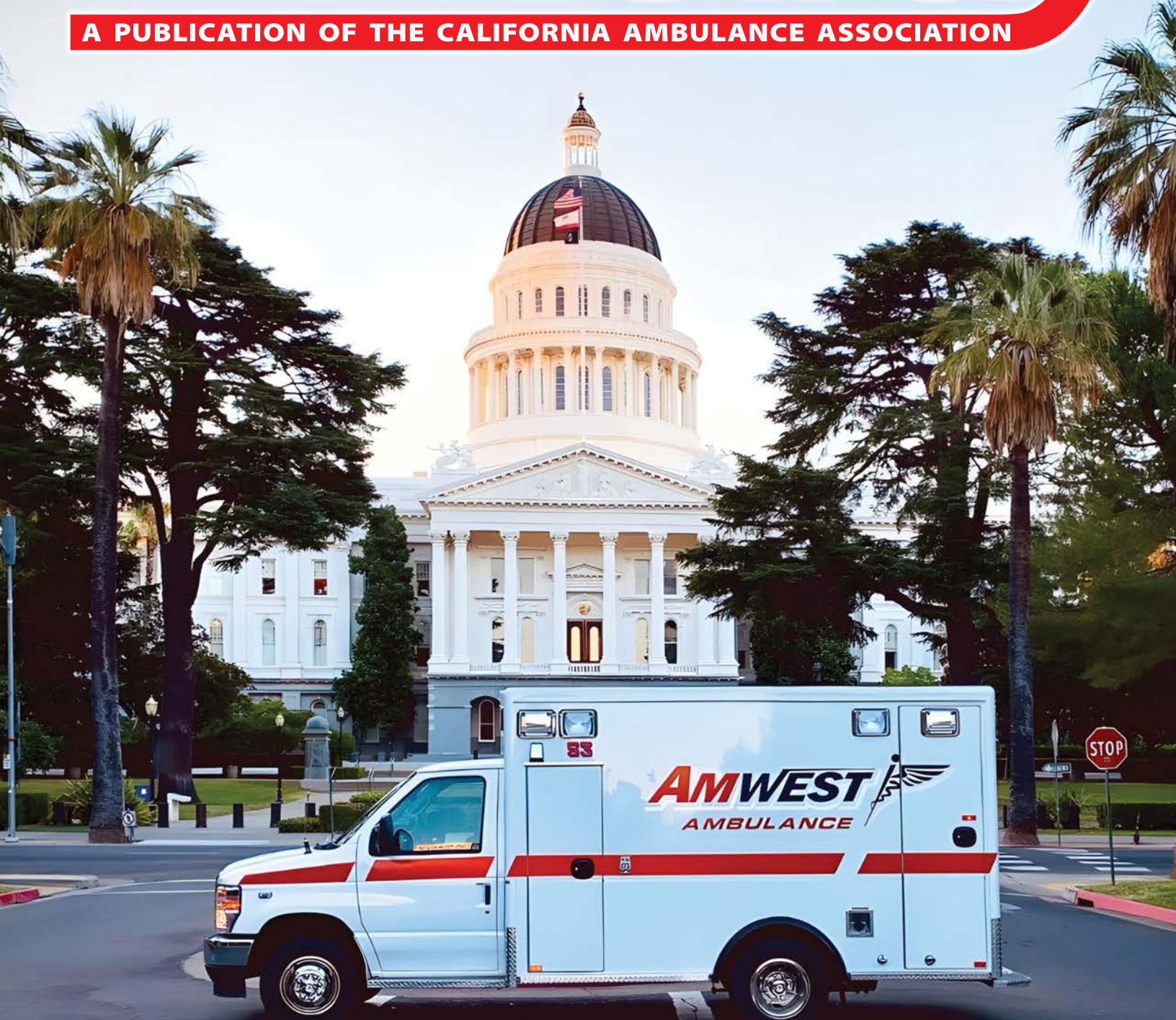




Siren

Fall 2025

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



Welcome to Monterey – The Next Wave

**“Just One of the Guys” No More –
What Leadership Looks Like in EMS**

**Radical Responsibility and Real
Talk: Conscious Leadership in EMS**



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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

As we welcome you to this special edition of *The Siren*, I'm thrilled that it coincides with our 2025 California Ambulance Association Annual Convention in beautiful Monterey, California. This year's theme, Rising Tides: Advancing Together – Shaping the Next Wave, is more than just a slogan – it reflects the spirit of unity, resilience, and forward momentum that defines who we are as a profession.

I want to begin by offering heartfelt thanks to our incredible Conference Committee co-chairs, Danielle Thomas and Steve Grau, for their tireless leadership in bringing together this year's gathering. Their thoughtful planning, commitment to excellence, and understanding of the challenges we face have shaped a convention program that is not only timely

and informative but deeply uplifting. Whether you are a longtime EMS leader or a first-time attendee, I believe this year's sessions will leave you feeling inspired and connected to the broader mission we all share.

This edition of *The Siren* offers a look at where we've been, where we are, and – most importantly – where we're going. Doug Wolfberg's article on the "BBB" (H.R. 1) outlines serious financial and operational challenges ahead. From shifts in payer mix to limitations in Medi-Cal eligibility and growing pressures on rural hospitals, the impacts on EMS are real. Yet, Doug reminds us that there are practical steps we can take to adapt, from enhancing insurance discovery to embracing alternative care modalities and modernizing revenue cycle

practices. It's a powerful call to action – not to fear the wave, but to be ready to ride it. financial sustainability, and long-overdue Medi-Cal reimbursement reform. We're also celebrating key advocacy wins, including constructive amendments to legislation that once posed a threat to ambulance operations. Our voice is being heard – and that's thanks to the collective strength and engagement of our membership.

