



Summer 2025

Siren

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



The 2025 Stars of Life

Creating Impact as an EMS Leader
Who's Coming For Us?
MedPAC Against Medicare Increases

Celebrating EMS Award Nominees
Honoring Monte Pistoressi
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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.

CAA Mission

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

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



President's Message

Jaison Chand
President
California Ambulance Association

Thanks to all for an amazing quarter of progress and accomplishments. We had another successful celebration of our Stars of Life. We've seen real movement in our current legislative agenda and our member participation in the process just continues to grow. The CAA has proposed and sponsored three bills in the California State Assembly, and as I write, they continue moving through the legislative process, hopefully heading to the Governor's desk in the not-too-distant future. I would like to extend my special thanks to:

- * **Asm. Juan Carillo** – 39th District (Los Angeles) for sponsoring AB 645, Emergency Medical Services: Dispatcher Training.
- * **Asm. AnaMarie Avila Farias** – 15th District (Contra Costa) for sponsoring AB 1114, Emergency Vehicles: Fee and Toll Exemptions.
- * **Asm. Michelle Rodriguez** - 53rd District (Los Angeles) for sponsoring AB 1328, Medi-Cal Reimbursements: Nonemergency Ambulance Transportation.

The sponsors and their respective staffs have been extremely helpful, and we are meeting several times per week to ensure their success. Together, we have advanced initiatives that fully support the operation and funding of EMS in California, while also strengthening Emergency Medical Dispatch and ensuring the provision of life-saving instructions in patients' moments of need.

I also want to thank the Legislative Committee for their tireless efforts. Most importantly, I want to thank our members. Not only have you responded to our numerous calls to action with letters, but many of you have also sent representatives to Sacramento to provide crucial testimony and show support during hearings. A special mention goes to the team from American Ambulance of Visalia, who drove three hours, waited six hours to speak, and then drove three hours home afterward!

While we do not yet know the final outcomes of the CAA-sponsored bills, the journey so far has been both productive and educational. It has once again demonstrated the strength and commitment of the CAA and its members.

Looking ahead, we're on the eve of the EMS Administrators Association of California (EMSAAC) Conference in San Diego, where we'll have the opportunity to connect with our LEMSAs colleagues and enjoy excellent educational sessions. We also have several CAA gatherings planned during the event, and I hope to see you there. In early June, key members and board members will be present at the 2025 EMSA Awards in Anaheim, where we will honor the individuals in our state receiving EMS medals, including staff from CAA member agencies. Please read the article in this month's *Siren* to learn more about the remarkable actions of these individuals in saving lives.

Looking out a little further, planning for our annual convention is now in full swing. Please be sure to save the date and book your flights and accommodations early. This year's convention will be our first in beautiful Monterey on August 20th and 21st, with our annual memorial golf tournament taking place on August 19th. We are committed to making it a memorable experience for everyone.

In closing, it's clear that for our association and our amazing members, there is never a pause. We continue to use our collective energy to improve EMS in California for both our teams and our patients alike. Thank you all for your dedication and hard work. *

Sincerely,

Jaison Chand, President,
California Ambulance Association



Executive Director's Report



Rob Lawrence
Executive Director
California Ambulance Association

This edition of *The Siren* is filled with positivity! From the incredible image on the front cover, captured during the remarkable celebration that was the CAA Stars of Life, to the inspiring stories of the very deserving California EMSA award and medal winners, there is much to celebrate. I am also deeply uplifted by the unwavering dedication of our board, committee members, and all of you in the opening months of the 2025 legislative "season." Your generous gift of time to the association is truly appreciated – thank you all.

It is heartwarming to witness our members testifying in committee and to see the line of uniformed team members offering their support for our initiatives. As of the time of going to print, we are still unsure

of the outcomes, but the education we've all received about how a California bill becomes law, coupled with the meetings, briefings, and negotiations involved, has been incredibly instructive. This experience bodes well for the future. I was also honored to travel to Sacramento recently to witness one of the hearings in support of a CAA-sponsored bill. The direction and approach of the CAA in recent years within the legislative space has been remarkable – raising more bills than ever before, earning the confidence of elected officials who back our proposals, and putting "Ambulance" on the political map.

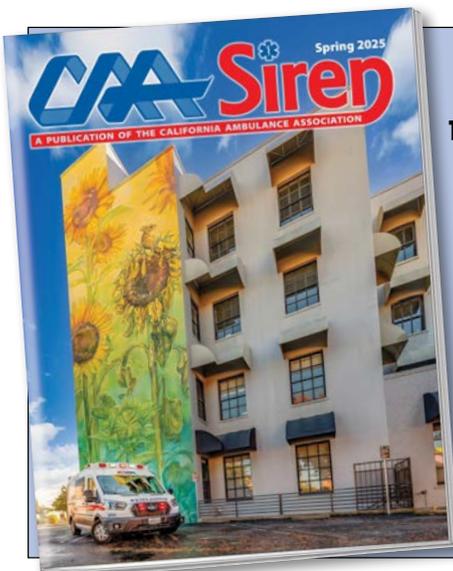
We are also thrilled to announce the inaugural *Ready, Next – Live!* professional

development tour. Open to CAA members, this tour will take us to the East Coast, where we'll visit, learn from, and "absorb" insights from nationally recognized organizations such as the Richmond Ambulance Authority (VA), Wake County EMS (NC), and Medic Ambulance (Charlotte, NC). *Ready, Next – Live!* will take place from October 13–17, 2025. This is more than just a tour – it's a transformative opportunity to enhance ambulance operations and leadership excellence. Please check our social media and CAA bulletins for more details about this amazing opportunity. Be sure to secure your spot today!

Finally, this edition of *The Siren* also marks the passing of Monte Pistoresi, who peacefully passed away surrounded by his wife, Leona, and children. We extend our deepest condolences to a man who devoted his life to the service of others. I encourage you to take a moment to read the tribute by Rick Puddy, Operations Manager at Pistoresi Ambulance, in this edition of *The Siren*:

"Monte didn't merely run a company; he built it with his bare hands, an open heart, and a work ethic few could match. No task was too small if it meant serving the community better. He lived EMS at the most fundamental level, leading not from behind a desk, but alongside those answering the calls."

We know he will be deeply missed by all. ✨



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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.





Embracing Challenges and Creating Impact as an EMS Leader



Jacob Sarasohn
Royal Ambulance

At this year's California Ambulance Association's Stars of Life celebration, a panel of EMS leaders shared their journeys, challenges, and perspectives on leadership. The group included **Steve Grau, CEO and Founder of Royal Ambulance, Danielle Thomas, Chief Operating Officer at LifeLine EMS, Carly Strong, Chief Operating Officer of SEMSA/RIGGS Ambulance Service, and Sean Sullivan, CEO of LIFEwest Ambulance.** Each followed a different path into EMS, but all shared the same belief. Leadership isn't about a title or a degree. It's about grit, curiosity, and a relentless drive to make an impact.

For the EMS professionals in attendance, the conversation offered valuable insights into what it takes to move forward in this field. The leaders didn't claim to have all the answers. Instead, they spoke about embracing challenges, pushing through obstacles, and taking action even when the path ahead isn't clear.

Leadership Doesn't Follow a Straight Line

Steve Grau never planned on a career in EMS. He started in tech but found himself drawn to healthcare after caring for his

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grandfather. That experience showed him how powerful a provider's presence can be.

A stranger walks into a home and, through skill, compassion, and knowledge, completely transforms someone's life. That kind of impact pulled him into the field.

He didn't overthink his next steps. He jumped in.

"I had no idea what I was doing," he said. "But I had this feeling that I could do it better, so I bought a couple of ambulances and started a company."

Curiosity and a willingness to take risks fueled his journey. He didn't wait for permission. He tested his ideas in real-time and adjusted as he went.

Curiosity and Drive are Underrated Leadership Skills

The best EMS leaders aren't ones who accept things as they are. They ask how things could be better.

Grau sees curiosity as one of the most important traits in a leader.

"Every day, you should ask yourself how far you can push your impact. How can you serve better or differently?"

That mindset drives innovation in EMS. Leaders who keep asking questions instead of settling for the status quo push the industry forward.

Sean Sullivan emphasized the importance of continuous learning in leadership.

