



Siren

Spring 2024

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

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CAA Vision

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

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

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President's Message

Jaison Chand
President
California Ambulance Association

Welcome to the Spring 2024 edition of the *Siren*. As we venture into the new year, our efforts have been focused on the upcoming legislative session and working through the recent reimbursement challenges.

I'm looking forward to meeting our Stars at the California Ambulance Association Stars of Life Celebration. This event not only honors our teams and their commitment to excellence, but also serves as an important platform to showcase the strength of our organization at the Capitol.

As the 2024 legislative season begins, our Legislative Committee, AB716 subcommittee, and government affairs consultants have been meeting frequently to plot out this year's political strategy. Our focus remains on reimbursement with Medi-Cal reimbursement for non-emergency transport as the primary target. We are looking at both legislative and potential budget process solutions.

AB 716, California's balanced billing legislation was signed into law on October 8th, 2023. While the legislation brought some positive changes in ensuring patients were protected from insurance companies underpaying, it is bringing our providers new challenges in payor behavior. Our Board and consultants are working with the LEMSA administrators, EMSA and insurers to ensure the correct application of the law.

Progress is underway to facilitate our sponsored AB902 bill, signed into law by Governor Newsom on July 27, 2023, which mandates the owners or operators of a toll facility to enter into an agreement for its use. Our teams are actively engaged in enabling this legislation for Northern and Southern California.

I encourage everyone to actively participate in our various committees, briefings, Town Halls, education programs and events. The invaluable contributions of our volunteer leaders ensure that we deliver maximum benefit to our members and effectively represent their interests.

See you at the Capitol!

2024, here we come! ✨

Jaison Chand



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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Join the California Ambulance Association

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

Executive Director's Report



Rob Lawrence
Executive Director
California Ambulance Association

It's already March – time seems to be flying by, especially as we continue to pursue the mission of CAA: *"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."* In this issue of the *Siren*, our committee leaders provide updates on recent events and decisions affecting us all. We welcome new contributors, including commercial members Alex Dantzig, who shares insights on ambulance Insurance and Risk Management, and Jonathan Feit, who explores the exciting future world of Artificial Intelligence.

As we go to print – we're thrilled to be in Sacramento for our annual Stars of Life

ceremony, engaging with elected officials in the Assembly and Senate. This year, we're particularly excited to introduce our remarkable stars to our state Capitol after a few years of limited engagement due to the pandemic and construction work. We'll be sharing images and stories of our stars across our social media channels and in the next edition of the *Siren*.

I'd like to give a special shout out to the Education and Operations Committees this month for their outstanding work. Our Ready Next Leadership education series, now in its second year, offers bespoke sessions for up-and-coming and junior leaders, available on demand in the member section of the CAA website. Additionally, the Operations committee

has undergone a renaissance, addressing practical operational issues and sharing solutions to aid our members. If your operations leaders aren't on this committee yet, now is the time to sign up.

Recently, we mapped the geographical locations of our members and cross-referenced them with their locally elected officials and EMS agency affiliations. The association's coverage spans nearly every county in the state, from Del Norte in the North to San Diego in the South, through our 54 ambulance operating members. Danielle Thomas beautifully encapsulates the essence of being an EMT or paramedic across our vast geography in her think piece in this edition of the *Siren*, *"To sum up, being an EMT or a paramedic is far more than just a job – it's a calling, a vocation, and a noble pursuit dedicated to serving others and making a difference in the lives of those in need. So, the next time an EMT or paramedic finds themselves thinking, 'I'm just an EMT' or 'I'm just a paramedic,' let's remind them of the profound impact they have on their patients, their communities, and the healthcare system. There's nothing 'just' about it – being an EMT or a paramedic is a badge of honor, a testament to their courage, compassion, and unwavering dedication to saving lives and making the world a better place."* True!

Thank you and enjoy this edition of the *Siren!* *



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The California Ambulance Association is now welcoming non-members to subscribe to the *Siren* magazine. Published quarterly, the *Siren* is a comprehensive source of information on issues that are important to the ambulance industry. Contents include feature articles, association educational and networking events, legislative updates and analysis, member news and much more.

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LIFELINE AMBULANCE



From “Just” to Jive: Celebrating EMS Culture in a Pop-Culture World



Danielle Thomas
Chief Operating Officer
LifeLine EMS

If EMS was pop culture, we would celebrate our interactions all day long. We would see an Instagram post boasting “Brought my patient to dialysis today, she’s slaying it in the chair #regalrenal” or “Working my 12 today, look how cute I look! #instagood.” What a world it would be if we celebrated our EMSers like we celebrate the grammy award winner (#Tswift).

The point being this: The work our EMTs, Paramedics, and CCT Providers do is nothing short of amazing. Remember COVID-19? It was not that long ago that we were being hailed as “Healthcare Heroes,” essential personnel. Just because the world is not celebrating us in the same manner, and continuous shout out to the grocery store workers and truck drivers #btw, doesn’t mean we can’t draw attention to the constant lifesaving and health care continuum enhancing ambulance services. Whether we are praising the work of the

early recognition of a STEMI and immediate activation of the Cath lab status post resuscitation or we are acknowledging all the crews in southern California who worked the early February atmospheric river or the heavy snow in the mountain areas. The tough work seems less than sexy sometimes but is crucial to our community.

Collectively, there are 3,600 licensed ambulances in the state of California. The

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CAA reports we have over 80,000 licensed EMTs and Paramedics in the state. In 2021, over four million EMS calls were run, with significant increases in the few years. Think about how many engagements our crews perform, how many assessments and amazing patient experiences we have managed to create.

