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# Siren

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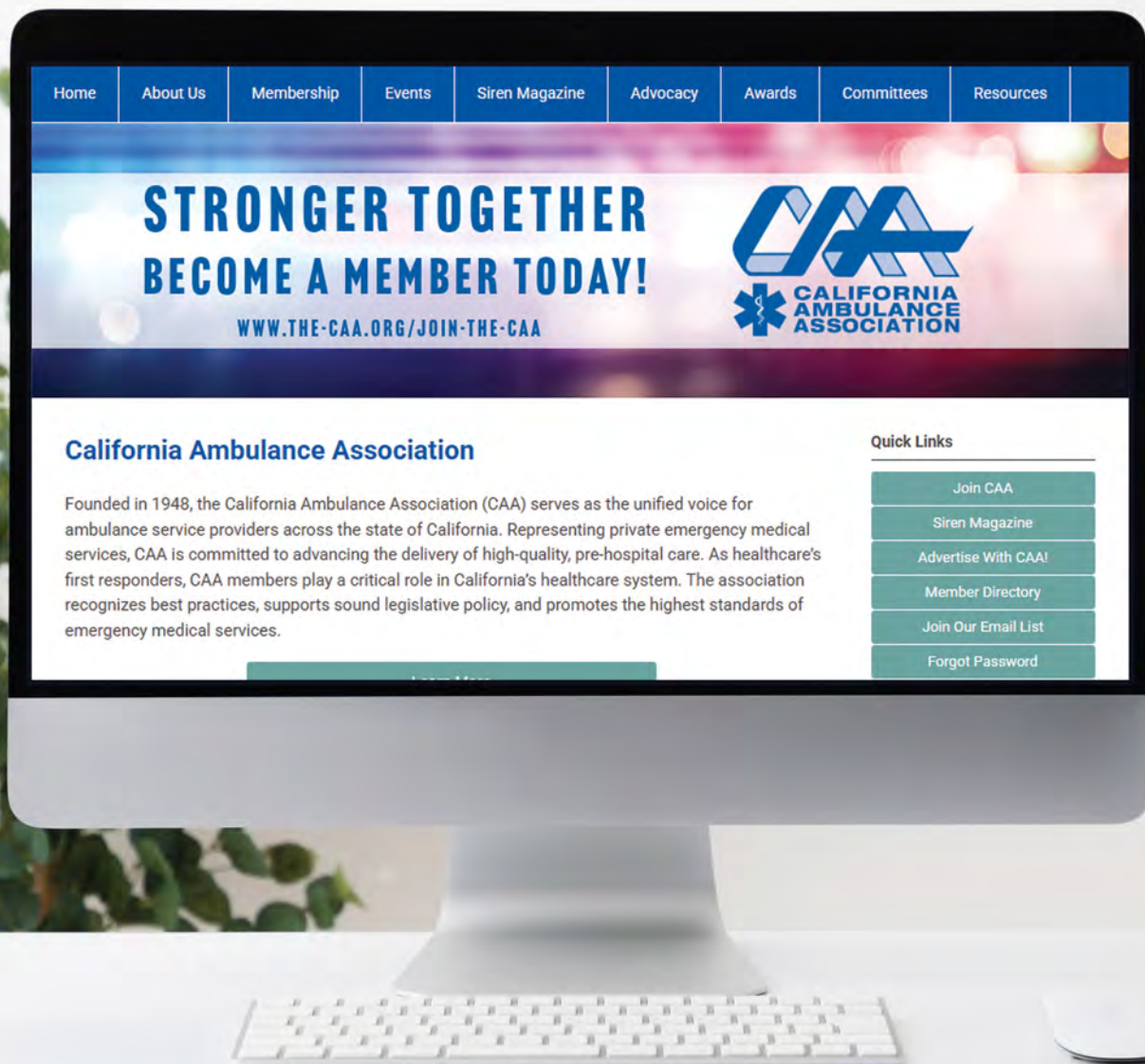


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To champion the leadership, advocacy, education, and tools that empower California’s private ambulance and mobile healthcare services to provide people-centered EMS systems and standards. The CAA’s overarching role is to provide support for those who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

### CAA Mission

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

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## PRESIDENT'S MESSAGE

# Grit, Purpose, and the Flight for California EMS

**A reflection on AB 1328, the long game of advocacy, and the people carrying the work forward.**

**Steve Grau**  
**President**  
**California Ambulance Association**

**T**he road is long. The process is complex. The noise is real. But so is our purpose. So is our responsibility. And so is our resolve.”

Angela Duckworth famously defines grit as passion and perseverance for very long-term goals. That idea has stayed with me because it captures, with unusual precision, the journey the California Ambulance Association (CAA) has been on over the last four years.

This work has required persistence, resilience, adaptation, humility, and faith. Faith in the cause. Faith in the people we represent. Faith that even when the process is slow, the noise is loud, and the path forward is not always obvious, purposeful effort still matters.

And that is exactly where we find ourselves today.

The fact that we have not yet achieved the mission does not mean we are failing. It means we are still being tested, still learning, and still earning the change California EMS deserves.

For CAA, grit is not an abstract concept. It is the discipline of continuing to show up for ambulance providers, for EMTs and paramedics, and for the millions of Californians who depend on a functioning EMS and interfacility transport system. It is the willingness to keep educating, keep persuading, keep refining, and keep returning to the table, even when the outcome is uncertain.

AB 1328 sits at the center of that work. It represents a practical and necessary effort to bring Medi-Cal reimbursement for nonemergency ambulance transportation closer to economic reality. As our background materials explain, private ambulance providers have been operating under a reimbursement structure that has not meaningfully kept pace with modern costs.

This is the squeeze our providers live with every day: higher gas prices, higher payroll, higher costs across the board, and reimbursement that still expects ambulance companies to survive on yesterday's dollars while carrying today's burden.

Interfacility and nonemergency ambulance transportation is not a niche issue. It is part of the connective tissue of healthcare. It helps move patients to specialty stroke and cardiac care, psychiatric treatment, rehabilitation, life-sustaining care, and the next appropriate level of care. When that link weakens, hospitals feel it, patients feel it, and communities feel it. Our AB 1328 materials make clear that shrinking access to these services is already creating dangerous gaps, especially in rural and underserved areas.

