



*Members Deliver at
Legislative Summit*



**Legal Authority
to Detain 5150
Patients**



Member News

Royal Ambulance Expands to Santa Clara County

Royal Ambulance has announced their new operations in Santa Clara County. They have successfully completed the County's Health & Welfare Code permitting processes and are approved to provide basic life support and critical care transport ambulance services.

"We are very excited to be expanding to Santa Clara" said Steve Grau, Owner and Founder of Royal Ambulance. "We are confident that we will be able to deliver the same high quality service that we are known for in the rest of the Bay Area". Royal's new branch is opening just in time for the busy winter season and to help assist the Santa Clara Hospital system with their patient throughout. A prompt and reliable transportation service like Royal Ambulance can help increase bed availability and relieve wait times in the emergency room, in turn reliving stress to the whole system.

This move represents the next step in Royal's commitment to the geriatric community. Royal will be focusing on this population, serving skilled nursing facilities and acute care hospitals. Santa Clara's senior citizen community represents 10% of the population, according to the 2009 US Census numbers. Royal Ambulance currently services more than 100 medical facilities, and



San Leandro based, Royal Ambulance has expanded its operations to serve Santa Clara County.

remains committed to the consistent deliverance of their core values: compassion, caring, excellence, integrity, communication and innovation.

A proud community partner, Royal is committed to delivering superior patient care, customer satisfaction and responsive, on-time performance. Royal Ambulance is headquartered in San Leandro, CA.

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Chairman's Message



It Doesn't Get Any Better Than This!

by Dana Solomon, Chairman of the Board

Vision

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

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.



Dana Solomon

of the state's essential health care first responders. Our association experienced a 50% increase in participation at the 2010 Summit compared to the attendance at our 2009 Summit. We are also excited to see the involvement of both old and new member organizations including new entrepreneurs and long-time businesses. As many of you know, I also serve as the President of the Manteca Rotary Club and the Rotary's Four-way Test is always one of my focuses:

- Is it the TRUTH?
- Is it FAIR to all concerned?
- Will it build GOODWILL and BETTER FRIENDSHIPS?
- Will it be BENEFICIAL to all concerned?

Thank you to our volunteer team of board and committee leaders as well as our staff for bringing these principles to life in the CAA's efforts on behalf of our members. I urge each member to select and honor your best employees at this year's Stars of Life Celebration to be held in Sacramento April 19-21. It is a spectacular event that not only recognizes outstanding employees, but the program is also essential in our efforts in bring a message of quality and cost effective service to the state's elected leadership in Sacramento. We hope you join us!

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

Well it does . . . and it will . . . and that's where our members come in. We were thrilled to see such strong turnout at the CAA's 2010 Legislative Summit held in Sacramento February 1-3, 2010. During our evening round table, everyone present could feel the surge of energy and enthusiasm among our members to successfully tackle the tough challenges we all face. This year, CAA members attended over thirty meetings with members of the California Senate and Assembly. With California's full-time legislature, there is a constant stream of legislation affecting ambulance services ranging from proposals for cuts in reimbursement, new taxes, additional regulations and pilot programs. The CAA is fortunate to have so many committed members willing to contribute their time to educating the elected officials about the needs

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Executive Director's Update



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EMS System Funding Stretched Thin

by Brenda Staffan, Executive Director



Brenda Staffan

Our members know the story first hand – EMS system funding is being stretched to the breaking point. Medi-Cal reimbursement,

which is significantly below the cost of service, is placing patients and communities that receive services from the state's 9-1-1 emergency medical services system at risk:

- California lost nearly \$50 in Medicare reimbursement effective January 2010.
- Ambulance providers deliver over \$300 million per year in unfunded charity care to the uninsured
- Medi-Cal rates cover only one quarter the cost of service creating a \$165 million per year shortfall
- Medi-Cal does not recognize the paramedic level of care, even for heart attack patients

- Emergency ambulance providers are essential health care first responders, and in nearly all areas of the state, respond within strict time requirements
- Unlike other healthcare providers, emergency ambulance agencies are mandated to provide emergency services regardless of the patient's ability to pay and all ambulance services are subject to rate regulation by local government agencies
- Previously available revenue offsets and opportunities for cost shifting are evaporating at lightning speed as health care reforms are accelerating at the national, state and local level

The CAA is continuing to research mechanisms to identify state funding for a Medi-Cal rate increase. As we have reported, the CAA's Medi-Cal Work Group is working with other stakeholders to research an alternative funding mechanism through the development of an Ambulance Quality Assurance Fee (QAF) Program which includes a Medi-Cal rate increase. Following feedback at a CAA membership forum in October 2009, the CAA board of directors directed the work group to further research mechanisms to mitigate losers under a proposed QAF program and that work is still in progress. While the CAA works with the state elected and administrative officials and other stakeholders to determine a source of funding, we urge all ambulance providers to educate your elected officials about the need to make Medi-Cal ambulance relief funding a priority.



