CAA Siren
Winter 2025
A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

When Hollywood Calls

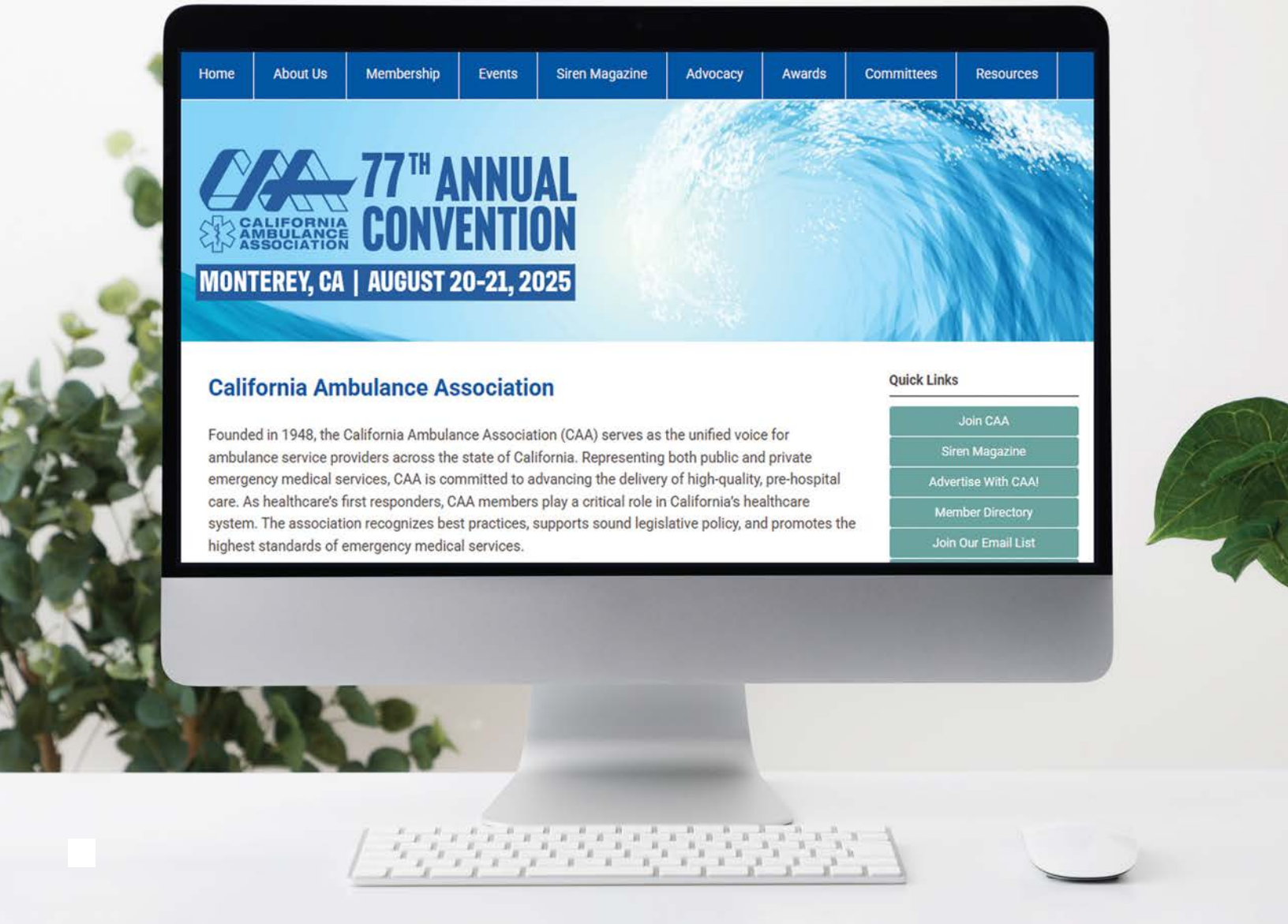
Max Gorin and Rainn Wilson on the set of *Code 3*

WWW.THE-CAA.ORG

NOW SHOWING ON A SMALL SCREEN NEAR YOU....

The California Ambulance Association website has a wealth of valuable information available to you, including a Membership Directory, a CAAPAC page, Stars of Life, CAASE, and CARESTAR Foundation Awards, an up-to-date Calendar of Events, online meeting registration, archives of important and timely articles and legislative updates in back issues of *Siren* magazine, and a Members-Only section.

Log on today.



Winter 2025

CAA Siren

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

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

California Ambulance Association
2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
(877) 276-1410 (toll free)
(916) 924-7323 (fax)
www.the-caa.org

Table of Contents

Editorial Information

The views and opinions in the articles herein are not to be taken as official expressions of the publishers unless so stated. The publishers do not warrant, either expressly or by implication, the factual accuracy of the articles herein, nor do they so warrant any views or opinions offered by the authors of said articles. Manuscripts and queries should be directed to Editor, the *Siren* at the address listed below, left.

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

President's Message

Jaison Chand
President
California Ambulance Association

As I write this final foreword in my term as President of the California Ambulance Association, I am filled with gratitude and pride. Serving in this role has been one of the greatest honors of my professional life, and I want to take this opportunity to thank each of you who have contributed to our shared mission.

To the Board of Directors – your leadership, wisdom, and vision have guided us through challenges and opportunities alike. To our committee chairs – your commitment and expertise have ensured that every initiative was carried out with excellence and purpose. To our membership – your trust, engagement, and support have been the foundation of everything we've accomplished. Without your participation, advocacy, and commitment to excellence in patient care, none of our progress would have been possible. And finally, to our staff, your steady support and behind-the-scenes contributions have assisted with our steady progress and helped ensure the success of our initiatives.

Over the last two years, we have achieved significant milestones. We strengthened our advocacy efforts in Sacramento, ensuring that the voice of EMS providers is heard at the highest level. We successfully passed three bills that advance our industry, and AB1328 remains a vehicle that may help buoy Medi-Cal reimbursement rates for interfacility providers. We expanded educational opportunities for our members, equipping them with tools to adapt to an ever-changing healthcare landscape. We enhanced collaboration with other EMS system stakeholders, fostering unity and innovation in how we deliver emergency medical services. And perhaps most importantly, we continued to elevate the standard of care for the communities we serve across California.

These are not my accomplishments. They reflect the collective dedication of an association that believes deeply in the value of emergency medical services and the people who provide them.

As I pass the presidency to Steve Grau, I do so with confidence that the California Ambulance Association will continue to thrive under his leadership. I also want to extend my heartfelt congratulations to Sean Sullivan, our President Elect, and to the newly elected members of the Board. Their energy, vision, and commitment will ensure that our association remains strong and forward-looking.

Thank you for allowing me the privilege of serving. It has been a journey marked by progress, partnership, and purpose – and I will always remain proud to be part of this extraordinary community. ✱

Executive Director's Report

Rob Lawrence
Executive Director
California Ambulance Association

Welcome to the final Siren of 2025! Reviewing our last three months in the association, CAA's Annual Conference in Monterey was very well received by all outstanding classes and speakers. We have a great photo montage of our activities for you all in this edition. Congratulations also to our CAASE award winners and a report on our winners and their projects is contained in this edition of the *Siren*.

In October we also led our first CAA professional development study tour – *Ready, Next LIVE* to the East Coast. CAA members and AIMHI member colleagues from Cambridge MA and Little Rock AR, joined us to tour the Richmond Ambulance Authority (VA), Wake County EMS (NC) and Medic Mecklenburg EMS (Charlotte NC). My article on the success of RNL was published for all to see at EMS1 and is reproduced in this edition of the *Siren*. If you or you team

In the last month we have gone through the 2025 Board election process and my congratulations go to our new President Elect Sean Sullivan and Board members Jimmy Pierson, Ron Sandler and Barry Sutherland.

This edition of the Siren also marks the last month of Jaison Chand's CAA presidency, and I would like to extend my thanks to him for his service and dedication to the association. He won't get away that easily as he moves into a two-year term as Immediate Past President.

