role is to provide support for those who care for their communities.

CAA Mission

Be a recognized voice, advocate, and authority of best practices for ambulance providers throughout California.

CAA Leadership

BOARD OF DIRECTORS

President: James Pierson Vice-President: Jaison Chand Secretary/Treasurer: Melissa Harris

Immediate Past President: Todd Valeri

Directors: Carly Strong Steve Grau

Brian Henricksen Eb Muncy

Sergeant-at-Arms: Josette Engman

STAFF

Executive Director:

Rob Lawrence - rlawrence@the-caa.org

Administrative Director:

Kim Oreno – koreno@the-caa.org

Accountant:

Tricia Schrum, CPA – tricia@camgmt.com

Meeting Planner:

Jennifer Blevins – jennifer@camamt.com



California Ambulance Association

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Editorial Information

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Circulation among California's private ambulance providers, elected officials and EMSA administrators.



President's Message

James Pierson
President
California Ambulance Association

s my term as your President comes to an end, I wanted to take a moment to reflect on the journey we have taken together over these past two years and to express my deepest gratitude for your unwavering support, enthusiasm, and commitment. When I first took on this role, I was inspired by the common goal we shared: to enhance the delivery of our emergency services and to support each other as we strive for excellence in our duties. I am proud to say that as an association, we have made significant strides towards achieving that goal. However, this success would not have been possible without your valuable contributions and the bond that we've built together. Your dedication to our noble cause, your willingness to invest time and resources, and your ability to work constructively have been the pillars of our growth. Every initiative that we've pursued, every achievement we've celebrated, was made possible because of your involvement.

My heart swells with admiration and love for our EMS community and progress we have cultivated together. Our unity has brought us strength and our shared passion has ignited a light of hope even in the darkest times. We are more than an association; we are a family that takes care of each other, that fights for each other, that grows together. There is always room to grow this family and I know we all will do everything within our power to continue to grow this association.

I would like to extend my heartfelt gratitude to the CAA Board of Directors for their relentless support, advice, and the tireless efforts they put forth. I am eternally grateful for the opportunity to lead alongside such a remarkable team.

Furthermore, I would like to acknowledge our amazing consultants, Kim and Rob who work diligently behind the scenes. Your commitment to ensuring the smooth functioning of our association is nothing short of inspiring.

As I prepare to pass on the baton, I am confident that the CAA will continue to soar towards new heights, fostering excellence in ambulance services across the state of California. I am excited to see the future of the California Ambulance Association under the guidance of the new leadership. Knowing the passion, dedication, and love you all have for this association, I have no doubt that we will continue to flourish. Please stay active and involved with the CAA, we need each other to stand up for issues and collaborate together. There is still so much work to be done and we all need to play a hand in this.

Finally, from the bottom of my heart, thank you for allowing me to serve as your President for these last two years. It has been an honor and a privilege; one I will always cherish. As I my term ends, I do so with a heart full of gratitude and a spirit imbued with hope for the future. As the saying goes, "Leadership is not about being in charge. It's about taking care of those in your charge." Thank you for entrusting me with this responsibility and thank you for being the reason I've loved every moment of this journey. I want to thank my Medic family for all the support in allowing me to make the commitment needed, especially my wife Angeline, and our three girls Mia, Mari and Mattea. I am blessed to have such a great team and family supporting me and I am forever grateful for these blessings. The CAA will continue to shine brightly and keep serving the great state of California with the dedication and professionalism that has always defined us. Farewell, and here's to the continued success of the California Ambulance Association! *





Executive Director's Report

Rob Lawrence
Executive Director
California Ambulance Association

Congratulations to our California women leaders recently recognized by the American Ambulance Association for their years of trailblazing service. The recipients of the AAA Vanguard Awards all have served at least 30 years in our profession and have led the way in their organizations. We were proud to be present to see them honored at the AAA annual conference in June. Congratulations also to Donna Hankins, a team member of the Ambulance Cost Education team, also

honored for her sterling work. A full article on these amazing leaders is contained is this edition.