Pending Membership Applications:

**Sonoma Valley Fire Rescue
Authority
Sonoma, CA
Alan Jones, Captain**

.....
**North Murray & Associates
Insurance Services
Orange, CA
Tom North, President**

Comments, or questions about these applicants should be directed to:

Alan McNany, Chair
Ethics and Professionalism
Committee
amcnany@alpost108.org

2010 - 2011 Nominations Announcement

We are pleased to announce the opening of nominations for candidates for election to the CAA Board of Directors, Officers and the Ethics & Professionalism Committee for 2010-2011. This is an excellent opportunity for CAA members in good standing to take a more active role in the governance of your association. Below are important dates in the election process:

- 4/2/10: Nomination Forms Due
- 4/16/10: Nominee Statements and Photos Due
- 5/25/10: Ballots Mailed
- 6/15/10: Ballots Due
- 6/25/10: Election Results Announced

Open positions for this year's elections include two positions on the Board of Directors and two positions on the Ethics & Professionalism Committee. Members will also elect individuals who will serve as the Officers of the Association for 2010-2011 including: Chairperson, Vice-Chairperson and Secretary/Treasurer of the Board of Directors. Officer candidates must also be elected as a Director or must currently be sitting on the Board of Directors. The Nominating Committee will announce the results of the elections at the CAA General Membership Meeting at the CAA Annual Convention on June 25, 2010 at Harrah's Hotel South Lake Tahoe.

CAA members in good standing will receive the official nomination announcement and form directly, or members can download the form at www.the-cao.org. For more information, contact Brenda Staffan, Executive Director at bstaffan@the-cao.org or (877) 276-1410.

Legal Authority to Detain 5150 Patients

by Elbert (Eb) Muncy, Jr., Desert Ambulance Service

Andy, the owner of an ambulance company, is consulting with his attorney, David, about a lawsuit he was just served with. David asked Andy what happened.

Andy explained that his ambulance was requested by the emergency room at the local hospital to take Peter Plaintiff to the county hospital for a 72 hour evaluation pursuant to Welfare & Institutions Code §5150. According to his investigation of the incident, the police department completed the 5150 application after being alerted by the emergency room staff that Peter may be a danger to himself and others. Peter was combative and stated that he did not want to go to the County Hospital. Peter also stated he had no intentions about harming himself or others. The paramedic placed restraints on Peter during the transport. Peter also asked to be released a couple of times during the transport. The paramedic refused to release Peter, fearing he may hurt himself or others if released.

David asks Andy “why do you think you are being sued?” Andy went on to explain that when Peter arrived at the County hospital the staff quickly determined that Peter was not a danger to himself or others and released him within a few hours. Just before Peter was being released one of the nurses happens to tell Peter they get lots of 5150s referrals from the police agency where the officer works, and most of the time there is nothing wrong. The nurse stated “I think the officers use 5150 holds rather than resolving the underlying problem.”

Andy then tells David “I can’t believe an attorney would take such a frivolous lawsuit. We’ve taken hundreds of 5150s over the years. I was just following the directions of the police officer and the hospital. Besides my contract with the County, requires me to transport the 5150s. I know you are a good attorney and can get me out of this lawsuit quickly.”

David then gives Andy the bad news. Recently in San Bernardino County, Desert Ambulance (“Desert”) was directed by their regulatory agency (“ICEMA”) to transport 5150s. Desert stated they did not have the legal authority to hold someone against their will. If an ambulance is utilized for transporting the detainee, the person writing the 72-hour hold should accompany the patient. When ICEMA would not rescind the directive, Desert sued ICEMA to void the directive. After hearing the case the Court ruled:

“.. there is no proper delegation of authority to the EMT transporter under the law as it is written. Desert is not an authorized person under Welfare & Institutions Code §5150 to take mentally dangerous persons into custody or to continue their detention on their own.”

The court then ruled in Desert’s favor and required the directive be rescinded.

The Desert case was decided by the trial court and not the Court of Appeals. The effect is that no court is bound to follow the Desert’s decision. However, it

is strong indication of how other courts would rule in the event they were faced with deciding similar cases. San Bernardino County has not decided whether they will appeal the trial court’s decision.

Andy asks David “so how does Desert’s decision affect Peter’s lawsuit against me?” David explains that if someone is held without their consent they are liable to the detainee for false imprisonment and battery. The only defense is to establish the person has the legal authority to detain the individual. Applying the holding in Desert, ambulance companies are not vested with legal authority to detain 5150s. Therefore, Peter is likely to prevail on the issue of liability.

