The Kern Appeal

Siren

Summer 2018

A Publication of the California Ambulance Association

2017-2018 Strategic Plan Summary

CALIFORNIA AMBULANCE ASSOCIATION

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 emergency and non-emergency ambulance services to promote effective and fiscally responsible EMS systems and standards.

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

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Editorial *Information*

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

Remembering Harvey L. Hall

Long-time member of the CAA and icon in the ambulance industry Dr. Harvey L. Hall passed away on May 19, 2018 at age 77. His death comes one year to the day of him being awarded an honorary doctorate degree from Cal State University Bakersfield. Hall became ill in mid-April and was hospitalized when doctors made an initial diagnosis of an untreatable and rapidly progressive disease.

Hall dedicated a lifetime of benevolence to the city he loves and people he adores while serving sixteen years as Bakersfield's 25th Mayor, and as founder and longtime president of Hall Ambulance Service, Inc.

Considered a pioneer of California's modern EMS system, Hall started his ambulance company in 1971, from his residence, and has since grown it to be one of the largest privately-owned ambulance companies in California. With 471 employees, Hall Ambulance Service, Inc. Serves as the 9-1-1 paramedic provider for 88% of Kern County's population.

Hall stepped down as president of the Company due to illness on May 7, 2018. His wife, Lavonne Hall was named president and supported by the Company's long-time executive staff and employees will continue to operate Hall Ambulance Service, Inc.

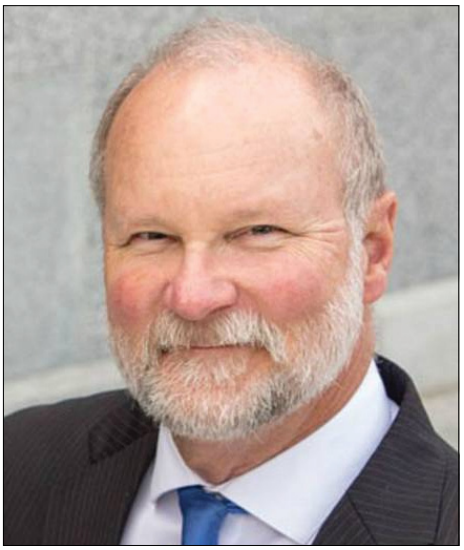
Dr. Hall was a presenter at the CAA's Annual Convention and Reimbursement Conference in 2016, at Lake Tahoe. He shared "the secrets of his success" with a large audience, who were enthralled with his knowledge, insights, and pearls of wisdom. Hall's enduring support of the CAA and his actions to advance the ambulance industry in California have been greatly appreciated. The number of ambulances and personnel from several companies that came to participate in his Celebration of Life event from across the state is a testament to Hall's impact and reach. The show of support he received from fellow CAA member companies, some of whom drove for hours, to get to Bakersfield to be part of the procession and provide mutual aid was awe-inspiring. He will be dearly missed by all. ✱

Note: Some excerpts from Hallamb.com used in this article.

Friend and peer Frank Kelton, owner of San Luis Ambulance, offered the following observations:

Hall	Kelton
Adopted at birth	Adopted at birth
Worked for his eventual competitor wearing white uniforms	Worked for his eventual competitor wearing white uniforms
Started Hall Ambulance 1971, borrowing $15,000	Started Five Cities Ambulance 1971, borrowing $5,000
Wore colorful suits	Wears colorful shorts
Cared about his community; provides great service with staff and clean equipment	Cared about his community; provides great service with staff and clean equipment
Served on the Board of the Boys and Girls Club	Served on the Board of the Boys and Girls Club

Executive Director's *Report*



Ross Elliott | *Executive Director*

CAA's Strategic Direction for 2018

In November 2017, the CAA's Board of Directors met in a special session to develop a strategic plan for the coming year. The strategic plan is used as a compass for the Board and the executive director in setting work priorities and activities. The plan is a guide as to the focus areas for 2018. As we are already 6 months into the year, some of the goals have been attained.

Three key areas of importance were identified, and the strategic plan is organized around these three areas: Membership, Legislative, and Reimbursement. Specific goals were set within each area. Additionally, to ensure the plan does not just sit on a shelf, never to be opened again, the Board adopted an implementation plan which contains target dates and identifies a person(s) responsible for leading each goal attainment effort.

Membership

Enhancing communications with members is a key focus area. It is believed that members engaged in CAA activities realize greater value in the organization. Consequently, all opportunities for engaging in CAA activities must be shared with members. As a result, weekly notices of upcoming CAA committee meetings, webinars, and all CAA events are sent via email to every member. The communications contain links to the CAA website for further information and details. Additionally, members receive notices/invitations of meetings of the CAA Board of Directors.

Member communications also involves improving the CAA's website. Some parts of the webpage have become obsolete, and other parts need to be enhanced. Improving the member's experience and finding the best way to share information is an ongoing effort.

Member retention and recruitment is also a key area of importance. In 2017, a special one-year trial membership incentive was offered to private ambulance companies. Ten companies took advantage of the offer. To retain these members, individual members of the Board took on the effort to engage each company. Further, eight other companies were identified as being potential members. Board members were assigned to follow-up with these companies to inform about the advantages of membership.