We now look forward to our annual convention in Tahoe and welcoming everyone to Harrahs. This is our last year in Tahoe, in 2024 we will return to Anaheim and for 2025 we will shortly identify a location in the Bay Area/Northern California for our conference. We have an amazing line up of nationally recognized speakers

and seasoned local experts to present at the conference and this year's theme of game changing should spark thought, discussion, takeaways, and service improvement.

I always like to mention our committees and their leaders who volunteer generous amounts of time to chair, direct and guide the CAA's work program. The growing attendance at all our specialist forums is also testimony to the continuing member benefits and the amazing consultants we have working with us. Also make sure you mark your calendars for our monthly Town Hall meetings. They are a one-stop shop for Committee report-outs, specialist briefings, introductions to new members and the latest update from our board. They usually occur at 10:00 am on the last Friday of the month but check in with the website calendar for dates and times of not only the Town Hall but all our committee and board meetings.

As always, this edition of the *Siren* has some great updates and information from our chairs and consultants, if you would like to drill down into any of the issues and stories mentioned, please contact me and I will connect you to the right person. Thank you all for supporting the CAA and I look forward to the next edition of the *Siren*, where we will be able to take stock of our legislative year and report on the success of our campaigns and political projects.

Best wishes, Rob. *



CAA Membership is a Business Essential

The business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At the CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your organization grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

Take your place in California's statewide ambulance leadership

Membership not only saves you money on CAA events and resources, but also keeps you up to date on trends, innovations, and regulatory changes through:

- · Leadership on statewide legislative and regulatory issues
- Targeted conferences & educational programs
- · Member-only updates and alerts
- Member-only discounts & access to expert resources
- Opportunities to exchange ideas with your colleagues statewide



Join the California Ambulance Association

Go to www.the-caa.org/join-the-caa for a membership application.





Activate Your Hidden EMS Influencers

Communications LAB

re you aware that your company has a pool of "influencers" just waiting to **be activated?** Yes, you heard that right. While it's tempting to focus your efforts on how you present your company to the outside world, dedicating equal time to internal communications can yield incredible results by connecting you with your greatest asset – your people.

But what is internal communication?

Simply put, internal communication refers to communication among members of an organization, from the CEO to EMTs, within teams and departments. When used correctly and consistently, company e-mails, text messages, newsletters, meetings, and retreats can motivate, build trust, encourage employee engagement, and turn your employees into "influencers." This includes recommending your company as a great place to work and increasing retention much-needed benefits in today's dwindling and increasingly competitive first-response labor market.

While this may seem straightforward, according to Gallup, only 13% of employees strongly agree that leadership communicates effectively across their organization. The result is an untapped pool of "influencers." So, what can you do? How and when should you communicate with your internal audiences to further your company goals?

Below are some questions to help you rethink your internal communications practices.

Do you have a Trusted, Accessible Communications Channel?

From intranet portals to e-mails and messaging apps like Slack and Microsoft Teams, there are many communication channels available to deliver messages to your internal audiences.

If you have an existing internal communications channel, it is important that you ask a few key questions. Does everyone in the company have access to this channel? How often do employees access the channel? Is the channel accessible offsite and after work hours?

Remember that many of your front-line employees are out in the field, with irregular access to e-mail and company portals; what



can you do to ensure they hear from you? Companywide text messages are a great way to share news and alerts effectively and reliably!

2 Are You Sharing Major News with Your Internal Public First?

Employees should NEVER learn of important company news from a social media post or news article. In the event of big news, internal stakeholders should be informed directly by leadership before any public announcements are made. When important news is not shared with your internal public first, they may feel overlooked and unappreciated.

Are You Informing Your Internal Public of New Company Initiatives, Goals and Advocacy Efforts?

Employees can be EMS "influencers" and advocates on and off the clock if they understand why you're pursuing a goal and how it impacts them directly.

Arming internal stakeholders with concise information can be key to gaining their internal and external support.

Spokespersons are great but nothing beats authentic messages delivered by employees on the front lines. By not leveraging your employees in this way, you're leaving out a substantial pool of "influencers" who can help you reach your goals.

It is also possible that someone on your team has connections or ideas that can help advance your objectives.

Most importantly, employees will feel valued and engaged beyond their typical interactions when included in this process, regardless of whether you reach your initial target. Creating this sense of partnership will unquestionably pay off.