Andy tells David, “I am glad I have insurance.”

David gives Andy the bad news. These are intentional torts and may not be covered by insurance. Then the news gets worse.

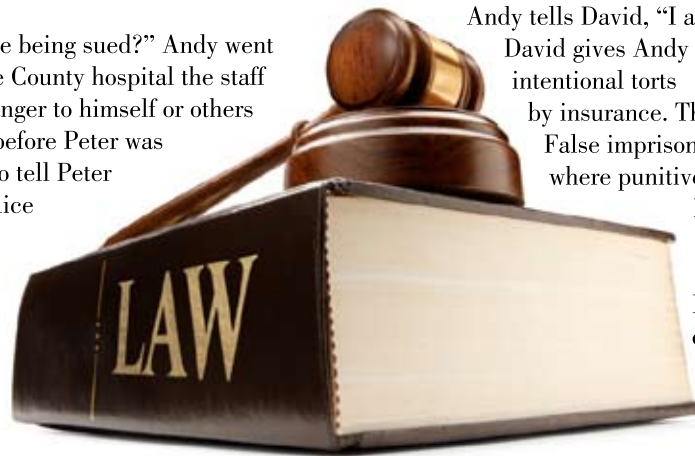
False imprisonment and battery are torts where punitive damages can be awarded.

Insurance companies are precluded by law from paying punitive damages. Finally, David states not only can your company be held civilly liable, but the acts can also be punished criminally.

Andy tells David, “If I’m on the hook for the judgment, won’t the police department and hospital help me pay the judgment? After all I was just following their requests.” David states, in certain circumstances persons and entities have been given immunity from liability notwithstanding the fact they did something wrong. Under Welfare & Institutions Code §5157, persons authorized to detain individuals are immune from liability. According to the trial court in Desert, ambulance companies are not authorized to detain individuals. Thus, there would be no immunity provided to ambulance companies.

Andy states to David, “I can’t change the past, but what can I do in the future to protect myself? After all, my regulators aren’t going to be happy with me if I refuse to transport 5150s.” David advises Andy to do what Desert did. Don’t refuse to take the transfer. Demand that the person authorized to initiate the 5150 hold accompanies

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Significant Activity Marks the Start of the Second Year Legislative Session

by Chris Micheli, Legislative Advocate



Incoming Senate Republican Leader, Bob Dutton (center), addressed CAA Membership during February's Legislative Summit. Shown here with Bob Barry, Dana Solomon and Eb and Nellie Muncy.

The CAA has been very busy in Sacramento since the first of January when the second year of the two-year Legislative Session began. It is scheduled to conclude in September. January began with the introduction of the Governor's proposed 2010-11 spending plan. This year we are fortunate to not face a reduction in Medi-Cal reimbursement rates, as had occurred in 2008. Nonetheless, there are continuing budget pressures and health and human services spending will always be under scrutiny.

At the same time, three of the four legislative leaders have switched positions. Outgoing Assembly Speaker Karen Bass was replaced by John A. Perez (D-Los Angeles) on March 1 as the 68th Speaker of the California State Assembly. Due to be elected during his "freshman term," he will be able to serve almost 5 years in this position. Assemblyman Martin Garrick (R-San Diego) was installed on February 1 as the Assembly Republican Leader. He spoke to CAA's reimbursement conference in 2008. Senator Bob Dutton (R-Rancho Cucamonga) will take over in the spring from current Senate Republican Leader Dennis Hollingsworth.

The month of February was spent on the special session budget proposals to whittle down the projected \$7 billion deficit in the current 2010 budget. The 2010-11 budget has an anticipated \$14 billion budget. In addition, the Legislature introduced 1,321 new bills for consideration during the 2010 Legislative Session. There are a number of bills of interest to CAA members and the Legislative & Agency Relations Committee and Board of Directors have established CAA positions as noted in the accompanying article, "2010 Legislative Summary."

As with the past two years, CAA's primary goal in the 2010 Legislative Session is to secure a substantial increase in Medi-Cal reimbursement rates for our membership. Dr. Ed Hernandez (D) is once again the author of our bill. It is AB 1932 and it will be heard in the Assembly Health Committee in early April.

2010 Legislative Summary

The following are the bills that the CAA will be tracking in the 2010 legislative session and the CAA position established at press time. For a complete list of bills, go to www.the-caa.org.

