



# Siren

Fall 2024

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



**Royal Ambulance at Burning Man 2024**

**Return of the Max:  
How a Heart Attack Reinvented My LifeLine Legacy**

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## CAA Mission

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

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# President's Message

**Jaison Chand**  
**President**  
**California Ambulance Association**

Welcome to the Fall edition of the *Siren*. I am delighted to report on an outstanding level of activity and output across the association. As this quarter's *Siren* goes to print, we are also gathering in Anaheim for our annual convention; expertly planned by the Conference Committee. It promises to be an exceptional event with an impressive assembly of speakers.

After tireless advocacy by the CAA and our partners, Sacramento has finally recognized the need to improve Medi-Cal funding for California's ambulance services. This budget breakthrough will enhance financial sustainability for providers across the state. Although the details are still being finalized, our collective efforts have secured a significant victory for ambulance providers, our communities, and the patients we serve. We will share specific details once the funding mechanisms and timelines are fully defined.

We know there are two separate allocations: one for ground emergency medical transportation and one for non-emergency medical transportation. Emergency medical transportation will see a \$25 million increase starting January 1, 2025, and a \$50 million increase from January 1, 2026. Non-emergency transportation will receive \$13 million starting January 1, 2026, and \$25 million ongoing from January 1, 2027. The specifics of fund allocation are still being worked out, but the CAA is

actively engaged with the Department of Health Care Services to ensure our input is heard.

This is a moment to celebrate, but our work isn't over. We will remain focused on ensuring equitable funding for all ambulance services and will keep you updated every step of the way.

The Emergency Medical Services Authority (EMSA) has assembled a committee of stakeholders to build the EMS System Regulations (formerly Chapter 13 – Now chapter 1). The CAA representatives to the EMSA Policy Advisory Committee (EPAC) on Chapter 1 are Todd Valeri, from American Ambulance and myself, with Jimmy Pierson of Medic Ambulance as an alternate. The EPAC recently held their second meeting at EMSA headquarters in Sacramento, and there was robust discussion around the rights, obligations, and validation of providers under 1797.201 and 1797.224. Our participation in this regulatory process is critical to the future of private ambulances in California. We have assembled a diverse internal team consistency of large providers, small providers, and IFT providers to help craft our positions across an array of topics. We will be tackling other areas of the regulations at the next meeting on September 9<sup>th</sup>, with potentially more meetings to come.

The recent AB716 bill, establishing balance billing legislation in California, continues

to occupy our thoughts. Our legislative committee seeks to map LEMSA areas that have set all-important rates. The sterling work of CAA Secretary Melissa Harris also secured a state All Plan Letter from DHCS, supporting the intent of AB716. This letter clarified the obligations of insurance companies to pay our claims correctly, appropriately, and timely.

We are also embarking on a bylaw update exercise, described in detail by Executive Director, Rob Lawrence in his foreword. In simple terms, we seek to (post successful board vote) continue the forward motion of the association by creating a continuity pathway for our officers. The Vice President will transition to become President Elect, who in turn ascends to the presidency, followed by a term as immediate past president. This offers longevity, continuous leadership, and considerable bench strength to the association.

In closing, I continue to be impressed and grateful for the energy, commitment, and time given by all our volunteer officers, board members, and committee chairs. Combined with our committed membership, this makes the association stronger every day. I look forward to meeting and greeting all who attend the annual conference. ✨

**Jaison Chand**  
**2024 CAA President**

# Executive Director's Report



**Rob Lawrence**  
**Executive Director**  
**California Ambulance Association**

Welcome to the third *Siren* of the year and in this edition, we gear up for what will be another very successful annual gathering. We are looking forward to our return to Anaheim to enjoy an extremely well-curated conference with international, national, and local speakers providing education, update and inspiration.

As you will have read in President Chand's message, we have just concluded an exceptionally busy period, with considerable time and effort put in by our key committees and their members. I would like to describe the work that is currently ongoing to revise the associations bylaws. At the direction of the CAA Board, a working group was established to examine and update the CAA Bylaws. The primary focus was to ensure that the roles of both 911 and Interfacility (IFT) transportation providers are equally acknowledged. The solidarity of the membership is crucial to the mission of the organization, and aligning all providers within the same group of membership is essential to achieve this unity.

The amended objectives of the association now emphasize providing excellent pre-hospital care in California by promoting recognized industry best practices without differentiating between 911 and IFT services.