To increase the value of membership and to provide a tangible, calculable advantage the Board established a goal of joining a group purchasing organization (GPO), to reduce ongoing operations costs for CAA members. In May, the agreement was finalized and announcements made that CAA had joined SAVVIK. SAVVIK is a nationwide GPO that offers thousands of products at discount

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Executive Director's *Report*

prices; all CAA members are now eligible to take advantage of this option.

One other area of focus is to enhance the membership experience for members whom primarily conduct inter-facility transports. Much of the activity performed by CAA relates more to the pre-hospital/ emergency market. It is recognized that the inter-facility market is a key component of ambulance service. The CAA needs to offer more to inter-facility providers; make more concerted effort to identify the needs and problems, and work to solve those problems.

Legislative

The CAA routinely identifies and analyzes bills that might affect the ambulance industry, develops positions on those bills, and works to support or defeat them, as appropriate. Additionally, we continued to work two of the three bills the CAA sponsored this legislative session; two were still alive during the development of the strategic plan. Today, only one remains alive: AB 697.

AMR developed a ballot initiative, for the November election, to address the rest period issue, disaster preparedness, and employee mental health wellbeing. The CAA supports this effort and will work support the initiative.

Other legislative or regulatory issues that the CAA will be working on include: the requirement in Medi-Cal claims for an odometer reading and a wet signature on paper. Advances in technology make both of these mandates antiquated; we will be seeking changes. Further, significant effort has been made to authorize Medi-Cal reimbursement to alternate destinations. We anticipate a policy change to be implemented in 2018 regarding this issue.

Reimbursement

Assisting ambulance companies with the implementation of SB 523 – the GEMT-QAF program is a key focus for 2018. An ad hoc committee has been formed to provide direction and feedback. Further, the CAA has established an online discussion forum to serve as a place for issue identification, answers, and resources. The committee will also be focusing on strategies to mitigate the impact of the new law on those companies that might be disadvantaged by it.

Underpayment by commercial payers is becoming an increasing problem. One goal is to work on a toolbox to assist companies in collecting full payment. Finding solutions to ongoing reimbursement problems with Noridian and Logisticare is also an area of focus.

The CAA Board and staff are working to implement the strategic plan and thus improve the business climate for ambulance companies. ✱

CALIFORNIA AMBULANCE ASSOCIATION

CAA Membership is a Business Essential

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

Take your place in California's statewide ambulance leadership

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

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- Targeted conferences & educational programs
- Member-only updates and alerts
- Member-only discounts & access to expert resources
- Opportunities to exchange ideas with your colleagues statewide

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Join the California Ambulance Association

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

Legislative *Update*

Chris Micheli | *Legislative Advocate*

While the California Legislative Session is half over, there is still a lot of legislation being considered. After passing their house of origin, several of the following bills are being considered by the other house prior to the August 31 scheduled adjournment deadline. The Governor will have through the end of September to act on all of the bills sent to his desk for consideration.

Senate Bills

SB 944 (Hertzberg) – This bill would create the Community Paramedicine Act of 2018. The bill would, until January 1, 2025, authorize a local EMS agency to develop a community paramedicine program to provide specified community paramedic services. The bill would require the authority to review a local EMS agency's proposed community paramedicine program and approve, approve with conditions, or deny the proposed program within 6 months after it is submitted by the local EMS agency.

The bill would create the Community Paramedicine Medical Oversight Committee to advise the authority on, and approve minimum medical protocols for, community paramedicine program specialties. The bill would require the authority to develop, in consultation with the committee, regulations that establish minimum standards for the development of a community paramedicine program. The bill would require the authority to submit an annual report on the community paramedicine programs operating in California to the relevant policy committees of the Legislature, and to post that report on its Internet Web site, beginning six months after the authority adopts the regulations and every January 1 thereafter for the next five years.

CAA is opposed, unless amended to SB 944 because it improperly favors the public sector over the private sector in awarding community paramedicine programs. Under this bill, private providers would be excluded from providing community paramedicine programs unless the public sector declined to provide services. With the current program, 71% of the patients are being served by the private sector, so it does not make sense to exclude them from the community paramedicine program in the future.

Assembly Bills

AB 1795 (Gipson) – This bill would authorize a local emergency medical services agency to submit, as part of its emergency medical services plan, a plan to transport specified patients who meet triage criteria to a behavioral health facility or a sobering center. The bill

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Legislative *Update*

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would make conforming changes to the definition of advanced life support to include prehospital emergency care provided during transport to a behavioral health facility or a sobering center. The bill would authorize a city, county, or city and county to designate, and contract with, a sobering center to receive patients, and would establish standards that apply to sobering centers.

CAA supports this bill because it would allow additional community paramedicine programs to take place to ensure patients are being properly treated. Unfortunately, this bill was held on the Suspense File in the Assembly Appropriations Committee, but CAA continues to pursue the continuation and expansion of the community paramedicine program in this state.

AB 2069 (Bonta) – This bill would provide that, when used to treat a known physical or mental disability or known medical condition, the medical use of cannabis by a qualified patient or person with an identification card is subject to reasonable accommodation. The bill would provide that it does not prohibit an employer from refusing to hire an individual or discharging an employee who is a qualified or person with an identification card, if hiring or failing to discharge an employee would cause the employer to lose a monetary or licensing-related benefit under federal law. The bill would also provide that it does not prohibit an employer from terminating the employment of, or taking corrective action against, an employee who is impaired on the property or premises of the place of employment or during the hours of employment because of the use of cannabis.