AB 424 (Torres) Warren-911-Emergency Assistance Act: public education campaign

The Warren-911-Emergency Assistance Act requires every local public agency to establish and operate, or to be a part of, an emergency telephone system using the digits "911," and creates the State 911 Advisory Board to assist in facilitating the purpose of the act to establish the number 911 as the primary emergency telephone number statewide. This bill would require the office of the State Chief Information Officer to develop and implement a public education campaign to instruct the public on the appropriate and inappropriate uses of the 911 emergency telephone number system. **Position: Oppose**

AB 511 (de la Torre) Medi-Cal: ambulance transportation services providers: quality assurance fees

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which health care services, including medical transportation services, are provided to qualified low-income persons. The Medi-Cal program is partially governed and funded under federal Medicaid provisions. This bill, as a condition of participation in the Medi-Cal program, commencing July 1, 2010, would impose on each public and private ambulance transportation services provider that bills and receives patient

care revenue from the provision of ambulance transportation services, as defined, except as provided, a quality assurance fee for each transport provided, as specified. This bill contains other related provisions and other existing laws. **Position:**

Oppose

AB 1660 (Salas) Airports: emergency aircraft flights for medical purposes

Existing law exempts an emergency aircraft flight for medical purposes, as defined, by law enforcement, fire fighting, military, or certain other persons, from local ordinances adopted by a city, county, or city and county, that restrict flight departures and arrivals to particular hours of the day or night, that restrict the departure or arrival of aircraft based upon the aircraft's noise level, or that restrict the operation of certain types of aircraft. This bill would also exempt from the above types of local ordinances the aircraft or equipment used during a medical emergency, or emergency personnel and first responders involved in treating the medical emergency, for purposes of returning to its base of operation. The bill would also make a clarifying change. **Position: Watch**

AB 1932 (Hernandez) Medi-Cal: medical transportation services

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health



2010 Legislative Summary

Care Services, under which health care services, including medical transportation services, are provided to qualified low-income persons. The Medi-Cal program is partially governed and funded under federal Medicaid provisions. This bill would make a technical, non substantive change to the above-described provisions. This bill contains other existing laws. **Position: Active Support**

AB 1999 (Portantino) Alcohol: medical emergencies

Existing law provides that any person under the age of 21 years who purchases any alcoholic beverage, or any person under the age of 21 years who consumes any alcoholic beverage in any on-sale premises, is guilty of a misdemeanor. Existing law provides that any person under the age of 21 years who has any alcoholic beverage in his or her possession on any street or highway or in any public place or in any place open to the public is guilty of a misdemeanor, punishable as specified. This bill would provide that it shall not be a crime for certain persons under the age of 21 years to knowingly possess or knowingly consume alcoholic beverages under specific circumstances relating to the reporting of medical emergencies arising from alcohol consumption, as specified. **Position: Support**

AB 2127 (Nestande) Medi-Cal: nonemergency transportation services: broker pilot program

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services, including nonemergency medical

transportation services, are provided to qualified low-income persons. This bill would require the department to establish a 2-year pilot program in at least 3 consenting counties to evaluate a nonemergency medical transportation model in which the state would contract with a broker to manage the provision of nonemergency medical transportation services to Medi-Cal beneficiaries. This bill contains other related provisions. **Position: Oppose**

AB 2153 (Lieu) Emergency room crowding

Existing law establishes various programs for the prevention of disease and the promotion of health to be administered by the State Department of Public Health, including, but not limited to, the licensure and regulation of health facilities, including general acute care hospitals. Violation of these provisions is a crime. This bill would require every licensed general acute care hospital with an emergency department to determine the range of crowding scores, as defined, that constitute each category of the crowding scale, as provided, for its emergency department. The bill would require every licensed general acute care hospital with an emergency department to calculate and record a crowding score every 4 hours, except as specified, to assess the crowding condition of its emergency department. The bill would require, by January 1, 2012, every licensed general acute care hospital with an emergency department to develop and implement a full-capacity protocol for each of the categories of the crowding scale. This bill contains other related provisions and other existing laws.

Position: Support

AB 2192 (Emmerson) Medi-Cal: reimbursement levels

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. This bill would make technical, nonsubstantive changes to Medi-Cal program provisions. **Position: Watch**

AB 2248 (Hernandez) Emergency medical care

Existing law authorizes a county to establish an emergency medical services fund for reimbursement of emergency medical services (EMS) related costs, and requires an annual report to the Legislature on the implementation and status of the fund, including the fund balance and the amount of moneys disbursed to physicians and surgeons, for hospitals, and for other emergency medical services purposes. This bill would require the report to provide a description of the other medical services purposes. By increasing the duties of local officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. **Position: Watch**

AB 2456 (Torrico) Emergency medical services: regulation

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to designate an emergency medical services agency, for the establishment and administration of an emergency medical services program in the county. Existing law also establishes the Emergency Medical Services Authority, which, among other things, adopts regulations governing the provision of emergency medical services. Violation of these provisions is a crime. This bill would specify that the guidelines of the authority shall include medical control, require local EMS agencies to adhere to the guidelines in all areas of administration, and would require the local EMS agencies to follow the guidelines of the authority when establishing local policies and procedures required by statute or regulation. By requiring that the local entities comply with these requirements, and by changing the definition of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. **Position: Watch**

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CAA Legislative Summit

Stellar Turnout for Our Legislative Summit

by Chris Micheli, Legislative Advocate



Chris Micheli, CAA Legislative Advocate; Senator Mark Leno; Brenda Staffan, CAA Executive Director; and Dana Solomon, CAA Chairman of the Board/Manteca District Ambulance.