Another significant amendment involves the leadership structure within the CAA. To ensure and maintain leadership continuity, the bylaw update proposes to establish

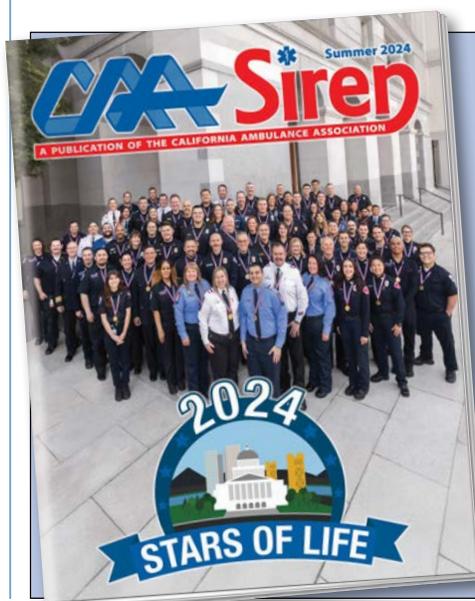
two-year appointments for the roles of President Elect, President, and Immediate Past President. The only position that will be elected is the President Elect, who will naturally progress into the President's role and then to Immediate Past President. This change is intended to create stability and reflect the need for strong leadership within the organization. The transition period allows the President Elect to understudy the role, ensuring a seamless transition and enhancing the overall strength of the board.

Finally, the working group recommended aligning the terms for Board and Officer positions with the calendar year, beginning on January 1<sup>st</sup> following their election. This change synchronizes leadership and

governance with legislative activities and improves the election process by utilizing the annual convention to engage candidates with the membership before the vote. Additional editorial amendments were made to the bylaws, including updating the voting process to allow for electronic voting, further modernizing and streamlining the organization's governance.

By the time we go to print and online, the bylaw amendments should have been voted on at both Board and Membership levels as required and full details will be promulgated at upcoming Town Hall meetings and our Convention.

See you all in Anaheim! \*



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**Max Gorin**  
**Co-founder of LifeLine**  
**Ambulance, Los Angeles**

## Return of the Max: *How a Heart Attack* *Reinvented My LifeLine Legacy*

**J**uly of 2024 marks 22 years in business. I continue to reflect on the growth of LifeLine Ambulance Service and my own personal growth as its Co-founder and CEO. After returning home from the military and interviewing with a financial services company on 9/11, my life took an unanticipated direction. The events of that day made me want to give back to the community even more.

I remember graduating from my EMT program in early 2002 and saying, "I think I'll start an ambulance company." My buddies from the EMT class laughed at me, but they soon became some of the first employees of LifeLine.

We bought two ambulances, and we were up and running. I would visit hospitals and ask them to give me a chance. I would answer the phone when they called to book a pick-up, show up to care for and transport the patient, and then prepare the paperwork to bill the call. I look back and laugh, but at the time, it seemed like the only way, and I still believe it was.

I am proud that I have done almost every non-clinical role in this organization myself. This hands-on experience helped me understand the challenges and remove barriers that existed. My clinical tenure was short as we grew and hired more clinicians. Over the years, I have worked with and learned from so many. I have seen success and understand that failure means you need to try a different way.

I have always admired EMTs, Paramedics, Respiratory Therapists, and CCT Nurses. Their medical knowledge, expanding

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scopes of practice, and ability to manage difficult and stressful situations with their patients are impressive. Although I am no longer caring for patients each day, I approach business with many of the same critical thinking and tactical skills that it takes to manage a patient.

I've spent over two decades steering LifeLine Ambulance, guiding our mission to provide treatment and transport services to ill and injured patients. We continue to ensure patient care is our top priority.

We ran our first transport at LifeLine Ambulance Service on July 7, 2002. Twenty-one years later, on July 7, 2023, I faced a new challenge that redefined my personal and professional life forever. No one knew, until now.

The day began like any other Friday. By 5:30 am, I was up and ready for my regular gym session. After a good workout, a shower, and a day packed with work, I capped the evening with a business dinner at Shiraz, enjoying exquisite Persian cuisine. It was a perfect end to a productive day, or so I thought. At 10 pm, as I prepared for bed, I felt a strange sensation in my chest. Initially, I attributed it to overeating – cherry rice and kebobs can do that to you, right? Little did I know, it was the harbinger of a life-altering event.

The next morning, I woke with persistent chest discomfort. Still convinced it was heartburn, I powered through my routine, hitting the gym for another workout. But by 11:30 am, during a crucial meeting in Downey, the pressure intensified. This meeting was important and would result in the first acquisition for LifeLine EMS, increasing our organization by thirty percent. I couldn't skip it or leave early.

Determined to stay on top of my commitments, I pressed on, only to find the discomfort escalating to an unbearable level as I drove home. Two elephants, it felt like, were now perched on my chest. I knew from school and from not living under a rock that this was probably not the best sensation. Although my ingrained grit told me it was nothing, I knew I needed to be smart and



have someone, potentially with a medical degree, diagnose me with reflux. Prilosec will take 24 hours to work, right? I have things to do and didn't have time to wait.