Many of us are familiar with the concept of what if EMS was a Disney industry and how fantastic would the patient experience be? Well let's take a minute to celebrate our people wanting to provide the 5-star treatment for our patients. Whether emergent, interfacility transport or discharge, each experience can be unique for all involved. The commonly viewed mundane experience of a dialysis run could be treated as hanging out at the Lakers game with Kardashians.

What makes an experience exciting and enjoyable, what makes it to your story? Reframing the work that our EMS clinicians do to celebrate each call. CAA Stars of Life acknowledges the above and beyond, it is up to us to acknowledge what seems to be ordinary, but in fact, rather extraordinary daily work of our Teams. If you have ever made it to the Magic Hotel in LA, you'll experience the Power of Moments. Upon your return, you will boastfully comment about the Popsicle Hotline and the free snacks, in an otherwise average-looking hotel with average prices and a sub-par pool. The experience though, awww it's so good, and memorable, you'll associate the name, and that time in your life with something good and maybe smile. Let's assume, just for a moment, that each patient transport, regardless of the outcome, includes the attitude that this is a special moment in everyone's life. Boom, posted. #bestworstdayever

The meaningful work that our EMSers produce is a substantial contributor to how the patient feels. With a low "true emergency" percentage of calls, the style, communication, and effort may be more needed than their clinical skill set.

When the EMT finds themselves thinking, "I'm just an EMT," that is a result of years of

community lacking understanding of the role and recognizing the work to be done. When that team member advances to the paramedic level, you may hear, "I'm just a paramedic." Just?

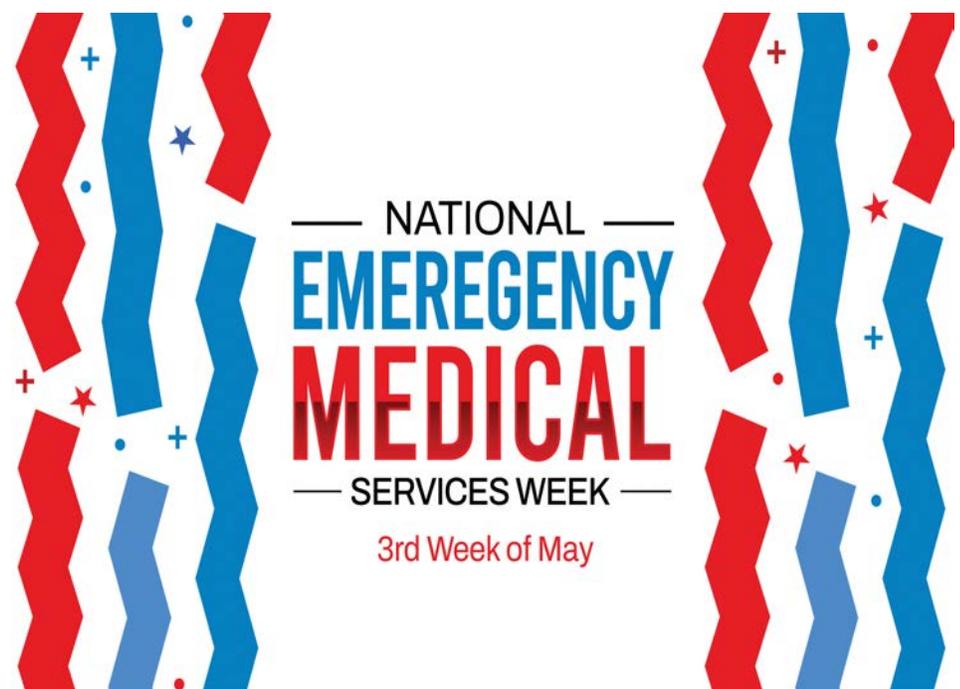
In essence, being an EMT or a paramedic is far more than just a job – it's a calling, a vocation, and a noble pursuit dedicated to serving others and making a difference in the lives of those in need. So, the next time an EMT or paramedic finds themselves thinking, "I'm just an EMT" or "I'm just a paramedic," let's remind them of the profound impact they have on their patients, their communities, and the healthcare system. There's nothing "just" about it – being an EMT or a paramedic is a badge of honor, a testament to their courage, compassion, and unwavering dedication to saving lives and making the world a better place.

Yet, for all their dedication and sacrifice, EMS personnel often find themselves overlooked or undervalued by society. The lack of recognition and appreciation for their contributions can take a toll on morale and lead to feelings of frustration and disillusionment. It's essential to acknowledge the immense value of their work and the profound impact they have on the lives of those they serve. From the

adrenaline-pumping moments of a high-stakes rescue to the quiet compassion of holding a patient's hand in their final moments, the stories of EMS professionals are filled with drama, emotion, and humanity.

If we treated each call like it was our call; if we considered the importance of each and every ePCR synced; if we valued the punch in like, it was gold. If we engaged with each team member like the interaction mattered, every time. If we thought of every call like it was the trendiest restaurant, a hike we liked, or the latest Tik Tok dance. We may just create a culture and promote recruitment into the latest viral career in healthcare, EMS.

As we reflect on the incredible work of EMS professionals, let us commit to celebrating their contributions, supporting their efforts, and honoring their sacrifices. Not with a pizza during EMS week, a tumbler for their water or a logoed Tee. But rather with consistent and constructive feedback, livable wages, and an environment that recognizes the everyday as magic. Together, we can shine a spotlight on the unsung heroes of EMS and ensure that their invaluable work is never overlooked or forgotten. After all, proving a career growth strategy ensures that they won't be "just a paramedic," just like me, forever. *





The Powerful Potential for Artificial Intelligence in Mobile Medicine and Fire

Jonathon S. Feit, MBA, MA
Co-Founder and Chief Executive
Beyond Lucid Technologies, Inc.