In early February, we enjoyed a record level of attendees participating in our annual Legislative Summit. Our members visited more than thirty legislative offices, as well as the Governor's staff and the California Department of Corrections & Rehabilitation regarding prison contracts for ambulance transport services. Our principal focus was our need for a Medi-Cal rate increase.

In our first evening in Sacramento, we were joined at dinner with Senator Bob Dutton (R-Rancho Cucamonga), who was recently elected by his peers to be the next Senate Republican Leader. He described the current state budget crisis because he serves as the Vice Chair of the Senate Budget & Fiscal Review Committee, as well as several key policy initiatives, such as the Senate Republican Caucus' job creation agenda. He answered many questions posed by the thirty dinner attendees.

On the following night, we heard from State Senator Mark Leno (D-San Francisco), who sits on the Senate Health & Human Services Committee (the major policy committee which oversees issues of interest to the CAA), and who is the Chairman of the Senate Budget Subcommittee, which handles health and human services budget funding. He spoke largely of his bill, SB 810, which would create a "single payer" health insurance system in California, and he willingly took part in a debate with CAA members in attendance. This dinner was also attended by more than two dozen individuals.

We hope the February meetings and our upcoming April lobbying visits will continue to promote our efforts to increase our visibility in the State Capitol and secure our members a substantial increase in our Medi-Cal reimbursement rates.

Top photo: Betsey Kelton, San Luis Ambulance; Assemblymember Sam Blakeslee; and Frank Kelton, San Luis Ambulance. Middle photo: Bob Barry, Care Ambulance; and Assemblymember Tony Mendoza. Bottom photo: Back row: Helen Pierson, Medic Ambulance; Richard Angotti, St. Joseph's Ambulance; Cindy Elbert, Cindy Elbert Insurance; Front row: Kim Ingersoll, CAA Membership Services, and Rudy Manfredi, Medic Ambulance.

CAA Legislative Summit



Clockwise from top left: 1) Dana Solomon, Manteca District Ambulance; Senator Bob Dutton. 2) John Pritchett and Ron Sadler, Del Norte Ambulance, and Becky Rowe, Life Assist. 3) Assemblymember Jared Huffman and Richard Angotti, St. Joseph's Ambulance. 4) Eb and Nellie Muncy, Desert Ambulance, Assemblymember Anthony Adams and Mark Keene, Mercy Air. 5) Barry Hurd, Patterson Ambulance; Assemblymember Bill Berryhill, and Dana Solomon, Manteca District Ambulance. 6) Senator Mark Leno and Rudy Manfredi, Medic Ambulance. 7) Klark Staffan, Sierra Medical Services Alliance; Barry Hurd, Patterson District Ambulance; Bryan Hartley, Boundtree Medical; Alan McNany, American Legion Post #108 Ambulance; Cherie Prior, Life Assist; 8) Byron Parsons, Bob Hall, Louwane Parsons, and Michelle Zigan, First Responder EMS; Stewart Slipiec, Piner's Napa Ambulance; Chris Norden, Legislative Aide of Assm. Jim Nielsen; Brian Hartley, Boundtree Medical; Helen Pierson and Rudy Manfredi, Medic Ambulance. 9) Don Vonarx and Craig Riggs, Riggs Ambulance.



EMS Authority Driving Toward July Implementation of EMT 2010 Central Registry

June Ilijana, Deputy Director, EMS Policy, Legislation and External Affairs, EMSA

In September 2008, Governor Arnold Schwarzenegger signed legislation to reform emergency medical services in California by increasing accountability and oversight. Authored by Assemblymember Alberto Torrico (D-Newark), Assembly Bill 2917, known as EMT 2010, requires creation of a statewide EMT certification process and procedures, development of a centralized database of emergency medical technician licenses and certificates, and a process for conducting criminal background checks on all EMTs.

For ambulance companies, this means employers will be able to determine whether a prospective employee has had a past action against their

For ambulance companies, this means employers will be able to determine whether a prospective employee has had a past action against their certification or license and avoid hiring someone who has had their license revoked or suspended in another community.

certification or license and avoid hiring someone who has had their license revoked or suspended in another community. The public will also have access to the central registry to check certification and license status on all EMTs and paramedics. In addition, EMT 2010 will enable employers to conduct disciplinary investigations which may lead to action against an EMT's certificate by the local EMS agency. The employer has the first opportunity to conduct the investigation, and for some ambulance companies this will be a new role.