We're also celebrating milestones that reflect our enduring commitment to California's communities. City Ambulance marks 50 years of lifesaving care along the North Coast, while San Luis Ambulance commemorates 80 years of steadfast service on the Central Coast. These stories remind us that EMS isn't just about systems – it's about people. Families. Generations. And they serve as living proof of how deep our roots run and how far we've come.

As we prepare to welcome new leadership in the upcoming CAA Board election cycle, I encourage all members to stay involved. Whether you're stepping forward to serve or casting your vote, your participation strengthens the very foundation of our association.

Thank you for the honor of serving as your President. Thank you for the work you do every single day. And thank you for showing up – not just to Monterey, but to the mission of EMS itself – with heart, with dedication, and with the shared belief that together, we can shape the next wave. *





Executive Director's Report

Rob Lawrence
Executive Director
California Ambulance Association

Welcome to Monterey and to this summer edition of *The Siren*. Whether you're flipping through these pages at the California Ambulance Association's Annual Convention or reading from the road, you'll find something in here that speaks directly to the mission – and momentum – of EMS in California today.

Our convention theme says it all: Rising Tides: Advancing Together – Shaping the Next Wave. And it's more than just aspirational. This year, we've seen tides rise in every corner of our work – politically, operationally, financially, and emotionally. Fortunately, we're not drifting – we're paddling together. And in Monterey, we're coming ashore to connect, recharge, and get to work on what's next.

Huge thanks are due to our conference committee co-chairs, Danielle Thomas and Steve Grau, for curating a program that's as relevant as it is refreshing. This year's sessions dig deep into leadership, operations, wellness, and future-readiness. I was proud to spotlight both Danielle and Steve in my own contributions to this issue: "Just One of the Guys" No More and Radical Responsibility and Real Talk. These aren't just session recaps – they're leadership blueprints.

Danielle and Carly Strong delivered a session that shook the room with truth, poise, and challenge. They didn't ask for a spotlight – they earned it. Their message

was simple: it's time to stop qualifying leadership and start measuring it by results. Meanwhile, Steve Grau took us back to the mirror, urging leaders to align mindset with mission and reminding us that conscious leadership starts long before a meeting agenda hits the table. These aren't theoretical ideas. These are road-tested lessons that any EMS leader – seasoned or emerging – can use to grow and inspire others.

On the legislative front, we've been busy. The CAA has taken a deliberate, assertive stance on behalf of our members and our mission. Our sponsored bills – AB 645, AB 1114, and AB 1328 – aren't symbolic. They are practical, meaningful fixes to longstanding problems: modernizing dispatch guidance, bringing long-overdue relief to Medi-Cal reimbursement, and cutting unnecessary toll costs that drain already thin margins.

Behind each of these bills is the voice of our industry – yours. Whether you emailed a legislator, testified in Sacramento, or simply shared your story at the right time with the right ally, you've been part of the win. That includes our work in stopping or amending legislation that could have harmed us. AB 1403, for example, was aimed straight at the heart of coordinated EMS oversight. Our collective response hit the brakes on a bill that could have fragmented systems and weakened public safety. That's what advocacy looks like in real time.

And while we're building the future, we're also honoring the legacy. In this issue, we celebrate 50 years of City Ambulance and 80 years of San Luis Ambulance – both icons of community-based EMS that have grown, adapted, and continued to serve with heart and humility. Their stories show what happens when mission meets longevity: patients benefit, communities trust, and teams thrive.

As we move into our board election cycle this fall, I encourage you to stay engaged. Our progress is powered by participation. The future board members and officers we elect will help steer us through the next round of reimbursement reform, system redesign, and workforce renewal. We need leaders who are willing to listen, speak out, and lean in.

In closing, I'll say this: we don't get to choose the tides – but we do get to choose how we ride them. What you'll find in this edition of *The Siren* is a profession in motion, a community with purpose, and a future we're shaping together. So let's keep paddling. Let's keep leading. And let's keep making waves – for the better. ✨

With gratitude and resolve,

Rob Lawrence
Executive Director
California Ambulance Association



Welcome to Monterey – The Next Wave: Leadership, Readiness, and the Rhythm of Change

Steve Grau
President-Elect
California Ambulance Association

Last month, I had the honor of presenting at the AAA Annual Conference in Kentucky. It was a particularly special experience, not only because I connected with so many progressive leaders sharing valuable lessons in leadership and EMS, many of whom are CAA members and leaders we're thrilled to welcome to our own upcoming conference, but also because my daughter, a rising high school senior, was able to engage firsthand with the challenges and opportunities within our profession. Events like these offer invaluable experiences for young emerging leaders, from our organizations connecting them with seasoned professionals eager to share insights and guidance.

At the California Ambulance Association (CAA), we believe passionately that when we collaborate on progressive policies, share insights through our committees, and build a community of like-minded individuals to identify and solve problems together, we truly "Raise the Tide and Shape the Next Wave." The Education Committee has diligently carried on CAA's mission to be the definitive voice and resource for EMS in California, creating compelling content designed to propel our industry forward.