CAA was opposed to this bill and joined a large coalition led by the California Chamber of Commerce because of the expansive nature of this bill. There is no current test for impairment due to cannabis use and so employers would be limited in their ability to ensure the safety of all employees. Fortunately, due to the coalition's efforts, this bill was held on the Suspense File in the Assembly Appropriations Committee.

AB 2118 (Cooley) – This bill would exempt public providers owned or operated by specified governmental entities from the Medi-Cal Emergency Medical Transportation Reimbursement Act and the quality assurance fee requirements. The bill would require the department to seek approval from the federal Centers for Medicare and Medicaid Services to exempt those providers.

The bill, subject to any necessary federal approvals, would change the calculation of the supplemental Medi-Cal reimbursement by requiring those governmental entities to participate in a managed care intergovernmental transfer program. The bill would require the combined amounts of payment under the new calculation to equal 100% of projected costs for ground emergency medical transportation services by each qualified provider. The bill would require the department to review and evaluate providers' requests for rate changes and make adjustments to those rates.

CAA is closely monitoring this legislation as it impacts the recently-adopted quality assurance fee for ambulance providers that was enacted last year in SB 523 by Senator Ed Hernandez.

AB 2293 (Reyes) – This bill would modify the criteria related to conduct that the authority may consider in denying an EMT application and would permit the authority to consider whether an applicant demonstrates substantial rehabilitation. The bill would extend the time for an applicant to file a notice of defense from 15 to 30 days in response to a denied EMT application.

CAA is opposed to this measure because of its limitation on the grounds that can be considered in the denial of an EMT's application. We are trying to work with the bill's author to address concerns we have raised with the bill's provisions.

AB 2303 (Thurmond) – This bill, for the privilege of contracting with a state prison, the Department of Corrections and Rehabilitation, or the Department of General Services to provide a state prison with goods, services, or both, would impose a tax on vendors at the rate equal to 10% of the final contract price for contracts entered into on or after the effective date of the bill.

CAA is opposed to this measure because we do not believe such a targeted tax is warranted, especially in light of the low reimbursement rate paid to ambulance providers.

AB 2436 (Mathis) – This bill would require the State Department of Health Care Services to establish payment rates for ground ambulance services based on changes in the Consumer Price Index-Urban.

CAA actively supports this bill which is similar to measures that CAA has sponsored in past years to increase the Medi-Cal reimbursement rates for ambulance providers. Unfortunately, this measure was held on the Suspense File of the Assembly Appropriations Committee.

AB 2841 (Gonzalez Fletcher) – This bill would change the requirements of the employer's alternate sick leave accrual method to require no less than 40 hours of accrued sick leave or paid time off by the 200th calendar day of employment. The bill would also provide an employer is under no obligation to allow an employee's total accrual of paid of sick leave to exceed 80 hours or 10 days. The

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Legislative *Update*

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bill would raise the limitation on sick leave carried over to the following year of employment to 40 hours or five days.

CAA was opposed to this bill and joined a large coalition led by the California Chamber of Commerce because of the expansive nature of this bill and the fact that there are numerous problems with the current three days of paid sick leave program that need to be addressed before the maximum is pushed up to five days. Fortunately, this bill was held on the Assembly Appropriations Committee's Suspense File.

AB 2961 (O'Donnell) – This bill would require a local EMS agency to submit quarterly data to the authority that, among other things, is sufficient for the authority to calculate the average ambulance patient offload time by local EMS agency jurisdiction and by each facility in a local EMS agency jurisdiction. The bill would require the authority to calculate those averages and report them twice per year to the Commission on Emergency Medical Services. The bill would also require the authority, on or before December 1, 2020, to submit a report to the Legislature on the average ambulance patient offload time and recommendations to reduce or eliminate ambulance patient offload time.

CAA supports this bill because we are dealing in a number of metropolitan jurisdictions with the problem of "wall time." The data that will generated pursuant to this bill will hopefully provide the means to reduce or even eliminate this problem. ✱

Chris Micheli is an attorney and legislative advocate for the Sacramento governmental relations firm of Aprea & Micheli, Inc.

Feature *Article*

The Kern Appeal

Ross Elliott | CAA Executive Director

The first-ever appeal of a local EMS Plan will soon be heard by the California EMS Commission. Decisions to be made by the Commission will undoubtedly have a ripple effect on the entire state. With California having a two-tiered EMS system – the state (California EMS Authority – EMSA) and each county sharing administrative authority, conflicts do arise. EMSA disapproved Kern County's local EMS Plan over a disagreement on the definition of "manner and scope" regarding grandfathering decisions (H&S Code, 1797.224). The outcome of the appeal will likely determine if EMSA can continue to enforce its will, absent duly adopted regulations, or if counties through the doctrine of local control as set forth in the Health and Safety Code can set some of their own parameters for EMS administration based on local interpretation of statutory authority.

EMS Systems Status in 2003

Kern County is geographically the third largest county in California, spanning some 8,200 square miles, roughly equivalent to the state of New Jersey. There is one main urban area (Bakersfield metropolitan area), several smaller incorporated cities, and dozens of rural unincorporated communities. Kern has mountain ranges, forests, vast areas of the San Joaquin valley, and vast parts of the Mojave Desert. It is an immense area, and many of the rural parts can be difficult to serve with EMS resources.