"The moment you think you know everything is the moment you stop growing," he said. "Great leaders remain students throughout their careers."

Grit Separates Ideas from Execution

Every EMS provider knows what exhaustion feels like. Long shifts, tough calls, and an unpredictable work environment wear down even the most dedicated people. But the panelists didn't talk about avoiding challenges. They talked about pushing through them.

Carly Strong has worked in EMS for over 20 years. She worked her way from a part-time EMT to Chief Operating Officer. Her approach to leadership comes down to persistence.

"If you aren't persistent, you won't make progress," she said. "Change happens through grit."

She pushed back on the traditional idea of power in leadership.

"I don't think of myself as anybody's boss," she said. "My job ensures 300 people still have jobs every day and that two communities still have ambulance service."

For her, leadership becomes a responsibility. It's about putting in the work to create a system that supports the people who make EMS possible.

Balancing Action with Strategic Planning

One of the biggest questions during the panel focused on decision-making. Should EMS leaders take a 'go for it' approach, or should they carefully plan each move?

Grau believes in both.

"Early in my career, I had no frameworks. I went for it," he said. "But now I see the value in structured improvement. You need both. You take action, but you also step back, analyze, and adjust."

Thomas added that leadership means reading the situation and adapting.

"I try to surround myself with people who are smarter than me," she said. "If they're planners, I'll be the one who takes action. If they're more action-oriented, I'll step in with strategy."

Sullivan shared his perspective on balancing urgency with careful planning.

"In emergency services, we make split-second decisions every day," he explained. "The skill is knowing when to move quickly and when to slow down and bring others into the conversation."

Passion and Impact Matter More Than Titles

None of the panelists set out to become leaders. They took ownership of their work, kept asking questions, and didn't



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back down from challenges. That mindset moves people forward.

Strong put it simply.

“My passion is my people. If I take care of my employees, they’ll take care of our patients.”

Grau took it a step further.

“Passion isn’t about loving what you do. It’s about being willing to suffer for what you believe in,” he said. “There are hard days in this job. But if you’re still showing up, still fighting to make a difference, that’s passion.”

Thomas shared her thoughts on authentic leadership.

“Leadership isn’t something you practice from nine to five,” she said. “It’s a commitment to showing up as your whole self and bringing others along with you.”



Leadership Starts with Mindset

The EMS leaders on this panel had different career paths. Some started as EMTs. Some transitioned from other industries. Some had leadership aspirations from the beginning. Others stepped up when opportunities appeared.

What united them was a mindset of curiosity, persistence, and a commitment to making an impact.

Leadership in EMS isn’t about waiting for the perfect opportunity. It’s about doing the work, asking the right questions, and pushing yourself and your team to improve every day.

What will you do today to take ownership of your impact? *

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CARLY'S CORNER

Who's Coming For Us?

Carly Strong
Chief Operating Officer
SEMSA/Riggs Ambulance Service

Dear Commissioner,

Recently, during a quiet family dinner, my elderly father began choking on his food. Realizing what was happening, I immediately called 911. After three rings, a dispatcher answered: "Dispatch, do you need fire, police, or EMS?"

I explained that my father was choking, and we needed an ambulance. The dispatcher replied that there was no longer an ambulance service in our area and that she would transfer me to her partner. The second dispatcher calmly said she would try to contact neighboring counties to see if they were willing to send an ambulance.

In the midst of panic, I couldn't fully grasp what that meant – that there was no help on the way.

The dispatcher stayed on the line and gave me instructions on how to begin care for my father while we waited. A few moments later, she informed me there were no ambulances available to respond. Instead, she advised me to drive my now-unresponsive father to the hospital if I could safely do so.

I asked, "Who's coming for us?"

No one was.

My father was pronounced dead approximately 15 minutes after arriving at the hospital. He was 76 years old, had no major medical conditions, and still walked three to five miles every day. We are left with a painful, unanswerable question: If an ambulance had arrived, would he still be with us today? We believe he would.

Our family is now asking how this happened – how an entire community lost its access to emergency medical services.

We've seen speculation online that the local EMS provider, which had served this area for over 75 years, faced insurmountable staffing challenges during COVID and never recovered. At a recent town hall, the fire chief confirmed this and explained that the provider was unable to meet the community's growing needs, and that efforts to bring in a new service were underway. But as of today, there is still no ambulance service in place.

While we understand the challenges in staffing and funding that EMS systems across the country are facing, the complete absence of an ambulance service in our community is not just a concern – it is a crisis. It's a matter of life and death.

We are not alone in our grief. Other families in our community also deserve to know that help will come when they call 911. We are asking for your leadership in solving this crisis. No one should feel as helpless as we did that night. And no family should have to live with the question: "What if?"

Thank you for your attention to this urgent matter. We look forward to your response – and more importantly, to tangible steps to restore emergency medical services to our community.

Sincerely,
A Concerned Resident

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When 911 Doesn't Answer: a Wake-Up Call for EMS Reform

To most people, the idea that a 911 call might go unanswered by an ambulance seems unimaginable. We grow up believing that if something terrible happens, help will arrive – fire, police, or emergency medical services will come rushing in. But for a growing number of communities across the country, that belief no longer reflects reality.

The story that opened this article may be fictional, but it reflects a harsh and heartbreaking truth. In some areas, the complete collapse of local EMS services has become a lived experience. Families call for help and are told no ambulance is coming. That in itself is a tragedy – and a sign that our emergency care infrastructure is in crisis.

Much of this crisis stems from the invisible struggles that private ambulance providers face. Unlike fire departments or law enforcement agencies, private EMS companies often operate without public funding. They rely almost entirely on reimbursements from insurance companies, Medicare, and Medicaid – many of which fall well below the cost of care. At the same time, providers are burdened with skyrocketing costs: fuel, medical equipment, vehicles, and labor are more expensive than ever, while regulatory requirements and workforce shortages pile on additional pressure.

In some communities, EMS agencies have closed their doors or significantly reduced services. In others, response times have increased dramatically due to limited availability of ambulances or extended offload delays at overcrowded hospitals. And unfortunately, when an ambulance doesn't arrive in time, the result can be fatal.

Too often, when a local EMS provider begins to falter, the conversation immediately turns to replacing them with a fire-based system. While fire departments are vital to public safety, this solution isn't always feasible or effective. Fire agencies face the same staffing shortages and funding issues

– and building an EMS operation from the ground up within a fire department can be expensive, time-consuming, and logistically complex.

Instead, community leaders and local governments should look first at how they can support and stabilize the providers they already have. These are the agencies that know the streets, know the people, and have been responding to emergencies for years. With the right support – whether it's through bridge funding, better reimbursement rates, or access to training programs – many of these providers can continue serving their communities effectively.

This is where education and advocacy become critical. The public needs to understand that EMS isn't automatically covered by tax dollars in most places, and that private providers often operate

behind the scenes without the recognition or support given to fire and police. Local and state policymakers need to understand the challenges EMS agencies face, and what tools – legislative or financial – might help stabilize the system before it collapses entirely.

What's at stake here isn't just business viability – it's human lives. No one should have to ask, "Who's coming for us?" when they call 911. And no family should have to wonder whether their loved one might still be alive if an ambulance had arrived sooner.

We need stronger partnerships between EMS providers and their local stakeholders. We need open dialogue, responsive leadership, and a commitment to protecting a critical component of public safety. Most of all, we need to ensure that when someone calls for help, someone will be there to answer. *

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OVERVIEW

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The California Ambulance Association (CAA) is excited to present an immersive management and education development program designed to enhance the operational expertise of leaders, managers, supervisors, employees, and association members. This dynamic program will take participants on a live tour of three distinguished ambulance operations on the East Coast, specifically Medic Mecklenburg EMS, Wake County EMS, and Richmond Ambulance Authority. Participants will engage in a multifaceted learning experience that encompasses tactical insights, collaborative discussions, and benchmarking against best practices within the ambulance service community.