Following the AAA conference, I took advantage of being on the East Coast and drove from Atlanta with my family to Hilton Head, South Carolina, for some R&R. Each morning on the beach, I found

myself captivated by the powerful and predictable rhythm of the tides. Despite knowing exactly what to expect, the sight of the ocean's dramatic shift left me in awe every single time. The lesson was clear: simply knowing something will happen doesn't diminish its impact. Preparation and readiness to embrace the experience are essential.

Another intriguing reflection came during a run along the shoreline, where I encountered several stranded horseshoe crabs. These fascinating, ancient creatures have thrived for over 445 million years, yet many find themselves stranded by low tides, unable to adapt or respond to changing conditions. It made me realize a

profound lesson: don't be the horseshoe crab. In EMS, it's crucial to remain attentive, adaptive, and responsive to changing tides, conditions, and environments. We must always be prepared to pivot, ensuring we don't get stranded by failing to recognize critical shifts in our landscape.

In California EMS, we face numerous "gravitational pulls" influencing our tides, such as recent legislative achievements like AB1328 aimed at increasing Medi-Cal funding for interfacility transports. Challenges like California's budget deficit, the Governor's fiscal priorities, and federal shifts in CMS budgeting constantly

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impact us. Recognizing and adapting to these forces, we've adjusted strategies to improve our chances of catching favorable tides rather than being left stranded, more about this in our Legislative session.

As organizational leaders, we are all familiar with having big ideas and ambitious initiatives, what some call "Wildly Important Goals." Yet the relentless whirlwind of daily operations often distracts us, leaving those big ideas stranded on the shore. That's why I'm thrilled that Chris McChesney, co-author of "The 4 Disciplines of Execution®," will deliver our keynote address this year. Chris brings unmatched energy and actionable insights, equipping us with the tools to execute effectively even amidst constant demands, helping us avoid becoming the horseshoe crab caught unprepared.

In addition, we'll explore exciting forward-thinking innovations such as AI and emerging technologies that are shaping the future of EMS. While embracing these advancements, we remain deeply committed to enhancing our core operational pillars - Revenue Cycle, Operations, HR, and Leadership.

FEATURED KEYNOTE SPEAKER



Chris McChesney FranklinCovey Speakers Bureau Expert in Strategy Execution

Chris McChesney is the co-author of *The 4 Disciplines of Execution®*, the world's bestselling book on strategy execution.

As the global practice leader at FranklinCovey, Chris has spent over 20 years helping organizations from Marriott and Coca-Cola to Lockheed Martin achieve breakthrough results by focusing on what matters most. He's known for making complex strategies simple and actionable at every level of an organization, from the boardroom to the front lines. His work has helped hundreds of teams cut through the chaos of daily operations to stay focused and execute on their top priorities, something every ambulance provider can relate to. With unmatched energy and clarity, Chris delivers practical tools that leaders can immediately apply to reach their "wildly important goals," even amid constant demands and pressure.

The future holds exciting possibilities, and our conference in Monterey will serve as a beacon for forward-thinking professionals.

In closing, I wish to welcome you and the next wave of leaders to Monterey where

we will learn, grow, and expertly navigate our evolving tides, ensuring our profession continues to thrive!

P.S. Read <https://www.chrismcchesney4dx.com/> for maximum impact! ✨



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Just One of the Guys | EMS

“Just One of the Guys” No More: Danielle Thomas & Carly Strong Redefine What Leadership Looks Like in EMS

Rob Lawrence
Executive Director
California Ambulance Association

[This article was originally published at EMS1.]



Eight hundred words can't capture every gasp and head-nod, but they can transmit the shockwave Danielle Thomas (COO, Lifeline Ambulance, CA) and Carly Strong (COO, Riggs Ambulance, CA) unleashed at the week's American Ambulance Association Annual Conference. The session description promised something “edgy and controversial,” a talk that rejected “pro-women in EMS” in favor of being pro-good leader. That framing wasn't marketing fluff; it was the backbone of a 60-minute manifesto on character over categories, resilience over rhetoric, and measurable results over demographic labels.

Leaders—Full Stop

Thomas and Strong refuse the qualifier female. “We're just leaders,” Thomas opened, dismantling the idea that one must choose between competence and gender. Industry panels often drift into side-by-side comparisons – how men lead versus how women lead, why promotion gaps persist, why harassment lingers. Thomas and Strong flipped the script: stop grading leadership on chromosomes. Start grading it on impact, they said, because stretch targets, balanced budgets, and clinical outcomes don't care who's wearing the uniform.

Raw Voices, Real Stakes

The pair spent two years lurking in a 42,000-member Facebook group for female

first responders, collecting anonymous posts that speak louder than any bar graph:

“I was lead on a call, yet the fire captain handed instructions to my male partner.”

“Passed over for supervisor again – maybe I'm ‘too emotional,’ or maybe I keep insisting we fix things.”

“Every shift feels like walking into a podcast you're not allowed to join.”

These aren't one-off horror stories; they're daily drip trauma. And yet Thomas and Strong flat-out refused to park the room in grievance. Each example became a pivot to practical tools: How do you convert

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silent corridors into collaborative teams? How do you defend your authority without mimicking someone else’s swagger? How do you hold colleagues accountable without burning down the station?

MRI: Most Reasonable Interpretation

One tool anchored the talk: MRI – ‘Most Reasonable Interpretation.’ Instead of reflexively thinking, “They’re attacking me,” MRI asks, “Is there a non-malicious reading, and can I clarify before I escalate?” The discipline doesn’t excuse bad behavior; it delays the fuse long enough to have a productive conversation. On a chaotic scene or in a tense debrief, MRI can be the difference between solving a problem and cementing a feud.