4 Do You Communicate and Celebrate Successes?

Taking notice of individual and team achievements is essential in building morale and engaging internal audiences. Whether you send a company e-mail celebrating a team member or host an appreciation luncheon, employees like to feel valued and seen. Recognition is the door to deeper connections.

5 Is there Two-Way Communication?

Not surprisingly, sharing information with and between internal stakeholders doesn't always lead to dialogue. In fact, internal communication is often one-sided which can make internal stakeholders feel disconnected.

To combat this, end your communications with questions and opportunities for feedback. Surveys and comment boxes are two great ways to encourage a culture of employee engagement.

The Bottom Line

Make internal communication a priority. Communicate frequently and use channels that will reach all internal stakeholders in your organization.

If you don't have an internal communications strategy, you can start now.

Your internal public is your greatest message amplifier! Pay them the attention they deserve, and it won't take long for these "influencers" to be mobilized.







PLEASE NOTE:

Presenters and topics are subject to change. Presentations and materials provided by speakers at CAA events are not reviewed by CAA for accuracy and are the sole opinion and advice of that speaker/presenter.

DATES TO REMEMBER

HOTEL RESERVATION DEADLINE:

August 7, 2023
Call (800) 427-7247 to make your hotel reservation.

EARLY RESERVATION DEADLINE:

August 7, 2023 Call the CAA toll-free at 877.276.1410 The California Ambulance Association cordially invites California's EMS leaders and professionals to join us at the Annual Convention on August 29 - September 1, 2023 at Harrah's Lake Tahoe Hotel & Casino.

This year's program will feature three tracks of outstanding speakers and topics, including state-specific issues that will help your ambulance service thrive in the changing EMS environment. Please see pages 3-7 in this brochure for a complete schedule and description of all sessions. Please complete the registration form included with this brochure to sign-up to attend today!

Please pass this convention brochure and registration information along to your colleagues and personnel.

GENERAL INFORMATION

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GENERAL INFORMATION

One the most welcoming places around, Harrah's Lake Tahoe has been entertaining guests in style since 1955. With its casino excitement, relaxing pool and spa, fine dining and top entertainment, Harrah's offers an array of guest-pleasing features and one-of-a-kind venues. Each standard guest room is deluxe-sized with a king or two double beds and a flat screen television. Double soundproofed walls and special blackout curtains assure a relaxing atmosphere, and angled windows provide spectacular lake and mountain views.

HOTEL RESERVATIONS

For guest room reservations, please call (800) 427-7247 or click here. The CAA rates are: \$125.00 plus tax per night for Monday - Thursday and \$185.00 plus tax for Friday night. There is a daily resort fee of \$25 per room. The deadline to make your hotel reservation is August 7, 2023.

TRANSPORTATION

Guests will receive complimentary self parking over the conference dates of August 28 - September 2, 2023.

PHOTO/VIDEO DISCLAIMER

By registering for and attending this conference, you agree that your image may be taken during the conference and used at any time, without further notification, for printed materials, websites, social media and other marketing purposes.

CONVENTION CANCELLATION POLICY

A full refund of convention registration fees shall be made if registration is cancelled in writing by August 18, 2023. If registration is cancelled after August 18, 2023, a 50% cancellation fee will apply. Golf fees are non-refundable if cancelled after August 15, 2023. No refunds or credits will be made for "no shows."

FEATURED SPEAKERS

DAN DWORKIS, MD, PHD, FACEP



Dan Dworkis, MD PhD FACEP is the founder of The Emergency Mind Project, the Chief Medical Officer at the Mission Critical Team Institute, a boardcertified emergency physician, and an assistant professor of emergency medicine at the Keck School of Medicine of USC. Dan has a deep passion for

helping individuals, teams, and organizations perform at their best when they are needed the most and excel at applying knowledge under pressure. His book, The Emergency Mind: Wiring Your Brain for Performance Under Pressure is used by teams throughout the US and internationally in and out of emergency medicine to drive performance in high-stakes situations.