Each day of the program will be structured into four impactful segments:

- **EMS System Operations Tour:** Participants will kick off each day with a guided tour of the host EMS system, providing a firsthand look at daily operations, equipment, and facilities that contribute to high-quality emergency medical services.
- **Roundtable Discussion:** Attendees will engage in a roundtable discussion with the leaders of the local ambulance service, focusing on diverse operational aspects, sharing best practices, and navigating “what if” scenarios to foster a deeper understanding of strategic decision-making in the field.
- **Operational Showcase:** CAA registrants will be broken into 3 groups. At each site, one of the groups will present a specific operational challenge faced by their organizations back in CA, offering insights on their approaches to resolving the issue. Participants will then engage in a collaborative discussion on how the host operation addresses similar challenges, facilitating peer learning and exchanges of innovative solutions.
- **Reflection and Feedback Session:** The day will conclude with a reflective session where CAA members and attendees can share their experiences, insights, and key takeaways from the day’s activities. Participants will explore how to implement learned strategies and practices within their own operations, fostering a culture of continuous improvement.

This program not only aims to bolster operational knowledge but also to build a robust network of professionals committed to enhancing ambulance services across California and beyond. This program promises to offer real word experience, foster leadership development, enhance operational knowledge, and collaboration with ambulance service professionals. Join us to enhance your skills and elevate the standard of care in your organization.

COURSE OUTLINE

READY, NEXT
LIVE!



Arrival & Welcome Reception | Richmond, VA Monday, October 13, 2025

Richmond Ambulance Authority | Richmond, VA Tuesday, October 14, 2025

- Welcome and Introduction
- EMS System Tour
- Roundtable Discussion with Richmond Leadership
- Operational Showcase
- Reflection and Feedback Session



Wake County EMS | Raleigh, NC Wednesday, October 15, 2025

- Welcome and Introduction
- EMS System Tour
- Roundtable Discussion with Wake County Leadership
- Operational Showcase
- Reflection and Feedback Session



Team Outing: Connect, Explore, Engage | Charlotte, NC Thursday, October 15, 2025

Medic Mecklenburg EMS Agency | Charlotte, NC Friday, October 17, 2025

- Welcome and Introduction
- EMS System Tour
- Roundtable Discussion with Medic Mecklenburg Leadership
- Operational Showcase
- Reflection and Feedback Session



Conclusion: Program Wrap-Up Friday, October 17, 2025

- Final Thoughts on Overall Learnings
- Action Planning for Implementation of Key Takeaways



REGISTRATION

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CAA Member Registration

Registration Fee: \$1,500

Includes: full program access, all site tours, roundtable sessions, and program materials. Lodging, Meals, and Bus Transportation to tour sites are included. Flight travel is not included; flights and transportation to airports are to be arranged and paid for by the participant.

Register Here: <https://caa.memberclicks.net/ready-next-live-2025>

Program Dates: Monday, October 13, 2025 - Friday, October 17, 2025

Commercial Member Sponsorship

Sponsorship Fee: \$5,500

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Includes:

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- Verbal Recognition during the opening and closing remarks of each day's sessions
- Opportunity to register one company representative to attend the full tour and participate in networking opportunities
- Inclusion of Company Materials or branded giveaways in attendee welcome kits
- Recognition on CAA Social Media

MODERATORS

READY, NEXT
LIVE!



Steve Grau
Founder & CEO, Royal Ambulance
CAA President – Elect
CAA Education Committee Co-Chair



Rob Lawrence
Executive Director, CAA
AIMHI President



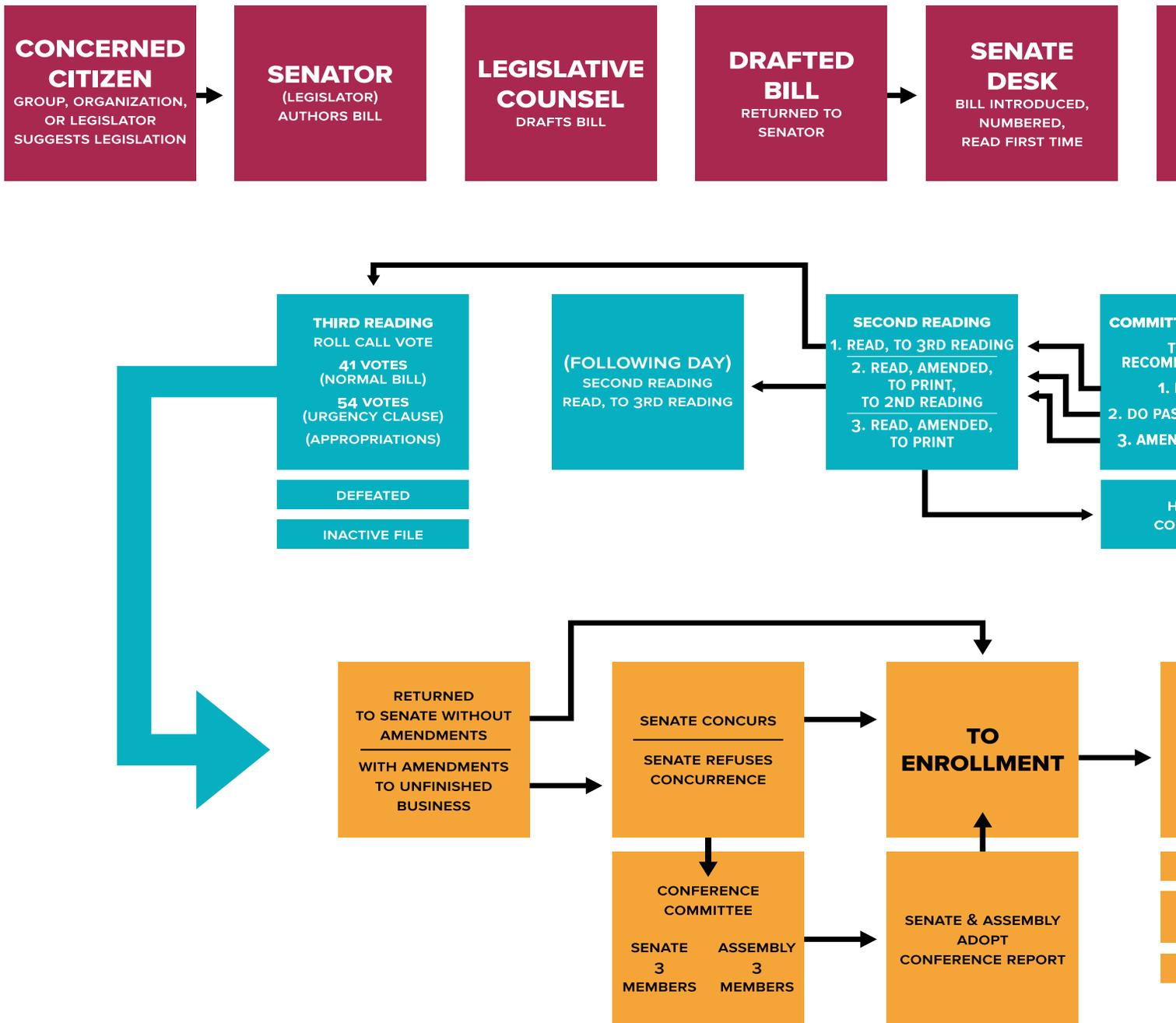
Jimmy Pierson
President, Medic Ambulance
CAA Immediate Past President



