

New Bills, Laws, and Regulations Affecting CAA

SPRING 2017

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A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



Stars of Life Wrap-up



CAA Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

CAA Mission

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

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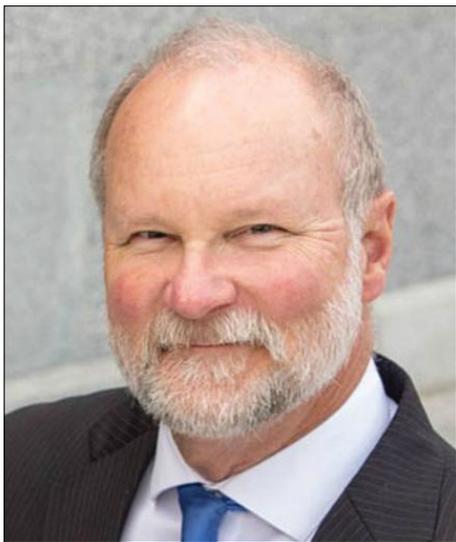
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Circulation among California's private ambulance providers, elected officials and EMSA administrators.

Executive Director's Report



Ross Elliott | Executive Director

Playing Offense

To use a football metaphor, CAA is playing offense this year.

The CAA has always been and continues to be active in Statewide politics. But, this year is different – the CAA has become much more proactive. Three bills have been introduced into the legislative process this session that are sponsored by the CAA.

New laws and regulations coming out of Sacramento can profoundly impact CAA members and their businesses. Consequently, a great deal of effort is made to have our voices heard in Sacramento. Having our headquarters and official presence in Sacramento is important. Additionally, having a legislative advocate (lobbyist) Chris Micheli working the halls of the state capital every day, on behalf of our members, is a critical component of influencing matters. The CAA's Legislative and Agency Relations Committee chaired by Carol Meyer takes on the task of vetting bills and recommending actions and positions. Also, the independent political action committee CAAPAC led by John Surface is an important and essential way of supporting legislators that share the CAA's goals and interests.

In recent years, CAA has been trying to influence legislation that has been proposed by others. We studiously examine bills and support the ones advantageous to our interests and oppose the ones that make

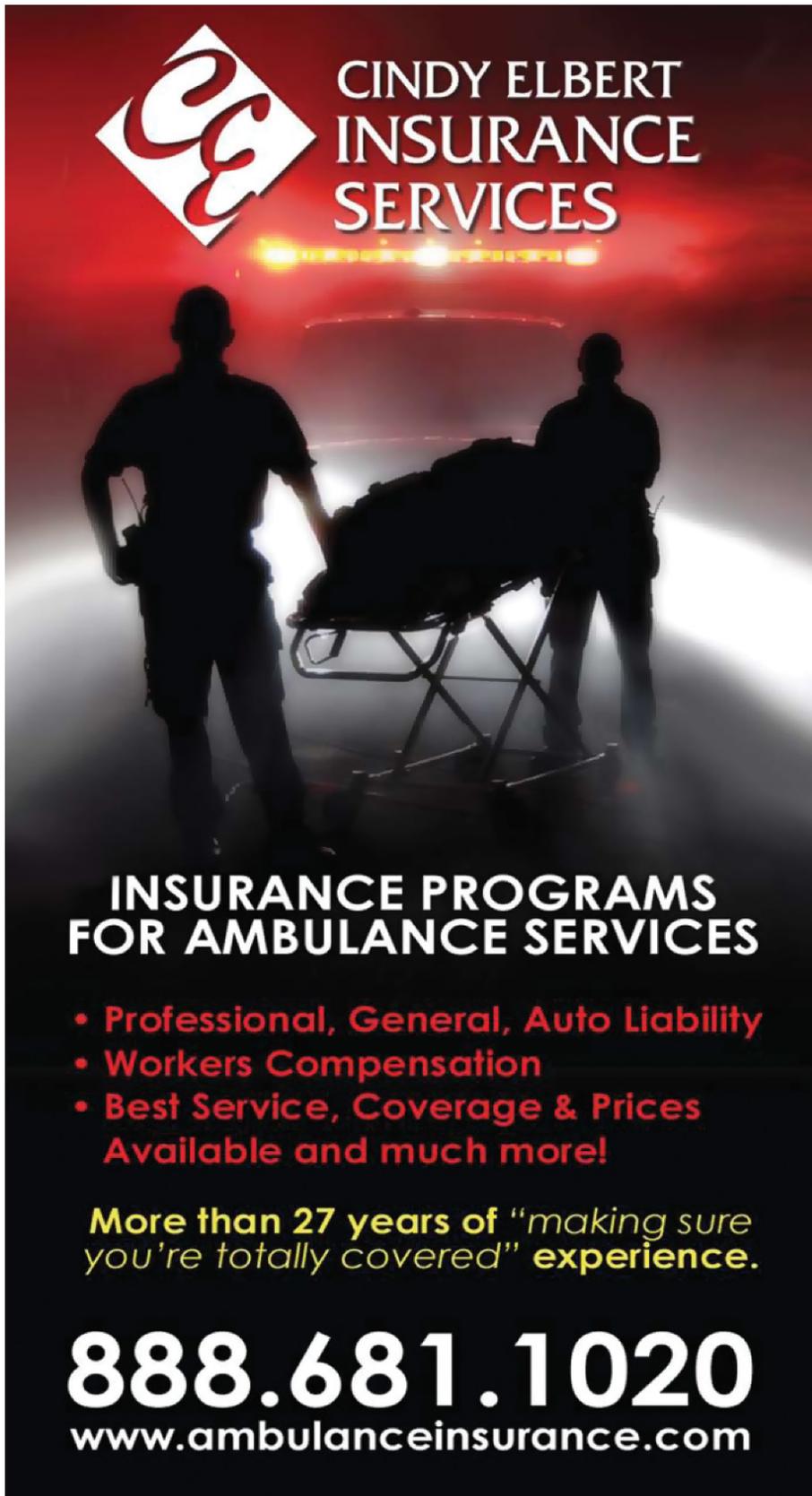
business more difficult. We offer testimony at hearings, provider letters of support or opposition, and encourage our members to also be vocal on critical pieces of legislation. We meet with key people behind the scenes to ensure our member's interests are heard. We re-write pending bills and offer input and guidance on others' proposed bills to make the proposed laws more acceptable for our members. This is important work, and it continues to be performed. But, this year is different.

CAA is taking a more active leadership role this year. Rather than simply be reactive to others' proposals, we have created, written, and proposed three bills this year.

AB 697 (Fong) – Toll Road Exemption Under existing law, fire departments, including public agency ambulances, police departments, and other law enforcement agencies are exempt from paying for toll roads, toll bridges, and other high occupancy toll lanes when responding to an emergency. Private ambulance companies are not exempt. Public agencies and private ambulance companies may be responding to the same incident, yet the private ambulances are not exempt from tolls. AB 697 proposes to achieve parity and exempt private ambulances from tolls. It is estimated that tolls are costing the private ambulance industry about \$2.5 million per year.