Numbers Tell a Partial Truth

Data framed the urgency:

- Women now account for 50 % of EMTs nationwide yet only 10 % of EMS-chief roles.
- A Yale résumé study showed that gender-blind panels selected six women and one man; panels that could see names hired six men and one woman.
- Beyond EMS, just 29 % of U.S. C-suite seats and 10 % of corner offices are filled by women.

Statistics confirm the gap, but Thomas cautioned against letting them become an alibi for underperformance. “Bias is real,” she said, “but so is grit. You can’t spreadsheet your way to credibility – you earn it call by call, quarter by quarter.”

Grit, Adaptability, Results

Here’s the trio of competencies Thomas and Strong say every leader – regardless of pronoun – must cultivate:

1. Resilience & Adaptability

EMS is controlled chaos. Leaders absorb shock, pivot quickly, and still hit clinical and financial targets.



2. Authentic Stereotype-Busting

Don’t neuter your style to fit “one of the guys.” Challenge norms while staying unmistakably you. Credibility flows from consistency, not mimicry.

3. Relentless Results Focus

Promotions and venture dollars follow outcomes. Track them, trumpet them, and make them impossible to ignore.

Dismantling the Comfort of Conformity

Thomas admitted her early-career strategy was to blend. She laughed at off-color jokes, and convinced herself it was harmless. “Conformity feels safe,” she said, “until you realize it’s a glass ceiling in disguise.” Strong nodded: “We don’t need to be honorary dudes. We need to be excellent professionals.”

Thomas confessed an early-morning realization that reframed her entire perspective on past workplace struggles. “For years, I blamed colleagues for holding me back. At 4 am today, I saw my part in the stalemate.” That moment of clarity captured the essence of the session: real leadership requires reflection, not just resistance. Her message wasn’t about self-blame – it was about growth. Leaders, she argued, need to examine their own patterns, communication styles, and assumptions as much as they challenge

the systems around them. Shifting from “Why are they doing this to me?” to “How am I showing up?” is a hallmark of maturity and effectiveness.

That pivot – from grievance to growth – formed the heartbeat of the entire presentation. Thomas and Strong’s call to action was not simply about changing policy or exposing bias, though both are vital. It was about changing posture. Success, they reminded the audience, isn’t handed out – it’s earned through grit, adaptability, and self-awareness. And for those already in leadership? The work isn’t over. It’s time to look around, lift others up, and ensure your team reflects not just the diversity of your community, but the strength of its ideas. Strong closed with a line that landed like a challenge coin tossed across the dais: “Don’t beg for a seat at someone else’s table – build a better room.” Judging by the extended applause, many attendees plan to do just that.

Bottom Line

Danielle Thomas and Carly Strong didn’t ask the AAA audience to applaud them as “trailblazing women.” They demanded everyone – women and men alike – raise the leadership bar. If grit, adaptability, and outcomes are your currency, you’re welcome in their economy. Anything less? Expect some MRI-powered, possibly “edgy and controversial,” feedback. *

Radical Responsibility and Real Talk: Steve Grau on Conscious Leadership in EMS

Rob Lawrence
Executive Director
California Ambulance Association

[This article was originally published at EMS1.]

At the 2025 American Ambulance Association Annual Conference in Lexington, Kentucky, Royal Ambulance founder and President Elect of the CAA, Steve Grau delivered a powerful reminder that leadership doesn't start in a boardroom or budget meeting – it starts in the mirror.

In his session, “The Conscious Leader: Aligning Mindset, Energy & Radical Responsibility,” Grau challenged EMS leaders to reframe their understanding of leadership as an internal discipline grounded in mindset, emotional awareness, and energy – not just metrics or management style.

“Great leadership starts with self-leadership,” Grau told the packed room. “I realized that I was the biggest bottleneck in my own organization – and that everything starts and stops with me.”

Grau wasn't speaking in metaphor. He recounted the early days of Royal Ambulance – founded in 2006 – and the steep learning curve that came with growing from a small, two-ambulance BLS provider into a regionally recognized healthcare transport partner. At one point, facing lawsuits, financial stress, and operational overwhelm, he had to confront an uncomfortable truth: he couldn't blame anyone else. “I woke up and realized, I am doing this to myself.”

From reaction to response

The heart of the session centered around what Grau called “radical responsibility.” Rather than react to external circumstances, he encouraged leaders to ask one simple



but transformational question: What can I do about this? “Blame is easy,” he said. “But it doesn't solve anything. Leaders who take full responsibility create learning cultures instead of finger-pointing cultures.”

He also discussed the value of shifting from reaction to response – pausing, breathing, and choosing how to engage with challenges. Grau led the room in a brief posture and breath exercise, prompting attendees to sit tall, breathe deeply, and recalibrate their energy in real time.

“If we don't manage our mindset and energy, our teams will absorb whatever we bring into the room,” he said. “You've seen it. A drained or distracted leader can deflate an entire shift.”

Leadership is a practice – not a title

Grau didn't shy away from vulnerability. He admitted to battling toxic self-talk during a

difficult chapter in his company's journey and shared how he became the most frequent user of his own company's EAP program. That turning point helped him recognize that leadership is an ongoing practice, not a finished product.

“Leadership is spiritual,” he said, “not in the religious sense, but in the human sense. It's the work of being aware of being aware. And that awareness affects how we lead, how we show up, and how we inspire others.”