Matt Zavadsky
EMS/Mobile Healthcare Consultant, PWW/AG
AIMHI Executive Director

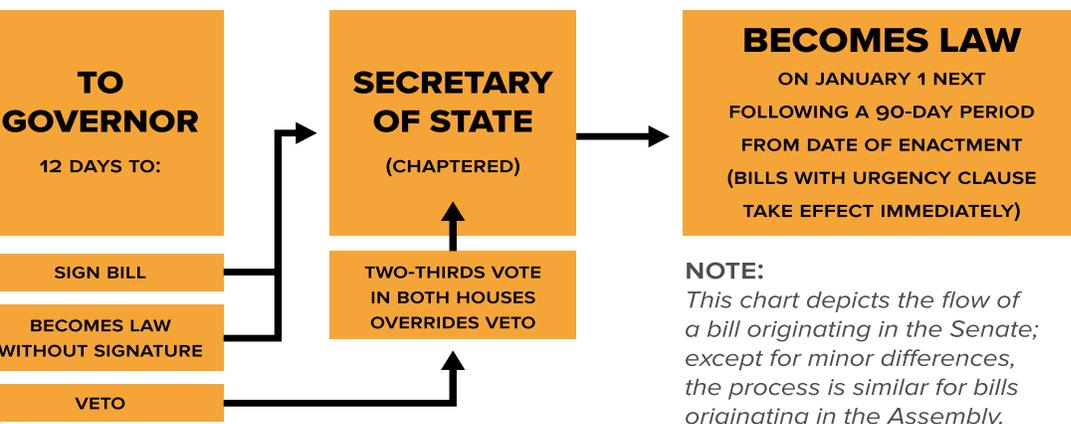
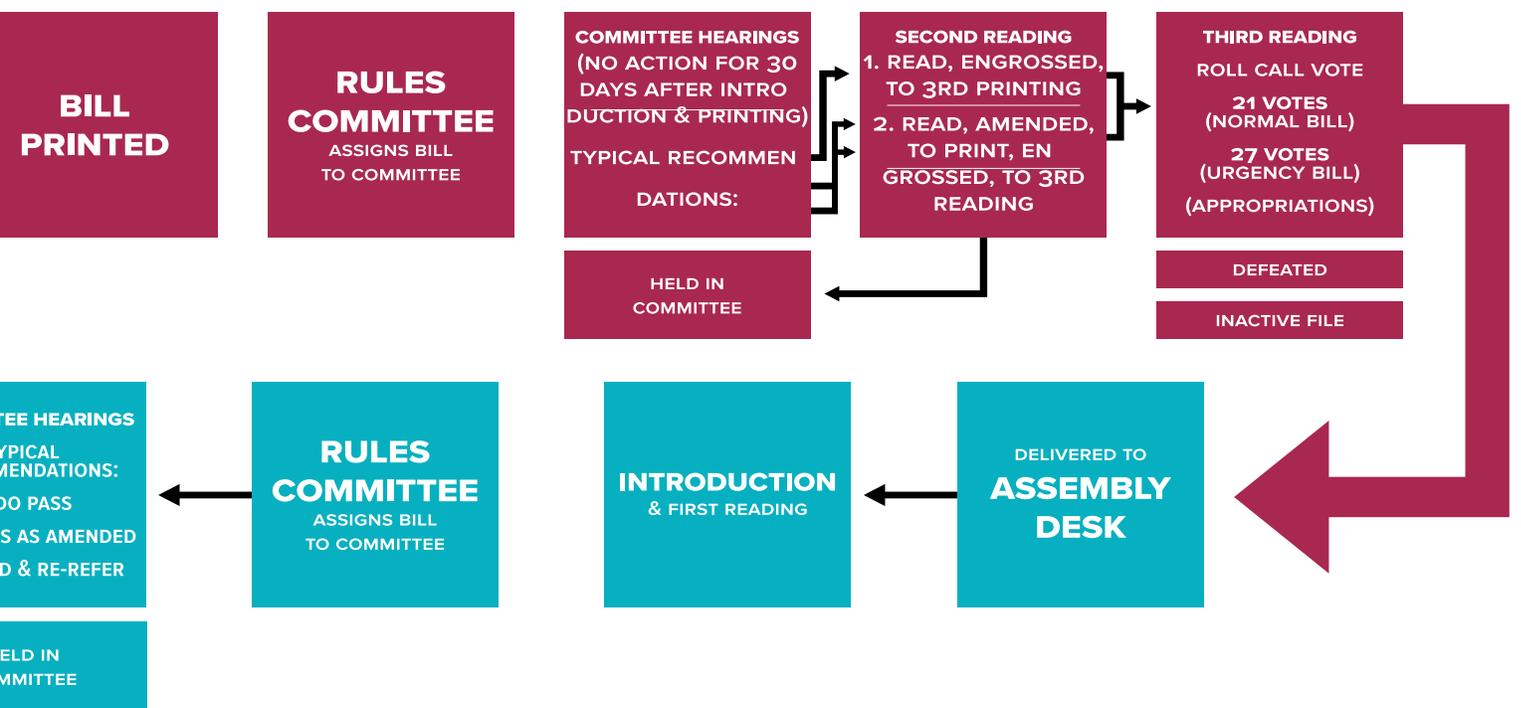
HOW A BILL BE CALIF

A chart showing the route a bill takes



COMES LAW IN ORNIA

through the California Legislature.





MEDICARE: MedPAC Stack the Deck Against Medicare Increases

Doug Wolfberg
PWW Advisory Group
CAA Medicare Consultants

In December 2024, CMS released the first report on the Ground Ambulance Data Collection System (GADCS). This made news in ambulance circles in early 2025. However, something that happened much more quietly in March is likely to have a greater impact on ambulance services nationwide: the actions of a little-known entity called MedPAC – the Medicare Payment Advisory Commission. MedPAC’s twisting of the GADCS data is likely to minimize any increases to Medicare Ambulance Fee Schedule rates for the foreseeable future.

MedPAC is comprised of 17 appointed commissioners, supported by a staff, and bills itself as a nonpartisan, “independent congressional agency to advise Congress on issues affecting the Medicare program.” Among its other responsibilities, MedPAC advises Congress on payments to providers under Medicare Part B, which, of course, includes ambulance services. Part B rates also serve as the basis for payments to noncontracted ambulance services under Medicare Part C (Medicare Advantage). With Medicare being the most significant portion of the payer mix for most ambulance services, what MedPAC does has a profound impact on the economic well-being and sustainability of ambulance services throughout California, and nationwide.

After the GADCS report came out, many in the industry (including yours truly)

did deep dives on its findings. (In fact, in January PWW did a comprehensive webinar on the report, see <https://www.pwwmedia.com/gadcs-handouts>.) After all, this was the first nationwide, across-the-board study of ambulance costs that incorporated all provider types – private for-profit, public, hospital-based and nonprofit. Another Federal agency, the Government Accountability Office (GAO), released ambulance cost studies in 2007 and 2012, but in both reports GAO excluded data from “ambulance providers that shared operational costs with other services, such as those provided by fire departments,” hospitals and others. In the GAO’s opinion, cost data from entities that provide ambulance services along with other services are “inconsistent” and “unreliable.” Apparently, the GAO didn’t care about the fact that EMS is not one-size fits all and is provided by different entity types across the country.

So, it was quite meaningful when CMS released the first GADCS report – prepared by its contractor the Rand Corporation – in December. The report showed that costs for *all* ambulance provider types – public, private and nonprofit – greatly exceeded the fee-for-service revenues. Medicare rates, in particular, were woefully insufficient to cover the costs of providing ambulance services for all provider types.

When MedPAC met on March 6th, its agenda included a review of the GADCS report.

Finally, it appeared that Congress would have a fair and accurate representation of *all* ambulance service costs, instead of the sanitized, stripped down data used by GAO in their two earlier reports. Anticipation was high.

But MedPAC popped the balloon.

Mind you, MedPAC didn’t perform the ambulance cost data collection. CMS did that through Rand. MedPAC’s job was to consider the report that CMS issued based upon the nationwide ambulance cost data. Don’t like the answers? Then change the questions. MedPAC took it upon itself to cherry-pick the data. **MedPAC stripped more than half of all ambulance cost data from the sample.** There it was, in black and white:

We have made two edits to the GADCS data:

- * Dropped organizations that share costs and revenues with fire departments, police departments, or hospitals
- * Dropped organizations that have extreme cost levels (more than 3 SD [Standard Deviations] from the mean)

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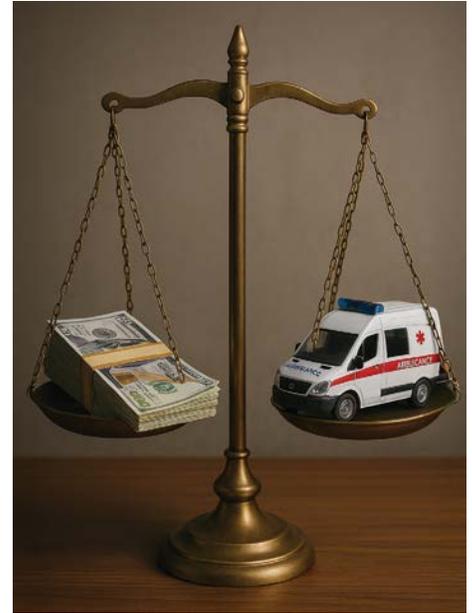
The first MedPAC bullet is familiar: “we don’t trust the cost data from organizations that provide other services in addition to ambulance services. And the second bullet? They’re taking direct aim at high-cost rural ambulance services. The net effect of MedPAC’s data cream skimming was to eliminate cost data from over 2000 of the 3712 ambulance services in the sample. To paraphrase my PWW colleague Steve Johnson, how the hell can the **majority** of respondents be the **outliers**?

