



CALIFORNIA AMBULANCE ASSOCIATION



ANNUAL LEGISLATIVE SUMMIT

**JANUARY 31 – FEBRUARY 2, 2011
SHERATON GRAND HOTEL – SACRAMENTO, CA**

HEALTH CARE'S ESSENTIAL FIRST RESPONDERS

ANNUAL LEGISLATIVE SUMMIT

SCHEDULE

All events held at the Sheraton Grand Hotel unless otherwise noted.

(Schedule Subject to Change)

Monday, January 31, 2011

12:00 pm – 2:30 pm	REGISTRATION
1:00 pm – 2:00 pm	ETHICS AND PROFESSIONALISM COMMITTEE <i>(Closed)</i>
2:00 pm – 3:30 pm	MEMBERSHIP DEVELOPMENT & SERVICES COMMITTEE
4:00 pm – 5:30 pm	LEGISLATIVE & AGENCY RELATIONS COMMITTEE / PAYER ISSUES SUBCOMMITTEE

Tuesday, February 1, 2011

7:30 am – 9:30 am	REGISTRATION
8:30 am – 9:30 am	LEGISLATIVE & REGULATORY BRIEFING <ul style="list-style-type: none">• Medi-Cal Rate Increase<ul style="list-style-type: none">◦ Quality Assurance Fee◦ Legislation◦ Litigation• Medi-Cal Implementation of HCPCS Codes• Grandfather Status Under EMS Act Sections 201 & 224• Status of State Budget and its Potential Impacts• EMS an Essential Component of the Healthcare Safety Net
9:30 am – 5:00 pm	LEGISLATIVE VISITS (lunch on your own)
5:00 pm – 6:00 pm	NETWORKING RECEPTION
6:00 pm – 7:30 pm	DINNER <ul style="list-style-type: none">• Guest Legislative Speaker

Wednesday, February 2, 2011

7:30 am – 9:00 am	REGISTRATION
8:00 am – 8:30 am	CAAPAC COMMITTEE
8:30 am – 10:00 am	EDUCATION COMMITTEE / SAFETY SUBCOMMITTEE
10:15 am – 1:00 pm	BOARD OF DIRECTORS MEETING

Did you know the CAA was successful in 2010 in gaining Medi-Cal recognition of paramedic-level care?

Join the CAA as we build on this momentum and continue our successful strategies to reform the broken Medi-Cal payment system!

Please complete the various registration forms included with this brochure.

For questions regarding the Annual Legislative Summit, please contact CAA at 877.276.1410 (toll free), kingersoll@the-caa.org, or www.the-caa.org.

ANNUAL LEGISLATIVE SUMMIT

Legislative & Regulatory Briefing

While a Medi-Cal rate increase is a priority issue, the Annual Legislative Summit will also address other legislative and regulatory priorities the CAA is monitoring:

- Medi-Cal Rate Increase
 - Quality Assurance Fee – Assessment of an ambulance QAF
 - Legislation – Options to achieve ambulance rate increase
 - Litigation – Status of federal and state Medi-Cal lawsuits
- Medi-Cal Implementation of HCPCS Codes – Timing of state implementation
- Grandfather Status Under EMS Act Sections 201 & 224 – Proposed legislative and regulatory changes to the “grandfather” clauses of the EMS Act under Sections 201 & 224
- Status of State Budget – Potential impacts on ambulance providers
- Healthcare Reform Implementation – Initial roll-out of the state and federal framework
- EMS an Essential Component of the Healthcare Safety Net – Success of ambulance issues depends on increasing awareness among the public, elected officials and policy makers

Medi-Cal Rate Increase Critical to the Health of California’s EMS System

The CAA will continue its efforts to seek a desperately needed Medi-Cal rate increase, as Medi-Cal continues to severely underfund ambulance services:

- Medi-Cal rates cover about one quarter of the cost of service
- Medi-Cal rates are about one third of Medicare rates
- 90% of Medi-Cal ambulance transports were emergencies in 2009
- Healthcare reform implementation is projected to increase Medi-Cal transports by 25%
- Medi-Cal is underfunded by approximately \$165 million per year

Does your elected official know why Medi-Cal ambulance reimbursement is a priority?

Join the CAA at the Annual Legislative Summit

To be held January 31 – February 2, 2011 at the Sheraton Grand Hotel in Sacramento. Participate in statewide efforts to advocate for ambulance issues, especially the critical tasks of generating a Medi-Cal rate increase.