Throughout the session, Grau reinforced a key lesson: our thoughts drive our emotions, our emotions drive our actions, and our actions drive our outcomes. To change results, we have to first shift what's happening inside.

He also introduced the concept of living “above the line” or “below the line” – a tool

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from the Conscious Leadership Group. Above the line, leaders are curious, open, and focused on learning. Below the line, they become reactive, closed, and fixated on being right. Grau encouraged attendees to regularly ask themselves: Where am I right now?

From values to culture

Beyond self-awareness, Grau emphasized the importance of codifying and communicating values. “Our company values – drive, empathy, adaptability, and

engagement – aren’t just posters on the wall,” he said. “They came from hard-earned lessons and shape how we hire, lead, and grow.”

He reminded the room that culture is most tangibly measured by how it feels to walk into a station or office. “If you walk into a place and it feels heavy, that’s culture. If it feels energized and aligned, that’s culture, too. And that starts at the top.”

Grau left the room with several practical tools: daily breathwork, gratitude practice,

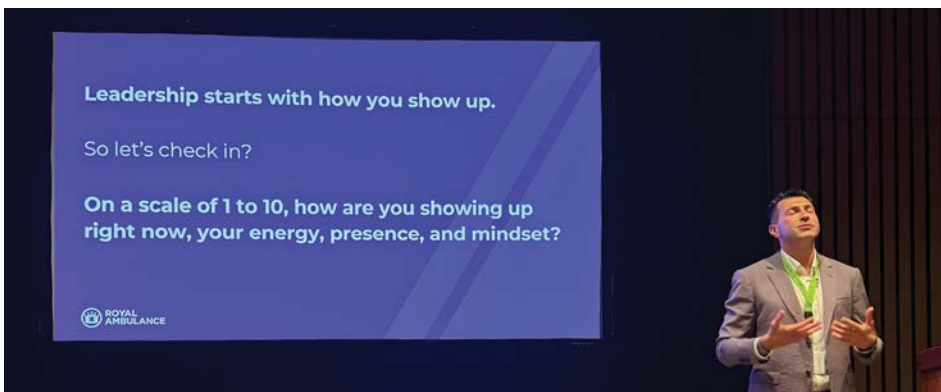
mindset resets, and what he called “priming” – preparing yourself each day to lead with clarity and intention. He encouraged leaders to “stand guard at the door of your mind,” eliminating distractions and managing mental noise that gets in the way of being present.

“EMS leaders don’t always get to control reimbursement rates or regulatory chaos,” he said. “But we do control how we show up – and that’s where real influence begins.”

Final thoughts

Grau’s message was simple but urgent: you can’t lead others until you lead yourself. In a field where chaos and complexity are constant, presence, purpose, and personal alignment are leadership tools just as essential as policies and processes.

“Tonight,” Grau told the room, “Write down one thought pattern that pulls you below the line – and the breath that brings you back above it. That’s what you bring to work tomorrow.” *



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MEDICARE: It's a Whole New B-B-Ballgame

Doug Wolfberg
PWW Advisory Group
CAA Medicare Consultants

The massive “One Big Beautiful Bill” (we’ll call it the BBB for short) is now Federal law. Officially known as H.R. 1, a “budget reconciliation bill” in Congressional lingo, the impact of the BBB will be felt in the short and long term in many ways, both large and small. The BBB does provide some pro-business tax relief and contains other provisions that may prove beneficial. But, even though some of these provisions don’t take effect until after the Congressional midterm elections in 2026, whatever you think of the politics of the bill, the inescapable fact is that most of the effects on ambulance services, in California and nationally, will be negative.

There are many articles and analyses of the actual provisions of the BBB, but in this article, I want to write about some of the bigger-picture ambulance industry impacts the bill will have on how we operate, how we’re paid, and larger issues of ambulance service sustainability.

Potential Ambulance Industry Changes Under the BBB

Payer Mix Shift

One of the most impactful changes most ambulance services will experience from the BBB will be significant shifts in payer mix. Due to impending reductions in Medicaid spending and eligibility, as well as changes to the Affordable Care Act marketplace enrollment process, and the reduction of subsidies to purchase ACA

marketplace plans, it is likely that both the Medi-Cal and commercial insurance portions of your payer mix will go down. Of course, it all still must equal 100%, so those Medi-Cal and commercially insured patients losing their coverage must end up in *some* other part of your payer mix. Unfortunately, however, that will likely be in the *self-pay* bucket. By some estimates, upwards of two million more people will become uninsured in California alone under the provisions of the BBB.

With a likely increase in self-pay patients, and a further tightening of state consumer protection laws, such as California laws restricting collections and credit reporting, laws limiting balance billing and statutory limitations on what you can charge uninsured and self-pay patients, ambulance services will face headwinds in their revenue cycle.

Reduced Primary Care – More Ambulance and ED Utilization

If history and experience are any guide, the likely increase in the uninsured/self-pay populations will lead to more individuals using the 911 system, and hospital emergency departments, as sources of primary care. This means that ambulance services with EOAs or emergency coverage areas can expect more calls for chronic or low-acuity conditions, since the public surely knows that 911 calls almost always bring ambulance responses, and that emergency departments must provide

care without regard to the patient’s ability to pay.

Of course, the potential increase in ED utilization as a source of primary care will not bode well for the ever-present challenges of APOT and wall time, though California continues to make nation-leading strides on this issue, both through legislation and state regulations.