Population in Kern County was about 840,000. The county is divided into 10 ambulance zones and in 2003 was served by five ambulance companies: Hall, Delano, Kern, Care, and Liberty. All were privately owned companies that had been serving their areas (zones) for many years. There were and are no public agency ambulance services in Kern County. Countywide, there are about 120,000 EMS calls/responses per year. The main population center (and highest call volume) is Bakersfield. Prior to 2003, an anti-trust law suit had been filed against Kern County due to an antiquated ordinance; there was pressure to create exclusive operating areas (EOAs).

Background

Prompted largely by the anti-trust lawsuit and the need to re-examine the local EMS system design, a consultant was hired to assist in the process. David Shrader, principal at the Polaris Group led the effort to assess local needs, examine alternatives, and develop

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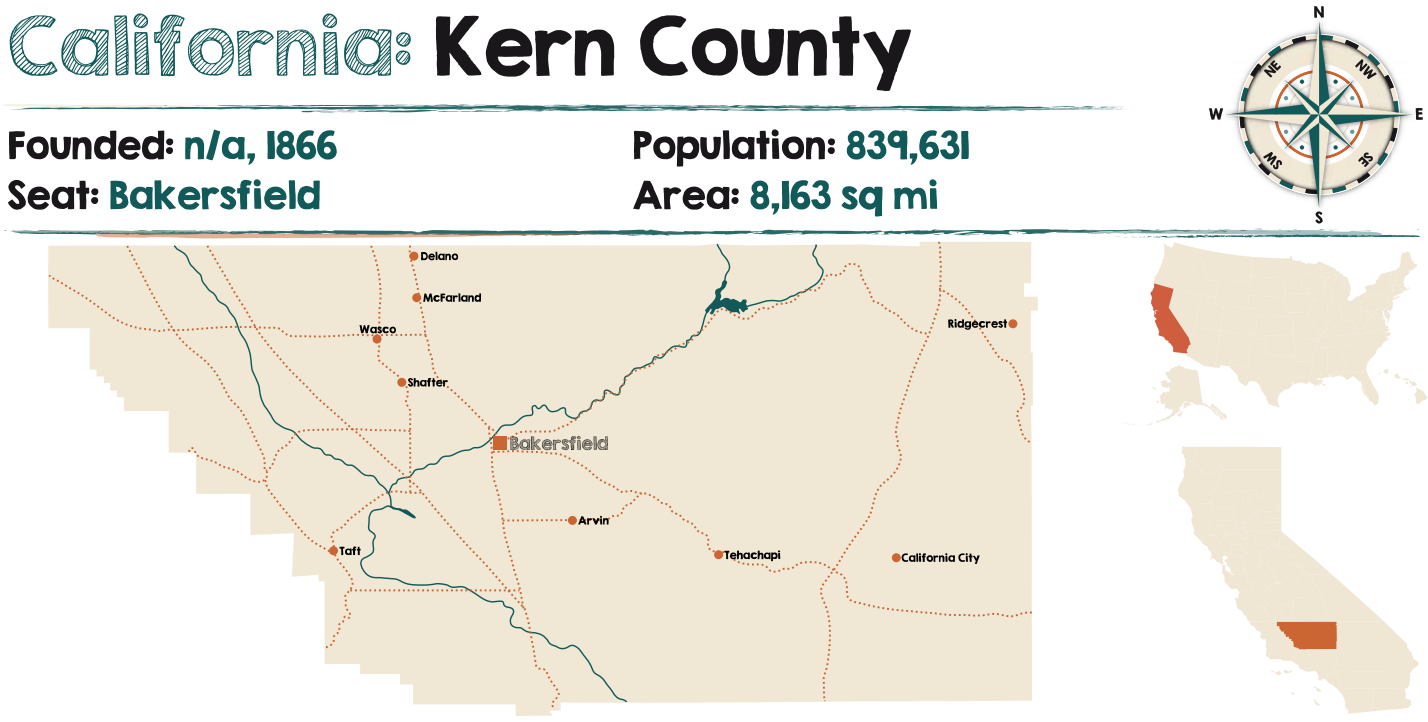

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a design for the EMS system. The entire process from inception to implementation of provider performance contracts took about 5 years – 2002 to 2007.

At the appropriate time during the system assessment, the Kern County Board of Supervisors, Kern County's EMS Director, and the consultant all concluded that the best alternative to serve the people of Kern County was to create 10 EOAs countywide and retain the existing providers. As allowed under H&S Code, Section 1797.224, the existing providers can be retained under specific parameters, as follows:

> "*No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.*"

The gray area in this alternative is "manner and scope." Kern County turned to EMSA and asked for the applicable regulations and/or definition of "manner and scope." As it turns out, EMSA has no such definition or regulations. EMSA staff has strong opinions as to what "manner and scope" entrails, but they were reluctant to put these in writing or hold them up as definitive. In fact, their criteria would often change, depending upon who was asking and in which circumstances the question was asked. Kern's consultant knew of many instances throughout the state where the criteria had not been uniformly applied by EMSA.

EMSA's seemingly subjective criteria, that is not in writing nor ever adopted through any kind of formal rule making process, left Kern in a quandary. Consequently, Kern County set forth to establish its own definition of "manner and scope" and to use this criterion to determine which ambulance companies might qualify to be grandfathered. In the absence of direction from EMSA, the Kern County Board of Supervisors adopted a formal resolution, at a duly noticed public hearing to define the parameters for grandfathering. The parameters are based on the language and provisions in the Health & Safety Code. Every existing local ambulance provider met Kern's criteria, and subsequently, each existing ambulance company was offered an exclusive contract.