Reluctantly, I decided to stop by an urgent care clinic near Cedars-Sinai. I downplayed my symptoms to the nurse, explaining that I'd felt some discomfort the previous night but had managed a two-hour workout that morning. Despite my reassurances, I quickly transitioned from being a CEO in a healthcare organization to being a cardiac patient with repeat EKGs, Aspirin, Nitro, and blood tests. I knew I would be okay but had to take advantage of the possible recruitment of this wonderful nurse as a great fit for our Critical Care Transport program. Don't blame a guy for trying.

When the nurse returned, she noted my elevated troponin levels, a marker for heart damage. Despite feeling somewhat better, the escalating numbers – 0.25, then 0.50 – prompted her to call the fire department. An NSTEMI? Who has time for this? I'm sure it will go away, right? I begged them to wait a few minutes – there was a nearby spot that sold amazing empanadas. I asked if I could just head down the road and grab a couple as I anticipated I'd have to wait for a bit at the hospital. As a healthy healthcare executive, I was in shock. Looking back, what was wrong with me? It's funny but not funny. As a smart business executive living seven days a week in the healthcare sector, I was not even joking when I asked her to hang tight. I was not thinking right.

Beverly Hills Fire Department arrived faster than an Uber Eats order, to my dismay. As they prepared me for transport, I couldn't help but engage the paramedic, even attempting to recruit him for a shift at LifeLine. My mind was still processing this sudden shift from leader to patient.

At Cedars-Sinai, the reality began to sink in. Surrounded by a diligent medical team, I underwent several more tests. The results showed significant arterial blockages, and I was prepped for a catheterization procedure. Three stents were placed, with more procedures scheduled for the following weeks. Two blockages were 99% occlusions, and additional large occlusions in another vessel were present.

The next few hours were a blur of medical interventions and realizations. As I lay in the PACU, recovering, a sudden drop in vitals occurred, and then bam, I coded, prompting a rapid response team to spring into action. I woke up to a crowd of medical professionals, an experience that underscored the thin line between life and death. The nitro patch should have been removed a bit earlier. I remember orange juice and then a feeling that I was going to pass out, then black, nothing.

Over the next three days in the Cardiac Care Unit, I reflected on my journey. The exceptional care I received at Cedars-Sinai reinforced my belief in our mission

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at LifeLine. This heart attack, a stark reminder of my mortality, also highlighted the importance of the work we do in Emergency Medical Services.

I left the hospital a week later, determined to integrate this personal experience into my professional ethos. The heart attack had reshaped my perspective on patient care, emphasizing the need for continued empathy, thoroughness, and the human touch in healthcare. Even if your patients do not attempt to recruit you or escape for amazing Mexican food a few blocks away, if you have not been a patient, your empathy scale of understanding may not be as amazing as it should be. I have seen clinicians annoyed at why patients are being difficult or asking so many questions. I have been that patient. I was not trying to be difficult or have the care teams think that I did not take this seriously.

I was in the Cardiac ICU and floor for a total of seven days. People thought I was working from home, vacationing, here, there, and everywhere. I didn't want to display weakness. I crushed the workout that morning, I pushed on like I normally do in business and performance. Was this a mistake? I bought another company that day. I have never been one to take a break, but this humbling 20 hours may have been my last if I didn't listen to my body, eventually.

I tried to escape from the ICU and get to a vending machine. I asked my fiancée to

bring business cards when she came to visit for the first time, and I recruited four clinicians to interview and join our service. I clearly had no neurological deficit from this event. I was me, still, but with a renewed sense of gratitude and empathy for others.

I was never scared, not once, but I did not believe that someone as resilient as me, a business owner of an ambulance company in Southern California, at the fittest in my life, could experience this. I was healthy—except clearly, I was not.

It remains a mystery of sorts to the cardiology team. In total, I had five stents placed, had to be on medication briefly, and go to cardiac rehab. Within three months, I was off the meds, out of rehab, and again with a clean bill of health. No signs that this would happen, no increased cholesterol, no hypertension. I was at the top of the game until I almost wasn't.

I returned quite quickly to the "office" and carried out this renewed purpose. My team at LifeLine and I are more committed than ever to ensuring that every patient receives the extraordinary care they deserve. This experience has not only been a humbling reminder of life's fragility but also an inspiration to strive for greater heights in our service to the community.

As I celebrate the one-year anniversary of my heart attack and the 22-year anniversary of LifeLine, I now share this, what appeared to be vulnerability, with

you all. It takes a village, and I'm glad my village showed up that day. I am part of the village for our community, colleagues, and partners we serve, and pay it forward, I will.