More IFTs and Longer Transport Times

The potential impacts on smaller, rural and suburban hospitals are expected to be particularly pronounced under the BBB. Around the country, smaller hospitals have already begun to close or be sold, often resulting in a reduction of services in rural and suburban areas. It may be that specialty and tertiary care services will become more centralized in urban population centers, simply due to economies of scale in higher-volume facilities.

This means that ambulance services can expect an increased need for interfacility and critical care transports as facilities in outlying areas are less able to cope with advanced healthcare needs of patients. And, because fewer facilities will be providing fewer services in outlying areas, ambulance services can expect longer transport times with increased distances to

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connect patients with these likely shrinking sources of definitive and specialty care.

Limitation on Medi-Cal Retroactive Eligibility

One reimbursement safety net that benefits ambulance services is the retroactive Medicaid eligibility period, which is currently 90 days. This allows coverage for individuals who receive pre-enrollment services, or for whom coverage is not in place on the date of service. The BBB rolls back these retroactive benefit coverage periods both for ACA expansion and non-expansion states. California, of course, was an ACA Medicaid expansion state, so the retroactive coverage eligibility period will roll back from 90 days to 30 days, which will be an added blow to your revenue cycle, by shifting more of these services to self-pay.

State-Directed Supplemental Payment Programs

Though much is yet to be known about the future of these programs until agency rulemaking occurs, it is likely that providers participating in GEMT and IGT programs for supplemental Medi-Cal reimbursement can expect substantial payment reductions.

What Can We Do?

The impacts of the BBB on ambulance services and most other healthcare

providers, as we've laid out here, are primarily negative. Nevertheless, there are things every ambulance service can do to help manage these effects and reduce the negative impacts.

Improve payer discovery

Leverage your technology to utilize real-time insurance discovery status of your patients. In addition, we strongly suggest that EMS crews in the field ask patients about their insurance and copy insurance information directly from the patient's card at the time of service whenever the patient condition allows. As technology has become more robust, fewer ambulance services emphasize gathering this information at the time of service, but ambulance services that emphasize this will likely have a leg up in their RCM.

Reengineer your NET and IFT call intake

"You call, we haul" can no longer be a recipe for success or economic sustainability. Ambulance services that perform non-emergency transports (NETs) and IFTs must improve their call intake and transport screening processes to identify those patients for whom medical necessity and other coverage criteria will likely not be met. This will allow your company to implement practices like advance payment, which is the next recommendation on our list.

Implement pre-transport payment practices

By identifying likely non-covered services *prior* to providing non-emergency transports, ambulance services can shift payment responsibility from *after* the time of service to before. When your NET call screening identifies likely non-covered services, you can either decline the service, or take payment in advance, since you are much less likely to be paid after the fact. Incorporate multiple payment methods into your NET call intake process, including credit cards, PayPal, Venmo, etc. Not only would this apply for non-medically necessary or non-covered services, but payment in advance can also be used for non-covered mileage, such as you would encounter if you are transporting a patient to a facility that was not the "closest appropriate."

Implement evidence-based alternative modalities for low-acuity patients

Reducing non-medically necessary transport volume will not only help you avoid non-payment for services that don't meet coverage criteria, it will also help you avoid the long offload times that often go along with transporting a low-acuity patient to an ED when their condition doesn't really require it. By working with your Local EMS Agency and other providers in your area, such as fire departments, home health agencies, facilities and others, ambulance services can implement treatment in place and transport to alternate destination (TIP/TAD) modalities, telehealth, community paramedicine and other services that can help reduce this costly, non-reimbursable transport volume.

The BBB will be a challenge for an already-struggling ambulance industry. Ambulance services will need to accept these changes by adapting processes, improving call screening, adopting evidence-based modalities for low-acuity patients, and shifting payment to the pre-transport phase whenever reimbursement is unlikely. Although some of the more harmful parts of the law won't be implemented until 2027, now is the time to begin adapting and improving your processes to weather the storm. ✨





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For over 45 years, Medic Ambulance has set the standard for exceptional emergency medical services in Northern California. As a family-owned and community-focused provider, we are proud to serve with cutting-edge technology, highly trained professionals, and an unwavering commitment to saving lives and improving patient outcomes.

From 9-1-1 emergency response to interfacility transport and critical care services, Medic Ambulance stands at the forefront of innovation, ensuring our patients receive the highest level of care—when every second counts.

We are honored to be part of the California Ambulance Association and to celebrate the dedication of EMS professionals across the state. Thank you for your service, your passion, and your commitment to excellence.

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CARING IS OUR CORE

Proposed CAA Board Election Timetable 2025

In September 2025, we begin the process to select and confirm new board members and a new President Elect. Detailed voting instructions will be issued to member agency designated voting members by email in due course.

Current Board CAA Board and Term Limits

Title	Incumbent	Term Expires	Notes
President	Jaison Chand	2025	To be IPP 2026/2027
President Elect	Steve Grau	2025	To be President 2026/2027
Immediate Past President (IPP)	James Pierson	2025	Rotates off board / Can run for new Board Term
Secretary	Melissa Harris	2026	
Member	Carly Strong	2026	
Member	Sean Sullivan	2026	
Member	Todd Valeri	2025	Term ends / Can run for new Board Term
Member	Brian Hendricksen	2025	Term ends / Can run for new Board Term

2025 Election Slate

Title	Term	Notes
President Elect	2026/2027	To be President 2028/2029
Member	2026/2027	Current incumbent - Todd Valeri
Member	2026/2027	Current incumbent - Brian Hendricksen

Should a current board member with 2026 tenure successfully seek the position of President Elect, the process to seat a replacement board member will be conducted in accordance with the CAA Bylaws.