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MIKE TAIGMAN FirstWatch



DOUG WOLFBERG PWW Advisory Group, LLC

PRE CONFERENCE RECEPTION

TUESDAY, AUGUST 29, 2023 AT 6PM



LODGE BALLROOM EDGEWOOD TAHOE RESORT

180 Lake Parkway Stateline, NV 89449

Join us for a pre conference reception on Tuesday evening from 6pm - 8pm at Edgewood Tahoe in the Lodge Ballroom. Separate registration required.

RAYMOND LIM JIM MCNEAL MEMORIAL GOLF TOURNAMENT

TUESDAY, AUGUST 29, 2023
TEE TIMES START AT 10:30 AM
EDGEWOOD TAHOE GOLF COURSE

180 Lake Parkway Stateline, NV 89449 (775) 588-3566

In honor of the CAA's great friends and colleagues, Raymond Lim and Jim McNeal, Jr., a golf tournament will be held at the beautiful Edgewood Tahoe Golf Course. The golf registration fee includes green and cart fees, tee prizes, lunch and one beverage ticket. Please send in your registration form indicating participation in the tournament as soon as possible. Golf fees are not refundable if cancelled after August 15, 2023.



2023 CAA Elections Slate of Candidates

CAA Active members have received their official ballots for the 2023-2024 California Ambulance Association elections. Active members are eligible to vote for candidates seeking election as Officers of the Association and Directors of the Board.

In accordance with the by-laws, elections are conducted by mail only NO LATER THAN 30 DAYS PRIOR TO THE GENERAL MEMBERSHIP MEETING with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on AUGUST 31, 2023 at Harrah's Lake Tahoe Resort. This gives every Active member the opportunity to exercise their right to vote whether or not they are present at the Annual Membership Meeting.

We encourage you to review the candidate statements prior to making your decision.

Following are nominees for election to serve the CAA during its 2023-2024 operating year. Candidates were formally ratified by the Board of Directors on August 2, 2023. Results will be announced during the Annual Meeting of the Membership which will be held on August 31, 2023 at Harrah's Lake Tahoe Resort.

Thank you for your time and participation in the CAA!

California Ambulance Association 2023-2024 CAA Elections

- SLATE OF CANDIDATES -

NOMINEES FOR THE BOARD OF DIRECTORS (three positions, two-year terms):								
	Bob Campbell	FALCK	Orange, CA					
	Jaison Chand*	City Ambulance of Eureka	Eureka, CA					
	Steve Grau*	Royal Ambulance, Inc.	San Leandro, CA					
	Lyle Hanson	FALCK	Orange, CA					
	Brian Henricksen	American Medical Response	Sacramento, CA					
	Josh Nultemeier	King American Ambulance	San Francisco, CA					
	Jeff Ruch	American Ambulance of Visalia	Visalia, CA					
	Danielle Thomas	LifeLine Ambulance	Commerce, CA					
	Todd Valeri	American Ambulance	Fresno, CA					
NOMINEES FOR OFFICER POSITIONS								
PRESID		ar term for each posit						
PRESIL	Jaison Chand*	City Ambulance of Eureka	Eureka, CA					
VICE P	VICE PRESIDENT:							
	Steve Grau*	Royal Ambulance, Inc.	San Leandro, CA					
SECRE	SECRETARY/TREASURER:							
	> Melissa Harri		Gardena, CA					
* Must be elected to the Board of Directors to be qualified to hold the position of officer of the Board of Directors.								



CAA Women Named in the American Ambulance Association 2023 Vanguard Awards

Rob Lawrence Executive Director California Ambulance Association

any CAA members were excited to be present at the American Ambulance Association Annual Conference in Las Vegas in June to witness several of CAA's members be honored in the first cohort of the AAA Vanguard awards. The Vanguards honor those who blazed the trail for fellow women EMS professionals, and the 23 winners in the 2023 represent a diverse group of dedicated individuals who have made significant contributions to mobile healthcare.