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Executive Director's Report



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AB 817 (Flora) – Rest Period

Exemption The Labor Code requires ambulance companies to provide employees a 10-minute break periodically, usually every 4 hours. A recent State Supreme Court decision, potentially affecting the ambulance industry in the future, requires the 10-minute break be completely free of contact with the employee, i.e., no requirement to monitor pager, radio, or phone. If such a rule is applied to the ambulance industry, it potentially puts communities at risk. Delayed responses, especially in areas with single resources and distant mutual aid, could result from such a rule. AB 817 attempts to exempt EMS employers from being subjected to the “no contact while on break” scenario.

AB 1650 (Maienschein) – Community Paramedic

Authorization An innovative model of care has been implemented in many other states across the nation to use the unique abilities of paramedics, in partnership with other various healthcare providers, to meet local health care needs – Community Paramedic. Three CAA-member ambulance companies are participating in pilot projects: Medic Ambulance and Butte County EMS have implemented *post-discharge follow-up care*; and LifeLine Medical Transport has implemented *Directly Observed Therapy for Tuberculosis* and *Hospice Rapid Response* care. This bill proposes to permanently authorize these Community Paramedic programs along with a *Frequent EMS User* program.

Playing defense by trying to influence others' bills is a sound and safe approach. But, proposing legislation is a much more proactive strategy for attempting to shape laws and regulations. It is a harder path and more expensive. Yet, playing offense is the best chance of getting the regulatory environment changed in our favor.

These 3 bills represent potential tangible benefits to CAA members. They are high-priority issues for the industry, and if we are successful at getting these concepts to become law, the changes may be quite positive for our members. ✨



ANNUAL
Stars of Life
CELEBRATION
AND LEGISLATIVE SUMMIT

2017 CAA Stars of Life Awards Presented to Outstanding EMS Personnel

The California Ambulance Association presented its annual “Stars of Life” Awards to forty-eight paramedics, EMTs and other EMS staff from throughout California during a ceremony on April 4th in Sacramento.

Throughout the day, the Stars met individually with members of the California State Senate and Assembly to tell their life-saving stories and deliver important first-hand information regarding the essential service provided by California’s private sector ambulance services.

The day’s festivities wrapped up with an awards dinner during which Assembly Members **Freddie Rodriguez**, and **Vince Fong**, addressed the award recipients.

Marsha Aase
Hall Ambulance, Bakersfield

Gary Antunano
Medic Ambulance, Solano

Tabitha Baker
Hall Ambulance, Bakersfield

Rachelle Bethea
Paramedics Plus, San Leandro

Jeffrey Burns
Royal Ambulance, Campbell

Holli Carano
Medic Ambulance, Solano

Brooke Carmona
Hall Ambulance, Bakersfield

William Cassidy
Hall Ambulance, Bakersfield

Alyssa Cassol
SEMSA Air, Greenville

Rod Castillo
Hall Ambulance, Bakersfield

Vera Chinn
Hall Ambulance, Bakersfield

Travis Cioffi
Schaefer Ambulance Service Inc., Lancaster

Michael Cipolla
American Ambulance, Fresno

William Coehlo
Medic Ambulance, Solano

Tamara Contier
Royal Ambulance, San Lorenzo

Mark Corum
Hall Ambulance, Bakersfield

Rick Davis
Hall Ambulance, Bakersfield

Isabel Diaz Martinez
Royal Ambulance, San Jose

Josh Edwards
Hall Ambulance, Bakersfield

Tim Feerick
King-American Ambulance, San Francisco

Aaron Flores
Cole-Schaefer Ambulance Service, Inc., Upland

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Member News

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Katie Garrison
Riggs Ambulance Service, Merced

Wanda Gentry
Medic Ambulance, Solano

Joshua Goodreau
Medic Ambulance, Solano

Thomas Henson
Gold Cross Ambulance Service, Calexico

Shelby Hindahl
Medic Ambulance, Sacramento

Jacob Joyner
San Luis Ambulance, Solvang

David Konieczny
McCormick Ambulance, Hawthorne

Ethan Krause
Medic Ambulance, Solano

Eddie Licon
American Ambulance, Fresno

Eddie Maldonado
Hall Ambulance, Bakersfield

Robby McCain
San Luis Ambulance, San Luis Obispo

Jake Mendenhall
Medic Ambulance, Sacramento

Sean Miller
Medic Ambulance, Solano

Adam Moreno
Hall Ambulance, Bakersfield

Ryan Murphy
Medic Ambulance, Solano

Justin Niemi
Medic Ambulance, Solano

Richard Ori
Schaefer Ambulance Service Inc., Sunland

Alex Plasencia
West Side Ambulance, Newman

Danny Provost
Riggs Ambulance Service, Merced

Tom Rady
Sierra Medical Services Alliance, Reno

Michael Rhyne
Mercy Medical Transportation, Mariposa

Masato Seki
Hall Ambulance, Bakersfield

Carolina Snypes
Paramedics Plus, San Leandro

Ryan Strange
Hall Ambulance, Bakersfield

Gregory Trevillion
Medic Ambulance, Solano

Richard Varela, III
Cole-Schaefer Ambulance Service, Inc., Fontana

Christopher Zaczek
American Ambulance, Fresno





Chris Micheli | *Legislative Advocate*

CAA Sponsoring 3 Bills This Year

The California Ambulance Association has embarked on an aggressive legislative agenda this Session. For the first time in recent memory, CAA has undertaken three sponsored bills on varied topics.

The first is **AB 697 by newly-elected Assembly Member Vince Fong**, who serves as the Vice Chair of the Assembly Transportation Committee. Introduced on February 15, the measure would expand the existing exemption from the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane and any related fines under these conditions to include a privately owned emergency ambulance licensed by the California Highway Patrol. AB 697 would add Section 23301.6 to the Vehicle Code.

Under existing law, police and sheriff vehicles, and fire trucks, when responding to an emergency, are exempt from tolls for roads, bridges, and high-occupancy toll (HOT) lanes. However, ambulances owned and operated by private companies are not exempt.

Nonetheless, ambulances often respond to the exact same incident along the same routes as police, sheriff, and fire. Yet, ambulances in the effort to respond rapidly along the most efficient path by using the same roadway as other emergency responders must pay to use the route. The situation is

inequitable and existing law increases the cost of an emergency ambulance response.

Section 23301.5 of the Vehicle Code exempts police, sheriff, and fire vehicles from toll roads, bridges, and HOT lanes when responding to an emergency or returning from an emergency response. AB 697 proposes that the same exemption be granted for ambulances operated by private companies.

The second is **AB 817 by newly-elected Assembly Member Heath Flora**, who serves as the Vice Chair of the Assembly Labor & Employment Committee. Introduced on February 15 as a “spot” bill, the measure will be amended to address the issue of rest breaks for EMS personnel. Section 226.7 of the Labor Code would be amended by adding a paragraph to specifically exempt employers of EMS responders from the requirement to compensate employees one additional hour of pay for an interrupted rest period.

Under existing law, employers are required to provide for a 10-minute rest period for every 4 hours of work. Employers that are unable to provide a rest period are required to compensate the employee with 1 additional hour of pay for the day.

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Legislative Update

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The work environment for an ambulance crew, ambulance dispatcher, and other emergency medical services (EMS) responders is different than the typical work environment. Thus, the requirement for a rest period must be treated differently. Many ambulance crews and EMS dispatchers throughout California serving small towns and rural areas do not fit the stereotypical work environment of an office, or retail store, or security guard duties, etc.