What makes this fight difficult is not some loud, singular opposition force standing in one doorway.

In many ways, the greater challenge is more subtle.

We are trying to advance an issue in a Capitol filled with urgent demands, limited attention spans, constrained budgets, and decision-makers who must sort through a constant storm of competing priorities. We are working through a process layered with legislative complexity, budget mechanics, institutional pressures, and the realities of influence. We are also advancing a case in an area where direct and indirect data is still too limited, even though the operational pain is obvious to those living it every day.

And, at times, we are simply confronting a lack of understanding.

That is not said as criticism. It is said as reality. One of the clearest lessons of this journey has been that we cannot assume people understand ambulance work, interfacility transport, or the essential role these services play in the larger healthcare system. At one point, “IFT” was mistaken for fertility treatment, a moment that drew a laugh, but also revealed just how much education still lies ahead. It reminded us that education is not a side effort in this campaign. It is the campaign.

That is one of the reasons this work matters so deeply.

Yes, we are pursuing legislation. Yes, we are seeking budget relief. But we are also carrying out a sustained educational campaign to help

*continued on page 23*

# EXECUTIVE DIRECTOR'S REPORT



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

Over the past two months, I have begun a simple weekly communication to our Board and Committee Chairs, the “Weekly Word.” Its intent was straightforward: provide a clear line of sight into the work underway across the California Ambulance Association. What has become immediately apparent, however, is something far more significant. The volume, pace, and impact of activity being driven by our volunteer leaders is, quite simply, remarkable. After a pilot period, the Weekly Word is now distributed to all members.

Across every committee and workstream, CAA members are not just participating, they are leading. The Legislative Committee continues to advance a complex and consequential agenda, with sustained effort on AB 1328 to improve Medi-Cal reimbursement, AB 2041 to strengthen pre-arrival instruction compliance, and AB 2372 to address operational barriers such as toll access. These are not passive efforts. They involve direct engagement with legislators, policy advisors, coalition partners, and, where necessary, those in opposition. The level of advocacy, coordination, and persistence on display reflects an association that understands both its responsibility and its influence.

Equally, the Operations, Payer Issues, and Education Committees are addressing the realities of day-to-day EMS delivery. From navigating new DEA requirements

and DMV licensing challenges, to tackling payer-driven administrative burdens such as PCS variability, to advancing education through practical, evidence-based learning strategies, the work is grounded, relevant, and necessary. These are not abstract discussions. They are focused on solving real problems faced by providers across California.



**None of this happens by accident. It is the product of committed volunteer leadership. Individuals who give their time, expertise, and energy to ensure that the association remains relevant and effective.**



What stands out is the interconnected nature of this work. Regulatory discussions inform legislative strategy. Education initiatives support operational improvement. Advocacy is strengthened by data, collaboration, and a willingness to engage constructively with partners such as DHCS and external stakeholders. The Weekly Word has highlighted how these threads are not isolated, but part of a coordinated effort to move the industry forward.

There is also a broader context to acknowledge. The environment in which EMS operates remains challenging. Reimbursement pressures, evolving regulatory expectations, workforce considerations, and system demand continue to test resilience. Yet within that environment, the CAA community is not standing still. It is actively shaping the conversation, identifying solutions, and positioning itself as a credible, informed voice at both the state and national level.

None of this happens by accident. It is the product of committed volunteer leadership. Individuals who give their time, expertise, and energy to ensure that the association remains relevant and effective. Whether representing CAA at hearings, contributing to committee discussions, supporting calls to action, or helping to refine policy positions, these leaders are the engine of the organization.

As we look ahead, that momentum continues. Engagement at national forums, ongoing legislative hearings, town halls, and the development of future initiatives all point to an association that is both active and purposeful.

On behalf of the association, my thanks to each of you contributing to this work. The activity levels are high, the challenges are real, but the commitment across this organization is clear. That is what will continue to make the difference. \*



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## The Wave of the Future: Redefining Community in EMS

**Danielle Thomas**  
**Chief Operating Officer**  
**Royal Ambulance**

**B**

efore EMS, before leadership roles, before I was responsible for building teams and shaping culture, there was something simple that stuck with me: the Jeep Wave. I got my first Wrangler before I ever stepped into this profession, and if you've ever owned one, you know exactly what I'm talking about. You're driving down the road, another Wrangler comes toward you, and without hesitation, you lift a hand. Sometimes it's a full wave, sometimes it's just two fingers off the steering wheel. No words, no expectations, just acknowledgment. You see me, I see you, we're part of the same thing.

It sounds small, but it isn't. That gesture creates space. It reinforces identity. It quietly tells people they belong. Over time, though, I started to notice something shifting. The waves became fewer. Some Jeep drivers are new. Some don't know. Some choose not to participate. And some long-time drivers will tell you it's not what it used to be, that the tradition is fading and the community is changing. But the real question isn't whether the wave is disappearing. It's whether anyone is still choosing to uphold it.

There was a time when EMS had its own version of the wave. If you've been in this profession long enough, you remember it. An ambulance passes another unit, maybe from a different company, maybe alongside fire or law enforcement, and the driver lifts a hand. Sometimes it's just two fingers, sometimes it's a nod. There was no policy, no training, just instinct. New hires learned it by watching their partners and naturally carried it forward. It didn't

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matter what patch was on the shoulder. There was an unspoken understanding that this work connected us. The calls, the pressure, the responsibility, all of it shared. That signal was everywhere. It was prevalent, consistent, almost automatic.

But like the Jeep Wave, it's fading. Now, often, two ambulances pass each other and nothing happens. Eyes forward, moving to the next call. The intent isn't negative. It's not that people don't care. It's that the moment has been replaced. Efficiency, throughput, system demand, and at times even division between agencies have overtaken what used to be a shared connection. Slowly, without realizing it, one of the simplest expressions of community has started to disappear, not because it didn't matter, but because no one is actively upholding it.