- Never met with your legislator? Join the CAA for custom designed tools and strategies on how to meet with your elected official.
- An experienced advocate? Join the CAA to lend your expertise in generating legislative support on key ambulance issues.
- Volunteer or government agency provider? Join the CAA in creating a unified voice as the issues facing California’s provider community impact all providers equally.
- Not a member? Join the CAA to maximize our collective effort to protect your business.

HEALTH CARE’S ESSENTIAL FIRST RESPONDERS



CALIFORNIA AMBULANCE ASSOCIATION



2520 VENTURE OAKS WAY, SUITE 150
SACRAMENTO, CA 95833 • www.the-caa.org
877.276.1400 (toll free) • 916.924.7323 (fax)

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HOTEL INFORMATION

HOTEL INFORMATION —

Sheraton Grand Sacramento Hotel
1230 J Street, Sacramento, CA 95814
916.447.1700 • 800.325.3535 • www.sheraton.com

Hotel Rate

Guest Room Rate: \$155.00

Hotel Reservations

For reservations, please call 916.447.1700 or 800.325.3535
Hotel cut-off date: January 3, 2011

Parking/Directions

From Interstate 5 exit at J Street. Proceed on J Street, and the hotel will be located on the right-hand side between 12th and 13th Streets. Self-parking and valet parking available on-site.

Please complete the various registration forms included with this brochure.





CALIFORNIA AMBULANCE ASSOCIATION

ANNUAL LEGISLATIVE SUMMIT

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— REGISTRATION FORM —

Early registration deadline is Friday, January 14, 2011

Full registration fee includes refreshments, committee meetings, legislative workshop, materials, networking reception and dinner. Attendance at committee meetings requires a full or single day registration. There is an additional \$10 per person charge for registration after the deadline and for on-site registration.

COMPANY —

Company _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____

ATTENDEES —

Name	Title	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

EARLY REGISTRATION

CAA MEMBERS —

	# People	Total
Full Registration	_____	@ \$130 = \$ _____
Full Registration, Additional Attendees (from same company)	_____	@ \$105 = \$ _____
Dinner Only (Guest)	_____	@ \$70 = \$ _____
Monday Single Day	_____	@ \$105 = \$ _____
Tuesday Single Day	_____	@ \$105 = \$ _____

NON-MEMBERS —

Non-members may register at the member rate if a completed CAA Membership Application is submitted with the registration form.

Full Registration	_____	@ \$195 = \$ _____
Full Registration, Additional Attendees (from same company)	_____	@ \$155 = \$ _____
Dinner Only (Guest)	_____	@ \$95 = \$ _____
Monday Single Day	_____	@ \$155 = \$ _____
Tuesday Single Day	_____	@ \$155 = \$ _____

REGULAR REGISTRATION

For registration forms received after January 14, 2011, add: _____ @ \$15 = \$ _____

TOTAL \$ _____

PAYMENT —

Check payable to California Ambulance Association Mastercard Visa American Express

Card Number _____ Exp Date _____ 3-4 Digit CID _____

Name on Card _____

Address (if different from above) _____

Signature _____

Early registration deadline is Friday, January 14, 2011. Cancellations must be received in writing by January 21, 2011. No refunds shall be given after January 21, 2011. Registration may be transferred to another individual within the same company. Please complete and return to:

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



CALIFORNIA AMBULANCE ASSOCIATION

ANNUAL LEGISLATIVE SUMMIT

FEBRUARY 1, 2011 • SHERATON GRAND HOTEL, SACRAMENTO

— LEGISLATIVE APPOINTMENTS FORM —

Legislative Appointments Form due Friday, January 14, 2011

Appointments will be made through the offices of Aprea & Micheli as they are received. Confirmation of your appointment(s) time and location will be faxed or e-mailed directly to you. Please contact Lynne Carey at (916) 448-3075 or lcarey@apreamicheli.com for questions regarding legislative appointments. You must complete this form for Aprea & Micheli to make legislative appointments.

COMPANY —

Company _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

ATTENDEES —

Names of individuals from your company who will be making visits to legislators:

Name	Title	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEGISLATORS —

Names of legislators (Senate and Assembly members) in the district of your RESIDENCE and the district in which you conduct BUSINESS:

Your RESIDENCE Legislators

Your BUSINESS Legislators

Please complete and return this form no later than Friday, January 14, 2011 to:

APREA & MICHELI, INC.