The third bill is **AB 1650 by Assembly Member Brian Maienschein**, who serves as the Vice Chair of the Assembly Health Committee. Introduced on February 17, the measure would authorize a local EMS agency to permit a community paramedicine program that provides services utilizing EMT-P personnel for the delivery of medical care and is consistent with a specified community paramedicine pilot project authorized by the Office of Statewide Health Planning and Development.

The goals of a community paramedicine program authorized under the bill would include, but not be limited to, providing more effective, efficient, and timely health care and lowering health care costs. The bill would amend Section 1797.218 of the Health and Safety Code.

Under existing law, a paramedic is limited to providing care in:

- 1) emergency situations,
- 2) during ambulance transports, and
- 3) while working in a hospital.

An innovative model of care has been implemented in many other states across the nation to use the unique abilities of paramedics, in partnership with other various healthcare providers, to meet local health care needs – Community Paramedic.

Community Paramedic pilot studies have been conducted over the past 1½

years in California under the oversight of Office of Statewide Health Planning and Development (OSHPD) and the Emergency Medical Services Authority (EMSA). A report published in January 2017 by independent evaluators concludes that the pilot projects result in improved healthcare for the targeted patients. This bill is intended to permanently authorize the expanded role of paramedics to serve as Community Paramedic and establish the parameters under which such programs can be conducted.

Although each of these bills face obstacles to enactment, they are important measures to the EMS community generally and to CAA member companies specifically. We encourage all CAA members to contact their local Assembly Member and State Senator to urge support for all three of these important bills. *

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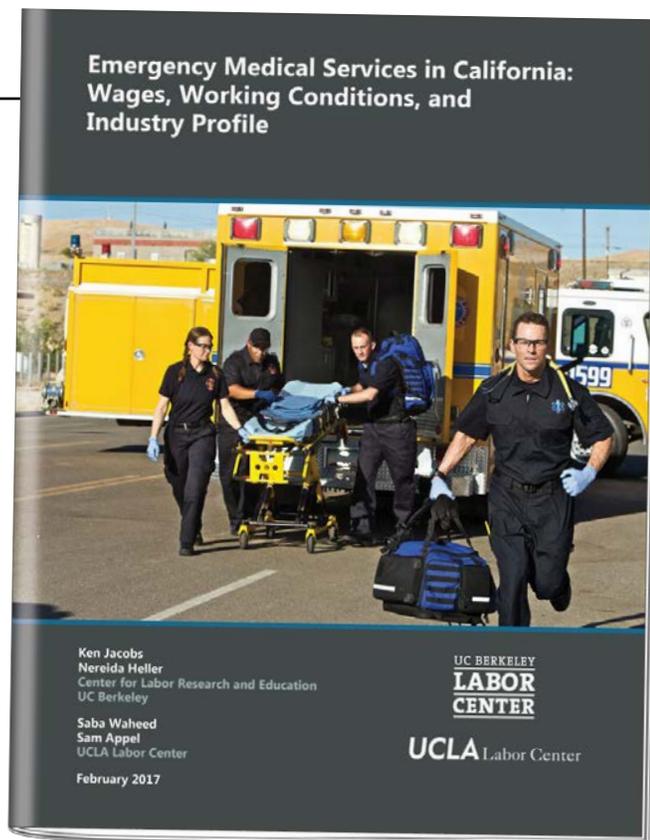
1. Data contained in and/or calculated from: T.K. Fredericks, S.E. Butt, K.S. Hamrs, J.D. Burns, (2013) "Evaluation of Medical Cot Design Considering Biomedical Impact on Emergency Response Personnel." International Society for Occupation Ergonomics & Safety.

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Labor Union’s Report on Working Conditions in EMS is Mostly “Fake News”

Ross Elliott | CAA Executive Director

A document released in February 2017 by the UC Berkeley Labor Center and the UCLA Labor Center titled *Emergency Medical Services in California: Wages, Working Conditions, and Industry Profile* is biased and slanted. It purports to give a factual assessment of the working conditions in EMS. In reality, it is nothing more than editorial commentary underwritten by big labor interests in an attempt to justify harmful and overreaching regulations.



Some of the working conditions described in the document are undoubtedly accurate. But, where this document fails is in its attempt to paint all of California EMS in the same light. It is acknowledged that there might be a few employers in California where working conditions could be less than ideal. However, the problems are not found in every ambulance company; certainly not a majority of the companies in California. The private sector ambulance business as a whole is not fairly represented nor fairly depicted in this document.

This document appears to be the basis and the justification of the proposed Emergency Medical Services Workers’ Bill of Rights – AB 263 (Rodriguez). Unfortunately, this is not a credible document, and statewide policy should not be created based on its conclusions. Regulations intended to fix problems in a few locations, instead create harmful and untenable requirements affecting all private sector ambulance companies statewide. As initially proposed, AB 263 seeks to punish every company for the actions of a few.

The document lacks credibility because it is academically weak and biased

First, the document lacks verifiable statistics. Some of the URL links given in the bibliography contain invalid links; they don’t work. There is no way to independently verify the validity, applicability, or credibility of all the cited sources. Further, no specific page numbers are listed in the cited documents making it nearly impossible to validate the reference and its context as used in this document. Consequently, the reader is left to “take the word of the authors” in reference to the cited articles, blogs, papers, and books. Unsupported and unverifiable claims are not necessarily true statements or facts.

The document concludes that “wages for private-sector EMS workers are low and stagnating”. An apparent statistical analysis of data from a University of Minnesota database was conducted by the authors. However, the document lacks any detail or appendices to demonstrate the validity and

applicability of the data. Nor do the authors provide any insight into any assumptions made in the analysis of the data. As such, the authors’ conclusions are suspect.

Second, the authors’ key conclusions are heavily weighted on the opinions of people labeled “key stakeholders”. The people interviewed do not in any fashion represent a broad range of key stakeholders in the EMS industry in California.

Only 3 of the 7 people labeled “key stakeholders” have any actual field experience working on an ambulance. Those 3 are union officials. Of the 7 people interviewed, 6 are union presidents or union officials, and the other is a county administrator. Not one owner or manager from a private sector ambulance company was interviewed. Of the 3 people with actual ambulance experience, they represent at most the perspective of working at 3 ambulance companies. There are 170 or more private ambulance companies in California. Consequently, this report does

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Feature Article

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not give a fair representation of EMS in California. It lacks input from employees of the other 167 employers. The bias towards the labor union perspective is glaring.

The authors seemingly make no effort to provide opposing or different perspectives. This document falls more into the propagandist realm than it does quality and independent academic work. It is disappointing that a document containing logos from UCLA and UC Berkeley is allowed to be publically released when it lacks the academic rigor typically produced by these educational institutions.

The document is an unfair attack on private sector ambulance companies

The document's underlying theme is that employees of the private sector ambulance companies are treated unfairly. Consequently, government intervention is needed to protect the private sector workers. Further, the document concludes that wages paid by government entities which provide EMS services should be the standard for all EMS wages throughout California. Such a conclusion is a blatant fallacy.

First, comparing private sector ambulance wages to public sector EMS-provider wages cannot be done fairly; this is not an apples-to-apples comparison. There are too many variables to simply look at the difference in wages. For example, most public sector jobs that provide EMS service are dual-function, i.e. firefighter/paramedic, or firefighter/EMT. Most private sector jobs are single function, i.e. paramedic, or EMT.