Twenty-one years after the first transport, to the day, was almost my last. It could have been me. \*



## About the Author

*Maxim Gorin, co-founder of LifeLine Ambulance in Los Angeles County, has combined his extensive experience in finance with his commitment to community service to build a successful healthcare company. Starting with just six staff members and two ambulances in 2002, Gorin's leadership and dedication have grown LifeLine Ambulance Service into a prominent service provider with a fleet of over 125 ambulances and a staff of 500, covering several Southern California counties. A licensed Emergency Medical Technician and former U.S. Army tank crewman, Gorin's background includes studying economics and business at Los Angeles Valley College and Pikes Peak Community College with an MBA from UCLA's Anderson School of Management. He also has a solid foundation in financial services, having worked with Primerica and Massachusetts Mutual Life Insurance Company. Beyond his professional achievements, Gorin is a current member of several associations and serves on many boards benefiting the community. \**



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# CARLY'S CORNER: Leadership Lessons from Simone Biles: Responding to our Limits

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**Carly Strong**  
**Chief Operating Officer**  
**SEMSA/Riggs Ambulance Service**

Taking a step back and slowing down when you need to is not quitting, it's being responsible for yourself and your team, much like Simone Biles did in the 2021 Tokyo Olympics. Simone chose to step back when she was feeling the mental strain from all of the pressure just to get to the Olympics and was quoted, "I say, put mental health first." She made this courageous decision to protect herself from becoming injured and to protect her teammates by removing herself from the competition, where she could have cost them a medal. We all need to take a lesson from her and prioritize ourselves and know our limits.

At some point, we won't be able to lead our teams well, and we might even drag them down, if we are not caring for ourselves. Acknowledging when we are at a point where we need to take action to protect our mental health and practice self-care can be difficult. But think of it this way, we all have someone in our lives that we would want to protect if we saw their mental wellbeing wasn't in a good state, why wouldn't we want to do that for ourselves too?

When practicing self-care, we need to make sure the activity we do is for us, and something that brings us peace and joy. What I mean by this is that if we check the self-care box when we complete a task at home, like cleaning the house, we aren't actually checking that box. It

might feel great to finally get that off your list, the task of cleaning your house isn't self-care because it is one of your regular responsibilities. Find things that help you disconnect; if work is your stressor and you work in Fire, Law Enforcement, or EMS, I don't recommend binge watching "Chicago Fire" or "Chicago PD." Getting outdoors in a fresh environment is a great way to disconnect and regenerate, even if it's just a few minutes to yourself. If your schedule is packed and it stresses you out to think about where you can schedule some time to care for yourself, start with small goals of just a few minutes each day.

Physical injuries are not the only damage we can suffer when we don't get enough rest, nutrients, time for self-care, and time overall to regenerate. We can damage our mental health as much as we can our physical body. Being mentally drained we become less focused and that's when injuries and mistakes happen. EMS providers work through a variety of stressful situations and long work hours, even those in leadership roles, we don't always notice the toll it takes on us early enough. That's why we need to be proactive and practice self-care often and early before we are stressed.

With a focus on maintaining her mental wellbeing, Simone is able to stay disciplined, motivated and create a healthy balance that she needs to contribute to her team's success and push herself further each day.

As Simone puts it, "We can push ourselves further, we always have more to give."

Most EMS leaders began their career as field clinicians, EMT's and Paramedics. In those roles we often need to stay focused and dedicated so we can push ourselves to give a bit more at the end of an up-all-night 24-hour shift and our compassion is frayed but necessary for that one last call we receive on our way to the station to head home. Taking care of that one last patient and giving a bit more when I was drained didn't seem too difficult at the time. I also didn't notice the signs that it was taking a toll on me, the insomnia I had even when I was off duty, the need to constantly be busy. I knew nothing about self-care, it wasn't being talked about. Practicing self-care, prioritizing rest, and my mental health, were lessons I wish I had learned earlier in my career.

We can't push ourselves to give more, if we aren't practicing self-care, checking in on our own mental health, and doing the work on the front end so we can push harder on the back end. It's kind of like running a race, if we don't ease in and let our muscles and lungs warm up and give everything we have before the first half, we won't have more to give when we really need it. If you haven't made yourself a priority yet and begun protecting yourself from situations that interfere with your wellbeing, each moment gives you an opportunity to start \*

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# LEGISLATIVE UPDATE

**Dorian Almaraz**  
**Prime Strategies of California, LLC**

In late 2023, the California Ambulance Association (CAA) convened to set its legislative priorities for 2024. The consensus was that an increase in the Medi-Cal reimbursement rate would be the top priority. Below is an update on those efforts, in addition to updates on bills that the CAA is tracking.