Clearly, MedPAC is selectively using only a subset of the actual ambulance cost data to support a narrative that ambulance costs are somehow lower than they really are. By eliminating the data from the ambulance services that report higher costs – which is more than 55% of all ambulance services in the country – MedPAC is setting the table for smaller (if any) recommended increases to the Medicare Ambulance Fee Schedule.

In practical terms, this means that ambulance services likely should not hold their collective breath waiting for Medicare to bail them out. Our industry can – and should – use the full, unfiltered GADCS data to make the case to payers and policymakers that ambulance payment rates need to cover costs and ensure the continued sustainability of ambulance services that benefit the public and the healthcare system. But it also means that our profession urgently needs to look within and innovate to deploy evidence-based service models that eliminate needless costs. By embracing modalities such as treatment in place and telehealth for low-acuity patients, better managing IFTs, reducing unnecessary wall time in hospital EDs, and implementing more sensible deployment strategies, we can take sustainability into our own hands.

Cultivating innovation in our service delivery looks to be a more viable strategy

than waiting for the knight on the white horse bearing more Medicare money. Because it doesn’t look like he’s coming anytime soon. ✨



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CARING IS OUR CORE



PAYER ISSUES

AB 716 Lessons Learned

Donna Hankins
Chair, CAA Payer Issues Committee

AB 716 went into effect January 2024 with the goal of protecting California consumers from “Surprise Billing” which is the action that occurs when a non-contracted commercial health plan underpays an ambulance claim leaving a large balance unpaid. The ambulance provider in the past would bill the patient to obtain assistance with the underpayment triggering a “Surprise Bill” for the patient who expected coverage from their health plan.

AB716 stopped this practice by requiring non contracted health plans to pay the rates regulated locally for the provider or if no regulated rates, rates established using the “Gould Criteria” and prohibiting an ambulance provider from billing the patient for underpayments. The goal of AB716 is that health plans and ambulance providers keep the patient out of the middle of the payment dispute.

The CAA has been active over the last two years, monitoring, reporting and training ambulance providers to understand the changes brought by AB716. Below are three lessons learned.

Ambulance Providers need a process for self pay and uninsured. One of the requirements of AB716 is that ambulance providers do not collect more than Medicare or Medi-cal Allowed for self pay and uninsured patients. Having a robust insurance discovery and eligibility process

in prebill helps identify insurance before billing the patient for self pay.

Secondarily ambulance providers need to ensure their patient care team and collection partners are following the AB716 and only collecting Medicare allowed amounts from uninsured patients.

Ambulance Providers need to identify the health plan’s regulator. Knowing the health plan’s regulator allows an ambulance provider to identify the regulation that enforces proper payment. Not every health plan is regulated by California, specifically ERISA claims and insurances based out of state.

If the health plan is not regulated by the State of California, then the health plan is not required to follow the reimbursement rules to process the claim as an “in-network” claim at provider regulated rates or the “Gould Criteria.” AND this means the ambulance provider can pursue correct payment by billing the patient for underpayments once the provider validates the health plan type and confirms it is not regulated by California.

While billing the patient is a last resort after validating the insurance is not regulated by California, providers should use this tactic to try to collect on claims when allowable.

Ambulance Providers need to report issues. If the insurance is regulated by California, Ambulance providers need to

take additional steps to file a complaint if the health plan is not following AB 716 regulations. The complaint process adds extra labor for ambulance providers but will result in revenue recovery and alert California Insurance Regulators to health plans who are not following the law.

The CAA Payer Issues committee continues to update members and providing AB716 related training on current happenings at the monthly “Reimbursement Roundup” that happens every third Wednesday of the month at 9:30. If you are a CAA member, please join the conversation about AB716 and other reimbursement topics. *

What are the “Gould” Criteria?

1. The provider’s training, qualifications, and length of time in practice.
2. The nature of the services provided.
3. The fees usually charged by the provider.
4. Prevailing provider rates charged in the general geographic area in which the services were rendered.
5. Other aspects of the economics of the medical provider’s practice that are relevant.
6. Any unusual circumstances in the case.

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Shane Marco - Pivetti



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LEGISLATIVE UPDATE

Carol Meyer
McCormick Ambulance

Dorian Almaraz
Prime Strategies of California, LLC



In 2025, the California Ambulance Association (CAA) is sponsoring and pushing forward three pieces of legislation related to Emergency Medical Dispatch, Medi-Cal reimbursement, and toll fees. At the time of going to press we are still following three live bills.

We would like to thank the members of the Legislative & Agency Relations Committee for their involvement and commitment; their input and counsel has been invaluable. Also we extend our thanks to all CAA members who have contributed to our legislative agenda via the numerous calls to actions we have asked you to complete.

2025 SPONSORED BILLS

AB 645 (Carrillo):

AB 645 seeks to enhance emergency response effectiveness by requiring all public safety dispatchers to complete Emergency Medical Dispatch (EMD) training. This will ensure that dispatchers have the skills and resources needed to provide life-saving pre-arrival instructions and dispatch appropriate emergency personnel. This bill passed both the Assembly Health and Assembly Emergency Management Committees and is now heading to the Assembly Appropriations Committee.

AB 1114 (Avila Farias):

For too long, the private ambulance industry has been hurting from growing

financial burdens, including a Medi-Cal reimbursement rate that has not been increased in over two decades, as well as ever-increasing costs related to equipment, fuel, and operations. AB 1114 would help alleviate these burdens by granting private ambulances the same toll exemption privileges as public ambulances. This bill passed the Assembly Transportation Committee and is now heading to the Assembly Appropriations Committee.

AB 1328 (Rodriguez):

The Medi-Cal reimbursement rate for non-emergency and interfacility ambulance transports has not been updated since 1999. For over two decades, providers have operated under a stagnant rate structure that no longer reflects the true cost of care – jeopardizing timely patient transfers, straining hospital systems, and placing vulnerable patients at risk. The erosion of interfacility transport (IFT) services is already being felt across California. In many of the state’s most vulnerable and rural communities, IFT providers have ceased operations altogether. Even in urban areas, access is shrinking. This decline is creating dangerous gaps in care – delaying or preventing patient transfers from rural hospitals to specialty centers for stroke, STEMI, cardiac, psychiatric crises, and other time-sensitive conditions. Without a reliable transport network, patients are losing access to life-sustaining treatment, while ambulance offload delays and emergency system strain continue to

escalate. The resilience of California’s EMS system – especially in times of disaster – is being compromised. AB 1328 aims to address this issue by requiring the Medi-Cal fee-for-service reimbursement rates for non-emergency ambulance transports and for interfacility ambulance transports to be 100% of the amounts set forth in the federal Medicare ambulance fee schedule for the appropriate level of service billed. This bill passed the Assembly Health Committee and is now heading to the Assembly Appropriations Committee.

2025 BILL OF CONCERN

AB 1403 (Hart):

In 1980, California enacted the EMS Act to replace a fragmented emergency medical services system. It grants counties, through Local EMS Agencies (LEMSAs), authority to coordinate EMS services, ensuring timely, safe, and equitable care. Counties collaborate with public and private agencies to maintain service coverage despite geographic challenges. AB 1403 is concerning because it:

- 1) Disrupts a Proven EMS System – Counties already manage EMS systems based on local needs, resources, and competitive processes. LEMSAs ensure effective oversight, medical control, and policy implementation.