Second, ambulance services provided by a government entity are subsidized with tax money. A government entity need not be concerned that ambulance reimbursement rates from Medi-Cal, Medicare, and private insurance are sufficient to pay for the service. Public sector wages and benefits have little correlation to revenue from the ambulance

services. Subsidies from the taxpayer make up any revenue shortfall to pay for public sector wages and benefits. In contrast, private sector ambulances are financially self-supporting; charges for services pay the operational costs. In most places in California, there is not any opportunity for a private sector ambulance company to receive any subsidies. Because of this, there is no burden to the taxpayer; only those people using the service pay for it – through their health insurance. Revenue earned by the private sector ambulance company has a direct correlation to wages and benefits offered to the employees.

On average, it is four times (4x) more expensive for a public agency to provide ambulance service than it is for a private company. Based on 2011/2012 data, the average cost for public agency ambulance service in California is \$2,400 per transport. In comparison, a private company on average conducts the same, identical service for \$600 per transport. The wages, benefits, and retirement packages of the public sector employee are the primary factors in the cost difference. Private sector ambulance services are not subsidized with tax money, consequently, the lower wages are reflective of the market conditions.

Shamefully low Medi-Cal reimbursement rates paid by the State of California for ambulance service is a primary factor in wage disparity between public sector and private sector EMS workers

The private ambulance industry would greatly enjoy the ability to offer wages, benefits, and retirement packages that are competitive with those of the public sector. But, until Medi-Cal (and Medicare and Workers Compensation, etc.) reimbursement rates are dramatically increased to a realistic level, offering comparable wages and benefits is unrealistic.

As noted above, the 2011/2012 average cost of a private sector ambulance transport was \$600. With inflation, it is undoubtedly higher in 2017. Yet, the State of California only pays \$118 per transport (ALS base rate). The transport of every Medi-Cal patient represents a loss of \$482 to the private sector.

It is the policy of the State of California to under-pay private ambulance companies for the services being provided. Today, according to one private company operating in the Los Angeles area, Medi-Cal reimburses about 9 cents on the dollar. Another private company serving part of the Mojave Desert reports that Medi-Cal rates equate to 4 cents on the dollar. In addition, California prisons and California worker's compensation pay ambulance service at Medicare rates, which still fall severely short of covering actual costs; reported as 23 cents on the dollar by a CAA member company.

Until the State significantly revises Medi-Cal, prison transports, and Worker's Compensation reimbursement rates for ambulance service, achieving wage and benefit parity with the public sector can never occur.

Summary

The *Emergency Medical Services in California: Wages, Working Conditions, and Industry Profile* document is biased and flawed. Conclusions are not supported by facts and are suspect. Although some of the problems identified in the document may be accurate to some degree, the extent of the problem is exaggerated. This document does not provide a fair representation nor fair depiction of statewide private sector ambulance services in California. It would be a disservice to the people of California to use the document as basis for setting policy and writing statute. ❄

Top 10 Laws/Regulations: Host of New Laws Affecting Businesses in 2017

Alex Dantzig | Heffernan Insurance Brokers

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At the start of every year, a raft of new laws and regulations that affect businesses take effect and companies that fail to stay on top of the changes may end up being fined, cited or sued for not following them.

We know it's hard to keep track of all of the changes, so in this article we look at the top 10 changes for 2017 that you should be aware of.



1 Owners/Officers Workers' Comp Exemption

A new law has changed who in an organization can be excluded from workers' comp coverage.

Going forward, only owners and officers who own at least 15% of a company can claim an exemption from workers' compensation coverage in California.

Any company that claims this exemption was required to submit waivers to their insurer by Dec. 31, 2016 for each officer/owner who is exempt.

2 New Overtime Laws or Not?

Department of Labor regulations that were set to hike the white-collar overtime exemption salary threshold to \$47,476 starting Dec. 1, 2016 were put on ice by a federal judge in Texas in late November.

Many employers had already taken action like giving out raises to executive, administrative and professional workers, in order to keep the exemption from having to pay overtime when they work more than eight hours a day or 40 hours a week.

The judge ordered a temporary halt to implementation while he reviewed the case, so for now, the current \$23,660 annual salary threshold will remain – but that could change with short notice.

The big wildcard is what President-elect Donald Trump will do, as many pundits expect he will scrap the regulations.

3 New X-Mod Regimen

California has new rules for calculating employer X-Mods. The Workers' Compensation Insurance Rating Bureau has replaced its static "split-point" experience rating system, in which an employer's actual workers' comp losses are divided

into actual primary losses and actual excess losses below and above a \$7,000 threshold.

Under the new system, the Rating Bureau will use a variable split-point system that gives more weight to claims frequency than claims cost. This change is expected to limit the impact of one large claim on an employer's (particularly a small business's) X-Mod.

At the same time, an employer's X-Mod would be more affected by the frequency of claims.

4 ACA Questions

With the election of Donald Trump for president and his and the Republican-led Congress's promises to repeal the Affordable Care Act, all the rules that have been created for the landmark health insurance reform law are now thrown into doubt.



While Republican leaders in both the House and Senate have

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Feature Article

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promised to repeal the ACA as well, it's not clear how far they will go and what they would replace it with. They have to tread carefully now that nearly 20 million people buy their coverage from exchanges, and eliminating the law overnight would send shockwaves through the country.

The likely scenario will be a delayed repeal to avoid major disruptions. Trump has said he wants to eliminate public insurance exchanges and the individual mandate, but he has not touched on the employer mandate. Congress has its own extensive wish list.

For now, continue following the law and wait for further news as Congress and the next president act.

5 Minimum Wage Climbs

Effective Jan. 1, the state minimum wage for businesses with more than 25 employees is \$10.50 per hour, against \$10 previously. This is another step toward a \$15 per hour minimum wage on Jan. 1, 2022.

6 First Aid Rules Reporting

New amendments to the California Workers' Compensation Uniform Statistical Reporting Plan require that even small, medical-only first aid claims be reported.

The Workers' Compensation Insurance Rating Bureau has always required that these small claims be reported, but the requirement has never been codified.

Effective Jan. 1, 2017, insurance companies are required to report to the Rating Bureau the cost of all claims for which any medical care is provided and medical costs are incurred – including those involving first aid treatment – even if the insurer did not make the payment.

Because the rules require insurers to report these claims, they will likely pass that requirement on to you, the policyholder. That will likely include requiring you to submit all first aid bills to them for payment, rather than paying for treatment yourself.

Continued on page 12



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Feature Article

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7 Marijuana is Legal

Many businesses have become concerned about the legalization of marijuana in California, particularly how it affects their rights as employers to conduct pre-employment drug testing and dealing with employees who try to use pot on the job.

Proposition 64 included a number of safeguards for employers, allowing them to have anti-drug workplace rules in place. In fact, these safeguards were built into the initiative to the point that the California Chamber of Commerce took a neutral stance on the measure.

And despite California's medical marijuana laws, courts have said that employers are not required to allow patients to imbibe prior to or while on the job. Also, because it is still illegal under federal law, you can also bar employees from keeping marijuana, transporting it or selling it at work.

Just as you have rules against working while intoxicated from

alcohol, you should have similar rules for pot.

8 New Cellphone Law

California already bars texting or talking on the phone without a hands-free device while driving, and now there's a new law that takes into account the many new uses of smartphones.