Community does not happen by accident. It is not a byproduct of proximity or shared uniforms. It exists because it is reinforced, consistently, in small ways. The wave was never about the hand. It was about the

signal. In EMS, those signals are still there if we choose to see them. They show up in the partner who teaches instead of criticizes, in the crew that checks in after a difficult call, in the supervisor who creates space for growth, and in the leader who connects teams rather than protecting silos. These are the modern versions of the wave, and when they are present, people feel it. When they are absent, people feel that too.

EMS is evolving, and it should be. We are more clinically advanced, more integrated into healthcare systems, and more operationally complex than ever before. That progress matters. It improves patient care and expands our impact. But evolution without intention creates gaps. In many EMS systems, we have moved away from tradition without clearly defining what replaces it. We have traded informal connection for structure, speed, and scale. While those are necessary, they do not inherently create belonging. The fire service has historically protected its sense of community through tradition, while

EMS has often moved forward without protecting the same anchors. Neither approach is perfect, but the risk for EMS is clear. If we do not intentionally define and reinforce our version of community, we build systems that are operationally strong and culturally fragmented. This leads to attrition and inability to staff appropriately to continue to help the throughput of the system demand.

This is where leadership becomes decisive. Not just in setting direction, but in defining what community looks like inside a modern EMS organization. Every service has a version of the "wave," but many have not taken the time to define it. When it is undefined, it becomes inconsistent. In some organizations, the wave is cultural and interpersonal, reflected in how crews interact, how new hires are welcomed, and how feedback is delivered. In others, it is operational, seen in how teams collaborate across divisions, how clinical and operations align, and how systems function as one cohesive unit. In the strongest organizations, the wave extends externally. It is reflected in how they show up to hospital partners, whether they are seen as vendors or trusted advisors, and whether they contribute to solving system challenges or simply operate within them.

EMS does not operate in isolation. Our community includes our crews, our leadership teams, our partners, and the patients we serve. The strongest organizations recognize this and define their "wave" across multiple dimensions, how they treat each other internally, how they operate together as a system, and how they show up externally. These are not abstract ideas. They are signals that tell people what the organization stands for, whether they belong, and whether they can trust the system they are part of.

Once defined, the next step is expansion. This is where many organizations fall short. They may have a strong internal culture that never extends beyond the station walls, or strong external partnerships while their internal teams feel disconnected. The



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opportunity is to connect those layers. A crew that feels supported internally shows up differently at the bedside. A system that collaborates internally performs better externally. A leadership team that models alignment creates alignment throughout the organization. The wave becomes more than a moment. It becomes how the organization moves.

We are in a period of rapid evolution. Growth, complexity, and integration are reshaping EMS. In the middle of that change, we have a choice. We can let community fade into the background and rebrand it as culture, assuming it will take care of itself, or we can define it, reinforce it, and intentionally create space for it to exist.

If you have ever sat in a packed baseball stadium, you have seen another version of the wave. Tens of thousands of people, rooting for different teams and different outcomes, all participating in the same motion. The wave rises, moves, falls, and rises again. No one is assigned to it. No one is trained on it. But when it reaches you, you stand, not because you must, but because you are part of it. It is not about the individual anymore. It is about the collective rhythm, the shared experience, and the visible signal that even in difference, there is connection.

That is what EMS can become. Not just individual moments of acknowledgment, but a system-wide movement where crews,



leaders, and partners move together, aligned in purpose.

At the American Ambulance Association conference two years ago, keynote speaker Nichole Malachowski introduced a concept that takes this even further. As a fighter

pilot and combat-proven flight lead, one of the last things she would say to her wingmen before stepping to the jet was simple: “When in doubt, always honor the Wingman Contract.” The Wingman Contract represents a shared agreement, a standard of behavior, and an unspoken promise that every action will reflect the mission, the professional standards, and the values of the entire team. It creates alignment without constant oversight and empowers individuals, regardless of role, to make decisions that serve the collective good.

This is the evolution of the wave. The Jeep Wave was acknowledgment. The EMS wave was connection. The stadium wave is collective movement. The Wingman Contract is commitment. It transforms “I see you” into “I’ve got you,” and in a profession like EMS, that distinction matters.

So the question is no longer just what your wave is. It is whether you are willing to define it, model it, and embed it into how your organization operates. Because the future of EMS will not be sustained by tradition alone. It will be built on intentional community, shared standards, and a commitment to each other that extends beyond the moment.

That is how community is upheld.

And that is the wave of the future. ✨

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# Photo Stars of



# s from Life 2026





# Under the Lights Leadership Lessons From the CAA Stars of Life Stage

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

*At CAA Stars of Life 2026, four California EMS executives showed that leadership is not a rank. It is an evolving practice grounded in humility, team focus, and purpose, shaped by hard lessons and decisive moments.*

**S**tars of Life is designed to celebrate the very best of California EMS. It recognizes the clinicians and professionals who show up every hour of every day to serve their communities with skill and compassion. At the 2026 event, CAA added something more. A leadership panel that felt less like a formal session and more like a real-time conversation from the field. It was unscripted, candid, and at times, disarmingly honest.

Moderated by President Steve Grau, the panel featured (left to right, above) **Danielle Thomas** from Royal Ambulance, **Sean Sullivan** from LIFEwest Ambulance, **Carly Strong** from Lifeline Ambulance, and **Eric Larimer** from NORCAL Ambulance. The format mattered as much as the content. Leadership questions were placed randomly on audience tables. Panelists selected a table, the question was read aloud, and the discussion unfolded in real time. Then the tempo changed. After the first open round, answers had to be delivered in twenty words and later ten words to keep the pace sharp.

It worked. Because leadership in EMS often looks exactly like that. The moment arrives and you must respond.



## There Is No Single Path and That Is the Point

One of the most consistent themes was how different the journeys were. Each panelist began close to the work. Larimer described a career that started more than two decades ago, joining NORCAL in its early days. Strong reflected on growing up in EMS, progressing through clinical and leadership roles before stepping into her current position. Sullivan offered a candid perspective. Leadership was never his goal. He focused on showing up, working hard, and being present. Over time, leadership followed. Thomas entered

EMS as a second career after a personal medical emergency, bringing a customer experience perspective that translates directly into patient care.