EDITOR'S NOTE – This article was first published by Jonathan in JEMS – The Journal of Emergency Medical Services and is reproduced here with their permission.

Around 2009, at Carnegie Mellon University, my colleague Chris Witt and I designed a set of algorithms to determine the best place to transport patients, based on a range of factors and accounting for critical contexts like surges due to terrorist events involving hospitals, weather emergencies, and infectious disease outbreaks.

Our concept derived from on my personal experience living in Pittsburgh, near one end of a bridge. The other end is equidistant from three hospitals. Here is a theoretical but not impossible scenario: Assume that a car crash at the end of the bridge is precipitated by a myocardial infarction. The impact of the crash sparks a fire that penetrates the vehicle. The ambulance crew arrives on-scene to find a patient who has experienced major trauma, is in the midst of a heart attack (the severity of which is still unknown), and who risks significant full-body burns.

The equidistant hospitals specialize in, respectively, trauma, cardiology/STEMI, and burns. Where should the crew take the patient? We can make the scenario more complicated by adding a child into the mix, or a disability, or a POLST form that is on file for the patient but which the crew in the field doesn't know about.

It turns out that humans aren't great at these multivariate calculations. Computers, on the other hand, are outstanding at them. The reasons for the distinction are fascinating and essential: humans evolved to rely on biases and excellent pattern recognition – not to solve for stochastics (that is, randomness). Most of us also have a sense of ethics, medical and otherwise. We might make assumption about traffic patterns, or the time it would take for a patient to be seen at one facility or the other. We might neglect to consider (or simply fail to incorporate, perhaps because we didn't know at the time) both clinical

and non-clinical details, like whether the patient is a hemophiliac – or if the patient's religious beliefs preclude interventions such as blood transfusions.

Turns out that some patients are more terrified of medical debt – for example, if they get transported to a hospital that won't take their insurance – than they are of a longer, more painful recovery. Turns out, some considerations flip the order of preferred destination for good reasons, or for reasons that may be only look good in the eyes of the patient at the time. If only such information could be included as part of the decision-making calculation, in a split second, while standing at a patient coding alongside a burning car.

“Optimization” is the math behind the evaluation of who to take where, when, and why. Carnegie Mellon University – my alma

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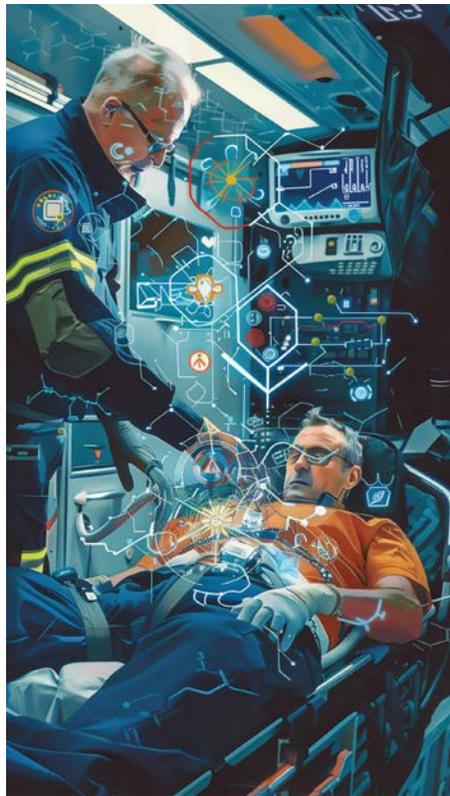
mater, and where my company was born – alternates with the Massachusetts Institute of Technology as either first or second best in America at this type of science. Some years after graduating, I had the opportunity to speak with Baxter Larmon, then Director of the UCLA Center for Prehospital Care. Although he cautioned me against using the phrase “Patients as Packages” in public, for political reasons more than anything related to the words themselves, on multiple occasions since our first chat I have thought to myself: “How appropriate it a description!” Ambulances are, in fact, trucks hauling *most precious* cargo, handled (hopefully) with care.

Moreover, if our profession learned from the likes of FedEx and UPS, across the board we would likely enjoy more efficient and profitable operations – because logistics companies are exceedingly good at optimization problems whose complexity is based on the relationship between the requirements and its constraints. This might seem obvious, but when applied to a 250 patient population following a shooting on the Las Vegas Strip; or the rapid evacuation of children from schools in Texas or Nashville – and we haven’t even accounted for the unique needs of children with disabilities, for instance – or the potential need to relocate and protect millions of people bracing for impact from a storm in Florida, Louisiana, Alabama, Texas, or, for that matter, New York and New Jersey ... the logistics get really complicated, really fast.

Do I simply take my patient to the closest facility? How do I know which facility is the right one, and whether or not it has space and specialization? In San Francisco – this is bonkers, in the beating heart of the world’s technology ecosystem – for years much of this calculation has been done using a physical map and a radio (!!!). But now, all the rage among technologists, investors, journalists, and government wonks is the potential impact of ChatGPT and other artificial intelligence programs on ... well ... everything.

More than three years ago – a few months ahead of the COVID-19 pandemic – I argued

all of the above at a conference called Intelligent Health AI in Basel, Switzerland, highlighting that algorithms developed eleven years earlier were still relevant and needed. Fast-forward to 2023, and only do the algorithms remain an excellent fit for strong decision-making, but in light of the COVID-19 pandemic, weather disasters that are growing in size and ferocity, and the twin deadly scourges of shooting and shooting up, something beyond “get ‘em and go” is warranted during everyday Mobile Medical encounters – and *even more* so when capacity is going to be constrained. Yet field crews’ reliance on data-driven, “A.I.-powered” decision-making in disaster response, patient routing, heads-up awareness of key clinical context, and family reunification, is still effectively nonexistent in the United States.