If you have any employees that drive on the job, you need to update your employee manual to reflect Assembly Bill 1785, which prohibits motorists from driving "while holding and operating" a hand-held wireless telephone or a wireless electronic communication device.

Because people use their phones now for more than just texting and talking – think interacting with apps, using Facebook or surfing the Net – the law needed updating.

But it authorizes a driver to operate a smartphone mounted on a vehicle's windshield like a GPS or on the dashboard or center console

"in a manner that does not hinder the driver's view of the road," and if the driver can activate or deactivate a feature or function "with the motion of a single swipe or tap of the finger."

9 ACA Document Deadline Change

The IRS extended the deadline for employers to distribute health insurance reporting forms to their employees to March 2 from Jan. 31, to give employers more time to get their accounting systems in order.

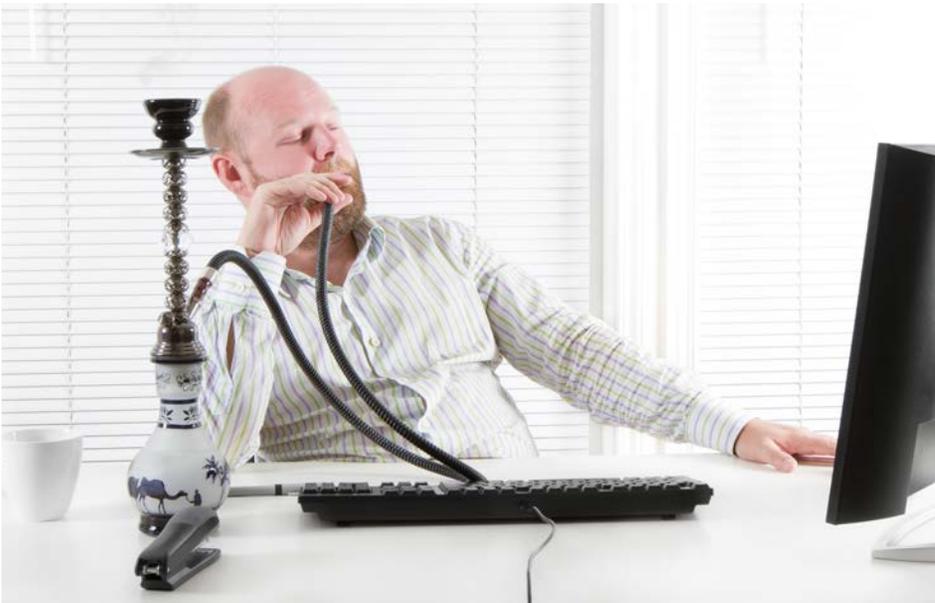
This law only applies to applicable large employers as defined by the ACA (those with 50 or more full-time or full-time equivalent workers). The law requires those employers to distribute forms 1095-C (Employer-provided Health Insurance Offer and Coverage) and 1095-B (Health Coverage) to employees.

The deadlines for filing other ACA forms have not changed.

10 Smoking in the Workplace

There has been a loophole in the state law that bars smoking of tobacco products inside an enclosed place of employment, unless the only employee is the owner and operator of the business.

The new law expands the prohibition on smoking in all enclosed places of employment to all establishments of any size, including a place of employment where the owner-operator is the only employee. *



New Rules on First Aid Claims Reporting Take Effect

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New changes to the California Workers' Compensation Uniform Statistical Reporting Plan require that even small, medical-only first aid claims be reported.

The Workers' Compensation Insurance Rating Bureau has always required that these small claims be reported, but the requirement has never been codified.

Effective Jan. 1, insurance companies will be required to report to the Rating Bureau the cost of all claims for which any medical care is provided and medical costs are incurred – including those involving first aid treatment – even if the insurer did not make the payment.

Because the rules require insurers to report these claims, they will likely pass that requirement on to you, the policyholder.

That will likely include requiring you to submit all first aid bills to them for payment, rather than paying for treatment yourself.

First aid is defined in California Labor Code as “any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care.”

For workers' comp purposes, that also means that the injured worker did not miss work because of the injury.

Besides these rules, there is a very good reason for reporting these claims because what starts as a first aid claim can develop into a larger claim over time.

At that point, if you never reported the claim in the first place, coverage issues may arise.

Current insurer rules

While State Compensation Insurance Fund has already had a policy in place for the last three years which enforces that all claims must be reported, many other insurance carriers have historically allowed first aid claims to be pulled out of the formula and paid for by the employer. *



Some Key Differences Between the Assembly and Senate in the Legislative Process

Chris Micheli | CAA Legislative Advocate

There are a number of differences between the Assembly and the Senate in terms of the California legislative process, many of which are minor in nature. However, for students of the process, as well as those involved in the State Capitol, there are some interesting differences. Essentially, the two houses follow similar rules because they basically have the same roles in the legislative process. Nonetheless, there are several differences of note.

Leadership

The Senate is led by the President pro tempore and the Rules Committee, whereas the Assembly is led by the Speaker. In the Senate, the Rules Committee generally has the same powers as the Speaker does in the Assembly. The Senate minority leader picks vice chairs and committee assignments, whereas in the Assembly the minority leader makes suggestions.

Confirmation of Appointees

The Senate confirms specified gubernatorial appointments. In the Assembly, this role is limited to the confirmation of nominees to fill a vacancy for a constitutional office.

Members' Office Budgets

Senate offices are given a fixed number of staff positions that they can fill and a small budget allocation; on the other hand, Assembly offices are given an office budget from which they pay staff salaries and expenses.

Jurisdiction of Committees

Many committees are the same between the two houses, both in name and in subject matter jurisdiction. However, there

are a few differences. For example, in the Assembly, worker's compensation bills go to the Insurance Committee; however, in the Senate, they go to the Labor & Industrial Relations Committee. The Assembly has 31 committees, while the Senate has 22 committees.

Appropriations Committees

Senate Appropriations Committee allows support and opposition testimony at hearings even where the author waives presentation. The Assembly generally does not. Regarding their suspense files, the Assembly committee goes through bills by subject matter, while the Senate committee goes through bills by author. In addition, the Assembly votes to pass or announces which bills are held on suspense, while the Senate only votes on bills it will pass off of the suspense file.

In addition, the Senate has Rule 28.8, which allows the Appropriations Committee Chair to place a bill on the second reading

file without a committee vote if the Chair deems the bill to not have significant state fiscal impact. The Assembly Appropriations Committee has no such rule.

Budget Subcommittees

All of the Senate subcommittees meet at the same time on Thursday morning overlapping with rare exception, while the Assembly subcommittees meet on different days and times with almost no overlap.

The budget subcommittees have the following subject matter jurisdictions:

- Education (Senate Subcmte #1 and Assembly Subcmte #2)
- Resources, Environment, and Transportation (Senate Subcmte #2 and Assembly Subcmte #3)
- Health and Human Services (Senate Subcmte #3 and Assembly Subcmte #1)
- State Government (Senate Subcmte #4 and Assembly Subcmte #4)
- Public Safety and Judiciary (Senate Subcmte #5 and Assembly Subcmte #5)

Bill Introductions

Beginning in 2017, the Assembly allows a maximum of 50 bills to be introduced by each member during a 2-year session, while the Senate allows a maximum of 40 bills to be introduced by its members during the same period of time.