One of the unwritten and oral criteria used by EMSA regarding "manner and scope" is the existence and operation of more than one ambulance company in a zone. Essentially, EMSA opined that one company cannot be grandfathered into an EOA where the zone historically and after 1980 had multiple ambulance providers. Kern disagreed with this interpretation, believing rather that the number of providers in the past were irrelevant in determining "manner and scope."

Kern County submitted its 2006 local EMS Plan in September 2007 to EMSA for approval. The plan was updated to reflect the creation of EOAs, the ambulance provider selection process, and to bring all components of the plan up-to-date regarding the EMS system re-design. EMSA approved the plan, in general, but requested further information regarding the transportation component.

EMS Plan

An EMS Plan is largely a bureaucratic exercise, with little or no value to the day-to-day operation of the local EMS system. The main purpose of the local EMS Plan is to give EMSA leverage to control local activities; the plan serves no essential or critical local purpose. Statute provides EMSA the authority to review and approve a local EMS plan. Consequently, plan approval is held as a carrot or sometimes a stick to gain local compliance with EMSA's demands. EMSA's demands are not always based on adopted regulations; sometimes, opinion and subjectivity on the part of EMSA staff can play a large role in their official demands.

EMSA often holds out state action anti-trust immunity as the "holy grail," or the "brass ring" for LEMSAs that have EOAs. EMSA has stated on numerous occasions that EMSA's approval of the local EMS Plan equates to a LEMSA being immune from anti-trust litigation. However, there is not a golden certificate or anything tangible issued by the State that proclaims a LEMSA is immune. Rather, immunity is a legal theory. Kern believed that if it followed the law (1797.224), it did not need the State's approval; it can prove its own immunity, in court, if necessary. The lack of adopted regulations by EMSA, leaves the statute language as the only real valid criteria; this situation provided Kern the opportunity to ignore EMSA's subjective opinions.

Unfortunately, the 2010 Butte decision did weaken Kern's position somewhat. But, Kern's grandfathering decisions were made in 2007, long before the Butte decision. The court did give deference to EMSA's authority for approving local EMS Plans. However, the court gave little deference to the criteria EMSA was using to determine the validity of a local EMS Plan because these were not formally adopted as regulations. The court also stated its expectation that EMSA move rapidly to adopt regulations and not leave this glaring weakness open in perpetuity. EMSA has not acted. It's been 8 years since the Butte decision and there are still no regulations that definitively define "manner and scope."

Significant effort was being made to develop Chapter 13 regulations, but the process was sidelined due to a lawsuit against EMSA filed by Cal Chiefs. Until the suits are resolved, the collaborative process to develop EOA regulations has zero chance of being re-started.

As mentioned, the filing of an annual EMS Plan benefits EMSA, but there is no tangible local benefit. Consequently, Kern became tardy in filing its next EMS Plan update, after the 2007 submission. Empowered by the Butte decision, EMSA demanded in 2012 that Kern submit an EMS Plan update. As directed, Kern complied and did submit an

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Feature *Article*

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EMS Plan update. EMSA summarily and promptly denied it. The plan was denied because the transportation component (the decision to grandfather the ambulance providers) did not comply with EMSA's subjective, unpublished criteria. Soon thereafter, Kern County filed an appeal with the EMS Commission.

Appeal Process

At the time Kern County filed the appeal, the California EMS Commission had no procedures for hearing or considering an appeal. Procedures were developed and eventually adopted by the Commission; this process took several months, perhaps close to two years.

During this time, Kern County filed another EMS Plan update, which again was denied by EMSA. Kern appealed this decision, too. So, in fact Kern has two pending appeals before the Commission.

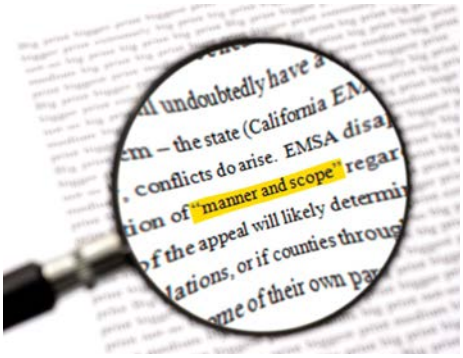
The Commission set up the process so that it would not hear an appeal directly. Rather, the details, evidence, testimony, and legal arguments were to be presented at a formal hearing to an administrative law judge (ALJ). The ALJ would then make a tentative ruling and recommendation to the Commission. The Commission either accepts the recommendation, rejects the recommendation, or remands the matter back to the ALJ for further consideration.

Kern's two appeals, one for the 2012 Plan and one for the 2015 Plan were combined and considered together by the ALJ.

Judge's Decision

The administrative hearing on the Kern appeal was heard by the ALJ in March. The ALJ's decision and recommendation was made on May 18, paraphrased as follows:

- EMSA still has not promulgated regulations pertaining to the interpretation of "manner and scope" in section 1797.224.
- Significant changes in EOA zone boundaries can lead to a change in the manner and scope.
- Not all changes in ownership necessarily result in a change in the manner or scope. All of the material purchases in the Kern case, did not alter the mode or extent in which the services were provided after the transactions.
- The fact that other providers may have intermittently or temporarily also provided services in the area/zone in question does not necessarily mean that the services provided by the existing ambulance companies were diminished or changed as a result.