1415 L Street, Sacramento, CA 95814

916.448.3075 (phone) • 916.448.3094 (fax) • [Lynne Carey, lcarey@apreamicheli.com](mailto:lcarey@apreamicheli.com)



CALIFORNIA AMBULANCE ASSOCIATION

CAAPAC

— 2011 PLEDGE FORM —

I AM PLEDGING:

- | | |
|---|--|
| <input type="checkbox"/> \$100 – \$499 BRONZE | <input type="checkbox"/> \$500 – \$999 SAPPHIRE |
| <input type="checkbox"/> \$1,000 – \$1,499 EMERALD | <input type="checkbox"/> \$1,500 – \$2,499 RUBY |
| <input type="checkbox"/> \$2,500 – \$6,500 DIAMOND | <input type="checkbox"/> \$2,600 52/50 (\$50/week for 52 weeks) |

MY PLEDGE for \$_____ is made in (check appropriate):

- One annual payment
 Semi-annual payments
 Quarterly payments
 Monthly payments
 Please send me a reminder notice as needed to accommodate the above
 Yes
 No

PAYMENT —

- Business or personal check payable to: CAAPAC

Please return a copy of this form with your check.

We are unable to accept checks made payable to the California Ambulance Association or CAA.

- Mastercard
 Visa
 American Express

Card Number _____ Exp Date _____ 3-4 Digit CID _____

Name of Card _____

Address (if different from below) _____

Signature _____

California Election Law requires that you provide the following information with your contribution:

Name _____

Address _____

City _____ State _____ Zip _____

May we have your office phone for our records _____

Employer _____

Occupation _____

Contributions to a State PAC, such as CAAPAC, from an individual, corporation or other entity are limited to a maximum of \$6,500.00 annually. **CAAPAC ID #890111.**

California law requires political committees to report name, mailing address, occupation and name of employer for each individual whose contributions aggregate \$100 or more in a calendar year. Please help us comply with state law by providing the information requested above.

Voluntary contributions or gifts to the California Ambulance Association Political Action Committee are not tax deductible. Please consult with your tax or legal advisor.

Name _____ Signature _____ Today's Date _____

CALIFORNIA AMBULANCE ASSOCIATION POLITICAL ACTION COMMITTEE

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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— SPONSORSHIP FORM —

This agreement will constitute the entire understanding of our company's sponsorship of _____ (Name of event you are sponsoring from list below) which will occur during the Annual Legislative Summit of the California Ambulance Association. I have reviewed the document titled "Annual Legislative Summit – Sponsorship Form" and understand the benefits that will be provided to our company in return for the sponsorship and the obligations of our company as a sponsor of the event. Signature _____ Date _____

COMPANY / ATTENDEE INFORMATION —

Company _____ Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____
Attendee Name _____ E-mail _____

CONFERENCE SPONSOR — January 31 – February 2, 2011

\$2,000 or \$500 (4 available)

The conference sponsor(s) will be recognized at all events occurring during the Annual Legislative Summit. The Conference Sponsor will be recognized through company name recognition on signs for the event and recognition by emcee of event. In addition, the Conference Sponsor will be allowed to display promotional / marketing material at the Registration Desk. The Conference Sponsor will receive a free full page advertisement (¼ page if split 4 ways) in an upcoming issue of *The Siren*. This sponsorship includes 1 registration to the event. Additional registrations may be purchased by completing the registration form.

RECEPTION SPONSOR — February 1, 2011

\$750 or \$325 (2 available)

The reception sponsor shall receive a sign and verbal recognition at the event and a table for displaying promotional / marketing material during the reception. This sponsorship includes 1 registration to the event. Additional registrations may be purchased by completing the registration form.

DINNER SPONSOR — February 1, 2011

\$1,000 or \$500 (2 available)

The dinner sponsor shall receive a sign and verbal recognition at the event and a table for displaying promotional / marketing material at the dinner. This sponsorship includes 1 registration to the event. Additional registrations may be purchased by completing the registration form.

COFFEE BREAK SPONSORS — January 31 – February 2, 2011 (Please select one)

- Monday, January 31, 2011 (1:00 pm – 5:30 pm) – \$250
- Tuesday, February 1, 2011 (7:30 am – 10:00 am) – \$500 (includes continental breakfast)
- Wednesday, February 2, 2011 (7:30 am – 1:00 pm) – \$250

PAYMENT —

Check payable to **California Ambulance Association** Mastercard Visa American Express
Card Number _____ Exp Date _____ 3-4 Digit CID _____
Name on Card _____
Address (if different from above) _____
Signature _____ Amount to be charged: _____

Sponsorships will be awarded on a first paid, first served basis. A minimum 50% deposit is due upon signing this agreement with the balance due by January 21, 2011.

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