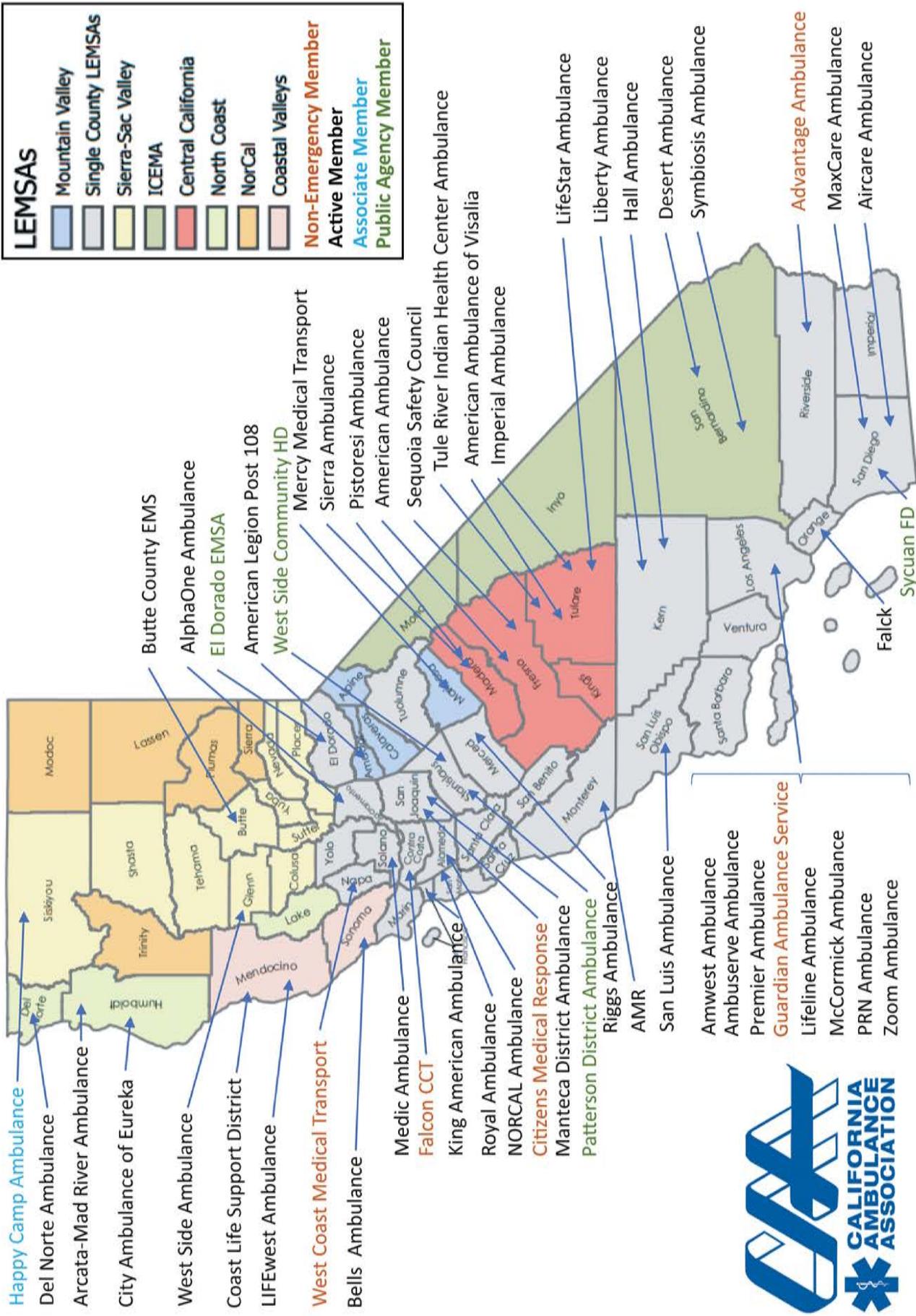
Ironically, even further back – in 2017 – I was quoted in *Becker’s Hospital Review*, in an article called “How artificial intelligence apps are changing patient engagement.” I told the author that A.I. “closes a critical set of gaps. Reading pieces of paper when you need to be taking care of a patient is a problem.” It’s even worse when there are many patients in dire need of help.

We have only barely contemplated the value of A.I. to facilitating real-time matching of patients and conditions – to go past conveniences like reducing charting time (seems a bit risky to have ChatGPT write your ePCR narrative...) or improving billing and collections. Push further: past “Minority Report” and “Total Recall.” (Bypass “Idiocracy” entirely, please.) What if we deploy technology *now* that does more than system status management, telling agencies how long their rigs have been sitting, waiting, waiting, *waiting*... What if we fix the problem by keeping the delays from happening in the first place, by accounting for clinical and environmental conditions, capacity, economics, service delays, whether the patient should be cared for in place, and even gas mileage.

We can automate notifications so nurses know how long they have to get a patient ready for discharge, which unclogs patient movement from emergency department to inpatient setting, and in turn reduces wall times. No guesswork or politics involved – rather, the argument was to manage operations using real-time data. I first heard this excellent logic from Danielle Thomas, COO of Lifeline Ambulance in Los Angeles in mid-2022; before year’s end, New York State EMS Director Ryan Greenberg presented the same argument as, essentially, the salvation for his state’s wall time challenges.