During his term he was able to take the groundwork laid by previous presidents and make a considerable home run in our legislative agenda and see bills passed and our political reputation strengthen and grow.

I would also like to call out great CAA staffers Kelly Edwards and Mike Sturdivant for their stellar work this year. We have seen Kelly come into her own in 2025, with the departure of Kim Oreno, Kelly has worked diligently to get up to speed and work with us, anticipating our needs and providing considerable support to us all. Mike as our Meeting Planner, delivered an excellent annual convention and for those that attended *Ready, Next LIVE* will have appreciated the military precision with which he planned our days, locations and travel to the minute.

Finally, I would like to wish everyone a very happy holiday and great new year. As we have learned at the CAA as we navigate politics, payers and process – there is never nothing to do and I look forward to working with you all in 2026. ✱

With gratitude and resolve,
Rob Lawrence
Executive Director
California Ambulance Association


RAINN WILSON

THE COMPANY YOU KEEP: Branding Lessons from *Code 3*

Danielle Thomas
Chief Operating Officer
Royal Ambulance

There's a certain thrill when Hollywood calls. For those in Emergency Medical Services, it feels both flattering and surreal. Most days are spent behind sirens and stretchers, navigating real emergencies that television often dramatizes. Then suddenly, someone from the entertainment world wants your ambulances, your uniforms, even your people. It sounds like a golden opportunity to show the public who EMS professionals really are – but the decision to say yes or no runs much deeper.

Every partnership – whether with a production company, nonprofit, or corporate brand – carries the weight of representation. To lend your name, vehicles, or logo to a project is to make a statement about your organization's values. It can amplify your message or distort it. Leadership means knowing which opportunities move a brand forward and which might compromise it.

A few years ago, LifeLine Ambulance was invited to participate in a feature film called *Code 3*. The concept was compelling: an authentic portrayal of EMS professionals using real ambulances and personnel to capture the intensity and humanity of prehospital care. On paper, it seemed an incredible chance to elevate public understanding of what EMS does. But it also demanded careful thought. Would the story represent the profession accurately? Would EMS staff be portrayed respectfully? Would operations or patient care be disrupted? Most importantly, would it align with the company's values?

Answering those questions forced LifeLine to articulate its brand identity and how it should be seen. Reputation is not just about public perception; it's about internal pride. LifeLine's people wear the logo every day – it represents their work, integrity, and commitment to service. Protecting it means protecting them.

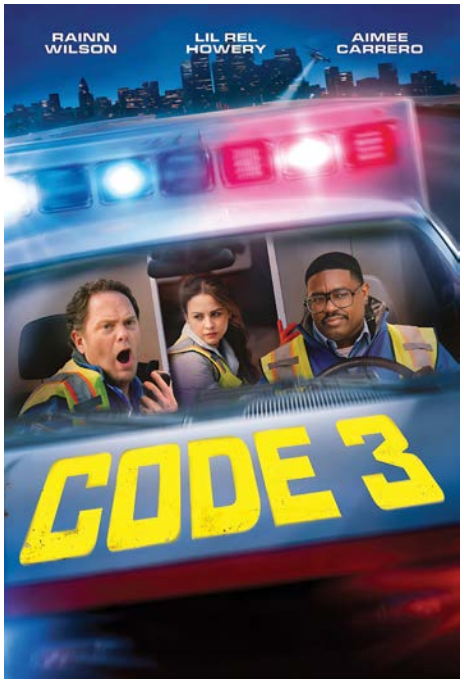
When LifeLine agreed to participate, it did so with clear conditions. The production team had to understand the realities of EMS and the responsibility of portraying

continued on page 6

it truthfully. LifeLine's team worked closely with filmmakers, demonstrating techniques, explaining terminology, and advising on scenes to ensure authenticity. What no one anticipated was how profoundly the experience would affect the staff.

On set, EMS professionals found themselves in a new kind of leadership role – as educators translating emergency medicine for an unfamiliar audience. The crew listened, asked questions, and learned. For many, it was the first time they realized how little the public understands about what happens behind the flashing lights or about the role of interfacility transport in the healthcare continuum. The project illuminated that gap in understanding and reminded everyone why public representation matters.

There were human moments, too. At the end of filming, Rainn Wilson, one of the film's stars, thanked CEO Max Gorin for the team's work, saying he had learned more about EMS during production than ever before. That exchange captured why intentional partnerships can be so powerful: authentic storytelling can educate, inspire, and bridge the gap between perception and reality. There was even discussion about EMS reimbursement challenges – a reminder that behind every dramatic rescue lies a system struggling to stay funded.



Still, not every opportunity will end that well. Discernment means knowing what to pursue – and what to decline. When evaluating partnerships in media, business, or community outreach, leaders should ask four key questions:

1. **Does it align with mission and values?** If not, no amount of exposure can justify participation.

2. **Who controls the narrative?** Without creative oversight or review, your brand could be misrepresented.

3. **What's the operational impact?** If it distracts from service delivery, it's not worth doing.

4. **Who else is involved?** Reputation is shaped as much by association as by action.

These questions form a simple "decision tree for brand integrity." A logo isn't decoration – it's declaration. When people see it, they form an impression of what you stand for, and that impression must be earned and safeguarded.

Public-safety organizations have long understood this. The Los Angeles Police Department, one of the most depicted agencies in film, rarely allows its actual badge or logo to appear on screen. That restraint is deliberate: visibility without control can be dangerous. Even minor misrepresentations can have public consequences. The LAPD knows its brand carries enormous symbolic weight – and protects it fiercely.

Other agencies take a more open approach – and some have benefited greatly. *Chicago Fire*, *Grey's Anatomy*, and *The Good Doctor* have humanized first responders and healthcare workers, boosting recruitment and public appreciation. Those partnerships worked because they were managed with intentionality and respect: producers collaborated with professionals to ensure realism, and organizations maintained input over portrayal. The result was a win-win – entertainment that honored the profession and accurate representation on screen. When medicine is depicted without expertise, viewers hear professionals at home yelling, "You can't talk if you're intubated!"

Even with success stories, one rule stands: **brand integrity is non-negotiable.** Whether the opportunity involves a film, sponsorship, or community initiative, leadership's first question shouldn't be *how big is the audience?* but *how true is the message?* When a partnership demands compromise of principles, authenticity, or

continued on page 7

operational priorities, the answer must be no.

This principle extends beyond organizations to individuals. The same reasoning that tells us not to have a drink while wearing a service uniform applies here. It's not about rules – it's about perception. The uniform represents something larger than the person. When you wear it, you carry the reputation of everyone who wears it with you. The same is true for a company logo. Every time it appears – in a movie, online, or at a community event – it tells a story that must align with your values.

Reputation is a living asset. It can't be bought or outsourced; it's cultivated through consistent behavior, ethical choices, and quality service. It can be damaged quickly when standards slip. For EMS organizations, where public trust is essential and fragile, brand stewardship is paramount. Credibility is earned through alignment between what's said, what's done, and how the organization allows itself to be represented.

When LifeLine partnered on *Code 3*, it did so intentionally and with oversight. Operations continued uninterrupted, staff were supported, and the image was treated with respect. The experience proved that with thought and boundaries, collaborations can strengthen culture, inspire pride, and educate the public. But it also reaffirmed a deeper truth: leadership requires restraint. The strength of a brand lies as much in the opportunities it accepts as in the ones it declines.

Partnerships can amplify a message – or distort it. They can elevate people or reduce them to caricatures. Saying yes should never be about flattery or visibility; it should be about alignment and integrity. The company you keep, whether in media, business, or community engagement, reflects who you are to the world. That reflection must be intentional.