## 2024 TOP PRIORITY ISSUE

The top priority for CAA in 2024 is an increase in the Medi-Cal reimbursement rate for interfacility transfers (IFT), which has not been raised since the 1990s. To raise the issue, the CAA began to form a coalition of county officials, labor partners, and other allies to push the idea forward. This coalition met with the Director of the Department of Health Care Services (DHCS) multiple times to bring the issue to their attention. Additionally, CAA met with leaders in the Assembly and Senate to inform them of this shortcoming in the industry.

Despite the many hurdles that CAA faced due to the significant budget deficit, our efforts ultimately proved successful, as this year's State Budget included funding for both prehospital and interfacility ambulance transports. This State Budget breakthrough lays the groundwork for bolstering the financial sustainability of ambulance providers across the state. While details on the funding mechanism remain to be finalized, it is clear that our collective efforts have produced a major victory for ambulance providers, our communities, and most importantly, the patients that CAA's members serve.

Some of the known details are as follows:

- There are two separate allocations, one for ground emergency medical transports and one for ground non-emergency medical transports.
- Ground emergency medical transports will receive \$25M beginning January 1, 2025, and \$50M beginning January 1, 2026, and annually thereafter.
- Ground non-emergency medical transports will receive \$13M beginning January 1, 2026, and \$25M beginning January 1, 2027, and annually thereafter.
- Details on how funding will be allocated are yet to be defined, but the CAA will remain actively engaged with the Department of Health Care Services to ensure CAA's input is considered.

While this is a moment to celebrate, the work continues, as there will always be potential threats to the long-term viability of this new funding structure. Rest assured, the CAA will remain vigilant and fight to ensure the voices of its members is always heard.

## 2024 SPONSORED BILL

**AB 2859 (Patterson):** This bill establishes the California Emergency Medical Services Peer Support and Crisis Referral Services program to permit an emergency medical services provider to establish a peer support and crisis referral program. *The bill has moved through the legislative process without much interference and will soon be considered for a vote before the California State Senate.*

## 2024 BILLS OF INTEREST

**AB 1843 (Rodriguez):** This bill would require an ambulance provider to offer all emergency ambulance employees, upon request, peer support services. It also would establish a structure for the peer support program, including granting employees the right to refuse to disclose confidential information, and providing protection from liability when providing peer support services. Additionally, this bill would increase the number of mental health visits an ambulance provider is required to provide to employees under an

*continued on page 12*

employee assistance program, currently 10 visits per issue per year, to 20 visits per year. It would also require mental health providers under the employee assistance program to have certifications that specialize in providing services to first responders.

**AB 2225 (Rodriguez):** This bill would add prehospital emergency medical care person, or personnel organized committees and review committees to the list of organized medical committees and peer review bodies whose proceedings and records are currently exempt from discovery in civil litigation.

**AB 2348 (Rodriguez):** This bill would require the Emergency Medical Services Authority (EMSA) to develop and adopt a statewide standard methodology for the calculation and reporting of response times for all emergency ambulance services.

**AB 3179 (J. Carrillo):** This bill would exempt emergency telecommunications vehicles, as defined, from any state regulation that requires the procurement of medium- and heavy duty zero-emission vehicles until January 1, 2030.

## 2024 BILLS OF CONCERN

**AB 1168 (Bennett):** This bill would require the City of Oxnard to be treated as if it had retained the right to administer or contract for prehospital ambulance EMS notwithstanding a court case that found that the City of Oxnard did not have the right to administer ambulance services. This bill would also establish a process to determine who will provide prehospital EMS to the remaining portion of the exclusive operating area if the City of Oxnard exercises its right to provide prehospital EMS in the City and would clarify going forward that a city or fire district providing prehospital EMS that enters into a joint powers

of authority agreement (JPA) with a county will retain its rights to administer prehospital EMS if it withdraws from the JPA. Although this bill was stopped in its tracks last year, CAA must remain vigilant for its potential revival with new language that could harm the ambulance industry.

**AB 1792 (Rodriguez):** This bill would require the Emergency Medical Services Authority (EMSA) to develop standards for personal protective equipment (PPE) for ambulance personnel by January 1, 2027, and to update those standards every five years.

**SB 1180 (Ashby):** This bill would require a health plan or insurance policy to establish a process to reimburse for services provided by a community paramedicine program (CPP), triage to alternate destination program (TADP), or mobile integrated health program (MIHP). The bill also requires the Medi-Cal program to cover CPP, TADP, and MIHP. \*



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# HUMAN RESOURCES: An Employment Lawyer's Guide to Managing Politics in the Workplace: Election Year Edition

**Amber S. Healy, Partner**  
**Buchalter Law Firm**

**T**he level of political discourse in our workplaces is at an all-time high. With protests throughout the country and the November 2024 Presidential election just around the corner, many employers are grappling with how to manage workplace discussions on divisive political and social issues.