Not only is all of this doable – it is happening now, and could become standard if we embrace the idea of “patients as packages.” Dr. Larmon, of Los Angeles, disliked the phrase but Chief Mike Metro, also of Los Angeles (County, not City) was the first to ask me: Why can’t we check patients in into the hospital like we can check ourselves in for a flight? The two approaches are similar and Amazon excels at both (“your delivery is X stops away!”). Artificial intelligence can not only smooth clinical operations but boost profitability, too. Maybe then Mobile Medical professionals won’t have to worry so much about being called “essential,” because the money – like the patients – will just floooow. ✨

CAA Agency Location Map





2024



STARS OF LIFE

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PAYER ISSUES: Payment Predictability – How to Bring Certainty to the Uncertain

Doug Wolfberg
PWW Advisory Group
CAA Medicare Consultants

PWW | AG

Medicare pays for ambulance transportation under the national Ambulance Fee Schedule. Medi-Cal has prescribed rates. But most ambulance service payer mixes suffer from a complete lack of predictability when it comes to the black hole that is commercial insurance reimbursement. In this issue, we're going to look at ways in these unpredictable times that your company can boost payment predictability in this key area of your payer mix, especially given the shifting and evolving commercial reimbursement landscape.

First, Congress continues to flirt with the expansion of the Federal No Surprises Act (NSA), which currently restricts balance billing of commercially insured patients by air ambulances, to the ground ambulance sector. In addition, California adopted a ground ambulance balance billing prohibition in state law, known as AB 716. Both of these developments point to two clear pathways to improving your payment predictability: rate approval, and payer contracting. Let's tackle these one at a time.

Rate Approval

California state law, AB 716, prohibits balance billing by *noncontracted* ground ambulance services for patients as of the date of their first plan renewal on or after January 1, 2024. Before we discuss the rate approval process contained in that new law, it's important to properly apply the

law's effective date. Note carefully that the law applies to patients in 2024 depending upon when their health insurance plan renews. In other words, if a patient's health plan has an annual renewal date of July 1, then AB 716's balance billing prohibitions do not apply to that patient until July 1, 2024, since that is the patient's first plan renewal on or after January 1, 2024. AB 716 depends on the individual patient's plan renewal date. However, once the plan renews in 2024, or for any new plans issued on or after January 1, 2024, the balance billing prohibition applies as of that date. The law limits noncontracted ambulance providers to collecting only the in-network cost-sharing amounts from the patient.



A key provision of the California balance billing law states that for a noncontracted provider, the health plan must pay at the rate "established or approved" by "the

governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area," if such a rate has been established. This means that a County, a City, a District, or a Local EMS Agency (LEMSA) are all empowered to "establish or approve" ground ambulance rates, and that health plans must pay those established or approved rates to noncontracted ground ambulance providers who furnish services to the plan's enrollees. The law does not specify a process by which local governments are required to follow when establishing or approving such rates.

The California balance billing law therefore gives ambulance providers a powerful tool to work with their local agencies to establish a set of approved ground ambulance rates to help ensure they receive proper and sustainable payment levels for services furnished to commercial health plan enrollees. CAA is educating key stakeholders, including LEMSAs and others, to help explain how the California balance billing law works, and to illustrate the important role they can play in ensuring sustainable rates for the ambulance services in their systems. CAA members should engage in dialogue with their local government agencies and LEMSAs to obtain approval of their rates to establish predictable payment rates from their noncontracted insurers. It is important to

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note that the rate approval process in AB 716 can be applied both for emergency and non-emergency ambulance services, and for exclusive operating areas as well as for open markets.

Contracting

The other key strategy that ambulance services can employ to improve payment predictability in commercial reimbursement is to contract with payers. While for some companies this has been taboo, contracting with payers can foster greater predictability in your revenue cycle, and can avoid many of the hassles that confront noncontracted providers. These hassles can include partial payments, reimbursement delays, and costly and time-consuming arbitrations and appeals. Ambulance companies can improve their payment predictability by contracting with payers, and with individual facilities they serve (even if it is only on an occasional or backup basis).

Of course, when entering into a payer contract, providers must closely review the actual agreement, as the devil is most certainly in the details. We have seen many stealth provisions that can trip up an unsuspecting ambulance service, and it is always advisable to have knowledgeable legal counsel closely review these agreements to help you spot and hopefully avoid any potential pitfalls. For example, one common provision of payer contracts says something along these lines: "Ambulance Service agrees to be bound by the terms and conditions of the payer's provider manual, which may be amended from time to time." In other words, if you sign a payer agreement with a clause like this, you've basically just signed an agreement saying that the insurer can change any of the rules at any time it sees fit. So, make sure you're aware of details like these that are often buried in these agreements.

Presuming you can work out an acceptable agreement with the payer, your contracts can provide clarity and predictability in your ground ambulance payment rates. Be sure to include a provision

that automatically adjusts your rates at the time of contract renewal. These escalator clauses are most often tied to a component of the Consumer Price Index (CPI), though you can also use the annual Medicare Ambulance Inflation Factor as a yardstick.

Final Note: Setting Rates is not a Group Activity

Finally, please note that the establishment of your rates should be an individual, not a group, exercise. When competing ambulance companies work in concert to establish rates, or agree to demand a certain minimum level of payment, these efforts can run afoul of antitrust laws. Of

course, in many cases rate schedules are made public, such as through published rate schedules or local government approvals, which are required by law to be open and transparent, so reading your competitor's rates when they are made publicly available certainly is permissible.

Conclusion

As the ground continues to shift in the commercial insurance landscape, ambulance services can bring predictability to this part of their revenue cycle by utilizing one or both the strategies discussed here. Local government rate approvals and payer contracting can help achieve these goals. *



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LEGISLATIVE UPDATE

Dorian Almaraz
Prime Strategies of California, LLC

This year, the California Ambulance Association (CAA) had its most successful legislative session to date with two sponsored bills signed into law, in addition to other legislative victories. 2024 will be largely focused on continuing the fight to increase the Medi-Cal reimbursement rate for non-emergency transports and interfacility transfers.