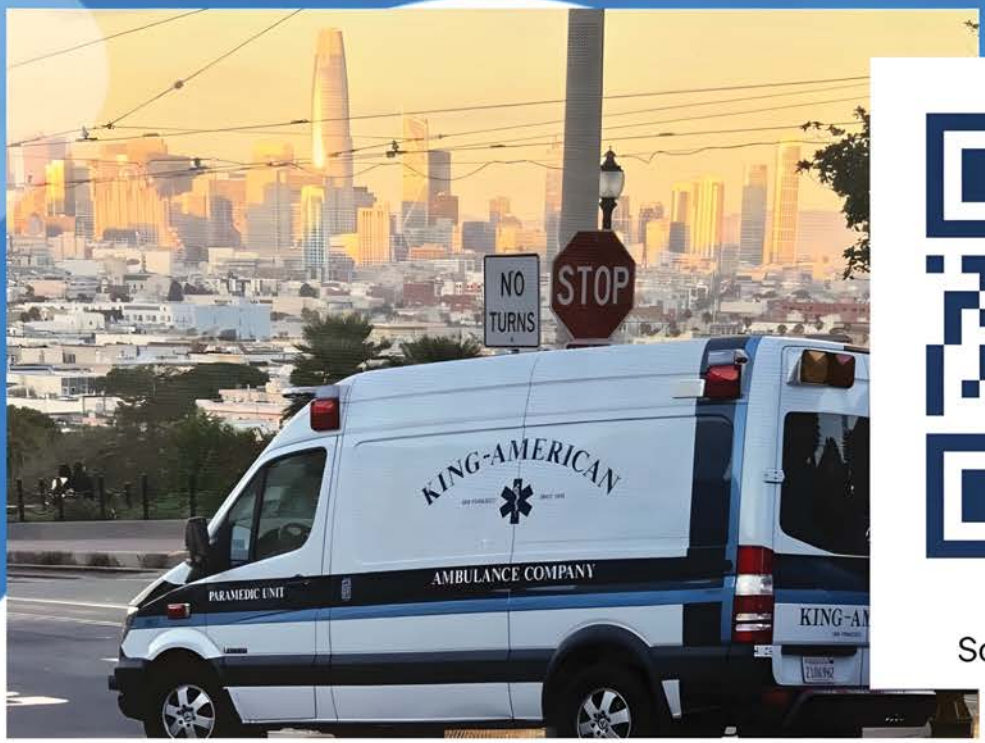
Leaders owe it to their teams, patients, and profession to protect that reflection. Every logo, appearance, and association becomes part of a legacy. Sometimes the most strategic move is to say yes to a project that tells your story authentically, as *Code 3* did for LifeLine. Other times, the most powerful move is to quietly decline and keep the brand where it belongs – rooted in truth, respect, and service.

Though I no longer lead LifeLine EMS, the organization remains close to my heart. The *Code 3* adventure was exciting, impactful, and largely positive for the brand. Critics will always point out that private interfacility transport differs from the glamour of lights-and-sirens responses by larger agencies – but that was never the point. There were small inaccuracies – neither the co-writer, a former paramedic, nor LifeLine's EMS team could change post-production edits – but that's Hollywood. The broader message mattered more: this experience positioned not only LifeLine but the entire industry. It gave a face and a voice to the thousands of professionals performing the quiet, unseen work that keeps healthcare moving.

Maybe one day, the world will recognize what we already know – that the steady, behind-the-scenes work of EMS is the true heartbeat of healthcare. And that's the story worth telling. ✱

Serving San Francisco since 1906

King American Ambulance



Scan for Job Application

Who we are:

King American Ambulance Company responds to calls for emergency medical services in San Francisco, both privately and throughout the City and County's 911 system.

Why Choose Us:

> Full Benefits Package (Medical, Dental, Vision)
> New Employment Retention Bonus
> Generous Retirement Package
> Up to $5,000.00 Towards Paramedic Education with free internship. Nominal Commitment Required
> Continuing Education Reimbursment
> Legal Shield
> Uniforms and Boot Allowance
> Free Parking

+1 (415) 931-1400

Ready, Next LIVE! – Leadership on the Road: How Seeing Other EMS Systems Transforms Your Own

Rob Lawrence
Executive Director
California Ambulance Association

In EMS, we spend a lot of time looking inward reviewing our own policies, auditing our own data, and evaluating our own teams. But sometimes, the most powerful lessons come from looking outward. The California Ambulance Association's Ready, Next LIVE! Leadership Development Tour was created around that simple truth: to become a better leader, you must see how others do it.

From October 13–17, 2025, a group of California EMS leaders, managers, and supervisors left their home agencies and hit the road for a five-day journey across three of the nation's most respected ambulance systems: Richmond Ambulance Authority (RAA) in Virginia, Wake County EMS in Raleigh, North Carolina, and Medic Mecklenburg EMS Agency in Charlotte, North Carolina. Also joining the Tour were leaders from AIMHI members MEMS (Little Rock, AR) and Pro EMS (Cambridge, MA).

The goal was not tourism – it was transformation.

A Classroom Without Walls

The Ready, Next LIVE! program was designed to take leadership learning out of the conference hall and into the field. Each stop on the tour offered a structured yet immersive format, a blend of operational tours, leadership roundtables, and end-of-day reflection sessions that encouraged participants to turn observation into action.

2025 Ready, Next LIVE Faculty.

The faculty team guiding the journey included Rob Lawrence (CAA Executive Director), Jimmy Pierson (Medic Ambulance), Steve Grau (Royal Ambulance), and Matt Zavadsky (PWW Advisory Group). Together, they helped attendees draw connections between what they were seeing and what they could implement within their own systems back home.

At each site, participants were welcomed by the local leadership: Chip Decker at RAA, Jon Studnek at Wake County EMS, and John "JP" Peterson at Medic Mecklenburg. Each host opened their operations with remarkable transparency walking visitors through deployment models, communication systems, training programs, and quality improvement processes.

"We didn't just see facilities; we saw philosophies," said one participant. "Every agency approached similar challenges staffing, response times, community relationships in different, creative ways. It was inspiring."

RICHMOND: Precision and Performance

The tour began at the Richmond Ambulance Authority, where CEO Chip Decker and his team demonstrated what true system design looks like in action. From the Communication Center to fleet


On-site at Richmond Ambulance Authority.

continued on page 10

management, RAA operates with a level of precision that reflects its decades of high-performance history.

Jimmy Pierson at Richmond Ambulance Authority.

Attendees were struck by RAA's focus on accountability and data-driven operations, every detail, from vehicle readiness to crew deployment, feeds into a culture of continuous improvement. "RAA set the tone for the week," said one attendee. "They showed us what operational discipline really means."

WAKE COUNTY: Countywide Collaboration

Next, the group traveled south to Wake County EMS in Raleigh, North Carolina, where Executive Director Jon Studnek and his team shared their system's integrated approach to prehospital care. Wake County's model, balancing centralized oversight with local flexibility, sparked valuable conversations about leadership structure, workforce development, and technology.

On-site at Wake County EMS.

Participants spent time seeing how data, clinical governance, and professional development all come together. "Wake County's ability to merge analytics with compassion was something special," noted one California participant. "It reminded us that excellence isn't just about response metrics – it's about supporting the people behind them."

CHARLOTTE: People, Purpose, Progress

The final stop took the group to Medic Mecklenburg EMS in Charlotte, North Carolina, under the leadership of John "JP" Peterson. If Richmond highlighted precision and Wake County collaboration, Medic embodied culture. The organization's emphasis on staff wellness, leadership visibility, and open communication left a deep impression.

> "Medic's team demonstrated what it means to lead with heart," said a participant. "Their engagement with staff was genuine and consistent, it's clear they put their people first, and it shows in their performance."

MEDIC Team at MEDIC Mecklenburg.

The Power of Peer Learning

What truly set Ready, Next LIVE! apart wasn't just the access to high-performing systems, it was the dialogue among peers. Each evening, participants gathered to reflect on what they'd learned, identify ideas worth adapting, and plan practical takeaways for their own agencies.