"We are thrilled to recognize these trailblazers who have paved the way for women in EMS," said Randy Strozyk, President of AAA. "Their dedication, perseverance, and commitment to excellence have not only elevated their own careers but have also helped to advance the entire profession." CAA President, Jimmy Pierson said "Congratulations to all the 2023 Vanguards, but especially to those California members that have helped trailblaze the EMS pathway with their collective 150+ years of experience and excellence." "The Vanguard Awards celebrate the accomplishments of women who have broken down barriers and opened doors for future generations," said Strozyk. "We are proud to honor their legacy." Read the citations of our amazing CAA members honored this year:



Cindy Elbert | President, Cindy Elbert Insurance Services, Inc. | Peoria, Arizona

Cindy Elbert is the President and owner of Cindy Elbert Insurance Service, one of the largest independent insurance agencies specializing in ambulance insurance nationwide. Cindy started her career in 1982 and quickly rose to prominence as one of the first AAA members. With more than four decades of experience in the industry, her expertise and commitment to excellence have earned her numerous accolades, including 2010 American Ambulance Association President's Award.

Throughout her illustrious career, Cindy has been active in many state ambulance associations and is well known and highly respected throughout the ambulance industry. Cindy's unwavering commitment to her agency and her clients has made her

a true leader in the ambulance insurance industry and a role model for others in the field.



Carol Meyer | Director, Government Relations, McCormick Ambulance | Compton, California

Carol Meyer has devoted her life to the delivery and regulation of Pre-Hospital EMS in California. Carol served in various positions in the County's Emergency Medical Services Agency and eventually became EMS Director, leaving in 2007 to work in the Department's administrative services office as the Director of Government Relations and Chief Operating Officer of LACDHS with four hospitals and over twenty County clinics reporting to her. Carole currently











serves as the Director of Government Relations with McCormick Ambulance, a GMR company, in LA County and she is also the Co-Chair of the California Ambulance Association Legislative & Agency Relations Committee.

Carol has an encyclopedic knowledge of EMS operations and offers a consistently steady hand as she guides those that use her expertise. Carol is a worthy recipient of the Vanguard Award because of her 40+ years in California EMS and also because she continues to contribute to the states EMS development, and we commend her to you.



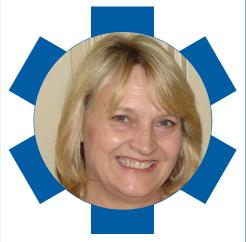
Helen Pierson | Chief Executive Officer, Medic Ambulance | Vallejo, California

Helen Pierson is the CEO of Medic Ambulance Service Inc., with 34 years in

the industry. She's part of the second generation of the family that founded the company in 1979 in Solano County. The company has since expanded to include a significant footprint in Sacramento County.

Helen focuses first on the Medic Ambulance team's ability to serve people who need firstresponder care. That's evident by the various accolades Medic and members of the Medic team have garnered over the years. "My best goal would be to know that my employees saved a life and were able to keep everyone healthy and safe," she says. "It is important to me that Medic Ambulance continues to hold up the high standards that we believe in and focus on the people of Solano County."

Helen is also the past president of the California Ambulance Association and has worked hard to look after the legislative needs of all EMS agencies in California. Helen is a force of nature, a fearless leader, and an individual that has dedicated her life to EMS, its people, and its patients. She is thoroughly deserving of this recognition.



Janet Smith | Owner and President, On Assignment | San Diego, California

For over 45 years, Janet Smith has worked in the field of emergency medical services. Her passion for EMS, her commitment to highlighting the life-saving work of services and her creativity in designing programs

to enhance the image of EMS nationally is unparalleled. Janet helped to create the American Ambulance Association, Stars of Life Program which for over two decades has recognized thousands of ambulance services personnel. Janet was a volunteer leader for both the California Ambulance Association and American Ambulance Association (AAA) and authored the AAA's Public Relations and marketing Handbook. In 2016, Janet was recognized by EMS1 as one of the 14 most influential women leaders in EMS. Janet is a perfect example of a "vanguard" woman leader, she paved the way for many women leaders in EMS and continues to be an inspiration to those around her.



AAA Distinguished Service Award

CAA member, Committee Chair Donna Hankins of American Ambulance, Fresno

> was also a joint recipient of the CAA Distinguished Service Award along with her colleagues from the Ambulance Cost education (ACE) faculty. The ACE faculty spent the last twelve months travelling the country delivering workshops (including a CAA sponsored event in San Francisco) to educate all on the ambulance cost collection survey, a mandatory program that is taking place over the next four years. Many agree, that without the excellent instruction and guidance from the ACE faculty, this major task would be considerably more difficult - Congratulations Donna and team. *



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Because we are a Corporate Business Affiliate with the CAA, a portion of the membership fees from each member that protects themselves or their family **goes to YOUR CAA as an Ongoing Royalty**.