2023 SPONSORED BILLS

AB 902 (Rodriguez): This bill clarified that the owner or operator of a toll facility is required to enter into an agreement for the use of a toll facility upon the request of a private or public local emergency service provider. *This bill was signed into law by Governor Newsom on July 27, 2023.*

AB 1376 (Carrillo): This bill stated that a private ambulance provider, and employees of that provider, when operating in accordance with the standards, regulations, policies, and protocols of local emergency medical services agencies, shall not be criminally or civilly liable for the continued detainment of a person when that detainment is requested by a peace officer, facility staff, or other professionals authorized to detain persons. *This bill was signed into law by Governor Newsom on October 8th, 2023.*

2023 BILLS OF INTEREST

AB 40 (Rodriguez): This bill requires the Emergency Medical Services Authority (EMSA) to adopt emergency regulations to develop an electronic signature for use between emergency department and emergency medical personnel, a statewide 30-minute standard for patient offload times (90% of the time), and an audit tool to improve the accuracy of such data. *This bill was signed into law by Governor Newsom on October 13th, 2023.*

AB 716 (Boerner): This bill limits the amount a health plan enrollee, insured, or uninsured person who receives services from a ground ambulance provider has to pay for services, prohibits the ground ambulance provider from billing more than a specified amount, and requires the health plan or insurer to directly reimburse a ground ambulance provider according to established or approved amounts. *This bill was signed into law by Governor Newsom on October 8th, 2023.*

SB 525 (Durazo): This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted; (3) provides a temporary waiver of wage

increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees. The CAA successfully negotiated a carve out with the author and sponsors of the bill. *This bill was signed into law by Governor Newsom on October 13th, 2023.*

2024 ISSUES

Efforts in 2024 will largely focus on increasing the reimbursement rate for non-emergency transports and interfacility transfers. This is an issue that has not been addressed in decades. Despite efforts to raise the rate in 2023 through legislation and a budget request, we fell short of accomplishing the goal. In 2024, we are building a strong and larger coalition to fight for the increase. Our biggest hurdle will be the State Budget shortfall, in which Governor Newsom announced in January is nearly \$38 Billion. Despite this obstacle, we will continue to advocate to show why a rate increase is needed.

Other efforts being considered are in the areas of emergency medical dispatch, workforce development, and wellness & peer support. Further, we will be watching all bills related to emergency medical services and determine the position of the California Ambulance Association. *

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RISK MANAGEMENT UPDATE

Alex Dantzig
Senior Vice President
Heffernan Insurance Brokers

It's an expensive time to operate a fleet of ambulances. Fuel costs are high, insurance prices are rising, and qualified employees are in short supply. Here are the trending issues impacting EMS risk management in 2024.

Insurance Rate Snapshot

Insurance prices have been climbing for a while. The total average rate increase for 2023 was 4.56% across all lines and industries. However, some lines, including commercial auto insurance, experienced much higher increases.

Q4 2023: National Rate Increase Averages, as reported by MarketScout:

- * Commercial Property: +8.3%
- * Commercial Auto: +7%
- * General Liability: +5.3%
- * Umbrella/Excess: +6.7%
- * Inland Marine: +4.3%
- * D&O Liability: +2.7%
- * EPLI: +1.3%
- * Workers' Compensation: + 0%

Claims Severity

One major factor behind commercial auto insurance increases is rising claims severity. According to LexisNexis, bodily injury and property damage severity has increased by 35% since 2019, whereas collision severity has increased by approximately 40%.

This is in line with data from the NHTSA, which shows that fatal motor vehicle crashes have increased. In 2021, there were 42,915 deaths – a 10.5% year-on-year increase.

As crash severity increases, insurance claims become more expensive. According to Fitch Ratings, higher loss severity has had a negative effect on commercial auto performance, and this is expected to continue despite price increases and underwriting changes.

Other factors driving up claims severity include both economic inflation and social inflation. Social inflation, which refers to the increase in litigation costs, has impacted liability costs, including commercial auto and medical liability defense costs and settlements.

The Doctors Company found that social inflation added up to 8% to 11% to medical malpractice losses between 2012 and 2021, which equals \$2.4 to \$3.5 billion in excess claims costs.

The impact on companies using fleets has been even greater. According to research from the Casualty Actuarial Society and the Insurance Information Institute, social inflation resulted in \$30 billion in extra U.S. commercial auto insurance liability claim payouts between 2012 and 2021.

The Cost of Doing Business

2023 continued to see a steady rise in prices across multiple sectors. Consumers and businesses experienced a general 3.4% rise in costs for all items between December 2022 to December 2023, according to the U.S. Bureau of Labor Statistics.

It's easy to see why ambulance operators may be struggling with rising overhead costs based on the following data from American Transportation Research Institute (ATRI) and EMS1:

- * Per mile fuel costs increased by 53.7% between 2021 and 2022.
- * Repair and maintenance costs increased by 12% between 2021 and 2022.
- * Staff who report that they are planning to leave their employers in the next 3-5 years increased by 124%.

These factors, combined with rising insurance rates, challenge operators' profitability – making diligent risk management more important than ever.

The Ambulance Worker Shortage

A recent EMS Trend Report from EMS1 and Fitch & Associates found that for the past four years, employee retention has

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emerged as a critical issue. More than 86% of respondents indicate their organization has faced staffing challenges in the last three years, and 48% of respondents have considered quitting or retiring early based on staffing challenges.