One attendee summed up the experience perfectly:

> "Of all the structured EMS leadership and exposure training I've been part of this was by far the best experience I've had. The ability to see, compare, and learn from several high-functioning EMS agencies was outstanding. I came away with plenty to think about and a lot of exciting new ideas."

The camaraderie and networking that developed during the trip were as valuable as the operational insights. The conversations that started on the bus, over coffee, and during informal debriefs have continued long after the tour and that was exactly the point.

A Model Worth Repeating

Supported by the Academy of International Mobile Healthcare Integration (AIMHI), Ready, Next LIVE! was made possible through the generous sponsorship of LifeAssist, Stryker, Traumasoft, ZOLL. Their partnership ensured that this innovative approach to leadership development could happen and happen right.

For many attendees, the biggest takeaway was that innovation doesn't require invention, it often begins with observation. Seeing how another agency deploys, measures, motivates, or mentors can spark a change that ripples throughout an organization.

Leadership development in EMS doesn't always mean another PowerPoint deck or management seminar. Sometimes, it means getting on a plane, walking another agency's bays, and asking, "How do you do it?"

Ready for What's Next

The Ready, Next LIVE! tour reminded us that readiness isn't just about response it's about leadership. By visiting systems that are excelling in the art and science of EMS delivery, participants saw firsthand what's possible when operational discipline meets innovation and people-centered leadership.

For those who couldn't attend this year, the message is simple: get out there. Whether you're a chief, supervisor, or new manager, there's no substitute for walking in another system's shoes. The lessons you bring home will outlast the miles you travel. ✱

READY, NEXT LIVE! LEADERSHIP DEVELOPMENT

Celebrating Excellence in California EMS: 2025 CAASE Award Winners

Rob Lawrence
Executive Director
California Ambulance Association

The **California Ambulance Association Service Excellence Awards (CAASE)** were presented at this year's CAA Annual Conference in Monterey. The awards shine a spotlight on the very best of California EMS, with companies submitting entries across four categories:

- **Community Impact Program**: Recognizing initiatives that positively affect local communities.
- **Clinical Outcome Project**: Highlighting projects that improve patient care and clinical results.
- **Innovation in EMS**: Celebrating creative solutions and advancements in emergency medical services.
- **Employee Programs**: Acknowledging efforts that enhance employee development and satisfaction.

After rigorous scrutiny from a panel of judges led by EMS Administrators Association of California (EMSAAC) Chair, Shaun Vincent, the winners in each category revealed four projects that demonstrate how California providers are leading the way in patient care, innovation, and workforce support.

Community Impact Program Winner: Medic Ambulance Service – *Fall Prevention Program*

Solano County residents are safer at home thanks to Medic Ambulance Service's *Keep the Beat Foundation* and its Fall Prevention Program, which claimed the Community Impact Award.

Launched in January 2025, the program provides no-cost home assessments and safety improvements for seniors and disabled individuals. In less than a year, it has reached 51 clients, made 99 home visits, installed 76 grab bars, 22 ramps, and distributed nearly 90 pieces of durable medical equipment.

Backed by initial funding from Medic Ambulance and partnerships with community organizations like Meals on Wheels, the program has already changed lives. Seniors who once feared falling now report greater independence and confidence in their daily activities. With fundraising underway for future years, the initiative is a model of proactive, preventative community care.

Clinical Outcome Project Winner: American Medical Response – *911 Nurse Navigation*

American Medical Response (AMR) earned the Clinical Outcome Award for its transformative 911 Nurse Navigation program, which is changing how emergency calls are handled nationwide.

Instead of sending ambulances to every 911 call, the program connects lower-acuity patients with licensed nurses who assess needs and direct them to more appropriate

continued on page 12

care, such as urgent care centers, telehealth, or clinics. First piloted in Washington, D.C., in 2018, the model has now expanded to more than two dozen locations, including El Cajon, Santa Clara, and soon Contra Costa and Riverside counties.

In El Cajon alone, more than 1,700 patients have been guided through the program, with 40% redirected away from crowded emergency departments – saving an estimated $1.5 million in healthcare costs. The benefits extend to EMS as well: increased ambulance availability, improved response times, and higher provider morale. Heartland Fire Chief Bent Koch summed it up best: *"Nurse Navigation is an incredibly effective tool for providing 911 callers with the most appropriate care."*

Innovation in EMS Winner: Falck Mobile Health Corporation – *Sensory Support for Neurodiverse Patients*

Falck Mobile Health Corporation, Orange County, took home the Innovation in EMS Award for its pioneering approach to caring for neurodiverse and autistic patients.

Recognizing the lack of EMS-specific training for this growing population – 1 in 22 children in California are now diagnosed with autism – Falck adapted law enforcement's INTERAC curriculum into an EMS-focused program. Paramedics and EMTs received hands-on, scenario-based training on autism recognition, communication strategies, and de-escalation techniques.

The standout feature is the deployment of Sensory Support Bags on Falck units. Stocked with noise-canceling headphones, sunglasses, fidget tools, puppets, and communication boards, the bags help reduce stress and improve communication during emergency encounters. Early results show both providers and patients benefit – clinicians feel more confident, while patients experience calmer, safer care.

Employee Programs Winner: LifeLine-EMS – *Mentor in Your Pocket*

LifeLine-EMS was recognized in the Employee Programs category for its *Mentor in Your Pocket* initiative, a partnership with InCheck that delivers real-time mentorship and support to field providers.

The suite of tools includes **Rampart**, an AI-driven clinical mentor that offers immediate treatment guidance; **Nova**, a real-time medical translation service; **Angel**, an interactive database of policies and procedures; and **El Chat**, a flexible assistant for day-to-day operational needs.

The results have been striking: 100% compliance with CAAS accreditation, a $150,000 reduction in legal costs, and widespread adoption by staff – over 500 active users with 62% engaging every shift. More importantly, crews report feeling empowered, supported, and more confident in both clinical and operational decision-making.

For LifeLine, the initiative has transformed workplace culture, proving that investment in employee support is also an investment in patient safety and organizational resilience.

A Showcase of Service Excellence

This year's CAASE winners reflect the breadth of innovation and dedication across California EMS – from community-based prevention and patient navigation to workforce empowerment and groundbreaking neurodiverse care. Each project highlights a different way ambulance services are rising to meet today's challenges, delivering solutions that improve patient outcomes, strengthen providers, and deepen community trust.

Together, they set a high bar for what excellence in EMS looks like today – and tomorrow. ✱

Danielle Thomas
Chief Operating Officer
Royal Ambulance

Steve Grau
President-Elect
California Ambulance Association

Education Elevated, Engagement Ignited

There are moments when the energy within our association feels unmistakably catalytic, and the 2025 California Ambulance Association Conference in Monterey was one of them. Surrounded by ocean air, shared purpose, and the heartbeat of California EMS leadership, our Education Committee had the privilege of curating, collaborating, and planning with clarity and momentum.

Over the past year, our committee has grown into a dynamic and forward-thinking group that not only curates educational content but meaningfully shapes the professional development landscape of the CAA. Monterey reflected nearly ten months of hard work and creativity, culminating in sessions that elevated leadership development, workforce engagement, and innovative operational strategies.

Our monthly Education Committee meetings, held on the second Friday, have become more than agenda reviews. They are idea accelerators filled with insights, challenges, and emerging trends from across the state. These conversations have enriched Ready Next programming and laid the groundwork for initiatives that connect and inspire our members. The people are what make this work truly special. Our committee is fueled by members who consistently show up, care deeply, and lift the profession forward. For your commitment, insight, and heart, thank you.

Planning is already underway for one of our most meaningful events: Stars of Life, returning March 4th, 2026. Honoring the Stars of California EMS requires thoughtful coordination, creativity, and a desire to craft an experience worthy of their contributions. From revamping nomination materials to enhancing the onsite experience, our committee is committed to delivering an unforgettable celebration. If you have a passion for recognition, storytelling, logistics, or event design, we invite you to join us in building something extraordinary.