The message to the audience was clear. There is no single pathway to leadership in EMS.

That is a strength of the profession.

## What Leaders Unlearn Over Time

A key question asked what belief each leader held ten years ago that they no longer hold. Larimer explained that early in his career he assumed people shared the same motivations. Experience showed him otherwise. People arrive with different backgrounds and needs. Leadership requires meeting them where they are.

Strong spoke about the belief that a strong leadership team should always remain intact. Over time she learned that growth sometimes requires people to move on. Supporting that growth, even when it creates change, ultimately strengthens both the organization and the profession.

Sullivan focused on the importance of team. Early in his career he learned that every role

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contributes to patient care. If one part of the system fails, the whole system feels it. Leadership requires recognizing that interdependence.

Thomas challenged the idea that working more hours proves commitment. She noted that impact is not measured by time spent but by the quality of decisions and outcomes achieved.

### Humility and Hard Lessons

Another question asked where the panelists had been forced to show humility. Strong described a moment when emotion influenced her response during a transition

in her career. Her reflection was direct. Leaders will have moments they wish they could handle differently. What matters is learning from those moments and moving forward.

Larimer discussed the challenge of building a leadership team. Sometimes the issue is not the individual but the fit within the group. Recognizing that quickly and making a change is a difficult but necessary responsibility.

Sullivan framed humility as an ongoing process rather than a single event. The work itself creates moments that demand reflection and adjustment. Leaders who

remain open to that process continue to grow.

### What Is Worth the Effort?

The question of what leaders are willing to endure prompted some of the strongest responses. Sullivan emphasized the human connection at the core of EMS. Patients do not care about personal beliefs or external differences. They need care and reassurance. Protecting that connection is central to the profession.

Thomas and Larimer focused on responsibility. Leadership involves sacrifice, long hours, and difficult decisions. The purpose is to support teams and improve outcomes for the communities they serve.

### Leadership In Real Time

The quick response rounds added a different dimension. Limiting answers to twenty words and then ten words forced clarity. It also reflected the reality of decision making in EMS. Leaders are often required to act with limited time and information.

Stars of Life celebrated excellence in the field. The leadership panel highlighted what sustains that excellence. Humility, awareness, teamwork, and a clear sense of purpose. Above all, it reinforced that leadership is not defined by position. It is defined by the willingness to show up, learn, and continue forward. \*





# CAA@Capitol – A Day of Advocacy in Action

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

**CAA@Capitol** delivered on its intent to advocate, engage, and influence the future of Emergency Medical Services in California. CAA members stepped away from their day-to-day operations and committed their time to meet directly with elected officials, bringing the realities of ambulance service delivery into the legislative environment where decisions are made.

Over the course of the day, the team conducted more than 20 office visits with California State Assemblymembers and their staff. These conversations focused on CAA's key legislative priorities, reinforcing the

operational, financial, and clinical challenges facing ambulance providers across the state. The value of these engagements lies in their authenticity. Policymakers heard directly from those delivering care, adding context and urgency to the issues under consideration.

The success of the day reflects both preparation and leadership. Particular thanks go to Dorian Almaraz, whose guidance and coordination ensured that meetings were purposeful, aligned, and effective.

CAA@Capitol was further strengthened by complementary political engagement. The

CAAPAC Dinner provided an opportunity to build and sustain critical relationships, while a breakfast meeting with Speaker Robert Rivas added further depth to the association's legislative outreach.

Taken together with the Stars of Life events, the week demonstrated what coordinated advocacy looks like in practice. It was a strong showing by CAA members and a clear indication that when the industry engages collectively, its voice carries weight.

All in, an outstanding success. ✨





# EMS Expo

A new addition to the 2026 Stars of Life celebration was the CAA EMS Expo, held on the grounds in front of the Capitol. The space was transformed into an engaging environment that combined food, education, and interaction. Attendees gathered under a large tent, with a DJ providing a relaxed backdrop, and enjoyed a range of food truck offerings while connecting with fellow Stars and hosts.

Beyond the social setting, the Expo delivered a strong educational component. Thanks to the support of CAA members, sponsors, and partners, a series of hands-on displays showcased key aspects of EMS practice, including Stop the Bleed, CPR, Tactical EMS, the cost of EMS readiness, and the work of the Red Cross. The intent was straightforward: demonstrate what EMS does, how it does it, and why it matters.

The event also drew strong participation from elected officials, who joined attendees to engage directly with these demonstrations. They observed and, in many cases, participated in practical skills, from delivering hands only CPR to applying a tourniquet and learning bleeding control techniques. These interactions brought operational EMS into clear view.

One of the more effective exhibits focused on the cost of readiness. Delivered by NORCAL Ambulance, the interactive “Price is Right” display challenged officials to estimate the cost of common EMS equipment. The exercise made a simple but important point. Providing 24/7/365 emergency response is resource intensive, and the true cost of readiness is often not well understood until it is experienced firsthand. ❁





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CARING IS OUR CORE



# EMS AVENGER

## Jimmy Apple: Meeting the Workforce Where It Learns

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

**Recently the CAA Education Committee enjoyed a session with EMS Educator and Positive Influencer Jimmy Apple, in a session sponsored by CAA Commercial Member Prodigy EMS. The resonance of Jimmy's words prompted this article.**

There are educators who teach from the front of the room, and then there are educators who seem to slip into the bloodstream of the profession itself. Jimmy Apple, better known to many as EMS Avenger, is firmly in the second category.

Our recent California Ambulance Association education session with Jimmy was not a conventional lecture, and that was precisely the point. What we explored was bigger than social media, bigger than TikTok, and bigger than one individual's following. The real discussion centered on credibility, connection and the changing ways EMS clinicians absorb information, challenge ideas and shape culture. Jimmy's success is not simply that he gets attention. It is that he uses humor, authenticity and plain-spoken truth to tackle serious system issues in a way that frontline EMTs and paramedics actually stop to hear.