In essence, the ALJ sided with Kern County in respect to the parameters Kern County adopted for grandfathering ambulance providers. This ruling basically rejects some of the parameters EMSA uses regarding grandfathering decisions. The ALJ recommendation allows 7 of the 10 zones to remain valid, as grandfathered by Kern. Two of the 10 zones are considered invalid for grandfathering because of a significant boundary change. One additional zone is considered invalid for grandfathering because the existing provider did not purchase the predecessor ambulance company.

Clearly, EMSA has the authority both in statute and in the Butte decision to approve or deny local EMS Plans. Consequently, the ALJ concludes that EMSA can deny Kern's plan because 3 zones are noncompliant, but to permit Kern to partially implement the plan for the other 7 zones.

The ALJ's decision is a significant victory for counties and local control. In the absence of duly and formally adopted regulations, EMSA cannot mandate its will and subjective opinion onto local EMS agencies. Counties that construct a sound and valid interpretation of statute and implement it accordingly can disregard the demands of the state bureaucracy, when there are otherwise no adopted regulations prohibiting the local interpretation.

More Questions Than Answers

The next meeting of the EMS Commission is June 20. It is likely that the Kern Appeal will be on the June agenda. They've never before heard and considered an EMS Plan appeal; this is a first for the state of California. Will they follow the ALJ's recommendation or reject it? Will more time be needed before a decision is rendered and continue the matter to the September meeting?

It is possible that Kern might negotiate some kind of settlement with EMSA and withdraw its appeal. However, Kern does have a contractual obligation to "vigorously defend" the EOA contracts. Has Kern gone far enough? The appeals represent the exhaustion of all administrative remedies. Is Kern's case strong enough to pursue litigation in civil court, or is this partial victory sufficient (if sustained by the Commission)?

There is at least one other appeal from another county pending before the Commission, perhaps two others. What impact will the ALJ's decision and the Commission's decision have on those pending cases?

If the Commission concurs with the ALJ, we do have some answers. The Kern appeal will have helped to partially better define "manner and scope." The grayness and subjectivity of this term is a little more *black and white* than it used to be. ✱

Feature *Article*

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Feature *Article*

CAA 2017-2018 Strategic Plan Summary

CAA Members are Essential Health Care Providers

Our Mission

To serve as the voice and resource on behalf of emergency and non-emergency ambulance services while promoting effective and fiscally responsible EMS systems and standards.

Our Vision

The CAA enhances the ability of its members to provide essential out-of-hospital care in their communities.

Our Core Values

- Quality and Innovation
- Leadership and Collaboration
- Ethical Practices
- Best Practices & Evidence Based Solutions
- Competition
- Sound Governance

Our Strategic Goals

Membership

1. Added value and benefits - Make Inter-facility transports (IFT) a focus area; Join a group purchasing organization (GPO)
2. Engagement and Communications: Develop new welcoming procedures; Provide member notification about all upcoming Board and Committee meetings; Update CAA website and keep it current; and Distribute and share the 2018 Strategic Plan with members
3. Identify non-members and seek to engage them: Board Members to engage target companies to understand their definition of value, benefits, and acceptable dues cost
4. Strive to retain the 10 new members who joined under the 2017 promotional offer

Legislative Agenda and Strategies

1. Policy items to be reviewed and analyzed by Legislative & Agency Relations Committee, based on direction from the Board
2. Stakeholder engagement and advocacy (cannot achieve legislative success without coalitions): Attend meetings of other EMS stakeholder groups, such as: CHA, EMSAAC, EMDAC, CNA, ENA, CPF, Cal Chiefs, CAL/ACEP, Managed Care, CMTA

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3. Maintain CAAPAC
4. Empower members to engage their elected representatives

Reimbursement

1. QAF/SB 523 – serve as a resource/information source for members & non-members
2. Commercial insurance underpayment - combat this problem
3. Medical Transportation Brokers underpayment - combat this problem
4. Medi-Cal regulation changes – alternate destinations, odometer, and electronic signature

CAA Committees

Annual Conference Committee – *Chair Jimmy Pierson, Medic Ambulance Service, Inc.*
CAAPAC Committee – *Chair Todd Valeri, American Ambulance*
Data, Operations, and Quality (DOQ) Committee – *Chair Steve Melander, American Ambulance*
Education Committee – *Chair Jimmy McNeal, Schaefer Ambulance Service, Inc.*
Membership Development & Services Committee – *Chair Edward Guzman, Sierra Ambulance Service*
Payer Issues Committee – *Chair Donna Hankins, American Ambulance*
Legislative & Agency Relations Committee – *Chair Carol Meyer, McCormick Ambulance Service*
Nominating Committee – *Chair Frank Kelton, San Luis Ambulance Service*
California EMS Commission – *CAA's Representative Jaison Chand, City Ambulance of Eureka, Inc.*
SB 523 Implementation Ad Hoc Committee – *Chair Steve Grau, Royal Ambulance, Inc.*

Add value to your membership by getting involved in a committee! Notices of committee meetings are now posted on the CAA's website at *www.the-caa.org/mem_committees.asp* and in the Weekly News and Information Bulletin. The work performed by the committees is of vital importance, and adding your voice/participation makes the CAA stronger and more effective.