This year also marked a major strategic shift. The Board approved the creation of a new committee and the redirection of our current structure to better support the association's needs. The newly formed Membership and Engagement Committee will be a driving force behind member experience, relationship building, and community connection. It will now support planning for Stars of Life, the Annual Conference, and Ready Next sessions, helping ensure these cornerstone events are aligned with member interests and delivered with excellence.

To complement this work, we are proud to launch the Education Collaborative. This is a hands-on, discussion-based forum focused on educational best practices, clinical standards, and continuous quality improvement. With rotating monthly topics, the Collaborative will bring together EMS educators, operational leaders, FTOs, and clinical staff to learn from one another and build shared frameworks that elevate the profession statewide.

If you have ever considered getting more involved with the CAA, now is the time. Whether your strengths are curriculum design, event planning, leadership development, clinical education, or simply offering fresh perspective, we welcome you. The second Friday of each month is your opportunity to connect, contribute, and grow alongside peers who care deeply about advancing EMS in California.

To every member of the Education Committee, thank you for showing up, speaking up, and lifting up. Your contributions shaped every event, training, and initiative we delivered this year. You represent the very best of California EMS, professionals who lead with heart, humility, and courage.

As we reflect on Monterey and look toward the year ahead, we are filled with optimism. Together, we are raising the standard of education, leadership, and engagement across the state. Together, we will continue to rise.

Wishing you a warm and joyful holiday season. We cannot wait to see many of you in March, and even more on the second Friday of each month. ✱

45
1979-2024
MEDIC
AMBULANCE
CARING IS OUR CORE

Dedicated to Excellence. Committed to Care.

For over 45 years, Medic Ambulance has set the standard for exceptional emergency medical services in Northern Californiae. As a family-owned and community-focused provider, we are proud to serve with cutting-edge technology, highly trained professionals, and an unwavering commitment to saving lives and improving patient outcomes.

From 9-1-1 emergency response to interfacility transport and critical care services, Medic Ambulance stands at the forefront of innovation, ensuring our patients receive the highest level of care—when every second counts.

We are honored to be part of the California Ambulance Association and to celebrate the dedication of EMS professionals across the state. Thank you for your service, your passion, and your commitment to excellence.

LEARN MORE AT MEDICAMBULANCE.NET

CARING IS OUR CORE

Recognizing Supervisor Luis Alejo – CAA EMS Champion

During our time in Monterey for the annual convention, we were delighted to present the CAA EMS Champion award to Supervisor Luis Alejo of the Monterey County Board of Supervisors, District 1. President Chand thanked Supervisor Alejo for his ongoing support for our legislative agenda and for being a tireless champion for the health and wellbeing of the citizens of his district, county and state.

Supervisor Alejo also took the opportunity to present a proclamation to the association that read:

County of Monterey, State of California

Proclamation

The California Ambulance Association

On behalf of the Monterey County Board of Supervisors, I supervisor Louis Alejo commends the California Ambulance Association (CAA) for serving as the unified voice for ambulance service providers across the State of California since 1945. For the last 77 years the CAA has represented both public and private emergency medical service providers dedicated to advocacy and the delivery of high-quality prehospital care to Californians in times of greatest need.

Members of the California Ambulance Association serve as healthcare's first responders, providing lifesaving emergency services and forming a critical link in the continuum of care within California's health care system.

The CAA has been a strong advocate for best practices supporting sound legislative policies and promoting the highest standards of emergency medical services, your commitment to excellence innovation and patient centered care has improved emergency response and enhanced public safety for millions of Californians. I hereby recognize and honor the California Ambulance Association for your outstanding service steadfast leadership and invaluable contributions to the health and safety of the people of California

Presented on Wednesday August 20, 2025,
LUIS ALEJO
Monterey County Board of Supervisors District 1

We thank Supervisor Alejo for his steadfast support and the wonderful proclamation and look forward to working with him again in the future. ✱

2026 STARS OF LIFE

WEDNESDAY, MARCH 4, 2026
SHERATON GRAND SACRAMENTO

SHINE A SPOTLIGHT ON YOUR OUTSTANDING TEAM!

Nominate an EMT, paramedic, dispatcher, customer service, or support staff for the Stars of Life Celebration. The California Ambulance Association encourages every company to honor at least one remarkable employee. Celebrate their dedication, impact, and incredible contributions to your organization and community.

HOW TO NOMINATE

- SCAN THE QR CODE
- FILL OUT THE NOMINATION FORM
- SUBMIT YOUR NOMINATION

HONORING OUR HEROES & CELEBRATING EXCELLENCE

NOMINATE A STAR TODAY!

WWW.THE-CAA.ORG/STARS-OF-LIFE


LIFELINE-EMS
AMBULANCE SERVICE
401
LIFELINE
Ambulance
401
PROUD TO COLLABORATE WITH THE
CALIFORNIA AMBULANCE ASSOCIATION
FOR A BETTER EMS FUTURE
WWW.LIFELINE-EMS.COM


LEADER
PROUDLY BUILT IN CALIFORNIA SINCE 1975
Find out more at www.leaderambulance.com

CARLY'S CORNER
Leadership Beyond the Role
Why Succession is the Highest Form of Leadership

Carly Strong
Chief Operating Officer
Lifeline EMS

This article was originally published in EMS1 and is reproduced here.

Stepping aside as a senior leader can so easily be misunderstood. To some, it looks like giving up. To others, it feels like failure. It can appear as though you have run out of answers or energy, or that you simply cannot keep pace anymore. But in reality, it's something else entirely. At the top levels of leadership, transition is not weakness. It is succession. It is recognizing the end of one season and the beginning of another. It is making space for others to grow while choosing to step into your own next chapter.

After nearly 20 years with Riggs Ambulance Service, I made the decision to step down as Chief Operating Officer. Riggs has been my life's work, my greatest joy, and also my hardest fight. But my season there had reached its natural conclusion. And just as that realization settled in, LifeLine EMS threw me a life line**.** They invited me to step into their COO role, and with that invitation came not just a job, but a powerful reminder of what succession looks like when it is done with courage, kindness, and selflessness.

The Journey

At Riggs, our organization faced seasons that would test any leader. With no CEO, CFO, or CAO in place for over 24 months, much of the responsibility fell to me, and there were stretches when the hours seemed endless. Then all at the same time, we negotiated a new RFP in one of our locations just as COVID swept in, bringing staffing shortages and hospital delays that reverberated through our system. Soon after, a LEMSA-mandated change to the system reduced our available response units, placing even more strain on an already stretched workforce.

Overlaying these operational challenges was a series of deeply personal and organizational traumas. We endured the unimaginable loss of one of our own leaders to murder in the very community we served, a call our crews had to answer themselves. Shortly after this without much notice our CEO retired, and we were not going to fully backfill this role. These moments shook us profoundly. They affected us as leaders, as colleagues, and as people, even as we carried the responsibility of guiding the organization forward.

When teams walk through experiences like these together, the bonds that form are extraordinary. We learn to depend on one another in ways that make it difficult to imagine carrying on without the people who stood beside us through the darkest hours. It feels almost impossible to continue without them, not because we are incapable, but because the thought of doing this work without them seems unthinkable.

What I have come to understand in my own transition is that this sense of dependency is really a reflection of how much we have grown to care for one another, how deeply we have learned each other's strengths, and how unimaginable it feels to step forward separately after so much time spent together.

And still, even amid this pain and pressure, the work itself could not stop. Contracts still needed to be renegotiated. Systems had to be stabilized. Services had to be protected. At times that meant writing nearly 600 pages of RFP responses almost entirely on my own, while simultaneously managing daily operations. It meant doing whatever was necessary to ensure our service endured for the people who counted on us.

There were moments when it nearly broke me. And yet, even in those darkest stretches, resilience revealed itself. One of those RFPs was awarded to us. The second scored within 30 points out of 1,500 against the largest for-profit EMS provider in the country, and came in ahead of another much larger provider than us. That was not about me, it was about a small nonprofit proving it could still stand tall against giants. It was about showing our employees and our community that persistence and commitment still matter.