That matters.

In EMS, we have often relied on formal education that is well-intended, clinically sound and professionally delivered, but too often disconnected from how people now live and learn. Jimmy has found a way to bridge that gap. His content is short form, but it is not short on substance. It challenges stale thinking, questions outdated dogma and gives language to frustrations many in the field feel but have never quite known how to articulate. He does this without sounding robotic, over-

produced or detached from the realities of practice. His style is polished, yes, but it remains human. That is what gives it weight.

During the session, Jimmy described how his early career as a truck-based educator naturally evolved into a digital platform.



Students gathered around him in hospital hallways and on scene because he could explain medicine in a way that made sense. Over time, he recognized that a generation of EMS providers was spending hours on social platforms, often in their downtime, and that those same platforms could be used to “stealthily” deliver meaningful education. That insight became EMS Avenger.

The lesson for all of us was clear. Education no longer belongs only in classrooms, conference halls or lengthy CE presentations. It must also live in the spaces where clinicians already are. If we ignore that, we are not protecting standards. We are simply surrendering influence.

Jimmy was equally clear that he does not serve the algorithm. He serves the provider. That distinction is important. His content is not designed merely to generate clicks or outrage. It is designed to provoke thought, improve understanding and, where needed, confront bad habits and bad assumptions. Whether he is discussing airway management, CPAP, cardiac arrest care or EMS culture, his aim is to connect knowledge to performance in a way that sticks.

That was one of the strongest themes of the conversation. Good education does

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not just dump information. It explains why something matters, how it changes practice and what it should mean to the clinician standing in the back of the ambulance at three in the morning. Jimmy repeatedly returned to the idea that understanding must lead to action. If education is memorable but not useful, it fails. If it is technically correct but forgettable, it also fails.

Just as compelling was his emphasis on kindness and professionalism. Jimmy spoke candidly about evolving from sharp-edged online takedowns toward a more purposeful approach rooted in leading with kindness. That was not softness. It was strategy. He recognized that if the goal is to influence culture, build trust and improve behavior, then the messenger must model the very qualities he hopes to see in others. That means authenticity, restraint and an understanding that professionalism is not about sounding stiff or institutional. It is about how we show up for patients, colleagues and the profession.

For CAA members, the relevance of this conversation extends well beyond education technique. It reaches into leadership, workforce engagement and organizational culture. Jimmy made the point that we cannot fix EMS overnight. We cannot redesign the whole system tomorrow. But we can begin building culture immediately, and at very little cost. Recognize your people. Celebrate



anniversaries and birthdays. Share success stories. State your mission clearly and talk honestly about where you met it and where you fell short. Those are not small gestures. They are the foundations of morale, identity and trust.

That observation landed particularly well because it echoed practices many high-performing organizations already

understand. Culture is not built by slogans on a wall. It is built by repeated acts of recognition, communication and consistency. In that sense, Jimmy's message was not just for educators. It was for chiefs, managers, supervisors and anyone responsible for shaping the environment in which people work.

What made the session so valuable was that it did not frame formal education and digital influence as opposing forces. Quite the opposite. The challenge before us is to bring them together. How do we preserve rigor while improving reach? How do we keep credibility while speaking in a voice crews trust? How do we move from education that is merely delivered to education that is actually received?

Jimmy Apple offered one compelling answer. Meet people where they are. Say something worth hearing. Make it understandable. Make it useful. And above all, make it real.

That is not a departure from good EMS education. It may well be its future. ✨



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# A LIFE IN SERVICE: Honoring Pamela Bell Simmons as an American Ambulance Association 2026 Vanguard Honoree



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

There are leaders in EMS who build systems. There are leaders who sustain them. And then there are those rare individuals who do both, while quietly carrying forward a legacy that predates modern EMS itself. Pamela Bell Simmons sits firmly in that last category. In 2026, the American Ambulance Association, in collaboration with Women in Emergency Services, recognized Pamela Bell as a Vanguard honoree, a distinction reserved for women who have committed at least 35 years to EMS and, in doing so, have opened doors for others to follow.

Pamela's story is inseparable from the story of Bell's Ambulance Service. Founded 70 years ago this year in 1956 by her parents, Lea and Inez Bell, the organization began as a small, community-based response service at a time when EMS was still finding its footing. Notably, her mother Inez was herself a trailblazer, working in a profession that, at the time, saw very few women in operational roles. That foundation matters, because Pamela did not simply inherit a business. She inherited a responsibility.

For more than four decades, Pamela has led Bell's Ambulance as its President and co-owner, alongside her brother Wayne. Over that time, EMS has undergone profound change. Reimbursement models have tightened. Regulatory expectations have expanded. Workforce pressures have intensified. Many family-owned ambulance services, particularly in rural and semi-rural communities, have disappeared under those combined forces. Bell's Ambulance has not. That is not by chance.

Under Pamela's leadership, the organization has remained a constant in Northern Sonoma County, providing 24/7 advanced life support coverage across one of the region's largest and most challenging service areas. Thousands of patients each year have relied on Bell's crews to arrive, assess, treat, and transport. That operational reliability, sustained year after year, is the clearest measure of leadership in EMS. Systems do not endure without it.

At the same time, Pamela has ensured that endurance does not come at the expense of progress. The continued introduction of new ambulances into service, often marked



with a formal blessing, reflects both a commitment to readiness and a deep respect for the role these vehicles play in the community. This attention to tradition is not ceremonial alone. It signals an organization that understands the weight of its responsibility and its place within the community it serves. Bell's Ambulance is not simply a provider of transport. It is a trusted presence, built over decades of consistent service and connection.

That trust is earned over time. It is built in moments that rarely make headlines. It is reinforced through consistency, through relationships, and through a visible commitment to doing the job properly, every time. Pamela's leadership has ensured that Bell's Ambulance remains deeply connected to the community it serves, even as the broader EMS landscape has become more complex and, at times, more transactional.

The Vanguard Award exists to recognize women who have not only contributed to EMS, but who have shaped it. Pamela Bell's contribution is measured not in a single initiative or program, but in sustained impact. She represents a generation of leaders who carried EMS forward through decades of change, often without recognition, and often without the structural support that exists today.