The Emergency Medical Services Authority, the state agency that coordinates the EMS system in California, is working diligently to prepare for July 2010 implementation. "This is the biggest administrative challenge the EMS system in California has seen in the past decade and we have

dedicated the resources of the EMS Authority to ensuring a smooth, effective transition," said EMS Authority Director Dr. Steve Tharratt.

The legislation requires the EMS Authority to develop a single set of statewide standards for certification, disciplinary orders and conditions of probation for EMTs. A significant milestone was reached in December when the Commission on Emergency Medical Services unanimously approved all five sets of regulations needed to make EMT 2010 work.

The revised regulations cover: Emergency Medical Technician, Advanced Emergency Medical Technician, Paramedic, Disciplinary Regulations and the new Central Registry Regulations and the Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT and Advanced EMT.

The regulations were developed by the EMS Authority with the assistance of a dedicated group of stakeholders who worked diligently for many months to revise multiple chapters of regulations to meet the requirements of the new law. Participants included representatives of:

- California Ambulance Association
- California Department of Forestry and Fire Protection
- California Department of Parks and Recreation
- California Fire Chiefs Association

- California Highway Patrol
- California Paramedic Program Directors
- California Professional Firefighters
- California State Firefighters Association
- Emergency Medical Services Administrators Association of California
- Emergency Medical Services Medical Directors Association of California
- State Fire Marshal's Office

The EMS Authority has also been working with the 68 EMT certifying entities to assist them in obtaining approval from the Department of Justice (DOJ) to receive state and federal (FBI) criminal background check reports. Many of the certifying agencies will also become involved in conducting investigations, and the Authority is working with them to ensure they have the training and resources to perform that role effectively.

A thorough rollout plan is in progress as well, including a series of two-day training workshops throughout the state, which will enable the EMS Authority and its partners to hit the ground running on the implementation date. In addition, EMSA will offer a series of "webinars" for certifying entities in April and May. Further information for the workshops and webinars will be available soon on the EMSA website.

Training sessions are currently scheduled for:
 Los Angeles – April 13-14
 San Francisco – April 21-22
 Sacramento – April 26-27
 Palm Springs – May 10-11
 (CFED West Conference)

For more information, contact Sean Trask, EMT 2010 Program Manager, at sean.trask@emsa.ca.gov or call (916) 322-4336.



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Red Light Cameras and EMS

By Stewart Slipiec, Piners Napa Ambulance/Chair of Safety Sub-committee

According to the Highway Institute for Highway Safety, 22% of all traffic accidents in the United States are caused by drivers running red lights. To curb this trend, more and more cities are installing red-light cameras. These fully automated devices collect all the evidence authorities need to prosecute light runners.

What is your company policy on driving through intersections while on an emergency call?

For your reference, the law, California Vehicle Code #21055, exempts emergency vehicles with lights and sirens activated from having to wait at a red stop signal. As we all know, “Due Regard” must always be taken by the driver to avoid putting anyone in danger, even while driving with these exemptions. Unfortunately, we are also exposed to so many distractions in EMS we are required to have quite a refined sense while performing our jobs.

But with a younger workforce, a larger vehicle than employees are accustomed to, the adrenaline rush of an emergency call, and working independently with minimal supervision, we have the perfect storm of high risk behavior.

All of us have invested a great deal to train and educate our staff on safe and legal emergency vehicle driving. But what assurance do we have of safe driving when our staff is “out-of-sight”?

On-board driving monitors, “drive cam’s”, and GPS tracking are all helpful, if you have the time and

vigilance to monitor the data.

If you have been a supervisor for awhile, you have probably had to investigate one of your own accidents. It is not a pleasant task.

Recently, I was told a story of an ambulance caught in a red-light camera violation. Sensors in the roadway had measured the ambulance traveling at 50 mph while going through the intersection. The driver was distracted enough with the call that he didn’t even notice that he ran the red light. Without the red-light camera as a silent witness to this risky behavior, this violation may have never been discovered. Worse yet, the call from the local police officer who monitors the camera violations is going to be quite embarrassing! A continued focus on training for intersection driving will



assure a safe environment for our employees, patients and other motorists whom we share the road with.

Paramedic Scholarship Fund Established in Name of CAA Honorary Member Conrad Anderson

A Paramedic Scholarship Fund has been set up in the honor of long-time CAA Honorary Member Conrad Anderson who owned North Valley Ambulance Service in Redding, CA.