In addition to leading to higher operating costs, high turnover can increase your organization's loss exposures in numerous ways. Understaffing can result in workers who have stressful workloads or excessive hours, putting them at risk for burnout and fatigue. New workers are also more accident-prone due to their lack of experience. In fact, the Travelers Injury Impact Report found that more than one in three workplace injuries occur during a worker's first year on the job.

To manage these risks, ambulance operators may need to get creative about recruitment and retention. Some strategies include providing consistent education and trainings opportunities, reducing the minimum applicant age, and eliminating certification before hiring. Tactics such as reaching out to recruits on social media, attending career fairs and providing stipends for equipment and cadet programs could also help employers reach more candidates. (Warning! When changes to hiring policies could impact risks – for example, reducing the minimum hiring age – discuss your plans with your insurance carrier prior to implementing.)

EMS Worker Mental Health

The stressful nature of the job, exposure to human suffering and long shifts may all contribute to mental health issues among EMS workers. Research published in the Journal of Emergency Medical Services (JEMS) shows that EMS workers have an increased rate of depression, anxiety, fatigue, sleep disorders, suicidality and PTSD. Among the general population, 20% will experience mental illness, but among EMS workers, this figure jumps to 30%.

Finding ways to protect workers on the job could help curb employee turnover. In the EMS Trend Survey, 43% of respondents reported having less time to access health

and wellness support, and 39% felt their safety is at greater risk.

EMS leaders can help by promoting a culture of wellness and inviting health insurance providers to proactively share resources to support employees who may not seek it out themselves.

Workers who are struggling to find time to access care may also benefit from convenient telemedicine options for both mental and physical health.

Risk Management Controls to Consider

There are limited insurance carriers in the EMS & NEMT space, and all are looking to insure the best in class. You can improve your organization's ability to secure top-notch coverage with proactive risk management that helps you stand out amongst your peers.

* **Enhance your safety training.** For training to be most effective, it should be mandatory, well documented and held throughout the year.

* **Have drivers complete EVOC/CEVO training.** This training should occur at the time of hire and at least every other year after that.

* **Implement formal risk management programs.** These programs should include fatigue management and an injury and illness prevention program.

* **Embrace telematics.** Telematics systems like Samsara are becoming a minimum requirement by many insurance carriers. These systems can also inform your training and limit liability during a crash.

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Prepare for Your 2024 Insurance Renewal

With costs high, operators are looking to save money wherever possible. However, since risks are also high, it's important to have sufficient insurance coverage.

- * **Start preparing for your renewal early.** Difficult market conditions mean you may need extra time to shop around and prepare your submission. Make sure your broker has personal relationships with the underwriters.
- * **Reassess your coverages.** High inflation means property replacement cost and repairs will be more expensive. Ask your insurance partner to run Marshall & Swift reports on all properties. Look at deductibles, captives and other risk sharing tools to keep your costs down.
- * **Control your risks.** Good risk management practices can help you avoid expensive claims, limit your liability, and, ultimately, lower your insurance costs. In addition to good hiring practices, smart policies, and robust training, explore programs targeting burnout, creative recruitment strategies and continuing education to reduce cost and control risks.

Business insurance is one of the largest expenses on your balance sheet, making proactive risk management crucial. Don't take shortcuts. By investing in risk management measures now, you can take control of your total cost of risk for years to come. *



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Nominations open in early 2024. More information to come.

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The advertisement features a background image of an ambulance interior with a stretcher. The text is centered and uses a mix of serif and sans-serif fonts. Two thick orange horizontal bars are positioned below the 'CARESTAR FOUNDATION' text.



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OPERATIONS UPDATE



Max Laufer
Maxcare Ambulance
Brian Meader
Medic Ambulance

CAA Operations Co-Chairs

Have you attended an Operations Committee meeting? If you answered “yes,” then great! But if you answered “no,” we are curious why not? What are you waiting for? These meetings are held the second Tuesday of each month at 10am, and last about 45 minutes to an hour. With co-chairs Brian Meader and Max Laufer leading the discussions of this group you are sure to find value whether you’re an IFT or 911 provider. This is a group led committee

that wants everyone to be involved. We not only *want* your input, but we also *need* it to establish a pulse on the issues you are facing. While many of us may be facing the same challenges, some have our own unique issues. This group is here to help and support one another.

We have had great discussions this year surrounding 5150’s, from the use of restraints to the passing of AB1367. We have also had

discussions about dashcams, created a Safety Track to review policies such as Injury Illness & Prevention and Driving Safety.

This committee is what you make of it. If you want to create a discussion surrounding a topic or issue that you’re dealing with, please speak up. We want to help solve issues together, to make your day-to-day operations as smooth possible. See you at our next meeting! *

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Best of Luck in Your Retirement, Joe!

Carol Meyer
Co-Chair, Legislative & Agency Relations Committee
McCormick Ambulance

Joe Chidley began his EMS career as an Emergency Medical Technician in 1982, at the age of 18 working for his family's ambulance company. He became a paramedic in 1985, Los Angeles County Certification #P1001. He worked for the private ambulance industry all his life and eventually became a company owner.

Joe's family founded McCormick Ambulance in 1962 and participated in a pilot program spearheaded by then County Supervisor Kenneth Hahn which furnished the first Heart Car before the advent of the Wedworth-Townsend Paramedic Act.

In 2002, McCormick Ambulance became part of Westmed under the direction of

Westmed's Chief Executive Officer, Joe Chidley and other owners. Under his leadership, the company remained focused on the ideals and values that kept it running strong for over five decades and became one of the major EOA companies providing outstanding EMS transportation services. When Westmed sold to AMR in 2017, Joe remained at McCormick as the Director of Operations until December 31, 2023.