Bill Referrals

The Senate does not refer bills that only call for studies or reports. The Assembly does refer such measures to committee.



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As a general policy, the Assembly Rules Committee does not hear resolutions weighing in on matters of foreign policy. The Senate has no such limitation.

Amendments

The Assembly requires amendments to be submitted by 5 pm or the close of session the day before a deadline. The Senate does not have the same rule.

The Assembly has a different interpretation of the 30-day wait period contained in Art IV. Sec 8(a) of the Constitution than the Senate. Once a bill has been referred to committee, the Assembly permits pre-committee author's amends to bills within the 30 day period, while the Senate does not.

The Assembly imposes a deadline for amendments to spot bills in order for those bills to be referred to committee. The Senate does not have such a rule.

Floor Actions

The Senate records votes by voice vote, while the Assembly records votes electronically. The Assembly allows its Members to add or change votes after the vote has been

announced, so long as the final vote is not impacted. The Senate does not allow that, except for the President pro Tempore and the Republican Leader. So, on the Assembly Floor, members are allowed to add on or change their vote for up to about 15 minutes after adjournment so long as it does not change the outcome on the bill.

The Lt. Governor is the President of the Senate, which is primarily a ceremonial role, except in the case of a tie vote. The Lt. Governor can break such a tie. In the Assembly, the motion or bill fails in the case of a tie vote.

Floor Analyses

The Senate floor analyses list support and opposition positions, but the Assembly does not list any positions on their floor analyses.

Inactive Files

Bills taken off of the Senate Inactive File are returned to second reading. In the Assembly, bills previously on Third Reading that are moved to the Inactive File are subject to a "one-calendar-day notice" when removed from the Inactive File and returned to Third Reading.

Motions

In the Assembly, there must be a second to a motion. In the Senate, there is no need to second a motion for bills in committee. So, in the Senate, only a motion is required. *

Chris Micheli is a Principal at Aprea & Micheli, Inc. in Sacramento and serves as CAA's Legislative Advocate.





A Look at Newly-Introduced Bills in the 2017 Legislative Session

Chris Micheli | CAA Legislative Advocate

The 2017 California Legislative Session, which began last December 5, is officially “off to the races” now that the bill introduction deadline of February 17 has passed. This year, there was an almost 25% increase in the number of bill introductions compared to last year’s total, although there are historically more bills introduced in the first year than in the second year of the 2-year Legislative Session. We will have to see if that historical trend holds true in 2018.

The total 2017 bill introductions as of the deadline were 2,495. Last year’s total was 1,993. With the Assembly this year allowing a 25% increase in the total number of bills that can be introduced each 2-year session (the new cap is 50 bills every two years, up from 40 bills in prior sessions), we were expecting an increased number of bill introductions this year. Nonetheless, many Capitol observers have questioned the need for an increase in the bill limit.

This year there are just shy of 2,500 bills introduced. That figure is usually 2,000 to 2,200 on average historically. Of those, roughly 1,000 get to the Governor’s Desk annually and he signs, on average, about 850 of them.

The 2017 Legislative Session looks to be another busy one for CAA and its member companies. The following is a brief summary of legislation initially determined to be of interest to CAA members:

— Assembly Bills —

AB 5 (Gonzalez Fletcher) This bill would create the Opportunity to Work Act.

The bill would require an employer with 10 or more employees to offer additional hours of work to an existing nonexempt employee before hiring an additional employee or subcontractor, except as specified, would require an employer to post a notice of employee rights, as specified, and would require the employer to maintain certain documentation. The bill would authorize an employee to file a complaint for violation of these provisions with the division and to, in the alternative, bring a civil action for remedies under the act.

AB 77 (Fong) This bill would require the office to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those currently provided that specifies that a regulation does not become effective if the Legislature enacts a statute to override the regulation.

AB 263 (Rodriguez) This bill would require an employer that provides emergency medical services as part of an emergency medical services system or plan to authorize and permit its employees to take prescribed rest periods.

AB 437 (Rodriguez) This bill would express the intent of the Legislature to enact legislation that would modify emergency response systems to improve interactions between people with disabilities and law enforcement and other first responders.

AB 451 (Arambula) This bill would specify that an acute psychiatric hospital, regardless of whether it maintains an emergency department, is required to

provide emergency care and services to relieve or eliminate a psychiatric emergency medical condition. The bill would prohibit a general acute care hospital or an acute psychiatric hospital, as a condition to accepting a transfer of the patient from another health facility, from requiring that a patient be in custody as a result of a mental health disorder causing him or her to be a danger to others or himself or herself, or is gravely disabled. This bill contains other related provisions and other existing law.

AB 477 (Ridley-Thomas) This bill would state the intent of the Legislature to enact legislation to enable the provision of prompt evaluation and treatment of persons with a mental health disorder, a substance use disorder, or both, to protect public safety, and to encourage the full use of all existing agencies, professional personnel, and public funds.

AB 545 (Bigelow) This bill, notwithstanding the law relating to the joint exercise of powers, would authorize a private, nonprofit hospital in the County of El Dorado to enter into a joint powers agreement with a public agency. The bill would prohibit nonprofit hospitals and public agencies participating in the agreement from reducing or eliminating any emergency services following the creation of the joint powers authority without a public hearing, as provided. This bill contains other related provisions.

AB 561 (Voepel) This bill, for any public safety first responder vehicle and any equipment required on a public safety first

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responder vehicle that is purchased by a local public agency, would exclude from the terms “gross receipts” and “sales price,” amounts of the gross receipts or sales price in excess of \$300,000.

AB 583 (Wood) This bill would extend the dates of the Emergency Medical Air Transportation Act, so that the assessment of the penalties will terminate commencing January 1, 2028, and any moneys unexpended and unencumbered in the Emergency Medical Air Transportation Act Fund on June 30, 2029, will transfer to the General Fund. The bill would extend the operation of the Emergency Medical Air Transportation Act until January 1, 2030.

AB 820 (Gipson) This bill would declare the intent of the Legislature to enact legislation establishing a community paramedicine program in California.

AB 896 (Rodriguez) This bill would state the intent of the Legislature to enact legislation relating to the inclusion of all California federally recognized tribes in California’s emergency services and disaster preparedness agreements, including, but not limited to, state mutual aid agreements.

AB 898 (Frazier) This bill would state the intent of the Legislature to enact legislation that would reallocate property tax revenue to fire protection services.

AB 909 (Steinorth) The bill would provide an exemption from civil liability for a person who, in good faith and not for compensation, renders emergency care or treatment by the use of a trauma PAK at the scene of an emergency, as specified. The bill would provide an exemption from civil liability for a person or entity that provides first care provider training for the use of a trauma PAK to a person who renders emergency care pursuant to the above provision. The bill would also provide civil immunity for a person or entity that provides active shooter awareness training.

AB 937 (Eggman) This bill would modify the priority of documents to resolve a conflict to instead provide that the most recent order of the individual or instruction signed by the individual, as specified, would be effective.

AB 1008 (McCarty) This bill would provide it is an unlawful employment practice for an employer to include on any application for employment any question that seeks the disclosure of an applicant’s criminal history, to inquire into or consider the conviction history of an applicant until that applicant has received a conditional offer, and, when conducting a conviction history background check, to consider, distribute, or disseminate specified information related to prior criminal convictions, except as provided.