The Moment of Knowing

In time, a quiet realization began to surface: too much of the responsibility rested with me. When that happens, growth slows for everyone, not only for the leader, but for the team as well.

continued on page 20

CARLY'S CORNER – *continued from page 19*

My leadership team was capable and committed. Their hearts were for the mission, and their skills had been sharpened through years of challenge and resilience. Yet as long as I continued to carry so much, they had little space to step fully into their own leadership. I began to see that the best way to support them was not by holding on, but by letting go.

I also recognized that I was no longer in the right room. The board and county leadership were moving in directions that no longer aligned with the values that anchored me: kindness, collaboration, and service to the greater good. Staying would have meant trying to fit into a space I had outgrown, and in doing so, keeping others from growing as well.

The Life Line

It was in this moment that Danielle Thomas reached for me. She was preparing to step away from her role as COO of LifeLine EMS. She could have clung to it, but instead she extended her hand. She chose succession, not competition. In doing so, she offered me a life line at the very moment I needed one.

By inviting me to step into her role, she ensured LifeLine would have a leader who cared as much as she did. She also gave me the chance to continue my own growth. One selfless act changed the trajectory of an organization of over 500 employees, my career, and hers.

Saying yes lit something inside me that I hadn't felt in a very long time. It was the same fire that burned when Riggs first hired me as an EMT. I picked up the phone, just as I had back then, to tell my dad the news. Two decades apart, once a young EMT, now a COO at LifeLine, both times I was glowing, lifted by the same spark of possibility.

The Rescue Boat

But succession is not only about where you go. It is just as much about what you leave behind.

At Riggs, I prepared a rescue boat. A strong leadership team. Systems rebuilt. Contracts renegotiated. Operations stabilized for upcoming seasons of the organization. Even in transition, continuity remained the goal. Riggs is ready. My leaders are ready.

Succession, at its core, is selfless. It is intentional. It is the quiet work of making sure employees, communities, and systems are not left adrift when one leader steps out.

Succession Beyond the Role

Through this process I have also come to see that succession planning at the executive level does not end the day you leave the office. Sometimes it means returning in a new role, one that looks different, but still serves the organization.

continued on page 21

CARLY'S CORNER – *continued from page 20*

For me, that has meant offering myself back to Riggs in a different capacity, as a possible board member, where ultimate advisory and decision-making authority rests. That, too, is succession planning. It ensures that what I have carried at the COO level can continue to serve, without preventing others from stepping into their own leadership.

And that is, in many ways, the purpose of this writing. It is to mentor younger and newer leaders, to show them what it looks like to leave, to remind them that seasons do end, and to help them imagine what "after" can look like for senior leaders.

The Leadership Lesson

Succession planning at this level is not about filling a vacancy. It is about how you leave and how you prepare others.

Here is what I have learned:

Recognize your season – Leadership has rhythms. Know when yours has shifted.

Prepare the ground – Build teams and systems that can thrive without you.

Step aside with grace – Passing the crown does not diminish you, it defines you.

Support others' growth – Make space for new leaders to rise, even if it scares them.

Embrace your next chapter – Fear and uncertainty are not the end, they are the beginning.

Leadership has never been about the crown you wear. It has always been about how you pass it on.

Danielle's selflessness, LifeLine's trust, and my own willingness to release what had run its course all came together at the exact right moment. Succession does not mean quitting. When it is done with kindness and courage, it is the highest form of leadership.

For me, that means leaving Riggs Ambulance after nearly two decades, stepping into the role of COO at LifeLine EMS, and watching with pride as both organizations move forward.

Succession is not quitting. Succession is leadership. ✱

LEGISLATIVE UPDATE

Dorian Almaraz
Prime Strategies of California, LLC

In 2025, the California Ambulance Association (CAA) sponsored and pushed forward three pieces of legislation related to Pre-Arrival Instructions, Medi-Cal reimbursement, and toll fees. Additionally, the CAA has taken position on other bills as well.

2025 SPONSORED BILLS

AB 645 (Carrillo): AB 645 will help save lives in California by requiring a public safety agency that provides "911" call processing services for emergency medical response to provide prearrival medical instructions to "911" callers requiring medical assistance. This includes for cases involving airway issues, AED/CPR, childbirth, bleeding control, administration of epinephrine, and administration of naloxone. This bill was signed into law by Governor Gavin Newsom.

AB 1114 (Avila Farias): For too long, the private ambulance industry has been hurting from growing financial burdens, including a Medi-Cal reimbursement rate that has not been increased in over two decades, as well as ever-increasing costs related to equipment, fuel, and operations. AB 1114 will help alleviate these burdens by clarifying that privately-owned ambulances are eligible to receive exemptions from paying toll fees. This bill was signed into law by Governor Gavin Newsom.

AB 1328 (M. Rodriguez): The Medi-Cal reimbursement rate for non-emergency and interfacility ambulance transports has not been updated since 1999. For over two decades, providers have operated under a stagnant rate structure that no longer reflects the true cost of care – jeopardizing timely patient transfers, straining hospital systems, and placing vulnerable patients at risk. The erosion of interfacility transport (IFT) services is already being felt across California. In many of the state's most vulnerable and rural communities, IFT providers have ceased operations altogether. Even in urban areas, access is shrinking. This decline is creating dangerous gaps in care – delaying or preventing patient transfers from rural hospitals to specialty centers for stroke, STEMI, cardiac, psychiatric crises, and other time-sensitive conditions. Without a reliable transport network, patients are losing access to life-sustaining treatment, while ambulance offload delays and emergency system strain continue to escalate. The resilience of California's EMS system – especially in times of disaster – is being compromised. AB 1328 aims to address this issue by requiring the Medi-Cal fee-for-service reimbursement rates for nonemergency ambulance transports and for interfacility ambulance transports to be 80% of the amounts set forth in the federal Medicare ambulance fee schedule for the appropriate level of service billed. This bill made it through the Assembly and through the Senate Health Committee. It is currently sitting in the Senate Appropriations Committee as a two-year bill, to allow the CAA more time to work with the Governor's Administration, Assembly Leadership, and Senate Leadership on a budget allocation to fund the bill. The bill will be eligible to move forward again in 2026.

2025 SUPPORTED BILLS

AB 30 (Alvarez): This bill would immediately allow gasoline with up to 15% ethanol by volume (E15) to be sold in California. As California continues its transition toward sustainable energy future, AB 30 aims to reduce emissions and lower fuel costs for California drivers. As of January 1, 2025, California is currently the only state in the nation that has not yet approved the sale of E15. The California Air Resources Board began studying E15 in 2018 and has completed studies that demonstrate the fuel blend's benefits for public health and the environment. The bill was signed into law by Governor Gavin Newsom.

AB 369 (M. Rodriguez): This bill encourages the administration of anti-seizure rescue medication by providing immunity to the unlicensed person who does so. Specifically, this bill provides that a person who administers anti-seizure rescue medication at the scene of an emergency,

continued on page 24

in good faith and not for compensation, to a person who is experiencing, or is suspected of experiencing, a seizure shall, not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration so long as the person's conduct is not grossly negligent and does not constitute willful or wanton misconduct. This bill was signed into law by Governor Gavin Newsom.

AB 435 (Wilson): This bill defines a "properly restrained by a safety belt" to mean the wearer meets all of the following requirements of the 5-Step test: a) The person is sitting all the way back against the auto seat; b) The knees of the person bend over the edge of the auto seat; c) The shoulder belt snugly crosses the center of the person's chest and shoulder, not the person's neck; d) The lap belt is as low as possible and is touching the person's thighs; and e) The person can stay seated like this for the whole trip. The bill was signed into law by Governor Gavin Newsom.

AB 463 (M. Rodriguez): This bill authorizes ambulance operators to transport a police canine, or a search and rescue dog, injured in the line of duty. The bill authorizes emergency responders to provide basic first aid to such dogs during transit and provides them qualified immunity. This bill was signed into law by Governor Gavin Newsom.