Election Timetable

Date	Event	Comments
September 2025		
24 September 2025	CAA Board	Open call for candidates
26 September 2025	CAA Town Hall	Call for candidates
October 2025		
20 October	Call for Candidates closes	
22 October 2025	CAA Board	Confirm / approve slate
31 October 2025	CAA Town Hall / Voting Opens	Meet the candidates
November 2025		
17 November 2025	Voting Closes	Close of business
18 November 2025	Nominating Committee Meeting	Prepare final slate
20 November 2025	CAA Board	Accept slate / vote
21 November 2025	CAA Town Hall	Announce slate
January 2026		
1 January 2026	New Board Take Post	

New Members

Bi-County Ambulance Service, Inc.
Active Member

Braun Northwest
Commercial Member

Cambria Community Healthcare District
Public Agency

CARESTAR Foundation
Associate Member

El Dorado County EMS Agency
Public Agency

Garcia & Gurney, A Law Corporation
Commercial Member

Huly Corp.
Commercial Member

License Alliance
Commercial Member

Medstar Ambulance of Mendocino County, Inc.
Active Member

Prodigy EMS
Commercial Member

Ripon Consolidated Fire District Ambulance
Public Agency

St. Mark Medical Transport LLC
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CAA at the AAA

At the end of June CAA members travelled to Lexington Kentucky to the 2025 American Ambulance Association Annual Conference. Many of CAAs leaders delivered sessions and classes passing on their expertise.



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Celebrating 50 Years of Ambulance Care on the North Coast

Jaison Chand
President
California Ambulance Association



For 50 years, City Ambulance has been the trusted provider of emergency medical services across Humboldt County, and portions of Trinity, Lake and Mendocino counties.



The roots of City Ambulance actually stretch back to 1958, when William and Joyce Startare founded City Ambulance Company alongside their taxicab business. In that era, taxi drivers often doubled as ambulance drivers, seamlessly shifting roles to respond to emergencies. After selling the business in 1971, the Startares returned in 1975 when Eureka Ambulance ceased operations, founding City

Ambulance of Eureka, Inc. with a new vision of professionalized EMS delivery. Since then, the company has grown into one of the largest EMS providers by geographical coverage in the state, covering 5500 square miles of rugged and remote terrain.

Fred Sunquist, the former owner is a Past President of the CAA, and the current Director, Jaison Chand, is of course our current President. City Ambulance has been active in the CAA since it's inception

with leadership serving on virtually every committee through the years.

City Ambulances works closely with over 35 fire departments across their coverage area; many of them small volunteer departments with less than 10 personnel; working together to navigate winding mountain dirt roads, coastal cliffs, and remote valleys.

continued on page 20





The first ambulance personnel to become EMTs for City Ambulance were in 1979 and company hired its first paramedics in 1989. They are able to maintain through staffing through a vital Paramedic program at the local community college. City Ambulance had a significant upgrade of their Dispatch services in 2019, with fiber optics and a new state of the art computer aided dispatch systems and VOIP radios.

City Ambulance has also been a vital partner during natural disasters. During the 1992 Cape Mendocino earthquake, crews transported over 100 patients in just three days. In 1995, as historic flooding left communities stranded, City Ambulance worked with helicopters to evacuate patients from isolated areas, and City Ambulance has participated in multiple evacuations for several wildfires through

the years – sometimes lasting over a week around the clock.

In 2019, City Ambulance began a new chapter when the Sundquist family sold the business to REACH Air Medical Services, a division of Global Medical Response (GMR). Under new ownership, the company continues its mission of delivering high-quality emergency care, remaining deeply connected to the local community while supported by the resources of an industry leading national network.

As City Ambulance celebrates fifty years of dedicated service, it looks ahead with determination. With evolving clinical standards, new technology, and the growing complexity of rural healthcare, City Ambulance remains committed to leading the way. This milestone is not just a celebration of the past but a promise to the next generation of patients and professionals.

Congratulations to City Ambulance for 50 years of saving lives and serving the North Coast. ✨





San Luis Ambulance Celebrates 80 Years of Service

Rob Lawrence
Executive Director
California Ambulance Association



San Luis Ambulance is celebrating a monumental milestone: 80 years of providing emergency medical services to the Central Coast. What began in 1945 as a small, family-owned operation has grown into a respected leader in emergency care, with a reputation for delivering compassionate and high-quality service. While the company's operations have grown, one thing has never changed, its commitment to service, innovation, and community involvement.

Still proudly owned and run by the Kelton family, San Luis Ambulance has kept pace with the ever-evolving world of emergency medicine. The company has embraced cutting-edge technology, trained its staff with the latest medical practices, and invested in state-of-the-art tools to ensure that every call for help gets the very best care possible. But even as the technology and equipment evolve, the company's mission remains the same: To care for the people of San Luis Obispo County like family.

continued on page 22



San Luis Ambulance Celebrates 80 Years – continued from page 21

Over the years, San Luis Ambulance has become more than just an ambulance company, it's a vital part of the community. From building strong partnerships with local schools, healthcare providers, and organizations, to offering "hands-only CPR" training, the company has consistently prioritized the health, safety, and well-being of those it serves. Whether it's helping with public health education or participating in local safety initiatives, San Luis Ambulance is deeply invested in making the Central Coast a safer, healthier place for everyone.