Conrad Anderson, passed away from lung cancer on March 7, 2009 in San Diego, CA where he lived for many years with his wife Beverly. Following service in the Merchant Marines, US Army and his work in the aerospace industry, he and his wife at the time, Patricia Anderson, purchased North Valley Ambulance Service. He upgraded the service from basic life support to paramedic level and expanded the program to three different locations in the Redding, CA area.

Conrad is remembered as a great man who loved his staff during his ambulance career. His family shared that he felt very connected to many of the other ambulance owners in the state. Donations may be made to the “Conrad Anderson Paramedic Scholarship” c/o NOR CAL EMS, 43 Hilltop Drive, Redding, CA 96003. For more information, contact Bev Anderson at (619) 742-5449 or bevanderson@pobox.com



2010 Legislative Summary *Continued from page 7*

AB 2600 (Ma) Emergency medical services

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to designate an emergency medical services agency, for the establishment and administration of an emergency medical services program in the county. Existing law also establishes the Emergency Medical Services Authority, which, among other things, adopts regulations governing the provision of emergency medical services. This bill would make technical, nonsubstantive changes to those provisions. **Position: Watch**

AB 2653 (Saldana) Medi-Cal: treatment authorization requests

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and pursuant to which, health care services are provided to qualified low-income persons. This bill would state the intent of the Legislature to enact legislation that would implement reforms to the Medi-Cal treatment authorization request process, as specified. This bill contains other existing laws. **Position: Watch**

SB 771 (Alquist) Medi-Cal: continuous eligibility: semiannual status reports

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is partially governed and funded under federal Medicaid provisions. This bill would, instead, provide that the provisions limiting continuous eligibility to 6 months shall be inoperative from March 27, 2009, until the date the director executes a declaration specifying that increased federal financial participation is no longer available pursuant to ARRA or any subsequent federal legislation that amends ARRA to maintain or extend increased federal financial participation for 2 calendar quarters. This bill contains other existing laws. **Position: Watch**

Continued on page 15

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CAA Member Distinction

Douglas Boileau Honored as 2008 EMS Educator of the Year

By Brenda Staffan, CAA Executive Director

CAA member, Douglas Boileau, MPH, EMT-P, of Arcata-Mad River Ambulance was awarded the “2008 EMS Educator of the Year” by the California EMS Authority (EMSA). The award recognizes Doug for providing leadership of EMS education in rural California and specifically for his accomplishments as program director of the North Coast Paramedic Training Program. In presenting the award, Dr. Therratt congratulated Doug and recognized his exemplary service in emergency medical services. “You are part of a team of EMS leaders and medical professionals whose mandate is to not only provide medical care to those in need, but also to provide leadership and education to continue to advance the EMS system.” The awards were presented at the California EMS Commission meeting held at the Marine’s Memorial Club in San Francisco on December, 2, 2009. The Annual EMS awards ceremony also featured several Medals of Valor, Service Medals and three statewide EMS System Awards including the EMS Administrator of the Year (Barbara Pletz, San Mateo County EMS Agency) and the EMS Medical Director of the Year (Joe Barger, MD, Contra Costa County EMS Agency).

“Doug is the epitome of the commitment our members make to their patients and their communities.”

**- CAA Chairman
Dana Solomon**

CAA Chairman Dana Solomon stated, “Doug is the epitome of the commitment our members make to their patients and their communities. As CAA members since 1962, Arcata-Mad River Ambulance provides critical ambulance services in one of the most rural communities in California. Doug’s award also recognizes his personal dedication and hard work. As a fellow Rotarian, it is my honor to congratulate Doug for his outstanding accomplishments.”

Doug’s Personal Story

My introduction to EMS came as a Red Cross volunteer teacher of CPR and First Aid classes and doing event standbys in San Diego County. I moved to Humboldt County in 1980 to attend Humboldt State University and I graduated with a BS in Forestry in 1985. I took a CPR instructor course that was taught in part by the owner of Arcata-Mad River Ambulance (AMRA).

In 1986, the local community college dropped the EMT-2 program. In order to insure the availability of ALS training in the region, I started a new program based at Mad River Community Hospital. In 1990, AMRA was incorporated and I became an owner and general manager. I also completed my MBA that year. In 1991, the paramedic level of training was introduced to the county and I took the first EMT-2 to paramedic training and completed the field internship in Sacramento and Redding. I was certified as a paramedic in October, 1991.

The first full paramedic program was offered in the region based at



Douglas Boileau, MPH, EMT-P, is presented with the “2008 EMS Educator of the Year” award by EMSA Director Dr. Steven Therratt (left) and by EMS Commission Chair Bruce Lee (right) at the December 2 statewide awards ceremony.

Humboldt ROP the next year and I served as principal instructor and program director. In order to meet the new accreditation standards, the program sponsorship transitioned to a consortium and became the North Coast Paramedic Program. That program was accredited in 2007 and I continue to serve as the program director.