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- 2) Undermines Ongoing EMS Regulation Efforts – The California EMS Authority is working with stakeholders to clarify roles and responsibilities. This bill sidesteps that process.
- 3) Removes Competition – It bypasses existing competitive bidding rules, favoring county departments without proper accountability.
- 4) Weakens LEMSA Authority – It shifts control to fire chiefs, potentially disrupting coordination and public interest oversight.
- 5) Raises Costs – County-run services have historically required additional taxpayer funding after taking over from private providers.
- 6) Threatens Public Safety – Fragmenting EMS systems jeopardizes response

efficiency and patient outcomes. Due to opposition from the CAA and others,

this bill was made a two-year bill and is no longer moving forward in 2025. 🌟





Congratulations to CAA Agency Members Nominated for 2024 California EMS Award

The California EMS Awards Program celebrates exceptional advocacy, meritorious deeds, acts of heroism, innovative solutions, and novel approaches that enhance EMS in the state. It also acknowledges distinctive and impactful contributions made by a diverse range of individuals, including EMS personnel, physicians, nurses, EMTs, other healthcare providers, local authorities, members of law enforcement, community members, and first responders. These awards aim to commend noteworthy accomplishments by certified and/or licensed EMS providers.

Congratulations to staff from CAA member companies who will be recognized in the 2024 EMS Awards Ceremony on June 4, 2025:



Medal of Valor

The nominee must have demonstrated extraordinary personal valor by placing themselves in significant danger to save another's life, often under extremely challenging or hazardous conditions. Their actions should have directly led to the preservation of life and mitigated further harm to the patient or others involved.

Jeff Guevara – AMR

AMR Medic 264 was first on scene to a smoke-filled house. After finding the front door locked, EMT Jeff Guevara continued searching around the house for signs of life. Spotting the victim inside the house filled with smoke and flames, Jeff disregarded his own personal safety to rescue the helpless man. Jeff entered the inferno and pulled

the victim to safety. After the man was in a safe location, Jeff and his paramedic partner began treating the victim, and ultimately transported him to the regional burn center.

River Casner – GMR

River Casner's actions during a recent traffic collision exemplified extraordinary courage and dedication. Upon arriving at the scene, River and his partner, Omar de La Cruz, found a vehicle engulfed in flames with occupants trapped inside. While Omar worked to extinguish the fire, River focused on freeing the family from the burning car, despite enduring significant burns to his ears, hands, and arms. His quick and selfless actions were crucial in saving a three-year-old boy's life. River's ability to remain composed and make critical decisions under extreme pressure highlights his commitment and bravery. ✨



EMS Cross

The EMS Cross is awarded to a uniformed EMS Professional whose actions and achievements consistently exemplify the highest level of excellence in EMS over an extended duration. This prestigious honor recognizes sustained dedication, skill, and professionalism without the necessity of extreme conditions or extraordinary circumstances.

Malcolm Graham – AMR

Malcolm Graham is nominated for developing the Critical Incident Stress Management (CISM) and Peer Support Program for AMR EMS employees in Riverside County. The program, which serves over 1,000 employees, proactively

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monitors critical stress events like mass casualties, pediatric cardiac arrests, and suicides, offering timely support. Under Malcolm's leadership, the program has assisted 54 crews in its first six months, often reaching out to EMS teams before they request help. Beyond his role as CISM/Peer Support Coordinator, Malcolm has served as an EMT, Paramedic, Field Supervisor, Preceptor, and Operations Supervisor, demonstrating his dedication to both public service and EMS providers' mental health.

Ralph Pietropaula – AMR

Riverside County AMR Paramedic Ralph Pietropaula has exemplified excellence in EMS for over 20 years. A dedicated paramedic and preceptor, he has trained countless students, many of whom have gone on to successful careers. Known for his professionalism, adaptability, and calm demeanor, he has fostered strong relationships with allied agencies and hospital staff. A U.S. Marine veteran, Ralph carries his commitment to service into EMS, inspiring those around him to excel in high-pressure situations. His knowledge, skill, and leadership have made him a respected pillar of the EMS community. ✨



Distinguished Service Medal

This award acknowledges an individual whose service or noteworthy accomplishments have significantly impacted statewide EMS over an extended period. It is one of the highest honors, with a maximum of ten awards granted each year.

Jack Hansen – AMR

Jack Hansen is nominated for the Distinguished Service Medal for his 45 years of service in the Hemet/San Jacinto Valley and Riverside County. Since starting his career on December 5th, 1979, Jack has served as an EMT, Paramedic, Tactical Paramedic, Field Training Officer,

Supervisor, and Operations Manager. He was instrumental in founding one of the first Tactical EMS Programs in 1983, which continues to serve Riverside County law enforcement. Jack is highly respected for his mentorship, servant leadership, and unwavering support for EMS crews' wellbeing. He is regarded as a foundational figure in Riverside County's EMS system. ✨



Meritorious Service Medal

This distinction is conferred upon an individual in recognition of their exceptional contributions and extraordinary dedication, particularly during a specific EMS emergency or event.

Alex Hernandez, Michael Wheeler – AMR

Michael Wheeler and Alex Hernandez for an EMS award. On October 1, 2024, they responded to a two-year-old drowning. They quickly began five full ventilations to the patient and began transport immediately. Ultimately, they spent only three minutes on scene and then began life-saving measures during transport. ROSC was obtained upon arrival at the ED. This was an extremely stressful situation, but Michael and Alex were able to collectively bring calm to the scene and work cohesively with other providers on scene and at the ED.

Kenneth Glimme – Reach Air Medical

Flight Paramedic Kenny Glimme has served with REACH in Southern California since 2022. In July, while off duty due to maintenance on REACH 16, he heard a desperate scream and saw a woman holding her lifeless toddler, who had drowned. Without hesitation, Kenny rushed to perform CPR until Oceanside Fire arrived. Recognizing the urgency, he coordinated with responders to transport the child to a nearby air medical base, where he assisted in securing an airway before the child was flown to the hospital. Thanks to his swift actions, the

child regained circulation and is now recovering. Kenny's quick thinking and dedication exemplify the highest standards of emergency care.

Alexander Marbach – AMR

EMT Alexander and his partner responded to a 9-1-1 call for James, who was experiencing severe breathing difficulty. During transport to Community Memorial Health, James's condition worsened, and he began to panic, fearing for his life. Remaining calm under pressure, Alexander provided continuous medical care and reassured James, telling him he would survive. His steady presence and words of encouragement gave James the strength to keep fighting. In a high-stress situation where every second mattered, Alexander's skill, composure, and dedication played a crucial role in saving James's life.

Nicole Gonzalez – AMR

Nicole has been an EMT for over 20 years and has dedicated her life to EMS in cornua, service many communities directly in response to emergency calls for service. But she has gone above and beyond by becoming a therapy dog handler and peer support team professional, selflessly responding to the emergent needs of colleagues as well as the public. She serves her local EMS teammates and citizens on a daily basis providing CISM and other assistance with humility and excellence. But she also deploys both within California and nationally to critical incidents and disasters, frequently on a moment's notice and weeks in duration.

Derrall Nuttall – AMR

Paramedic Derrall Nuttall is nominated for the Meritorious Service Medal Award for his 37 years of dedication to EMS. Since becoming an EMT in 1988, he has demonstrated clinical excellence, leadership, and mentorship, working with AMR-Victorville and previously serving in San Francisco. Derrall has responded to major events, including the 1989 Loma

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Prieta Earthquake and multiple hurricane deployments. A committed educator, he has mentored paramedic students and contributed to clinical studies. His persistence and expertise have directly impacted patient outcomes, making him highly deserving of this honor.

Omar DeLaCruz – GMR

Omar de La Cruz demonstrated extraordinary bravery and professionalism during a critical traffic collision. Arriving within a minute, he quickly assessed the scene, called for backup, and worked to control a vehicle fire while his partner, River Casner, attempted a rescue. When River sustained burns, Omar shifted to assist him while continuing to fight the flames. Their teamwork saved a three-year-old boy's life. Omar's quick thinking, leadership, and selflessness exemplify the spirit of the Meritorious Service Medal.

Samuel Escobar – AMR

In May 2024, Sam Escobar responded to a 911 call for a 60-year-old male experiencing chest pain. Recognizing a STEMI on the 12-lead ECG, he swiftly ruled out contraindications for nitrates, prioritized rapid transport, and delivered the patient to a STEMI center, where a 100% LCA blockage was identified and treated. The patient made a full recovery and later sent a letter of gratitude, crediting Sam with saving his life. This case is just one example of Sam's clinical excellence, leadership, and unwavering dedication to his community. *



Lifesaving Medal

This honor is awarded to an EMS provider who, while in an off-duty or volunteer capacity, has made a remarkably significant contribution to initiatives that lead to the preservation of a life.