In celebration of 80 years of service, San Luis Ambulance is proud to give back to the community that has supported it for so long. The company will be donating **80** life-saving automated external defibrillators (AEDs) to locations such as:

- Grocery stores
- Health clubs
- Shopping centers

• And other facilities across SLO County
Early CPR and defibrillation can make all the difference in a cardiac emergency, and these AEDs will help ensure that more lives are saved

in critical moments. Whether it's helping with public health education or participating in local safety initiatives, San Luis Ambulance is deeply invested in making the Central Coast a safer, healthier place for everyone. ✨



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Chris McChesney
FranklinCovey Speakers Bureau
Expert in Strategy Execution

Chris McChesney is the co-author of *The 4 Disciplines of Execution®*, the world's bestselling book on strategy execution. As the global practice leader at FranklinCovey, Chris has spent over 20 years helping organizations from Marriott and Coca-Cola to Lockheed Martin achieve breakthrough results by focusing on what matters most. He's known for making complex strategies simple and actionable at every level of an organization, from the boardroom to the front lines. His work has helped hundreds of teams cut through the chaos of daily operations to stay focused and execute on their top priorities, something every ambulance provider can relate to. With unmatched energy and clarity, Chris delivers practical tools that leaders can immediately apply to reach their "wildly important goals," even amid constant demands and pressure.

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1/4 Page	3 1/2" x 4 1/4"	1 Issue: \$200 4 Issues: \$720
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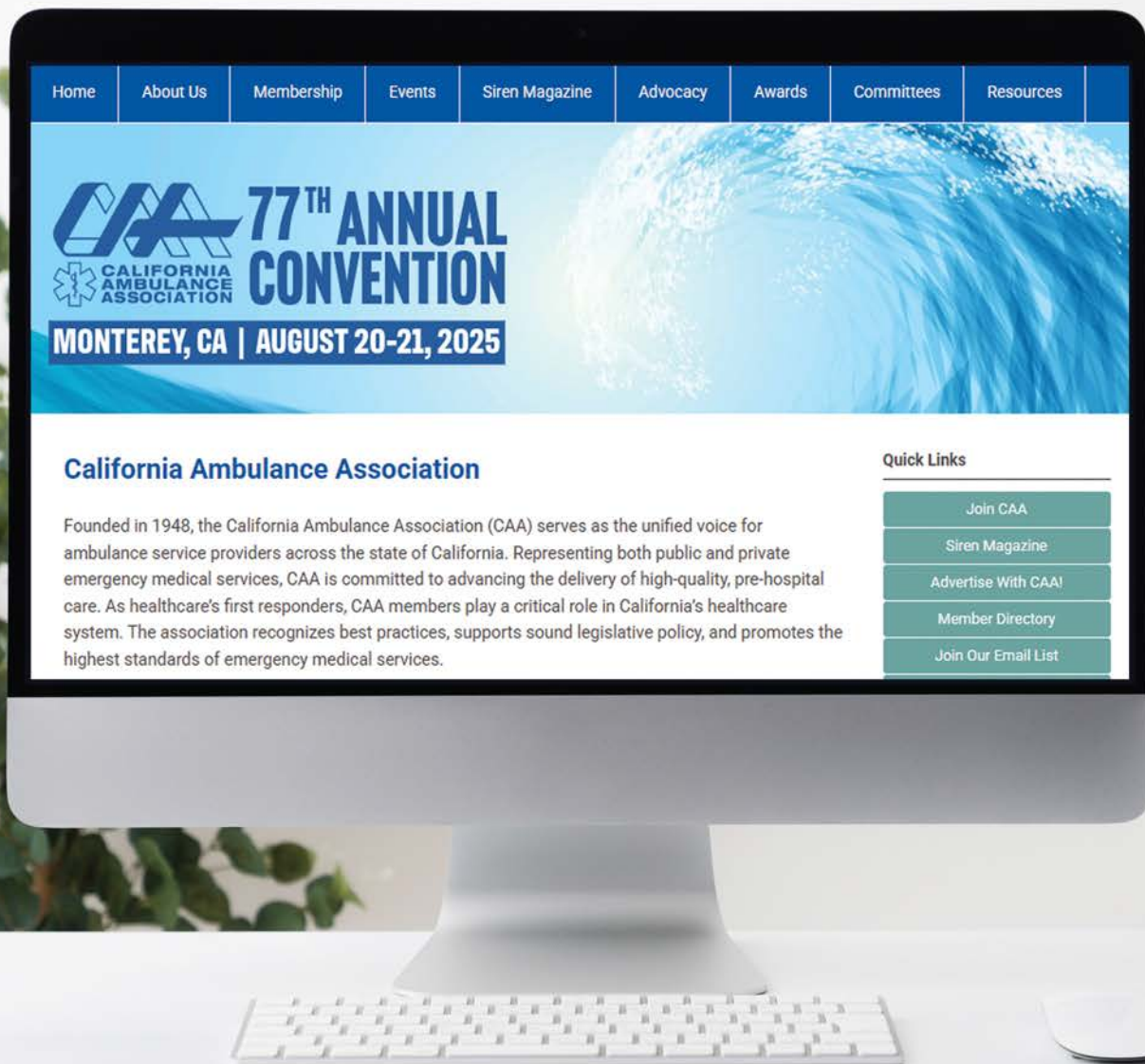


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