2015-2016 Election

Siren

Summer 2015

A Publication of the California Ambulance Association

Focus on Medi-Cal Reimbursement | CPR Education | ADA Lawsuits

CALIFORNIA AMBULANCE ASSOCIATION

CAA *Vision*

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

CAA *Mission*

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

CAA *Leadership*

California Ambulance Association
2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
(877) 276-1410 (toll free)
(916) 924-7323 (fax)
www.the-caa.org

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Table *of Contents*

Editorial *Information*

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

Chair's *Message*

Richard Angotti | *Chair of the Board*

Thank You, CAA

Thank you for allowing me to serve as the Chair of the CAA Board of Directors. It has been my pleasure and duty to diligently serve our membership over the last year.

During my tenure, I, along with the Board, recruited a new Executive Director to fulfill the position which went vacant for four months. During those four months, I, along with the CAA Board, navigated the best interest of our membership. We, the CAA Board, have been working hard to explore and fight for a desperately needed Medi-Cal increase. We have also kept our eye on the ball supporting all legislative activity pertinent to our business. I thank all the committee chairs and committee members for their time and talent to ensure that we are doing all we can to protect and improve the private ambulance industry.

We have made great strides in our participation on the Chapter 13 Committee as well as our participation on the California State EMS Commission. The CAA is a well-respected force and industry voice in California politics. Our membership strength is very much appreciated by all California elected officials.

We experienced a fantastic "Stars of Life" event in Sacramento this last Spring and we all look forward to a great CAA Convention in Anaheim. Thank you for your continued support of the California Ambulance Association.

Executive Director's *Report*

Ross Elliott | *Executive Director*

Focus on Medi-Cal Reimbursement

Medi-Cal reimbursement rates have never fully offset actual costs for ambulance service, nor even come close. The gap between reimbursement and costs widens every year. There are a number of factors causing this situation and there are other factors making the situation even more dire. Improving Medi-Cal reimbursement rates is one of CAA's top priorities.

Although the overall Medi-Cal annual budget is $92 billion, reimbursement for ambulance services is a small, small fraction of the total budget. Medi-Cal woefully underfunds services provided by private ambulance companies. The reimbursement rate is approximately 15 to 25 percent of actual costs, leaving 75 to 85 percent of the ambulance service costs unpaid for Medi-Cal patients.

Under the Affordable Care Act, millions of Californians are now covered by Medi-Cal, which increases the number of under-paying customers. Under the Medi-Cal rules, the patient cannot be billed for the unpaid balance, again leaving private ambulance services underfunded. It is not uncommon to find that Medi-Cal patients are now comprising 40 percent or more of the payer mix in California.

Unlike a doctor or other healthcare provider, ambulances cannot limit the number of Medi-Cal patients it sees. Ambulances providing emergency service must care for every patient, regardless of their insurance coverage or ability to pay. With nearly half of the patients being covered by Medi-Cal and thereby failing to pay for the costs of the service, the situation is not sustainable.

Costs of doing business continue to increase each year. Several proposals to raise the minimum wage in California are pending in the legislature and others are pending in specific cities. With no increase in Medi-Cal reimbursement in sight, the gap between revenue and cost continues to increase.

The California Ambulance Association Board of Directors is focusing a great deal of time and energy to try and fix Medi-Cal. There will not be only one solution to resolving this complex situation. Rather, several actions must be considered and a multi-faceted approach must be taken to begin to fix Medi-Cal reimbursement. The remainder of this article identifies the strategies that the CAA Board is implementing to fix Medi-Cal.

Increasing Membership in the Association

The CAA is well-respected as the voice of the ambulance industry. But, there are many ambulance companies that are not members of the Association. The more solidarity we have as an industry/interest group, the more clout we have as an organization in shaping statewide policy. More members means more resources are available for lobbying, delivering our collective message, and getting attention to our needs. Together, we are stronger and more effective.