There is no escaping politics these days – whether you turn on the radio, scroll social media or are watching television. In the ambulance industry, our team members may spend a lot of time together during a shift. During their shifts, employees may scroll social media, watch TikTok together, or listen to the radio. Inevitably, this results in discussions of social or political beliefs. Sometimes those discussions turn to disagreements – and given the deep personal significance of such beliefs, even small disagreements can result in intense arguments. How as an employer can you manage this?

## Is It Illegal to Talk Politics in the Workplace?

The short answer is no, generally, it is not illegal to talk politics in the workplace. However, the context in which these discussions occur and where you work all come into play. Many people believe that the First Amendment's free speech protection applies broadly and extends to their workplace. Unless you work for the

government, the First Amendment does not extend to your workplace.

The First Amendment's right to free speech applies only to *government* action. An employee who works for a private company is generally not entitled to free speech protections in their workplace. While government employees do have First Amendment free speech protection to speak out on matters of public concern, the courts have recognized that even public employers may place certain restrictions on employee's speech.<sup>1</sup>

An example of when free speech protection applies: an employee is walking down the street to work wearing a hat with a political statement on it, a police officer arrests the person because of the political statement on their hat – that officer's actions would be in violation of the First Amendment. On the other hand, when the employee arrives onsite at work or clocks in things change. A private employer can restrict the wearing of items with political or social statements on them and can take disciplinary action if an employee violates policies prohibiting such attire.

## Can Employees Wear Political Gear in the Workplace?

Yes, unless an employer has set dress codes standards or policies limiting political attire and displays in the workplace,

employees can wear or display politically charged items. Even in instances where an employer allows employees to engage in self-expression of a political or social nature, the employee's items cannot violate anti-discrimination and anti-harassment laws. Respectful workplace policies may also be implicated when an employee wears or displays socially or politically charged messages.

Just as employers can regulate dress codes and hours of work, private sector employers are able to dictate what type of political expression, if any, is appropriate for the workplace. With the upcoming election and the plethora of sensitive social issues, even employers that are champions of self-expression would be wise to implement policies that limit the amount of political speech permitted in the workplace.

## What Restrictions Can an Employer Place on Political Speech at Work?

Even though First Amendment free speech protections do not extend to private workplace communications, California law prohibits discrimination based on political affiliation. The law prohibits employers from disciplining, or otherwise restricting, employees from expressing their political affiliations or views or being affiliated with

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a political party.<sup>2</sup> This means an employee cannot be fired, demoted, or subject to discipline merely because of their affiliation with a particular political party.

Employers can put policies in place that prohibit displaying or wearing items that contain images of politicians, logos of political parties, campaign slogans, names of political parties. A clear policy that prohibits such displays can help reduce the likelihood of emotionally charged political issues creeping into the workplace and the unintended consequence of political expression.

Employers may be concerned that employees will see such policies are hampering or interfering with their self-expression, however, a recent survey by website *Monster.com* confirmed that most employees prefer that politics stay out of the workplace. In the survey 68% of the employees indicated that they are not comfortable with political discussions in the workplace.

Employers putting policies in place to limit or prohibit political speech must also be mindful of laws such as the National Labor Relations Act – which applies to both unionized and non-unionized workforces – protects employees who engage in “concerted activity” to improve their lot. Concerted activity refers to two or more non-supervisory employees taking action to help or protect one another concerning terms or conditions of employment.

Political discussions in the workplace may encroach on employee National Labor

Relation Act rights when they relate to certain employment issues such as minimum wage increases, gender equality, discrimination, or other employment topics. Employers can place limits on political speech, but complete bans may violate federal labor laws. Before disciplining or firing an employee for political speech or employee protest activities, employers should consult with employment counsel.

### Employers’ Right to Talk About Politics

Employers can generally engage in political activity in the workplace. Employers can share with employees the company’s support or opposition to proposed ballot initiatives, legislation, and other regulations. Employers may also share with employees the impact the proposed legislation would have on the company. Employers cannot coerce an employee to vote a certain way or otherwise interfere with an employee’s right to vote.

### Employee Time Off for Political Involvement or to Vote

Under California law, employees are entitled to two hours of paid time off to vote in a statewide election *if* they are scheduled to be at work during the time that the polls are open, *and* they do not have sufficient time outside of working hours to vote. Unless the employee and employer agree to something different, the time off to vote can be at either the start or end of the shift, whichever allows the most time for voting and the least amount of time away from the regularly scheduled

shift. An employee may take more than two hours off for voting, but an employer is only required to pay a maximum of two hours. Employees must notify employers at least two working days prior to the election of their need for time off to vote.

### Conclusion

Election year or not, employers should adopt written policies related to political expression and discourse in the workplace. In constructing such policies, employers must balance the need for respectful workplaces, be mindful of their culture and be cognizant of the legal limits. Employer policies in this area, as with most, must be clear, regularly reviewed/updated, communicated to employees, and uniformly applied. \*

### Endnotes

1 *Pickering v. Board of Education*, 391 U.S. 563 (1968); *Connick v. Myers*, 461 U.S. 138 (1983) (known as the “Pickering-Connick Test.”)