I currently chair the Humboldt County Medical Advisory committee and EMCC. I am a member and past president of the Arcata Rotary Club, have served on the City of Arcata’s Budget Task Force and Transportation Safety Committees, have been a member of the board and treasurer of the Arcata Chamber of Commerce, serve on my church’s finance council, serve as Chief Financial Officer for a not-for-profit medical training company, and serve on the steering committee for a regional simulation training center. I was named EMT of the Year in 1989, was awarded the NCEMS “Star of Life” award in 1990 and 2004, and named Arcata Chamber Business Leader of the Year in 1998.

I continue to work an occasional shift as a paramedic and I still teach a variety of courses. I have been married to my wife Cindy for 24 years and we have three children.

I have greatly enjoyed teaching at all levels of EMS. One tremendous benefit is the role has also afforded me the opportunity to evaluate potential employees over an extended period of time. Because of the proximity of two EMT training programs and the North Coast Paramedic Program, I have never had to advertise for either EMTs or paramedics. AMRA is an ALS service providing emergency and non emergency ambulance service to north western Humboldt County. We have been a member of the CAA since 1962.



Douglas Boileau, MPH, EMT-P



EMS Awards Nominations Sought

The EMS Authority's State-wide EMS Awards Program honors those persons who have performed noteworthy, and even extraordinary acts while working within the EMS system.

Various levels of personnel comprise the EMS system and an array of categories were created to include them all. The award categories are:

- Individual Awards
- Statewide EMS System Awards
- Individual Achievement Recognition

In addition, the EMS Authority may also present certificates of recognition, appreciation, or other awards as dictated by particular circumstances. The review committee consists of members from the CAA, CalChiefs, EMDAC, EMSAAC and one at-large member selected by the EMS Authority.

The award period for the awards program is January 1, 2009 through December 31, 2009. Nominations may be submitted continuously although the first round of nominations are due by March 30, 2010. Additional information and nomination forms may be obtained at www.emsa.ca.gov/about/awards.

5150 Case *Continued from page 5*

the patient. Only if they refuse to send someone, then refuse to take the transfer. If the regulator complains, point to the judge's decision in *Desert* holding that you don't have the legal authority to take custody of 5150s.

Elbert (Eb) Muncy, Jr. is a California attorney licensed since 1986. From 1994 through 2000 he was a member of the Barstow City Counsel. Desert Ambulance has been owned by the Muncy family since 1967. Eb purchased Desert when his father retired in 1997.

2010 Legislative Summary *Continued from page 7*

SB 1011 (Calderon) Underage drinkers: immunity of prosecution

The Alcoholic Beverage Control Act provides that any person under the age of 21 years who purchases any alcoholic beverage, who consumes any such beverage in any on-sale premises, or who possesses any such beverage on any street or highway or in any public place open to the public is guilty of a misdemeanor. Existing law also provides that any person under the age of 21 years who attempts to purchase any alcoholic beverage from a licensee, or the licensee's agent or employee, is guilty of an infraction. This bill would grant immunity from criminal prosecution for any person under the age of 21 years who is subject to prosecution under the above where the person under the age of 21 years called 911 and reported that another underage person was in need of medical assistance due to alcohol consumption and conformed to other specified requirements, as described.

Position: Support

SB 1258 (Kehoe) Emergency services: property insurance surcharge

Existing law establishes the California Emergency Management Agency, which is responsible for the state's emergency and disaster response services for certain man-made disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would establish the Local Government Mutual Aid Enhancement Program in the agency, and would require funds, as specified, deposited in the Emergency Response Fund, to be allocated to the program upon appropriation by the Legislature. This bill would require the Secretary of California Emergency Management to allocate funds to specified entities, for the purpose of

enhancing or sustaining fire and rescue disaster mutual aid capacity to combat the effect of all hazard disasters, as provided. This bill would also require the secretary, in consultation with specified entities, to develop a strategy, as provided, for the enhancement of mutual aid, and would require each fire and rescue operational area to submit a 3-year strategy for the enhancement

of fire and rescue disaster mutual aid, as specified, to the secretary. This bill contains other related provisions and other existing laws.

Position: Watch

SB 1281 (Padilla) Emergency medical services: defibrillators

Existing law authorizes the Emergency Medical Services Authority to establish minimum training and other standards for the use of automatic external defibrillators (AED) and requires persons or entities that acquire the AEDs to comply with maintenance, testing, and training requirements, which are scheduled to change on January 1, 2013. Existing law sets forth tenant notice and other requirements for building owners in which an AED is placed. This bill would repeal those provisions. This bill contains other related provisions and other existing laws. **Position: Support**





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