AB 1116 (Grayson) The bill would provide that a communication made by an emergency service provider to a CISM team member while the emergency service provider receives CISM services, as defined, is confidential and shall not be disclosed in a civil, criminal, or administrative proceeding, except as specified. The bill would also provide that, except for an action for medical malpractice, a CISM team or a CISM team member providing CISM services is not liable for damages, as specified, relating to the team’s or team member’s act, error, or omission in performing CISM services, unless the act, error, or omission constitutes wanton, willful, or intentional misconduct.

AB 1372 (Levine) This bill would declare the intent of the Legislature to enact legislation to establish a process by which a certified crisis stabilization unit may be authorized to provide medically necessary crisis stabilization services to beneficiaries for an extended period in those cases in which a beneficiary in the unit needs inpatient psychiatric care, but an appropriate inpatient bed is not available.

— Senate Bills —

SB 62 (Jackson) This bill would make various changes to the definitions described above, thereby expanding the persons and purposes for which leave is required to be provided under the act

SB 63 (Jackson) This bill would prohibit an employer, as defined, from refusing to allow an employee with more than 12 months of service with the employer, and who has at least 1,250 hours of service with the employer during the previous 12-month period, to take up to 12 weeks of parental leave to bond with a new child within one year of the child’s birth, adoption, or foster care placement. The bill would also prohibit an employer from refusing to maintain and pay for coverage under a group health plan for an employee who takes this leave.

SB 347 (Jackson) This bill would enact the State Remote Piloted Aircraft Act. The bill would prohibit a person from operating a remote piloted aircraft in any number of specified manners and would require any person using, operating, or renting a remote piloted aircraft and every commercial operator of a remote piloted aircraft to maintain adequate liability insurance or proof of financial responsibility, as specified.

SB 359 (Galgiani) This bill would state the intent of the Legislature to enact legislation that would promote and pursue programmatic changes to nursing and paramedic licensure requirements for California’s military medical personnel in order to recognize the talent, skills, and training of these military medical personnel.

SB 432 (Pan) The act requires all health facilities to notify prehospital emergency care personnel who have provided emergency medical or rescue services and have been exposed to a person afflicted with a disease or condition that they have been exposed

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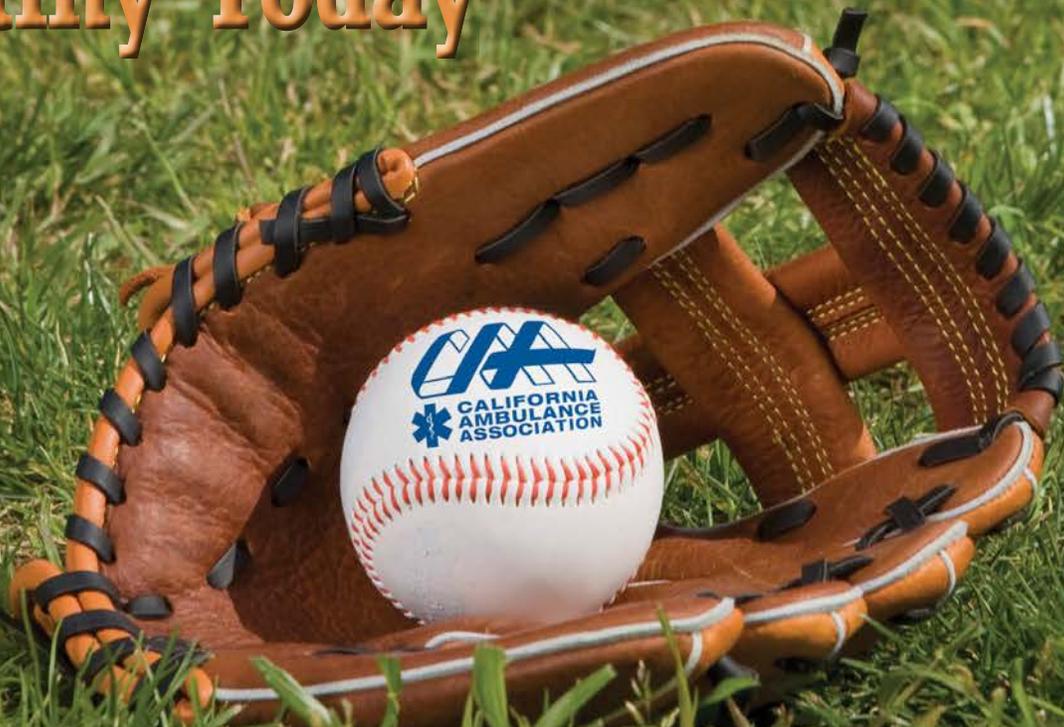


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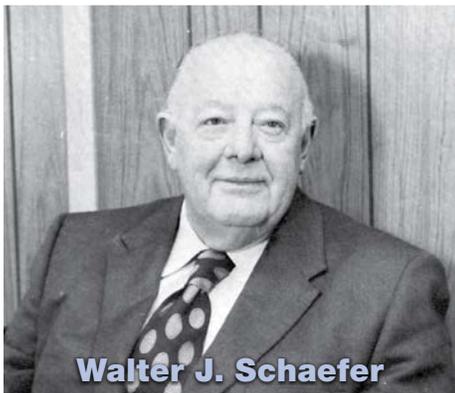
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THEN —

J Walter Schaefer founded Schaefer Ambulance Service, originally Hollywood Ambulance, in March of 1932. At that time, the company consisted of one ambulance, a 1926 Lincoln Side loader and a 1932 Nash. November of 1938 brought Schaefer Ambulance to its present location near the corner of at Beverly and Western.



Walter J. Schaefer

Early on business was much simpler, traveling from place to place was free flowing and free from the traffic congestion we see today. Some of the roads were paved and others not. Many of the freeways didn't exist; just long stretches of City streets would connect one City to another. Orchards of Lemons and Oranges were a common sight.

The medical equipment was limited and some would say archaic by today's standards but they did serve a function and did it quite



well. During this time a variety of chassis where available for ambulance modification; Chevrolet, Cadillac and Buick to name a few. These low top ambulance where easy to handle and provided a great ride to the patients. While operating under Code 3 conditions, stopping was entirely a different issue. Brake fade was the most common issue operator would face.



EAP

Ambulance providers that participated in the 911 contracts would bill patients for the services that were rendered. The County of Los Angeles was the payer of

last resort. Providers would have to submit documentation to the County demonstrate the company has made a good faith effort to collect the fees from the patient. The County would reimburse the provider a fee for services rendered. To the best of our memory the reimbursement rate was approximately \$65.00 for the base rate and \$1.50 per mile.

Patient Care Reports

Patient care reports were simplistic in design, crews were required to record the following information for each transports: date, time, location of the pick up, destination of the patient, chief complaint or diagnosis, doctors name address and phone number. A common term that was used during this time was scoop and run; on scene times were extremely brief. The earlier versions of the patient care reports would literally fit in the attendants rear pocket.

Ambulance Manufacturing

In the 1960's Miller Meteor and Superior were the companies to see for the purchasing of a new ambulance. In the mid to late 70's an ambulance manufacturer by the name of Stoner provided what some people referred to as the top of the line ambulances. Owners, Managers and Crews alike would often talk about the units they were using and Stoner was held with high regard.