Framing the Argument

The impacts of under-reimbursing private ambulance companies for decades are compelling, and the recent increase in the number of Medi-Cal patients accelerates these impacts. The CAA is informally polling its membership in an effort to understand what the future of EMS might look like as the quantity of private ambulances decreases. Response times could be slower, the level of care might be lower, and quality of service could be impacted if the service life of equipment is extended. People in California will be negatively affected.

Today, 82 percent of EMS transport services in California are delivered by private ambulance companies; only 18 percent by fire departments and other tax-supported operations. If gaps in service that are now being provided by private ambulance companies are instead filled with publicly funded EMS services, such as

Continued on page 3

Executive Director's *Report*

Continued from page 2

fire departments, the operational costs will skyrocket. According to a 2011 Santa Clara County grand jury report, EMS services provided by public fire departments are five times more expensive than EMS service provided by private ambulance companies.

The CAA is working towards the development of anecdotes and statistics to create a compelling and consistent message about the impacts of the Medi-Cal policy that under-funds private ambulance services. Perhaps, if the story is told enough times to enough people, we can change California's awful Medi-Cal policy.

Efforts at the State Capitol

Three bills were introduced this legislative session to fix Medi-Cal: AB 366 (Bonta), SB 243 (Hernandez), and AB 1257 (Gray). These bills were advanced at the policy committee level. Seemingly, the California legislature understands the issue and is supportive from a policy perspective in improving Medi-Cal reimbursement for ambulance services. Yet, these bills get stalled or gutted at the fiscal committee level. We win on principle, but lose on funding. *CAA's lobbyist Chris Micheli provides more details on these bills and other ongoing efforts in Sacramento to fix Medi-Cal in another Siren Magazine article, in this issue.*

The Department of Health Care Services (DHCS) is the state bureaucracy that implements Medi-Cal. In the past 5 months, CAA has opened a collaborative dialogue with DHCS. DHCS liaisons have met with the CAA Board of Directors and won a delay in implementing billing changes to allow time to resolve coding errors. Further, the CAA has been invited to attend DHCS' Stakeholder Advisory Group, which provides face-to-face access to the DHCS leadership team.

Governor Brown requested a special legislative session to address two program changes in Medi-Cal. The issues he identified are of no consequence to ambulance reimbursement. However, the special session may provide an opportunity to address our needs as well. The CAA is in contact with California Health and Human Services Undersecretary Michael Wilkening, who is the Governor's point of contact for the special session to try to create an opening for ambulance reimbursement policy change.

CAAPAC continues raising money among the CAA membership to assist in the lobbying efforts. Supporting legislators who support the ideals important to the CAA is an ongoing effort.

Strategies for changes in Washington, DC

There are two strategic changes at the federal level that may improve Medi-Cal reimbursement. First, although a long-shot, is to pursue a Medicaid funding increase for California through a request to the US Health and Human Services Agency. Such a request would come from the Governor and likely be initiated by the state legislature. Collaborating with DHCS, the legislature, and the Governor's office, and creating a coalition of health care providers to craft such a request would be a large undertaking.

The second strategy involves re-defining the term "medically necessary" for CMS programs. Changing the policy to allow for ambulance reimbursement to alternate destinations makes sense. Such a concept is consistent with the intent of the Affordable Care Act to increase access to health care and reduce costs.

Ground Emergency Medical Transport (GEMT)

Several publicly funded agencies that provide ambulance service have successfully improved Medi-Cal reimbursement through this avenue. As opportunities arise in the future for some private ambulance companies to partner with public agencies, the "certified public expenditure" tool may be one way to improve Medi-Cal reimbursement for a few private companies. GEMT is by no means a comprehensive cure for Medi-Cal reimbursement problems, and the GEMT concept itself is not a necessarily sound or sustaining long-term public policy.