It is also important to recognize what her leadership represents for women in EMS. Following in the footsteps of her mother,

*continued on page 18*

## Pamela Bell Simmons – continued from page 17

Pamela has continued a legacy of female leadership in a field that has not always made space for it. She has done so not through advocacy alone, but through example. Through competence. Through longevity. Through presence. That matters. It creates a pathway that others can see and follow.

The American Ambulance Association's Vanguard Awards, developed in partnership with Women in Emergency Services, are intended to honor exactly this kind of career. Not a moment, but a lifetime. Not a title, but an impact. Not a single achievement, but a sustained contribution to the profession and to the people it serves.

Pamela Bell's career reflects all of those elements. It reflects a commitment to community-based EMS at a time when that model was under pressure. It reflects a belief that quality care and local connections are not mutually exclusive. And it reflects the quiet, steady leadership that keeps systems functioning long after others have stepped away.

Recognition as a Vanguard in 2026 is appropriate. It is also overdue.

Pamela now joins an illustrious cohort of California Ambulance Association, Vanguard Honorees including Cindy Elbert, Lavinne Hall, Carol Meyer, Helen Pierson, and Janet Smith. ✨



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# CARLY'S CORNER

## You Can't Carry It Forever: Stress Management in EMS Without Losing Yourself

**Carly Strong**  
**Chief Operating Officer**  
**Lifeline EMS**

If you stay in EMS long enough, you will feel it.

Not just the physical exhaustion of long shifts, missed meals and late calls; but the emotional accumulation. The pediatric respiratory arrest that hits differently when you have kids of your own. The quiet hospice transport that lingers longer than the lights-and-sirens trauma. The psych patient who says something that lands a little too close to home.

Burnout in EMS rarely explodes overnight. It builds quietly. It builds because we normalize carrying weight that was never meant to be carried indefinitely.

After nearly two decades in this profession – from the ambulance to executive leadership – I've learned this: the issue isn't whether we're strong enough. The issue is whether we ever set the weight down.

Stress management in EMS isn't about soft platitudes. It's about sustainability. It's about building small, intentional habits that allow you to love this job long enough to make it a career, without letting it hollow you out.

One of the first and most overlooked strategies is intentional disconnection. In today's environment, EMS does not clock out when you do. There are group texts, scheduling apps, CAD updates, social media chatter about "that call," operational emails and performance threads. If you are

constantly tethered to the job, your nervous system never downshifts. Research on occupational stress consistently shows that psychological detachment from work, truly unplugging, is one of the strongest predictors of reduced burnout. Your brain needs recovery time just as much as your body does. That might mean silencing notifications on your days off. It might mean not checking the schedule every few hours. It might mean refusing to replay the shift in your head once you walk through your front door. Recovery is not laziness; it is maintenance.

Just as important is what you allow into your mind when you're off duty. EMS already saturates us in adrenaline, trauma and high stimulation. If the rest of your "downtime" consists of true crime documentaries, EMS war stories and constant crisis-driven media, your brain never gets contrast. Emerging conversations around nervous system regulation emphasize intentional input, what some are calling neuro-input hygiene. What you repeatedly expose yourself to matters. Comedy, music that slows your breathing, audiobooks unrelated to medicine, faith-based or mindset content; these are not trivial choices. They are counterweights. Your brain cannot stay in fight-or-flight forever without consequence.

Another hard truth in our culture is that we tend to speak up too late. Emotional suppression is common in EMS. We tell ourselves it wasn't that bad. We compare our reaction to someone else's experience.

We minimize. But it's not always the "gnarly" trauma that sticks. Sometimes it's the lonely elderly patient who reminds you of your grandmother. Sometimes it's the domestic call that mirrors something personal. Sometimes it's simply cumulative fatigue. The earlier you say, "That one bothered me," the less power it has to grow in silence. Talk to your partner before the shift ends. Tell your spouse the day felt heavier than usual. Use peer support if your agency offers it. Naming the emotion, even something as simple as "that made me sad" or "that frustrated me," measurably reduces its intensity. You don't get bonus points for silent suffering.

Processing doesn't always require a formal critical incident debrief. Often it requires a pause. Five minutes in the cab. A quiet acknowledgment of what went well and what hurt. A reminder that feeling something does not make you weak, it means you still care. And caring is what makes you good at this job.

Outside of work, it is critical to have something that belongs to you. Burnout accelerates when your identity becomes singular. If "paramedic," "EMT," "dispatcher," or "supervisor" is your entire identity, then every difficult shift hits your core sense of self. Hobbies are not luxuries; they are protective factors. Weight training, running, hiking, coaching, woodworking, photography; it does not matter what it is. It matters that it exists independent of the uniform. You

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need places where you are not the rescuer, not the problem-solver, not the one holding everything together.

Equally powerful is having one or two safe people in your corner. Not twenty acquaintances – one or two trusted individuals who know when you're not okay and won't turn vulnerability into gossip. Current resilience research increasingly highlights the value of small, intentional support networks over broad social circles. Quality over quantity. For some, that's a spouse or sibling. For others, it's a long-time partner or a therapist familiar with first responders. You do not need an audience. You need a safe outlet.

Then there are the basics – the unglamorous, often ignored foundations of resilience. Sleep. Hydration. Protein. Sunlight. Movement.

Shift work and 24-hour tours disrupt circadian rhythm, elevate cortisol and impair recovery. Studies on stress physiology consistently show that short walks in natural light lower cortisol levels. Slow nasal breathing can reduce sympathetic nervous system activation. Limiting blue light at night improves sleep quality. These are not trendy biohacks; they are biological realities. You cannot expect emotional steadiness from a body running on caffeine, four hours of fragmented sleep and constant stimulation.

For those of us in leadership, there is another layer to this conversation. Individual resilience cannot compensate for unhealthy systems. If crews are consistently held over, denied recovery time, discouraged from speaking up or shamed for taking mental health days, burnout is not a personal weakness; it is an organizational failure. Culture matters.