Feature *Article*

The Basics of the California Legislative Process

Chris Micheli | CAA Legislative Advocate

For those not fully acquainted with the California legislative process, new laws (called statutes) are enacted by the California Legislature as bills (and signed by the Governor to become laws). The Legislature can also amend or repeal existing statutes. Whether a statute is added, amended or repealed, that process must be done by a bill being passed by the Legislature and signed by the Governor (unless he or she allows it to become law without a signature). According to the California Legislature, "the process of government by which bills are considered and laws enacted is commonly referred to as the legislative process."

A bill must be approved by both houses of the Legislature before it is sent to the Governor for final action. As a bicameral body, the Legislature is composed of the 80-member Assembly and the 40-member Senate. The Legislature meets in two-year sessions. A bill is approved by a policy committee, and often a fiscal committee, in both houses. Once adopted by both houses, the bill is sent to the Governor who may veto it or sign it into law. This process can take a few months, or an entire two-year Legislative Session, or sometimes longer.

Policy committees (to consider the policy impacts of proposed legislation) and fiscal committees (to consider the fiscal impacts of proposed legislation) hear and consider and ultimately vote on legislation after gathering input from interested parties. These bills come from ideas that are put forth by constituents, interest groups, staff, and legislators themselves. Once a legislator decides to author a bill, he or she has the Office of the Legislative Counsel draft the bill for introduction.

Thereafter, the legislator introduces the bill in the Assembly (if an Assembly Member) or in the Senate (if a Senator). It is assigned a bill number and read publicly for the first time. The respective Rules Committee will assign the bill to a standing committee for its consideration. There are a number of methods to track legislation throughout the legislative process. And there are numerous opportunities for members of the public to participate in the legislative process.

Once the Rules Committee has assigned the introduced bill to a policy committee, then the bill is heard in a policy committee and possibly the fiscal committee if there are fiscal implications of the measure. The proper committee referral is based upon the subject matter of the bill and the jurisdiction of the committee(s). At this committee hearing, the author presents his or her bill and the proponents and opponents are permitted to speak at the hearing.

Bills are then considered in the policy committee of the house of origin and, most often, in the fiscal committee. The majority of bills are referred to both a policy and fiscal committee. Once the committee(s) consider the measure, then the bill goes to the floor of the Assembly or Senate and, once passed, must complete the same process in the other house. Throughout this process, there are several opportunities prior to and during these committee hearings for interested parties to express their views on pending legislation.

Thereafter, the committee members debate the merits of the bill and vote to either pass or defeat the bill. The committee can amend the bill or pass the measure as introduced. Along the way, the bill's author can also amend his or her bill as necessary. The committee's staff prepares an analysis of the bill and its impact on existing law.

It is important to express your viewpoints on legislation prior to a committee hearing so that your views can be considered before legislators vote on the bill. They want to hear from constituents and interest groups regarding pending legislation. As bills make their way through the legislative process, they may be amended either substantively or technically. Interested parties can track legislation through the process and determine whether amendments are favorable or unfavorable to one's position. Those amendments ultimately need to be agreed to by the house of origin before the bill reaches the Governor's Desk.

Bills are required to be read three times on the Floor of both the Assembly and the Senate. The first reading occurs when the bill is introduced in the house of origin and when it first arrives in the second house. The second reading occurs when it passes out of the first committee, either to another committee (such as the fiscal committee) or to the Floor. The third reading occurs right before the measure is taken upon on the Floor for debate and vote.

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The same process occurs in the second houses (i.e., policy committee, fiscal committee, Floor debate and vote). If there were any amendments made in the second house, then the bill must return to its house of origin for a final vote to either accept or reject those amendments. If they are rejected, then a two-house conference committee is convened to resolve the differences. If they are accepted, then the measure goes to the Governor's Desk.

The Governor generally has 12 days upon which to act on a measure, except for the large volume of bills that are send to his or her desk at the end of the Session. With those bills, usually numbering about 750 measures, he or she has 30 days to sign or veto them. He also has the option to allow a bill to become law without his signature. ✱

Chris Micheli is a Principal with the Sacramento governmental relations firm of Aprea & Micheli, Inc. He also serves as an Adjunct Professor at McGeorge School of Law in its Capital Lawyering Program.

Member Spotlight: City Ambulance of Eureka

Jessie Rawson | City Ambulance

City Ambulance of Eureka, Inc. started operation in the late 1950s by William and Joyce Startare as City Ambulance Company. The Startares owned Henderson Cab Company, and like many taxicab providers in the state, operated their ambulance business alongside their taxicab business. Back then, it wasn't unusual for taxicab drivers to switch into an ambulance to run an EMS call. City Ambulance of Eureka, Inc. has remained a family-owned company since its inception, and is now owned and operated by Joyce Startare's son, William Startare's step-son, Fred Sundquist Jr., who began working for the company when he was a teenager. William and Joyce Startare, pillars in the Humboldt County community, were active and involved in community events, local charities, and youth sports; traditions the family continues to uphold.

Today, City Ambulance of Eureka, Inc. is still operating out of its original main station in Eureka with four additional stations located throughout Humboldt County. City Ambulance of Eureka,

Inc. provides ambulance service for the southern two thirds of Humboldt County, northern Mendocino County, and southern Trinity County, and works with over 32 first responder agencies in Humboldt County; mostly small fire departments of less than 10 personnel.