AB 911 (Carrillo): This bill exempts emergency telecommunications vehicles that emergency telecommunications service providers own or operate from California Air Resources Board (CARB) requirements that these fleets transition to zero-emission vehicles. The purpose' for this bill is that there is not a strong market for telecommunications heavy-duty vehicles that meet zero-emission standards. To ensure that critical communications lines can continue to be serviced, this bill would exempt these vehicles from meeting the state's zero-emission standards. The bill made it through the Assembly but was held in the Senate Environmental Quality Committee as a two-year bill.

2025 BILLS OF CONCERN

AB 1331 (Elhawary): This bill originally prohibited an employer from using a workplace surveillance tool to monitor workers in off-duty areas, including their personal residence and vehicle, with an exception for worker safety purposes, and provided a civil penalty for each employee per violation. CAA was concerned with this legislation due to the tracking devices equipped on ambulances, which would have been captured under the provisions of this bill. The CAA held a meeting with the author's office and the sponsors of the legislation to share these concerns. Discussions revolved around the necessity to equip trackers on ambulance, especially for security reasons (ambulances are stocked with drugs and medicine), operational reasons (ambulances must be tracked to ensure they can be dispatched if near an emergency), and financial reasons (ambulances must be tracked for proper mileage tracking). Following this conversation and the proponents' conversations with other stakeholders, the proponents agreed to amend the bill to instead make the language applicable to only bathrooms, locker rooms, changing areas, breakrooms, lactation spaces, and cafeterias. With the removal of ambulances from the bill, these amendments eased the concerns of the CAA. The bill passed the Assembly and through the Senate Committee process but was held on the Senate Floor as a two-year bill due to opposition from the business industry.

AB 1403 (Hart): In 1980, California enacted the EMS Act to replace a fragmented emergency medical services system. It grants counties, through Local EMS Agencies (LEMSAs), authority to coordinate EMS services, ensuring timely, safe, and equitable care. Counties collaborate with public and private agencies to maintain service coverage despite geographic challenges. AB 1403 is concerning because it 1) Disrupts a Proven EMS System – Counties already manage EMS systems based on local needs, resources, and competitive processes. LEMSAs ensure effective oversight, medical control, and policy implementation. 2) Undermines Ongoing EMS Regulation Efforts – The California EMS Authority is working

continued on page 25

with stakeholders to clarify roles and responsibilities. This bill sidesteps that process. 3) Removes Competition – It bypasses existing competitive bidding rules, favoring county departments without proper accountability. 4) Weakens LEMSA Authority – It shifts control to fire chiefs, potentially disrupting coordination and public interest oversight. 5) Raises Costs – County-run services have historically required additional taxpayer funding after taking over from private providers. 6) Threatens Public Safety – Fragmenting EMS systems jeopardizes response efficiency and patient outcomes. Due to opposition from the CAA and others, this bill was made a 2-year bill.

2025 WRAP UP AND 2026 OUTLOOK

CAA continues to gain momentum in Sacramento and build upon the success of recent years. In 2025, the CAA successfully push forward two bills that have now become law. AB 645 will save lives by requiring dispatchers to administer pre-arrival instructions, which as we know, is critical because every second counts. AB 1114 hopes to provide clarity that private ambulance providers are eligible for toll exemptions. Additionally, CAA was successful in supporting numerous other bills that have become law as well, in addition to helping stall potentially problematic pieces of legislation.

In 2026, the CAA will continue pushing forward the Medi-Cal reimbursement issue, as it remains the #1 priority for the CAA. Additionally, the CAA Board of Directors will determine the 2026 legislative priorities, which could include fuel exemptions for EMS, addressing outdated DMV medical and written exams, CPR training requirements in high school, and other issues aiming to improve the private ambulance and EMS industry in California.

We wish you all a very Happy Holiday Season as we wrap up 2025 and move into 2026. We look forward to working with everyone in the new year! ✱

PAYER ISSUES: Bullet Dodged, Lessons Learned? The Year-End Medicare Check-In

Doug Wolfberg
PWW Advisory Group
CAA Medicare Consultants

Greetings of the season! After a tumultuous fourth quarter, 2025 now draws to a close. Ambulance services in California – and across the country – experienced something akin to "revenue cycle whiplash" by virtue of the budget impasse and government shutdown in from October 1st through November 12th (the longest in our nation's history), and the Medicare uncertainty which followed. There are more potential upheavals to come, so this brief December lull gives us a great opportunity to look at where we've been – and where we may be headed.

Fortunately, as we know by now, the two biggest takeaways for EMS from the temporary budget measure passed in November – the Continuing Appropriation Act – were that (1) Congress extended the Medicare ambulance add-on bonuses (1% urban, 2% rural and 22.6% super-rural), and made the extensions retroactive to October 1st, and (2) that Congress suspended the so-called "PAYGO" reductions, which would have caused a 4% reduction in Medicare payments starting in January.

However, both measures come with caveats.

First, the ambulance fee schedule bonus extenders expire, once again, on January 30th. This means that Congressional action will once again be necessary to extend the bonuses for dates of service January 31st and after. Second, the suspension of the PAYGO cuts is also only a temporary measure and still looms on the horizon. Were both of these measures to expire without being extended, this would cause a significant swing in ambulance service revenues (and remember, this doesn't even account for the Medi-Cal reductions coming our way as a result of the One Big Beautiful Bill Act (OBBBA).

If you held Medicare Part B or Medicare Advantage claims (and you are a non-contracted provider with the MA plan), you should be actively submitting all of your claims regardless of the dates of service with the bonuses in place.

On the other hand, if you submitted Medicare claims with dates of service between October 1, 2025 and November 12, 2025, and the claims were approved/paid, one of two scenarios exists: (1) the claims were paid *with* the fee schedule bonus amounts, or (2) the claims were paid *without* the bonus amounts (less applicable cost sharing in both cases). If your claims were paid *with* the bonus amounts for dates of service between 10/1 and 11/12, the bonuses were technically paid in error, but the good news is that the passage of the Continuing Appropriation Act now retroactively makes those payment amounts correct. Claims paid at the proper Medicare Ambulance Fee Schedule rates *with* the bonus amounts do not constitute overpayment and no further action is required on the part of your ambulance service.

If your Medicare claims with dates of service between 10-1 – 11/12 were paid *without* the bonus amounts, you are entitled to an additional payment comprising the appropriate bonus amount (1%, 2% or 22.6% as applicable). These should process automatically. Of course, this will create additional, small patient copayment liabilities, which your agency can certainly collect. However, since these balances are small and the time and effort needed to collect those balances is likely not worth it, ambulance services are probably on safe ground to write off those small additional balances as long as they do so uniformly and do not base the write offs on whether the patient agrees to use your ambulance service in the future. The OIG had approved this approach in a retroactive bonus situation some years ago, and while they have not reissued that same guidance in 2025, the principles are sound. But each agency should consult with its own legal counsel on that issue to make a decision.

Because the fee schedule bonuses are scheduled to again expire on January 31, 2026, we could be a similar situation as we were in October-November, if there is again a budget stalemate in Congress. We hope that doesn't happen again, but if it does, whether in January or another time

continued on page 29

HUMAN RESOURCES: California's New Employment Laws for 2026

Amber S. Healy, Esq.
Buchalter Law Firm

California's private ambulance industry has never operated in a static regulatory environment – but the 2025 legislative session resulted in legislation that may significantly impact the industry. The new laws will impact how companies manage staffing, training costs, leave rights, and workforce communication heading into 2026. For an industry grappling with high turnover, fatigue-management, escalating wage and hour litigation, these changes are more than legal updates; they will influence retention strategies, operational reliability, and bottom-line risk.

AB692: Ban on "Stay or Pay" and Training-Cost Repayment Agreements

Perhaps the most impactful change for private ambulance companies is the statewide prohibition on Training Repayment Agreement Provisions ("TRAPs"). Beginning January 1, 2026, employers can no longer have "stay or pay" agreements. This represents a major shift for an industry built on certification pipelines.