Leaders set the tone for whether vulnerability is punished or supported. Stress management must be embedded into operations, not outsourced to individual coping.

The goal is not to eliminate stress. Stress is inherent to EMS. The goal is to prevent accumulation without release.

You can carry the weight of this job. Many of us do. But you cannot carry it indefinitely without consequence. Put the phone down when you can. Say the hard thing out loud. Laugh when it's appropriate. Step outside into the sun. Lift something heavy. Talk to your person. Get actual sleep.

You don't have to leave EMS to survive EMS.

But you do have to be intentional about how you stay. \*

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# LEGISLATIVE UPDATE

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

In 2026, the California Ambulance Association (CAA) is continuing to push forward a State Budget request to increase the Medi-Cal reimbursement rate for Interfacility Transports. Additionally, the CAA is sponsoring three pieces of legislation related to Medi-Cal reimbursement, Pre-Arrival Instructions, and toll fee exemptions. Furthermore, the CAA has taken positions on other bills as well.

## 2026 SPONSORED BILLS

**AB 1328 (M. Rodriguez):** The Medi-Cal reimbursement rate for interfacility transports (IFTs) has not been updated since 1999. For nearly three 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 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. In 2025, this bill made it through the entire Assembly process 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 later in 2026.

**AB 2041 (Carrillo):** In 2025, the CAA sponsored AB 645, which 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. Ultimately, this bill was signed into law by Governor Gavin Newsom. AB 2041 further adds to the work of AB 645 by adding an enforcement mechanism to ensure compliance with AB 645, so that every Californian is truly guaranteed prearrival medical instructions.

The bill is moving through the legislative process.

**AB 2372 (Hoover):** 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. In past years, CAA sponsored AB 902 (Rodriguez) and AB 1114 (Avila-Farias) to help alleviate these burdens by clarifying that privately-owned ambulances are eligible to receive exemptions from paying toll fees. Both bills were signed into law by Governor Gavin Newsom. Unfortunately, except for in Los Angeles County, CAA’s members have been unsuccessful in obtaining toll fee exemptions from their local toll authority. The most consistent answer from toll authority agencies has been that law states that a California Exempt License Plate (E-Plate) is required. AB 2372 makes clear that to obtain a toll fee exemption, an emergency can either have an E-Plate OR be authorized as an emergency vehicle by the California Highway Patrol, which captures private ambulances. The bill is moving through the legislative process.

## 2026 SUPPORTED BILLS

**AB 1607 (M. Gonzalez):** This bill would remove the sunset on the “Maddy”

*continued on page 22*

Emergency Medical Services (EMS) Funds, ensuring access to critical, life-saving emergency health care. The Maddy Fund is a county-by-county opt-in program, funded through a \$2 fee for every \$10 of a fine on all crimes, penalties, or forfeitures imposed by the courts. The Maddy EMS Fund is used to reimburse physicians and hospitals who treat uninsured patients in the emergency departments (EDs), as well as provide funds for EMS purposes. In addition, 15% of the funds collected are allocated to the “Richie’s Fund,” which supports pediatric trauma centers. Under state and federal law, EDs care for patients regardless of their health care coverage status – patients are still responsible for paying for their care. In 2024, 5.9% of Californians were uninsured, but the proportion of uninsured patients who seek care is much higher. Reports estimate that 18% of the population served in CA EDs are uninsured. With the Maddy Fund sunset in 2027, this will lead to a reduction in emergency physicians’ staffing. Fewer emergency physicians per shift are a significant contributor to longer wait times, worse outcomes, and poorer access to care for all patients with emergencies. AB 1607 will solve this issue by extending the existing sunsets on the Maddy Fund, ensuring financial assistance is available for our essential health care providers.

**AB 1819 (Sanchez):** This bill will require any senior center or community center providing activities to 50 or more people aged 55 or older to obtain and maintain an Automated External Defibrillator (AED). Without immediate intervention, sudden cardiac arrest is often fatal. AEDs provide clear, step-by-step instructions through written, visual, and audio prompts. The device analyzes a person’s heart rhythm and, when necessary, delivers an electric shock to help restore a normal heartbeat. This is a critical step to increase chances of survival for patients prior to the arrival of our ambulances and medical professionals. In the United States, someone experiences a heart attack approximately every 40 seconds, affecting an estimated 805,000 Americans each year. Additionally, emergency medical services respond to roughly 1,000 out-of-hospital cardiac arrests daily, and more than 90 percent of

patients do not survive. Individuals aged 55 and older face a significantly increased risk of heart-related emergencies. While current law requires health studios and buildings with a minimum occupancy of 200 people to maintain an AED, many community and senior centers do not meet these requirements. AB 1819 will require any senior center or community center, including local government-owned buildings, providing activities to 50 or more people aged 55 or older to obtain and maintain an AED.

**AB 1961 (Ahrens):** This bill aims to enhance employee protection by addressing workplace violence restraining orders that are applicable when threats target groups of employees based on their workplace, rather than specific individuals. Under current law, employers may seek workplace violence restraining orders on behalf of employees who face harassment, unlawful violence, or credible threats of violence, so long as the threat is reasonably connected to the workplace. In recent years, places of business have increasingly become targets of verbal, written, and online threats, many amplified through social media. These incidents create real and immediate fear for employees. Importantly, these threats are often not directed at a specific individual, but instead at an entire workplace location based on the people who work there, the services provided, or the perceived mission and values of the organization. Also under current law, a temporary restraining order requires the naming of specific individuals who have been threatened. This approach works effectively when the circumstances match the requirement. However, workplaces can sometimes confront threats aimed at groups, such as first responders. In such instances, an organization can list a supervisor on the court forms to represent the workplace. Unfortunately, courts may deny these requests because the individual listed was neither personally present during the incident nor directly targeted. This situation creates a gap in which addressing group-based threats becomes more challenging, despite their significant safety concerns. AB 1961 seeks to broaden the definition of “employee” in the Civil Code of Procedure

to encompass specific groups of workers based on their worksite locations. This amendment aims to enhance the legal framework governing restraining orders, allowing them to be tailored to better reflect the nature of the threats faced by these employees. By doing so, the bill provides an essential tool for proactive intervention, effectively addressing the potential for future workplace threats or acts of violence. This expansion not only empowers employees but also fosters a safer environment for all, recognizing the unique vulnerabilities that can arise in different work settings.