2 California Labor Code §§ 1101, 1102.

*Amber S. Healy is an employment attorney and shareholder at Buchalter APC in Los Angeles where she is the Chair of the PAGA Practice and Co-Chair of the Wage and Hour Practice. Amber advises businesses of all sizes on issues of labor law compliance and represents employers in state and federal courts throughout California. Amber is a consultant to the California Ambulance Association and serves on the Association’s HR Collaborative, which meets on Zoom at 2 pm on the first Thursday of each month to discuss various labor and employment issues.*





**Christie Mellott, Esq.**  
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**CAA Medicare Consultants**



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**CAA Medicare Consultants**

## FROM YOUR MEDICARE CONSULTANTS: Stay on Top of Medicate Enrollment

**Y**ou know that ambulance services must enroll in the Medicare program and obtain a National Provider Identifier (“NPI”) through the NPI enumerator (the National Plan and Provider Enumeration System (“NPPES”)) at <https://nppes.cms.hhs.gov/#/> <https://nppes.cms.hhs.gov/#/>. But some ambulance services drop the ball when it comes to keeping their information updated on the NPPES system and with Medicare. If you have not logged into the NPPES system in a while, it might be a good idea to log in and double-check that all of your organization’s information is current.

With your NPI, your ambulance service can enroll in the CMS “PECOS” system (Medicare’s online enrollment portal) and submitting your information electronically or by submitting a paper 855-B update to Noridian, which is the Medicare Administrative Contractor (“MAC”) for California. You can log onto PECOS and/or create a PECOS account at <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>. Even if you submitted a paper 855-B to enroll in Medicare, we recommend that your organization obtain a PECOS account,

as this is the easiest way to see exactly what the Centers for Medicare and Medicaid Services has on file for your organization and to quickly keep your organization’s information up to date.



For the past year, CMS has been touting that “PECOS 2.0 is coming soon.” It was originally supposed to be released in the summer of 2023. But here we are in late 2024, and as of press time for this issue of *Siren*, it is still under development. Once

released, CMS promises cool-sounding features such as automated validation/ checks of Social Security Numbers, NPIs, OIG exclusions, and enrollment bars; automated criminal background checks on individuals listed in the application; and automated processing of revalidations not involving any changes.

When submitting information to Medicare it is important for ambulance services to list all organizations and individuals with a 5% or more direct or indirect ownership interest, as well as all organizations and individuals with managing control over the organization. CMS promises that it will soon start requiring enrolled providers to list all owners’ interests in other entities, either through ownership, acting as an officer of another entity, or having managing control over other entities. This is all part of CMS’s efforts to combat fraud and abuse by more tightly controlling Medicare billing privileges and keeping out the “bad apples” who may have gotten into hot water with other companies or organizations.

*continued on page 16*

One or more of the individual owners and those with managing control will need to be the “authorized” or “delegated officials” for purposes of your provider enrollment. These are the people that the organization authorizes to enroll in the Medicare program and thereafter to make the changes to the enrollment information on file with the organization. Our philosophy is that more is better. If you have several individuals on file as an authorized official or delegated official, then, if one or more of these people leave your company, the organization still has someone authorized to make changes to your Medicare information. Authorized officials are generally the owner, CEO, CFO, President, etc. Delegated officials are generally managing employees, such as the Executive Director or Chief.

The organization can also have a non-managing employee or even its billing company, if you outsource your revenue cycle management, assigned in PECOS to act as an “access manager” for PECOS records. This would be assigned by the authorized official and is less restrictive than the requirements for being a delegated official. It is important that each individual accessing your organization’s PECOS records log in using their own user ID and password. We also recommend that more than one person in your organization know how to access your organization’s PECOS records. That way, you don’t have to worry about not being able to access the PECOS records should that one person leave.

It is also important for ambulance services to keep their Medicare information up to date. CMS requires that all changes in ownership, managing control, practice location, and revocation of a federal or state license (or an FAA certification, for air ambulances) be reported within thirty (30) days of the effective date of the change. All other changes need to be reported within ninety (90) days.

Once enrolled in Medicare, CMS requires ambulance services to revalidate their information every five (5) years. Only revalidate when CMS notifies you to do

so. The revalidation process involves completing the entire 855-B if you submit on paper, or going through all of your information on PECOS and confirming that it is correct.

When revalidating or adding a practice location, you are required to pay the applicable enrollment fee, currently \$709 at <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1> and include the payment confirmation with the submission. This fee increases each year based on changes to the consumer price index.