Ernest Castillo – AMR

Paramedic Ernest Castillo for his extraordinary bravery and unwavering commitment to saving lives (off duty) during an apartment explosion next to his apartment. Despite the chaos and danger, Ernest ran directly into the apartment alongside police officers, demonstrating exceptional courage and selflessness. His quick thinking and decisive action allowed him to safely evacuate several patients, putting his own safety aside to ensure others had a chance to survive. This act of heroism embodies the very essence of the paramedic profession, and we are incredibly grateful for Ernest Castillo's unwavering dedication and fearless service.

Jeremy Jaime – Falck

On June 24, 2024, Jeremy Jaime, an off-duty medic, saved seven-year-old Bastian "Bazzy" Michel after he was struck by a truck. Upon finding Bazzy unconscious, Jeremy quickly administered CPR with the help of a dental assistant and successfully revived him after two minutes. He noted serious injuries, including a broken arm, head injury, and internal damage. Jeremy assisted emergency responders and supported Bazzy's family, who were grateful for his actions. Bazzy made an incredible recovery, and the two families have since grown close. Bazzy now affectionately calls Jeremy his "guardian angel" or "Maui."

Brooklynne Cooper – Redlands with AMR

On March 18, 2024, off-duty EMT Brooklynne Cooper was at 24 Hour Fitness in Riverside when she witnessed a gym member collapse. Recognizing the person was in cardiac arrest, she immediately began CPR and used an AED to defibrillate the patient twice. Riverside Fire Department took over the resuscitation, and the patient regained a pulse. The patient was transported to Riverside Community Hospital, stabilized, and later discharged neurologically intact. The patient returned to the gym in November 2024. Brooklynne, also an EMT with AMR San Bernardino County and a volunteer firefighter with Cal Fire Yucaipa, is currently attending paramedic school. *



Community Service Award

This accolade is presented to an EMS Professional who has demonstrated outstanding commitment to EMS Public Information, Education, and Relations. A maximum of ten Community Service Awards will be awarded each year.

Eric Nixon – San Diego County

Eric C. Nixon has dedicated 13 years to EMS, with eight years as an EMT and five years as the Community Relations and Education Coordinator for AMR in San Diego. His programs, such as CPR in Schools, have taught over 5,000 students' life-saving skills, and his child car seat safety initiative has impacted 1,000 children. Eric's community outreach also includes providing 4,000 free blood pressure checks and nearly 1,000 car seat installations. He has donated almost 15,000 hours to community education. *





The Legacy That Built Us



Rick Puddy
Operations Manager
Pistoresi Ambulance



marks the end of an era but also reaffirms the legacy that continues through every EMS professional who ever crossed his path.

Monte's story in EMS began in the early 1960s in Chowchilla, a small but proud community within Madera County, where his father, Pete Pistoresi, had started an ambulance service with one vehicle in 1942 to serve the Chowchilla area. What began as a favor to the community became a generational calling. After serving in the U.S. Army and completing his education at Santa Clara University, Monte returned home to strengthen and eventually lead what would become Pistoresi Ambulance Service.

In the Central Valley of California, the name Monte Pistoresi isn't just remembered – it is felt. His life's work helped lay the foundation for emergency medical services in this region before the EMS systems we know today even existed.

Monte Pistoresi passed away peacefully last week, surrounded by his wife, Leona, and his children after a day filled with gratitude and love. Their bond, built on a lifetime of shared service, family, and unwavering love for their community, remains an enduring part of Monte's story and legacy.

Monte served the Central Valley for **over 60 years**, dedicating his life to answering calls long before formal EMS systems and certifications even existed. His passing

It wasn't uncommon to find Monte fixing a stretcher with his own hands or washing down a rig after a long night shift. Monte didn't merely run a company, he built it with his bare hands, an open heart, and a work ethic few could match. No task was too small if it meant serving the community better. He lived EMS at the most fundamental level, leading not from behind a desk, but alongside those answering the calls.

He served patients when ambulances were little more than modified station wagons, when there were no EMT certifications or paramedic programs to validate the work, only heart, courage, and an unwavering commitment to show up. Monte didn't build a company to be recognized. He



built it because people needed help, and he believed someone had to answer that call with consistency and compassion.

Under his leadership, Pistoresi Ambulance grew from a small family operation into a full-service emergency response system. Monte helped influence the early structure of ambulance operations across the region long before formal EMS systems were standardized. His leadership set a powerful example of how rural communities could organize and professionalize emergency care with limited resources but limitless heart. Even as technologies, protocols,

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and uniforms changed, Monte's values remained the same, show up ready, serve with heart, and leave every situation better than you found it.

Monte's influence reaches far beyond Chowchilla and Madera County. Nearly every major EMS leader and figure in the Central Valley has, at some point, worked with, for, or been mentored by him. His fingerprints are on the systems, the standards, and the people who keep the valley covered to this day.

Some of Monte's greatest work can be seen not just in the business he built, but in the people he raised up. His son, Ted Pistoresi, now carries the torch that was handed to him long before this moment. Again, not just a business, but a way of life centered around service, sacrifice, and faithfulness to others. Ted's earliest memories are of Monte in uniform, standing next to an ambulance, images that quietly shaped the values of strength, humility, and service that continue to guide Pistoresi Ambulance today.

Recently, while reviewing early 1980s ambulance service agreements with Madera County, Ted came across Monte's simple but powerful reminder: **"We Care."** Those two words weren't just written for a contract, they were the foundation Monte built everything on. It's fitting that "We Care" is also the national theme for this year's EMS Week, echoing the same commitment to heart, service, and people that Monte lived by every single day.

Monte's life wasn't all about operations and logistics. He was known for his love of Elvis Presley, his easy way of connecting with people, his deep roots in the Chowchilla and Madera communities, and his unwavering love for those who showed up with heart. He would often remind new paramedics, *"The patient doesn't always know if you're doing a good job, but they always know if you care. They always remember how you made them feel."*

To the team members who stood beside him for decades, pillars who held Monte high, especially Cathy Rodriguez, who worked alongside Monte for 42 years and became a cornerstone of his legacy; and Rob Carranza, whose loyalty, love, and care for Monte until the very end were nothing short of family. Rob was rarely far from Monte's side, a trusted presence and a reflection of the heart Monte poured into the people around him.

To Hubert "Burt" Davis, whose unwavering commitment to Chowchilla laid the bedrock for EMS service there. There is no Chowchilla EMS story without the foundation Hubert helped build.



To Lance Hoffrage and Dan Jackson, who each dedicated over 30 years of service and honored Monte's mentorship through their own faithful work; and to the countless EMS professionals across the Central Valley who carry Monte's example in how they lead, serve, and care, his legacy lives on through you.

Monte Pistoresi was not only a founder, but a true servant leader. He set a standard of integrity and heart that doesn't show up on a patch or a certificate, it shows up in how you show up, in every patient served with dignity, and in every partner who steps up when it matters most.

As EMS professionals, we carry Monte's legacy not only when we put on the uniform, but every time we choose service over recognition, compassion over convenience, and heart over pride.

May we carry forward what Monte showed us: to show up with heart, to lead with integrity, and to live lives that matter in the quiet moments, not just the celebrated ones.

May we all strive to leave behind the kind of legacy Monte did: one built not with fanfare, but with a lifetime of answered calls. *



Monte and Ted Pistoresi

For more about Monte Pistoresi's life and legacy, please visit:
www.jaychapel.com/tributes/Monte-Pistoresi

Hall Ambulance Celebrates 50th Anniversary of Paramedic-Level Care in Bakersfield and Kern County



On February 24, Hall Ambulance celebrated the 50th anniversary of the most significant advancement in emergency medical services – when the company introduced and began providing paramedic-level patient care to the people of Bakersfield and Kern County.

Then, Governor Ronald Reagan paved the way for paramedics five years earlier by signing the Wedworth-Townsend Paramedic Act, making California the first state in the nation to adopt legislation permitting paramedics to provide advanced medical life support.

The path to a paramedic program in Bakersfield began as a cardiac care course. In the April 11, 1975, edition of *The Bakersfield News Bulletin*, Mr. Hall shed light on what transpired. “In February 1974, San Joaquin Community Hospital approached me to see if I was interested in upgrading services and training of technicians to give better care in the field,” he said. “Cardiac care training was given from February to September. At the end of the training, our attendants decided they wanted to proceed with more training to quality for paramedic certification.” Six Hall Ambulance employees were enrolled in the first paramedic course held at the hospital’s annex in cooperation with Bakersfield College.