This also applies to any of your vendor companies or friends that you refer who have companies that offer our benefits.

Schedule a short call or zoom meeting to find out more by going to www.schedulebill.com





OPINION: A Diverse EMS Workforce: a Benefit to Patients, Communities, and The System

Tanir Ami
Chief Executive Officer
The CARESTAR Foundation

he need for greater diversity in the EMS workforce is a critical issue that has been overlooked for far too long.

A recent study by the Healthforce Center at UCSF ("Characteristics of California's EMT and Paramedic Workforce"), funded by the CARESTAR Foundation, found that California's EMT and paramedic workforce is disproportionately white and male, and they are linguistically less diverse than California's general population.

This lack of diversity can have serious consequences for patients, especially for those in culturally and ethnically diverse communities throughout California. And while none of this is surprising, it's certainly still alarming.

Why? Because diversity matters – in all settings, but *especially* in healthcare, where communication, trust, respect, and understanding can mean the difference between life and death.

The JAMA Network Open just published a study of the effects of physician workforce diversity on life expectancy and lower mortality rates in Black populations. Their findings showed Black residents in counties with more Black physicians had lower mortality from all causes and showed that these counties had lower disparities in mortality rates between Black and white residents.

Another study by the National Bureau of Economic Research looked at the effect of physician workforce diversity on the demand for preventive care among Black men. Their findings suggested that Black men are, "more likely to feel comfortable with – and take health cues from – doctors who look like them."

It stands to reason that with a more diverse EMS workforce, we would see similar positive patient outcomes in emergency response and prehospital care.

So, what can be done? How can we reach greater diversity in our EMS workforce?

- Intentionally recruit and retain paramedics and EMTs from historically underrepresented groups including women, low-income communities, and recent immigrants.
- Create a more inclusive culture in emergency and prehospital care. This includes providing training on cultural competency and unconscious bias, and creating policies and procedures that promote diversity and inclusion in every station, firehouse, unit, and cohort.
- Collect data on the demographics and career trajectories of EMS personnel, including race, ethnicity, gender, and languages spoken. This will allow us

to better understand the gaps, track progress towards diversity goals, and identify areas where additional action and investment is needed.

As a healthcare foundation focused on bringing greater racial equity to emergency and prehospital care, workforce diversity is a critical component of our work and central to our vision. In just the past few years, we have invested more than \$1 million in grants to organizations including Bay EMT, EMS Corps, and most recently the Firefighters Youth Academy, working to build an EMS workforce that better reflects the communities they serve.

Creating a more diverse and inclusive EMS workforce is essential to providing high quality care and is an investment in the future of the EMS system. By taking steps to recruit and retain candidates from racial, ethnic, and linguistic backgrounds that are currently underrepresented in EMS, we can offer all Californians an emergency and prehospital care system that is equitable, unified, and compassionate.

Tanir Ami is CEO of the CARESTAR Foundation, a philanthropic organization reimagining emergency and prehospital care in California to elevate community voice and power, build a movement, and be a catalyst for systems change. www. carestarfoundation.org.



Cindy Elbert Insurance Services, Inc. was founded in 1982 to offer professional services designed to assist ambulance providers with their unique insurance needs. We draw from our many years of experience and established relationships with underwriters to provide tailored coverage so you can focus on your job of saving lives!



1-888-681-1020 | www.ambulanceinsurance.com | info@ambulanceinsurance.com





Legislative Update

Dorian Almaraz
Prime Strategies of California, LLC

his year, the California Ambulance Association (CAA) sponsored three bills – AB 55 (Rodriguez), AB 902 (Rodriguez), and AB 1376 (Carrillo):

AB 55 (Rodriguez): This bill established a "workforce adjustment" supplemental Medi-Cal payment for emergency and non-emergency ambulance services, to establish overall payment for ambulance services at 80% of the Medicare rate, for ambulance services provided by private medical transportation providers who raise wages for several classes of employees. The bill was held in the Assembly Appropriations Committee and is not moving forward this year.