What the law does:

The law prohibits employers from requiring an employee or prospective employee to sign, as a condition of employment, a contract that includes any terms that require repayment to an employer, training provider or debt collector for a debt if the employee terminates their employment. Employers can no longer require employees who leave or applicants who do not join the company after attending an employer paid training program to repay the costs paid by the employer.

The law impacts certain sign-on bonuses, retention bonuses, tuition reimbursement, training fees, repayment for immigration, visa or relocation expenses, which some employers require employees and applicants to repay if they do not stay with the company or do not join the company after receiving these benefits.

There are a few notable exceptions to the "stay or pay" ban. One key exception permits employers to require repayment of the cost of tuition for a "transferable credential." A transferable credential means a "degree that is offered by a third-party institution that is accredited and authorized to operate in the state, is not required for current employment, and is transferable and useful for employment beyond the worker's current employer."

Another notable exception is that the law excludes from its coverage contracts for the payment of "discretionary or unearned monetary payment, including ... a bonus, at the outset of employment that is not tied to specific job performance" if certain specific conditions are met. Among the conditions that must be met are: (1) the terms must be in a separate contract; (2) the employee must be advised of their right to consult with counsel before signing the agreement; (3) any repayment obligation for early separation is not subject to interest and is prorated based on the period of employment completed; (4) that the employee may defer payment until the end of the "retention" period to avoid any repayment obligation; and (5) separation from employment prior to completion of the retention period was at the sole election of the employee or was based on employee misconduct.

Impact on EMS providers:

For years, EMS providers have relied on repayment agreements – especially for prospective employees enrolled in EMT programs, newly certified EMTs or paramedics in training, whose onboarding includes costly field-training, skills academies, recertification support, and continuing-education programs. TRAPs served as a retention tool and that tool is now extremely limited.

- EMT and paramedic retention strategies will need to shift away from financial penalties and toward incentive-based models, such as structured retention bonuses, tiered seniority pay, or career-ladder programs.
- All current training-repayment agreements must be reviewed, sunsetted, or rewritten to comply with the new law.

continued on page 29

OPERATIONS UPDATE

Max Laufer
MaxCare Ambulance
Brian Meader
Medic Ambulance

CAA Operations Committee Co-Chairs

As Co-Chairs of the California Ambulance Association's Operations Committee, we want to take a moment to share a bit about the work we're doing – and invite you to be part of it. One of the best parts of serving in this role is getting to collaborate with EMS leaders from every corner of the state. Our conversations cover a wide range of current and emerging operational topics: developing best-practice policies, evaluating the future of artificial intelligence in EMS, exploring how tools like ChatGPT can streamline social media and administrative tasks, and strengthening our operations and readiness.

What we continue to see, time and time again, is that we're all working through similar challenges**.** Staffing, training, deployment strategies, technology, regulatory changes – no agency is navigating these issues alone. And that's exactly why the Operations Committee exists: so we can tackle these topics together instead of in silos.

The success of this committee has always come from the diverse experiences and shared problem-solving of the members who show up, participate, and lend their voice. Whether you're dealing with a new operational hurdle or have a solution others could benefit from, this is the place to bring it.

We meet on the second Tuesday of each month at 10am, and we are always looking for new topics, questions, and perspectives. If there's something on your radar, we want to hear about it.

As we wrap up the year, we want to wish all of you a Happy Holiday season and a safe, healthy, and successful New Year**.** Thank you for everything you do to support your providers, your communities, and our EMS system statewide. We look forward to continuing this work together in 2026. ✱

PAYER ISSUES

– continued from page 26

in the future, ambulance services need to carefully prepare for such a possibility. Here are a few steps we recommend to guard against another Medicare disruption:

- Have a "rainy day" fund – i.e., cash reserves – to the extent your cash flow permits it;
- Shore up or expand your working line(s) of credit;
- Consider contracting with Medicare Advantage and other health plans (where a contract is in place, the rates are determined by the agreement and would not be subject to the off-again, on-again fee schedule bonuses).

Another benefit of cash reserves and lines of credit is that they provide flexibility in the case of another shutdown, and allow you to strategically hold your claims for a period of time to avoid the potential costs and burdens associated with having to reprocess claims. This can be a key strategic business decision where the possibility of another retroactive bonus adjustment comes into play.

Also, the end of the year typically brings an announcement of Medicare's Ambulance Inflation Factor (AIG) for the coming year. This is the amount of the annual increase that should be added to your Medicare fee-for-service claims, as well as your noncontracted Medicare Advantage payments. Be sure to monitor your remittances in January to ensure that the AIF adjustment has been properly added to those claims.

Best wishes to all for a wonderful New Year! We look forward to working with you all in 2026! ✱

CALIFORNIA AMBULANCE ASSOCIATION

HUMAN RESOURCES

– continued from page 27

- Recruiters and hiring managers will need clear talking points so expectations are aligned from day one.

AB406: Expanded Leave Rights for Crime Victims and Families

A new crime victim-related leave statute expands the situations in which employees may use paid sick leave and protected unpaid leave to attend judicial proceedings tied to certain crimes – whether the employee is the victim or a qualifying family member. The paid-leave element kicked in on October 1, 2025, with broader unpaid protections taking effect January 1, 2026.

What the law does:

The law prohibits discrimination and retaliation against employees and employees with victimized family members for taking qualifying leave related to a "qualifying act of violence." The law applies to all employers with 25 or more employees.

The law provides that employees should provide reasonable advance notice where feasible. For unscheduled absences, employers may request certification "within a reasonable time." Acceptable certification includes, among other things, a police report; a court order; documentation from a licensed medical or mental health provider; or other documentation reasonably verifying the qualifying act, including a signed statement by the employee. Employers must keep such information confidential and provide reasonable safety-related accommodations through a good-faith, interactive process.

SB294: New Stand-Alone "Workplace Know Your Rights Act"

A law with major administrative impact requires California employers to provide a stand-alone written notice of workers' rights both at hiring and every year, separate from handbooks or onboarding packets. The notice must be provided to current and new employees by February 1, 2026, and annually thereafter. The Labor Commissioner will post a template notice for employers on its website by January 1, 2026.

The law also requires that by March 30, 2026, employers provide current employees with notice of their right to designate an emergency contact who must be notified if the employee is arrested or detained at work.

SB590: Paid Family Leave Expansions Will Increase Leave Utilization

Changes to California's Paid Family Leave program will broaden the definition of eligible family members and simplify employee access to wage-replacement benefits. This law is not effective until July 1, 2028, and it is expected that several changes will be made prior to its effective date. Stay tuned!

Looking Ahead

California's private ambulance companies operate at the intersection of public safety, emergency medicine, and complex employment law. The 2025 legislative changes reinforce a trend that private EMS leaders already know well: the future of workforce management in California is one of greater transparency, stronger employee protections, and intensified documentation requirements. But the industry's unique operating environment – often 24/7, medical certification pathways, unpredictable call volume, and real-time operational risk – means ambulance providers cannot take a lackadaisical approach to workforce management. EMS leaders who modernize their compliance systems now will be best positioned to maintain operational readiness, protect their workforce, and avoid costly legal exposure. ✱

Amber Healy is a shareholder at Buchalter, APC in their Los Angeles office where she specializes in employment law and chairs the firm's PAGA practice and Co-Chairs the Wage & Hour Practice. Amber is a consultant to the CAA and presents at the CAA's Human Resources Collaborative the first Thursday of every month at 2 pm on Zoom.

CALIFORNIA AMBULANCE ASSOCIATION
2520 VENTURE OAKS WAY, SUITE 150
SACRAMENTO, CA 95833 • *www.the-caa.org*
877.276.1410 (toll free) • 916.924.7323 (fax)

FIRST CLASS
U.S. POSTAGE
PAID
PERMIT #1620
SACRAMENTO, CA