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Member Spotlight

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Insurance

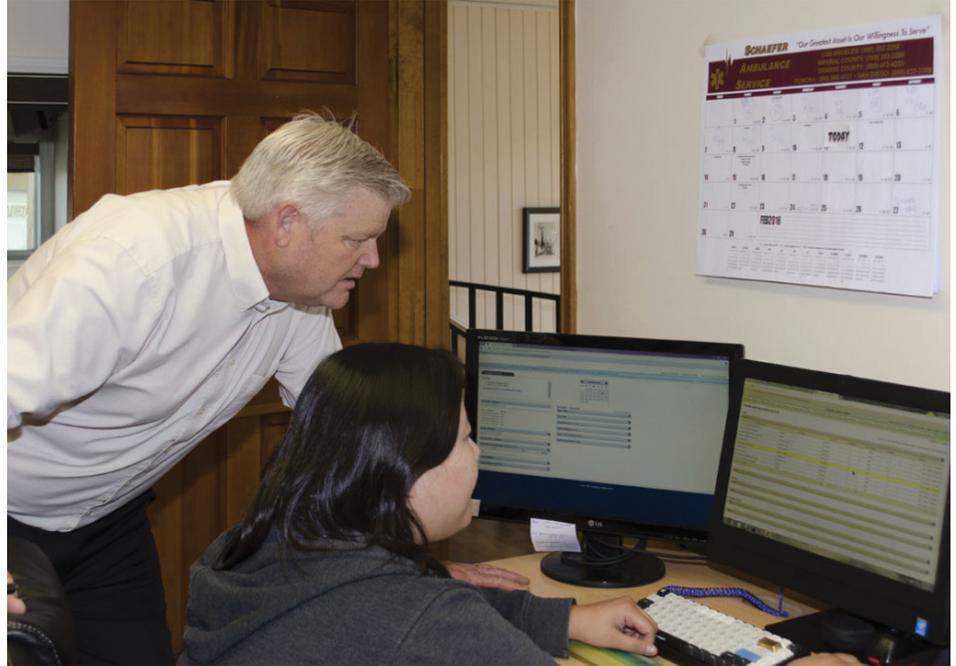
At the inception of Schaefer Ambulance, Insurance Companies were not regular billed for services rendered to patients. Payment at the time of service was the business practice, the majority of those transports were routinely collected. In certain situations patients would submit receipts to their carrier for reimbursement, if a patient was unable to obtain reimbursement from the carrier. Providers would offer their assistance to those patients.

Laws

The majority of laws that would impact the ambulance industry were considered to be reasonable. Those laws that posed a significant hardship to providers were assertively addressed through the CAA and with the assistance of the legislature. Many of the legislators knew about the CAA and valued the contributions of the providers, which enabled companies to have the support they needed to address concerns.

NOW —

The constant changing of the EMS industry is filled with challenges that private providers have to recon with or face the possibility of being forced out of business. Providers are faced with a variety of Policies



EAP

The EAP program has been abolished, providers respond to RFP 's with the understanding of the economic challenges they will face as they provide services to a particular region.

Patient Care Record

Technology has paved the way to capturing patient care related data with the birth of e-PCR's. The information gathered has benefited billing departments, the fact one can clearly read what the crew was documenting has been nothing short of a blessing.

This tool and the companies that make this available to providers has its share of challenges. LEMSA's have different expectations for this tool and equipment. Some of the LEMSA's require their own data dictionary and the ability to send data in real time. One can only imagine what the programmers and engineers are having to go through to meet this requirement. On line or off line versions of the software can also create issues for crews in completing their documentation.

Ambulance Manufacturing

Ambulance Manufacturers for the most part are amazing. If you haven't taken the time to appreciate the craftsmanship that goes into one of these units, please do so. Manufactures like Leader have set the benchmark for ambulance manufacturing. These units have safety in mind for those who are operating the unit as well as those who are receiving patient care. From interior lighting, to exterior emergency lights, to structural reinforcement, cabinetry and upholstery there is no detail that hasn't been taken into consideration.

Insurance

Once insurance companies got involved in providing payment to ambulance providers on behalf of their insured. The industry started to experience unethical business practices taking place. One particular practice still stands out in my mind, some insurance companies would deliberately take invoices and throw them in the trash. A provider would call to follow up on the claim that was submitted, the insurance company representative would state they never



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Member Spotlight

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received the claim. Forcing the provider to submit yet another claim, causing a delay in receiving payment for services.

Another common practice had to do with statute of limitation claims. In some cases where statutes of limitation were involved, certain insurance companies would discard the original invoice. Once the second invoice was received the insurance companies would deny the claim stating the claim was not received within the statute of limitations, causing the provider to write off the account.

Other insurance companies require providers to call the carrier to follow up on claims. The issue is the amount of time a billing representative is on hold to speak with a representative. Once we are connected to a representative we are able to check 3 claims per call. The hold times are outrageous, we've had an employee fall asleep while waiting for a representative. All too often our employees will forget they are on hold.

Laws

The laws employers face here in California present extreme challenges. Ambulance providers are just looking to do one thing

and that is excellent patient care. The communities we serve value all that we have to offer and at a tremendous cost savings for the services we provide.

There are a plethora of proposed Laws that are being considered. I would like to take an opportunity to comment on one proposed Bill. Providers should not have to worry about the possibility of increasing the FMLA benefit. It's bad enough a provider has to continue paying the insurance benefit for a full time employee who in on a leave of absence.

As it stands now there are a growing number of cases where private and public employees are fraudulently using this leave. These individuals are filing the appropriate paperwork for the leave stating they are caring for an ill family member but in reality they are employed at another business and or working on a short-term project during the leave. Some use this time to evaluate if they like the company or not. Mean while the agency has to keep the position open until they come back or if they come back. What a travesty, that some people would exploit this program at the detriment of their employer.

But now we have to contemplate the possibility of doubling that leave. So where is a provider to come up with the money to pay for the added expense?

What a journey it has been along the way we have seen some amazing things accomplished. As a provider we will endeavor to do our very best for the patients and communities we serve. We truly value the relationships that have been forged as result of our involvement in the EMS community. *



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and should contact the county health officer under specified conditions. This bill would require that notice to be given immediately.

SB 443 (Hernandez) This bill would authorize a pharmacy or wholesaler to furnish dangerous drugs or dangerous devices into an emergency medical services automated drug delivery system, as defined, located within a county operated fire department if specified conditions are met, including that the county fire department obtain a license from the board to operate the system, and requires dangerous drugs and dangerous devices stored or maintained in an emergency medical services automated

drug delivery system to be used for the sole purpose of restocking a secured emergency pharmaceutical supplies container.

SB 456 (Pan) The bill would specify that compensation paid to a federally qualified health center or rural health clinic pursuant to the agreement would be supplemental to, and separate from, the federally qualified health center's or rural health clinic's prospective payment rate, and not subject to reconciliation or reduction.

SB 565 (Portantino) This bill would require the mental health facility to make reasonable attempts to notify family

members or any other person designated by the patient at least 36 hours prior to the certification review hearing.

SB 587 (Atkins) This bill would also authorize probation officers to display the blue warning light from their emergency vehicles. The bill would require probation officers to complete an emergency vehicle operations course certified by the Commission on Peace Officer Standards and Training before operating an emergency vehicle with blue lights. *



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