Carol Meyer, CAA's Legislative Chair said "Joe's legacy of leadership, professionalism and cooperation will continue to inspire all of us. He is known by the Los Angeles County EMS Agency as the guy to call because he was always willing to go the extra mile. Thank you, Joe, for the wisdom and guidance you gave to so many young people entering the EMS world. You taught them industry professionalism and they all came to respect and admire you. Wishing you a retirement as extraordinary as the dedication you showed throughout your EMS career."

Joe always encouraged new EMS providers to continue pursuing careers in medicine, firefighting, law enforcement and EMS. He fostered strong relationships with public providers in Los Angeles County and in the state. After 42 years of outstanding service and leadership to the citizens of Los Angeles County, the CAA extends best wishes to Joe Chidley for a healthy, and prosperous retirement. *





CAA Newsletter 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.

ARTWORK SPECIFICATIONS

Please submit ads digitally where possible (PC format, not Mac) either on CD, zip disk, floppy disk, 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
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 I need assistance designing a new ad (we will discuss design rates separately)

PAYMENT TERMS

Advertisers are billed after their ad appears. A frequency discount is given to those who agree in writing (ie. this signed contract) to advertise in every issue of the calendar year, or in an equal number of consecutive issues. If the written agreement is not fulfilled, the advertiser is liable for the one-time rate charges. Advertisers who submit an ad contract but fail to submit artwork by the publication deadline will be invoiced.

AD SIZES AND RATES

Ad Size (WxH)		1x Rate	4x Rate
2 Page Spread	(16" W x 9 1/8" H)	\$1,000	\$900
Full Page	(8 1/2" W x 11" H)	\$750	\$675
2/3 Page	(5" W x 10" H)	\$450	\$405
1/2 Page Horizontal	(7 1/4" W x 4 1/2" H)	\$400	\$360
1/2 Page Vertical	(3 1/2" W x 9 1/4" H)	\$400	\$360
1/4 page	(3 1/2" W x 4 1/4" H)	\$200	\$180
Business Card	(3 1/2" W x 2 1/4" H)	\$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.

CONDITIONS

- 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.
- No advertiser is guaranteed placement, but every attempt will be made to provide the desired position.
- Publisher reserves the right to revise, reject or omit any advertisement at any time without notice.
- CAA accepts no liability for its failure, for any cause, to insert advertisement.
- Publisher reserves the right to publish materials from a previous advertisement if new materials are not received by material deadline.
- The word "advertisement" will appear on any ad that resembles editorial material.
- Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk and should be clearly marked to facilitate return.
- No verbal agreement altering the rates and/or terms of this rate card shall be recognized.
- All advertisements, layout and designs produced for the advertiser by CAA's Graphic Staff will remain the property of CAA.
- All requests for advertising must be in writing, in the form of this signed contract, for the protection of both the advertiser and CAA.
- Once an order for advertising is placed, it cannot be withdrawn or cancelled in whole or in part.
- By signing this contract, advertiser agrees to pay in full for reserved space, even if the ad is not run due to lateness or absence of materials.

PLACING YOUR AD

To place an ad, complete the form below and mail or fax to: CAA, 2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833 • (916) 924-7323 - fax. **Do not e-mail.** CAA will not run your ad without this contract.

Name of Company/Organization Being Advertised: _____

Billing Contact: _____ Billing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Agency or Advertising Representative (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

Person to Contact with Artwork-specific Questions (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

I agree to place a _____ size ad in the following issue(s), and to be billed at a rate of \$ _____ per issue: (note: The multiple-issue rate can apply to any consecutive series of issues starting at any point in the year. If you choose the multi-issue rate, please number your first issue "#1" below, and the other issues as they occur chronologically. See condition #5, above.)

_____ Summer _____ Fall _____ Winter _____ Spring
Material Deadlines: **April 26, 2024** **July 14, 2024** **November 8, 2024** **February 7, 2025**

METHOD OF PAYMENT

Total \$ _____ Please check one:

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Return completed form and payment by mail or fax to: California Ambulance Association, 2520 Venture Oaks Way, Suite 150 • Sacramento, CA 95833 • (916) 924-7323 - fax

For more information, contact us at: (916) 239-4095 - phone • (877) 276-1410 - toll free • www.the-caa.org



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Schedule of Events

TUESDAY, MARCH 19, 2024

- 10:00am - 12:00pm **Board of Directors Meeting** (Medic Ambulance)
- 11:30am - 12:00pm **Registration Open** (Medic Ambulance*)
- 12:00pm - 1:30pm **Lunch** (Medic Ambulance*)
- 1:30pm - 2:00pm **Station Tour** (Medic Ambulance*)
- 2:00pm - 4:00pm **Ready, Next! Presentation** (Medic Ambulance*)
- 5:30pm - 6:30pm **Welcome Reception Hosted by the CAA Board of Directors** (Sheraton Grand Hotel*)

* All registrants are encouraged to attend the events taking place at Medic Ambulance on Tuesday afternoon. The address is 3300 Business Drive, Sacramento, CA 95820.

WEDNESDAY, MARCH 20, 2024

- 7:30 am **Registration Open**
- 7:30 am - 8:00 am **Breakfast Buffet**
- 8:00 am - 9:30 am **Welcome, Medal Presentation & Program**
- 9:30 am - 10:30 am **Group Photo**
- 10:30 am - 5:00 pm **Legislative Appointments**
- 5:00 pm - 6:00 pm **Stars of Life Reception****
- 6:00 pm - 8:00 pm **Stars of Life Awards Dinner****

** Stars of Life Recognition. Guests are welcome to attend. Guest tickets are \$100 per person.