AB 902 (Rodriguez): This bill requires the owner or operator of a toll facility, upon the request of a public or private local emergency service provider, to enter into an agreement to establish mutually agreed upon terms for the use of a toll facility, including, but not limited to, being exempt from toll payment. This bill passed the Legislature on July 13, 2023, and is now at the Governor's Desk for consideration of his signature into law.

AB 1376 (Carrillo): This bill clarifies this ambiguity by ensuring that ambulance services are not liable for the detainment when requested by authorized

personnel. Under current law, specified personnel have the authority to detain an individual who is undergoing a mental health episode. Often times, this is conducted by local law enforcement officers. As these officers are typically consumed with other duties, they will call an ambulance service to transport the detained patient to the appropriate healthcare facility. This can help destigmatize mental health, as being in the back of a law enforcement vehicle can portray criminality, compared to the back of ambulance which signifies this individual is a healthcare patient. However, there is ambiguity in California law as to whether ambulance services have the authority to continue the detainment of the patient in transport to their facility. This bill currently sits in the Senate Appropriations Committee and will be considered when the Legislature returns from their Summer Recess on August 14, 2023.

This year, CAA has so far supported one other bill – AB 40 (Rodriguez):

AB 40 (Rodriguez): This bill requires the Emergency Medical Services Authority (EMSA) to develop a public education campaign related to the use of the 9-1-1 service, and to develop a system requirement for an electronic signature for use between the emergency department (ED) and an Emergency

Medical Technician (EMT) that captures the points in time when a hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time (APOT). This bill also requires every local EMS agency to develop an APOT standard not to exceed 30 minutes. 90% of the time.

This year, CAA has so far opposed two bills:

AB 767 (Gipson): This bill adds short-term, post discharge follow-up for persons recently discharged from a hospital to the list of eligible community paramedicine services and requires the Emergency Medical Authority (EMSA) to amend existing regulations to include that service. This bill also extends the sunset date of the community paramedicine program from January 1, 2024 to January 1, 2031. CAA is opposed to this bill due to the public right of first refusal for the community paramedicine program.

AB 1168 (Bennett): This bill allows a city or fire district providing prehospital EMS that enters into a joint powers of authority agreement (JPA) with a county to provide EMS will retain its rights to administer prehospital EMS if the city or

Legislative Update – continued from page 17

fire district withdraws from the JPA. The author accepted amendments that narrows this bill to only apply to City of Oxnard/County of Ventura.

This year, CAA is monitoring numerous bills. including, but not limited to the following:

AB 118 (Budget Committee): This bill is part of a package to increase Medi-Cal reimbursement rates in the health care industry through a \$19 billion Manage Care Organization (MCO) tax. The language includes potential funding for ground emergency transport services. CAA is working with Legislative leadership to determine specifics.

AB 716 (Boerner): This bill limits the amount a health plan enrollee, insured, or uninsured person who receives services from a ground ambulance provider has to pay for services, prohibits the ground ambulance provider from billing more than a specified amount, and requires the health plan or insurer to directly reimburse a ground ambulance provider according to established or approved amounts. CAA has been working closely, and will continue to work closely, with the author's office to ensure the language works best for the private ambulance industry.

SB 525 (Durazo): This bill requires, on and after June 1, 2024, and until June 1, 2025, the minimum wage for health care employment to be not less than twenty-one dollars (\$21) per hour for all hours worked in health care employment. Requires, on and after June 1, 2025, the minimum wage for health care employment to be not less than twenty-five dollars (\$25) per hour for all hours worked in health care employment. CAA's interpretation is that private ambulance providers are captured within the language. CAA is working with the sponsors of the bill on language to potentially exclude the industry.





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Payer Issues

Doug Wolfberg
PWW Advisory Group
CAA Medicare Consultants

The Demise of ET3 and the Future of Non-Transport Reimbursement

ow that CMS has broken the ambulance industry's collective heart by canceling the ET3 program, we're left with many questions. But fortunately, we're not out of options.