What does CMS consider as a reportable “practice location” for an ambulance service? “Each site at which its vehicles are garaged” and “each site from which its personnel are dispatched.” See Medicare Program Integrity Manual, Chapter 10, Section 10.2.2.10, Subsection E.

Remember to list each applicable location meeting this definition of a “practice location.”

We hope that you have found these Medicare Provider Enrollment reminders helpful. If you have any questions about Medicare Provider Enrollment, please don’t hesitate to reach out to us – we are always here for CAA members! ✨



An advertisement for AMR (Advanced Medical Response) featuring a smiling man in a light blue shirt. The background is dark with red and blue accents. The text reads: 'INNOVATING For You EVOLVING With You'. Below this is a list of services: Patient-Discharge Systems, Transportation Ordering, 911 Nurse Navigation, Behavioral Healthcare, and Natural Disaster Response. At the bottom, it says 'Click here to learn more about AMR's cutting-edge products and services today.' and the AMR logo with the tagline 'A Global Medical Response Solution'.



# OPERATIONS UPDATE



**Max Laufer**  
**MaxCare Ambulance**  
**Brian Meader**  
**Medic Ambulance**

## CAA Operations Committee Co-Chairs

**A**s Co-Chairs of the Operations Committee, we're proud of the strides we've made this year with the Operations Committee. We have always said it isn't just Max and Brian leading the discussion, but that it is a collaborative group of CAA members bringing topics/issues from around the state to have open dialogue with one another. Whether we are trying to solve a problem or talk

about best practices the Operations Committee is the place to be. Just in the last six months we have discussed Best Practices with 5150 transports, ambulance strike teams, employee evaluations and communications and much more.

Looking ahead, we're excited about the future of the Operations Committee. With new initiatives focused on best

practices, standardizing template policies, embracing innovative technologies, and fostering collaboration. We are committed to improving all aspects of ambulance operations, ensuring that our services are always at their best. The road ahead is full of promise, and we're eager to make a lasting impact. Please join us the second Tuesday of every month at 10am. \*



## CAA Membership is a Business Essential

**T**he 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](http://www.the-caa.org/join-the-caa) for a membership application.

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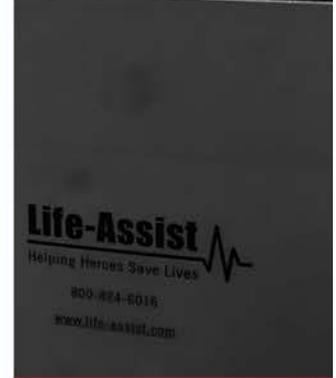
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Unless otherwise stated, ads for this publication will be printed in full-color.

#### ARTWORK SPECIFICATIONS

Please submit ads digitally where possible (PC format, not Mac) either on CD, zip disk, floppy disk, or via E-mail. Such electronic submissions should be in EPS, TIF, or PDF format, including all fonts where applicable, and should be compatible with Adobe Photoshop, Illustrator, PageMaker, InDesign, or Acrobat. We will also accept camera-ready (printed) full-sized images suitable for scanning, at either 133 or 150 line screen. Please see above for specific ad sizes and dimensions. Artwork should be e-mailed to "Advertising c/o CAA" at info@the-caa.org or mailed to:

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#### PAYMENT TERMS

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#### AD SIZES AND RATES

Ad Size (WxH)		1x Rate	4x Rate
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Full Page	(8 1/2" W x 11" H)	\$750	\$675
2/3 Page	(5" W x 10" H)	\$450	\$405
1/2 Page Horizontal	(7 1/4" W x 4 1/2" H)	\$400	\$360
1/2 Page Vertical	(3 1/2" W x 9 1/4" H)	\$400	\$360
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Business Card	(3 1/2" W x 2 1/4" H)	\$150	\$135

**PLEASE NOTE:** if the artwork you provide does not conform to the above specifications, we reserve the right to alter the ad to fit these dimensions.

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- Advertisers and advertising agencies are liable for all content (including text, representations, and illustrations) of advertisements and are responsible, without limitation, for any and all claims made thereof against the Siren, the association, its officers, agents, or vendors.
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- Publisher reserves the right to revise, reject or omit any advertisement at any time without notice.
- CAA accepts no liability for its failure, for any cause, to insert advertisement.
- Publisher reserves the right to publish materials from a previous advertisement if new materials are not received by material deadline.
- The word "advertisement" will appear on any ad that resembles editorial material.
- Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk and should be clearly marked to facilitate return.
- No verbal agreement altering the rates and/or terms of this rate card shall be recognized.
- All advertisements, layout and designs produced for the advertiser by CAA's Graphic Staff will remain the property of CAA.
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- Once an order for advertising is placed, it cannot be withdrawn or cancelled in whole or in part.
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#### PLACING YOUR AD

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