By 1971, City Ambulance of Eureka, Inc. operated four ambulances mostly within the Eureka City limits. In the following year, the first EMT course in Humboldt County was offered, and City Ambulance began staffing EMTs. City Ambulance of Eureka, Inc. was incorporated shortly after in June of 1975. City Ambulance of Eureka, Inc. saw major expansion in 1988 after buying Fortuna Rescue Ambulance and Garberville Ambulance. This acquisition increased their coverage area from about 650 square miles to over 3500 square miles, one of the largest geographical ambulance coverage areas in the state. Transports of two hours from the scene to the hospital are not unusual.

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In August of 1976, the first EMT-II class in Humboldt County was offered, and by 1979 all units were staffed by EMTs. City Ambulance of Eureka, Inc. hired its first paramedics in 1989, and in August of 1991 eight City Ambulance EMTs completed the first advanced paramedic training course offered in Humboldt County. City Ambulance's fleet increased from four to six units, with four units reserved for paramedic level crews.

Humboldt County experienced several natural disasters in the 1990s that significantly taxed local emergency services agencies. In 1992, City Ambulance of Eureka, Inc. transported more than 100 patients over the course of three days as a result of the Cape Mendocino Earthquake. Then in 1995, Humboldt County experienced some of its worst flooding in history. The flood created several islands that were unreachable by ambulance for more than seven days, and City Ambulance crews rode in Forestry Department helicopters to reach the isolated islands and transport patients back to the ambulance waiting at the airport. A forest fire in 1996 threatened the suburban areas of Eureka, Fortuna, and Rio Dell, and City Ambulance crews assisted in the evacuation of rural areas and clinics around the clock for almost a week.

City Ambulance of Eureka, Inc. saw continued expansion of crews and stations through the late 1990s and early 2000s, and the only remaining EMT-II working for City Ambulance upgraded to Paramedic giving the company full Advanced Life Support staffing in 1994.

Fred Sundquist Jr., a past chairman of the California Ambulance Association, remains active in the CAA on the Legislative and Agency Relations Committee. His daughter Renee Ford is the company's Chief Financial Officer, and like her father she began working for the company when she was a teenager. Fred's daughter-in-law Catherine Sundquist runs the taxicab and paratransit side of the business, which holds the largest paratransit contracts in the three county region. Jaison Chand, City Ambulance's Chief Operating Officer, has been with the company for 24 years. He is also active on the CAA Legislative and Agency Relations Committee, Membership Development and Services Committee, and serves as the CAA Representative to the State Commission on EMS. Fred and his wife Linda Sundquist have now moved to Lake Las Vegas in Henderson, Nevada and are enjoying the desert air while the next generation runs the business. ✱

CALIFORNIA AMBULANCE ASSOCIATION

CAA Magazine Advertising Policies & Agreement to Advertise

CAA Headquarters
2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833
(916) 239-4095 - phone • (916) 924-7323 - fax
www.the-caa.org • info@the-caa.org

Unless otherwise stated, ads for this publication will be printed in Full Color.

AD SIZES AND RATES

Ad Size (WxH)		1x Rate	4x Rate
2 Page Spread	(16"x9⅛")	$1,000	$900
Full Page	(8½"x11")	$750	$675
⅔ Page	(5"x10")	$450	$405
½ Page Horizontal	(7¼"x4½")	$400	$360
½ Page Vertical	(3½"x9¼")	$400	$360
¼ page	(3½"x4¼")	$200	$180
Business Card	(3½"x2¼")	$150	$135

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

ARTWORK SPECIFICATIONS

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

Advertising c/o **CAA**
2520 Venture Oaks Way
Suite 150
Sacramento, CA 95833

I will be submitting my ad:
❑ **Camera-ready by mail**
❑ **Digitally on disc** ❑ **Via E-mail**
❑ **I need assistance designing a new ad (we will discuss design rates separately)**

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CONDITIONS

1. Advertisers and advertising agencies are liable for all content (including text, representations, and illustrations) of advertisements and are responsible, without limitation, for any and all claims made thereof against **The Siren,** the association, its officers, agents, or vendors.
2. No advertiser is guaranteed placement, but every attempt will be made to provide the desired position.
3. Publisher reserves the right to revise, reject or omit any advertisement at any time without notice.
4. **CAA** accepts no liability for its failure, for any cause, to insert advertisement.
5. Publisher reserves the right to publish materials from a previous advertisement if new materials are not received by material deadline.
6. The word "advertisement" will appear on any ad that resembles editorial material.
7. Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk and should be clearly marked to facilitate return.
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9. All advertisements, layout and designs produced for the advertiser by **CAA's** Graphic Staff will remain the property of **CAA**.
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To place an ad, complete the information below and mail or fax to: **CAA**, 2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833 • (916) 924-7323 - fax. **CAA** will not run your ad without this contract.

Name of Company/Organization Being Advertised: _____

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	_____Summer	_____Fall	_____Winter	_____Spring
Material Deadlines:	**July 21st**	**November 3rd**	**March 9th**	**May 18th**

METHOD OF PAYMENT

Please check one:

❑ Send me an Invoice ❑ Enclosed is check #_____ ❑ Charge my Credit Card In the amount of $_____

Card #: _____ Expiration Date: _____

Print Cardholder's Name: _____ Signature: _____

Cardholder's Billing Address: _____

(rev. 5/17)

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