The Emergency Triage, Treat and Transport Model launched with high hopes. CMS rolled out ET3 at a major press event on Valentine's Day 2019 at a D.C. firehouse. ET3 was the highest profile Federal ambulance initiative in a generation. So important was this launch announcement that the then-Secretary of Health and Human Services, Alex Azar, headlined the event. PWW attorneys were on hand, livestreaming the event to a national audience.

The ET3 demonstration project was limited to about 200 participating ambulance services that entered into agreements with CMS. Under ET3, these participating entities could obtain payment for treatment on scene without ambulance transport (with the use of qualified telehealth services), and transport to alternative destinations (i.e., other than acute care hospital EDs). A component of ET3 would have also provided matching grants to local 911 PSAPs to implement appropriate dispatch triage protocols to help better identify

low-acuity patients who could benefit from the ET3 model.

The overall goal was to reduce unnecessary ambulance transports and hospital admissions, and better match patients to appropriate treatment in non-hospital settings. It was, and remains, a laudable goal.

The ET3 model had some shortcomings. However, ET3 was enormously significant because it was the first time in the 50-plus years since Medicare became law that CMS took any steps to uncouple payment for EMS clinical care from an ambulance transport. It was exactly where our profession needed to go.

Then COVID hit. In February 2020, right around the time CMS announced the selected ET3 participants, the coronavirus was becoming a pandemic. A Public Health Emergency (PHE) was declared, and it displaced virtually all other healthcare initiatives in its wake. In April 2020, CMS announced an ET3 delay until Fall 2020, which then became January 2021. In a death by a thousand cuts, CMS also axed the matching 911 PSAP funding initiative

 without having ever funded a single project – in September 2021.

While the pandemic was ramping up, CMS on a separate track issued many regulatory waivers and flexibilities to provide some relief to *all* healthcare entities, ambulance included. Among these waivers, CMS made *all* ambulance services eligible to receive payment for treatment without transport and transport to alternative destinations. Separately, CMS expanded telehealth coverage to allow EMS to partner with qualified healthcare practitioners and originate telehealth interactions from patients' homes.

In other words, CMS basically extended the ET3 modalities to *all* ambulance services. This meant that none of the ET3-selected agencies even needed to use ET3.

In an almost laughably predictable bureaucratic maneuver characteristic of a circular firing squad, CMS earlier this summer announced the premature termination of ET3, slated to occur on December 31, 2023. The stated reason? Low utilization of ET3. The same ET3 that

nobody needed to use because of the PHE waivers making *all* ambulance services eligible to receive payment for treatment in place and transport to alternative destinations.

So where does the ill-advised demise of ET3 leave the industry?

EMS can't throw up its hands and resign itself to a future where payment for services is forever linked to transport to acute care hospital EDs. Data show that many patients simply don't require treatment in hospitals and can be safely and efficiently managed at home or other healthcare locations. On top of that, EMS systems can't afford to forever adhere to an outdated model where everyone gets transported, regardless of condition, simply because "we've always done it this way." Low-acuity patient transports are often non-payable due to lack of medical

necessity, contribute to long ED offload times, impair EMS system efficiency and create serious challenges for economic sustainability of many systems.

EMS organizations can – and should – make the case that payment for EMS clinical care – without transport – brings substantial value to patients and payers. Nontransport modalities such as treatment in place and telehealth can be keys to improving system sustainability.

Even though Medicare has shortsightedly missed the opportunity to reduce unnecessary ED costs by paying for nontransport modalities, EMS organizations can take matters into their own hands. Approach commercial health insurers, managed care plans and other payers to negotiate contracts and payment rates for telehealth and EMS treatment without transport. Let the payers see the impact

these sensible alternatives can provide to their patients and their bottom lines. Work with non-hospital care providers, such as clinics, mental health centers, addiction and substance abuse centers and others to facilitate transport of patients to these locations, for patients who require care within their capabilities, and work into your payer contracts coverage for these transports.

It's no secret that Medicare is the single biggest payer for ambulance services, and the termination of ET3 is a setback. But it doesn't have to paralyze our progress as a profession. Our future strongly points toward recognition of the fact that EMS is a healthcare service – not just a ride to the hospital. While we lament the fact that CMS killed off ET3 with multiple self-inflicted wounds, our profession can move forward on its own initiative and continue to work to achieve this vision.





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