HALL AMBULANCE

With their training completed, on February 24, 1975, Hall Ambulance initiated paramedic service, making it one of the first communities in California to implement this advanced level of patient care.

The introduction of paramedics also signaled the start of the transition of Hall Ambulance’s fleet from professional cars (like the Cadillac ambulance Mr. Hall started his business with in 1971) to

Type II vans. These larger vehicles were needed to accommodate the advanced capabilities and equipment required to provide paramedic-level care, including cardiac defibrillators and telemetry equipment allowing paramedics to transmit electrocardiogram readings and other vital information from the field to a paramedic base station. A Mobile Intensive Care Nurse (MICN) or physician would review the information and provide the paramedic with treatment orders via a portable Motorola Coronary Observation Radio. This process continued until sometime around 1984, when paramedic protocols were established.

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Just over five weeks after introducing this innovative level of patient care, Hall Ambulance put its mobile intensive care program to the test at the highest level when the company provided standby service for President Gerald Ford's arrival and departure at Meadow's Field. As noted in a letter from Chester L. Ward, M.D., Assistant White House Physician, he was duly impressed with Hall Ambulance's mobile intensive care unit's capabilities and dedicated personnel who stood by for President Ford, "It was comforting to know that if the President or anyone accompanying him during their visit to Bakersfield had needed care, there was a vehicle available as well equipped and manned from the Hall Ambulance Company. Extend our gratitude also to the able and dedicated personnel who manned your fine ambulance during the President's successful visit to Kern County."

Through the years, Hall Ambulance has stayed on top of advancements in advanced life support-level patient care, investing in technology, medical equipment, and continuing education for paramedics. The most recent advancement came from the pandemic when Kern County Public Health and Hall Ambulance developed an innovative program providing rapid response paramedic units. Staffed by a single paramedic in a smaller SUV, the paramedic can respond and complete



their patient assessment on-scene. If they determine the patient requires their advanced level of care, they will accompany the patient in an ambulance to the hospital. If basic care is needed, the EMT crew will take over and transport to the ER, allowing the paramedic to become available to the community for the next request for medical aid.

Over the past 54 years, Hall Ambulance has received industry accolades for its services, including in 1991 when the company became the first EMS provider in

California to be named the "United States Paramedic Service of the Year" by the National Association of Emergency Medical Technicians (NAEMT) and the American Academy of Orthopedic Surgeons.

In 2020, Founder Harvey L. Hall was named by the National EMS Museum and California Ambulance Association as one of 17 native Californians responsible for shaping EMS in the United States.

Today, Hall Ambulance serves as the 9-1-1 paramedic provider for 94% of Kern County's population, including the cities of Bakersfield, Arvin, Taft, Shafter, Wasco, Delano, Tehachapi, California City, and surrounding communities. ✨





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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

Table with 4 columns: Ad Size (WxH), 1x Rate, 4x Rate. Rows include 2 Page Spread, Full Page, 2/3 Page, 1/2 Page Horizontal, 1/2 Page Vertical, 1/4 page, Business Card.

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

- 1. Advertisers and advertising agencies are liable for all content... 2. No advertiser is guaranteed placement... 3. Publisher reserves the right to revise... 4. CAA accepts no liability for its failure... 5. Publisher reserves the right to publish materials from a previous advertisement... 6. The word "advertisement" will appear on any ad that resembles editorial material. 7. Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk... 8. No verbal agreement altering the rates and/or terms of this rate card shall be recognized. 9. All advertisements, layout and designs produced for the advertiser by CAA's Graphic Staff will remain the property of CAA. 10. All requests for advertising must be in writing... 11. Once an order for advertising is placed, it cannot be withdrawn or cancelled in whole or in part. 12. By signing this contract, advertiser agrees to pay in full for reserved space...

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:
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.)

Material Deadlines: August 9, 2025 November 15, 2025 February 13, 2026 April 24, 2026

METHOD OF PAYMENT

Total \$ _____ Please check one:
[] Send me an Invoice [] Enclosed is check # _____ (Payable to CAA) [] Charge my Credit Card [] MC [] Visa [] AmEx
Last 4 digits of card: _____ Billing Address: _____
Print Cardholder's Name: _____ Signature: _____

Full Credit Card# _____ Exp: _____ CVV#: _____

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

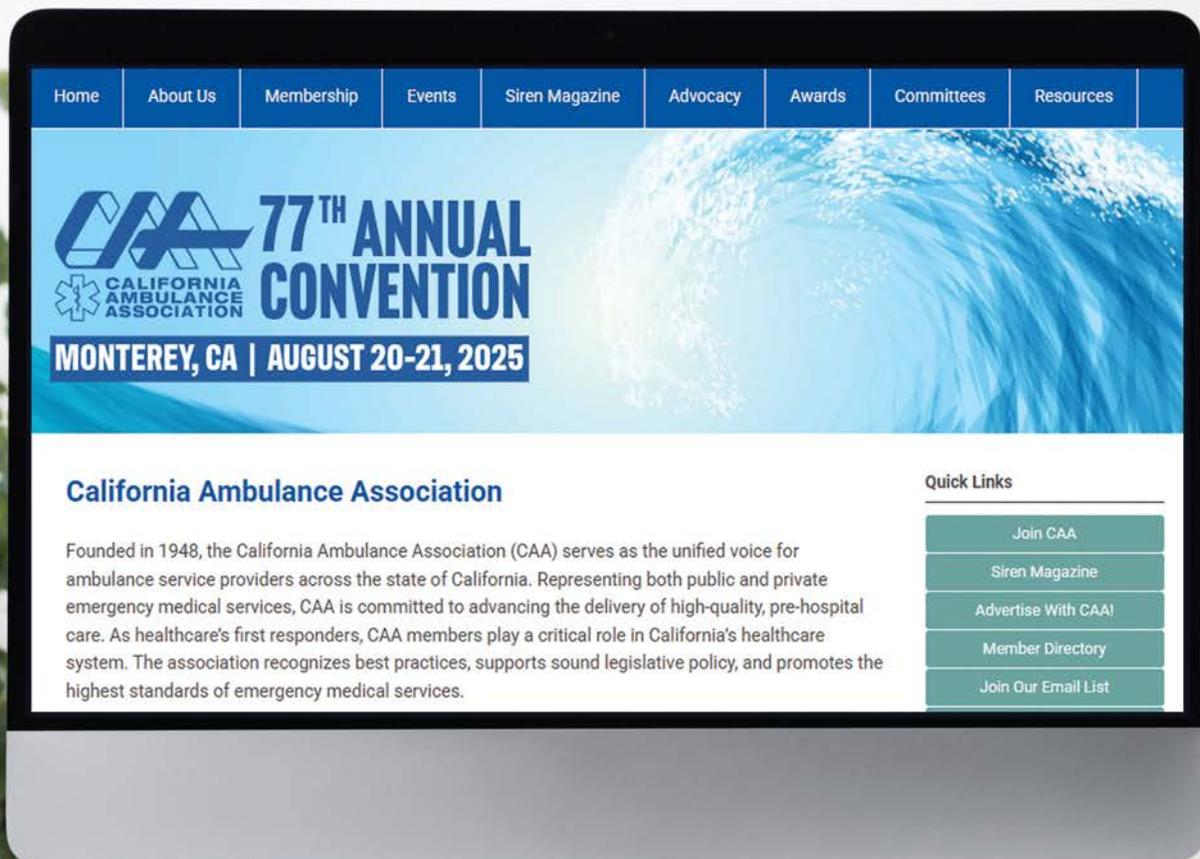


WWW.THE-CAA.ORG

NOW SHOWING ON A SMALL SCREEN NEAR YOU....

The California Ambulance Association website has a wealth of valuable information available to you, including a Membership Directory, a CAAPAC page, Stars of Life, CAASE, and CARESTAR Foundation Awards, an up-to-date Calendar of Events, online meeting registration, archives of important and timely articles and legislative updates in back issues of *Siren* magazine, and a Members-Only section.

Log on today.





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