**SB 945 (Weber-Pierson):** This bill explores the addition of CPR and AED instruction for high school students. Sudden cardiac arrest is a leading cause of death, taking the lives of more than 356,000 people each year in the United States, including more than 23,000 children. In California, the cardiac arrest survival rate remains low at 8.7%, well below the national average. During cardiac arrest, if hands-only CPR is begun immediately, it can significantly increase the patient’s chance of survival. Today, only 42% of Californians experiencing cardiac arrest outside of a hospital receive CPR, and just 9% benefit from an AED applied prior to the arrival of advanced medical care. Expanding training for the general population will help ensure that when our EMTs and Paramedics arrive at the scene, that they are able to give the patient the highest possibility of survival. Current law is limited in that it only requires CPR instruction in schools that mandate a health class for graduation, meaning only 60% of California students receive CPR training. This inconsistent approach is unfair and inequitable to the population of students for which this training is not provided, which are often historically underserved groups. Among students not receiving CPR training, 77% identify as a race or ethnicity other than white. Additionally, 65% of these students without CPR instruction qualify as socio-economic disadvantaged, meaning the communities at greatest risk have the least access to these lifesaving skills. SB 945 seeks to address these critical gaps by exploring the addition of CPR and AED instruction for high school students. \*

policymakers, staff, and stakeholders better understand what ambulance providers do, why it matters, and what is at risk if California continues trying to support a 2026 healthcare transportation system with assumptions rooted in 1999.

This year, that work has been carried by many hands.

It has taken a committed Board. A serious and engaged Legislative Committee. A PAC willing to stay focused. An Executive Director helping keep the work coordinated and moving. Sean Sullivan, our President-Elect, helping lead the charge. Our political advisors at Prime Strategies helping us navigate the terrain with discipline and determination. And members who contribute, speak up, show up, and keep the message alive.

This is what organized persistence looks like.

It is not glamorous most of the time. It is message refinement, policy translation, relationship building, follow-up, coalition work, fiscal education, and repetition. It is making the case, then making it better. It is

learning where the friction is, where the story needs to sharpen, where data must improve, and where trust can open the next door.

It is also about remembering why this matters.

Nearly 15 million Californians are enrolled in Medi-Cal, and private ambulance providers continue to shoulder a significant reimbursement gap while trying to preserve access for vulnerable communities. The burden falls hardest on the patients and regions least equipped to absorb another loss of access.

So when we fight for AB 1328, we are not fighting for an abstraction.

We are fighting for seniors trying to reach essential care. We are fighting for rural patients who need timely access to specialty hospitals. We are fighting for behavioral health patients who need safe and appropriate transfer. We are fighting for hospitals trying to maintain flow and free up beds. We are fighting for ambulance professionals and providers who continue to shoulder life-impacting responsibility

without a reimbursement structure that reflects the true cost of doing the work.

We are not defined by how quickly the system changes. We are defined by whether we keep showing up until it does.

That is grit.

And that is why we will continue.

We will continue to learn. We will continue to teach. We will continue to persuade. We will continue to improve our data, strengthen our case, expand our coalition, and build the argument for a more rational and sustainable future. We will make mistakes, and we will learn from them. But we will not relent.

Because hundreds of ambulance companies, thousands of EMTs and paramedics, and millions of Californians deserve better.

And because California deserves an ambulance association willing to do the hard, patient, strategic work of moving the field forward.

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## With Gratitude for the Time, Attention, and Engagement

Advocacy work is built on persistence, but it is also built on listening. As part of our work on AB 1328 and broader ambulance reimbursement reform, CAA is deeply grateful to the many public leaders, advisors, consultants, and agency officials who have taken time to meet with us, hear our concerns, ask hard questions, and engage thoughtfully with the realities facing California's ambulance providers. In several cases, these were not one-time conversations. They were repeat meetings and continued discussions, reflecting a genuine willingness to learn, examine the issue more deeply, and help us navigate the path forward.

- **Assembly Speaker Robert Rivas** and his office
- **Rosielyn "Roz" Pulmano**, Health Advisor to Speaker Rivas
- **Assemblymember Dawn Addis**, Chair of the Assembly Budget Subcommittee on Health
- **Patrick Le**, Consultant to the Assembly Budget Subcommittee on Health

- **Senate President pro Tempore Monique Limón** and her office
- **Marjorie Swartz**, Health Advisor to Pro Tem Limón
- **Senator Caroline Menjivar**, Chair of the Senate Budget Subcommittee on Health
- **Scott Ogus**, Consultant to the Senate Budget Subcommittee on Health
- **Richard Figueroa**, Health Advisor to Governor Gavin Newsom
- **DHCS Director Michelle Baass**
- **Guadalupe Manriquez**, Program Manager for Health at the Department of Finance

We do not take these meetings for granted. Real progress begins with attention, grows through dialogue, and moves forward when leaders are willing to listen and wrestle with the facts. \*

## PRESIDENT'S MESSAGE – *continued from page 23*

That is who CAA must continue to be.

EMS Day at the Capitol, which led into our inspiring Stars of Life celebration, reminded us that advocacy and recognition belong together: one honors the people who serve, the other fights for the future they deserve. Together, we met with more than 20 elected representatives and their teams, sharing both the realities our field faces and the extraordinary opportunity ahead if California chooses to invest in a stronger, more sustainable ambulance system.

For those already in this fight with us, thank you. Help amplify the message. Share the story. Use the materials. Bring others into the conversation.

And for those not yet involved, consider this your invitation. CAA is working every day to represent ambulance providers across California with greater seriousness, inclusion, and persistence. That work is stronger when more of the field stands inside it.

This is the long game.

We are still in it. We are still learning. And we are still moving. Because in the end, this fight is not just about reimbursement. It is about whether California will value, protect, and sustain the ambulance care its people depend on. \*





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