Quality Assurance Fee (or a self-tax for matching funds)

Medicaid provisions allow for states to voluntarily pay matching funds to the US Government in order to increase Medicaid payments back to the state. Whatever amount the state pays, Medicaid will match that amount in additional payments, up to a specific limit. The CAA examined this concept in the past and determined it was infeasible at that time. However, since then, there are at least two successful models in California for other healthcare providers. The California Hospital Association's program has resulted in additional Medi-Cal payments of $18 billion over the past 6 years. Plus, there are three similar programs in Utah, Texas, and Missouri for ambulance services. Perhaps, it is time to re-examine the concept. This will be a big undertaking. But, using the best practices from the successful programs may help to provide some guidance in developing parameters that maximize the gains and minimize the losses.

There are no easy answers to improve Medi-Cal reimbursement. All of the low hanging fruit has been picked. However, the CAA is relentlessly working to improve this situation for its membership. Some of the concepts listed here may not ultimately be feasible or successful. And, there are undoubtedly other concepts that have not yet been identified that should be discovered and pursued. But, by pursuing a multi-faceted approach perhaps one or two will be successful and some positive changes will be seen. Changing Medi-Cal reimbursement is too important to be ignored; it is one of the highest priorities. ✱

Legislative *Update*

Chris Micheli | *Legislative Advocate*

CAA is actively involved in a number of bills that remain alive during this 2015 Legislative Session, which is scheduled to conclude in mid-September, with the Governor having 30 days thereafter to act on legislation sent to him. Although many of the bills we have worked on this year have become two-year bills to be considered in 2016 during the second year of the 2-year session, we are still working on the following measures, including those that will be considered during the special session on Medi-Cal funding.

CAA supported AB 162 (Rodriguez) that was signed into law. This bill requires the Department of Transportation, in consultation with the Department of the California Highway Patrol, to update a 1989 report on wrong-way driving on state highways to account for technological advancements and innovation, to include a review of methods studied or implemented by other jurisdictions and entities to prevent wrong-way drivers from entering state highways, and to provide a preliminary version of the report to specified legislative committees on or before December 1, 2015, and the final report on or before July 1, 2016.

CAA is supporting AB 366 (Bonta), which is pending in the Senate Appropriations Committee. This bill would require the State Department of Health Care Services, by March 15, 2016, and annually thereafter by February 1, to submit to the Legislature, and post on the department's Internet Web site, a Medi-Cal access monitoring report providing an assessment of access to care in Medi-Cal and identifying a basis to evaluate the adequacy of Medi-Cal reimbursement rates and the existence of other barriers to access to care.

CAA is supporting AB 503 (Rodriguez), which is pending in the Senate Appropriations Committee. This bill would authorize a health facility to release patient-identifiable medical information to a defined EMS provider, a local EMS agency, and the authority, to the extent specific data elements are requested for quality assessment and improvement purposes. The bill would also authorize the EMS Authority to develop minimum standards for the implementation of this data collection.

CAA is supporting AB 1129 (Burke), which is pending on the Senate Floor. This bill would require an emergency medical care provider to, when collecting and submitting data to a local EMS agency, use an electronic health record system that exports data in a format that is compatible with the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards, includes those data elements required by the local EMS agency, and uses an electronic

Continued on page 5

Legislative *Update*

Continued from page 4

health record system that can be integrated with the local EMS agency's data system. The bill would prohibit a local EMS agency from mandating that a provider use a specific electronic health record system to collect and share data with the agency. The bill would not modify or affect contract or agreement executed before January 1, 2016, between a local EMS agency and an emergency medical care provider.

CAA is supporting AB 1223 (O'Donnell), which is pending in the Senate Appropriations Committee. This bill would authorize a local EMS agency to adopt policies and procedures relating to ambulance patient offload time. The bill would require the EMS Authority to develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

CAA is supporting AB 1506 (Roger Hernandez), which is pending in the Senate Appropriations Committee. This bill would provide an employer with the right to cure a violation of the requirement that an employer provide its employees with the inclusive dates of the pay period and the name and address of the legal entity that is the employer before an employee may bring a civil action under the Private Attorney Generals Act.

CAA is opposing SB 3 (Leno), which is pending in the Assembly Appropriations Committee. This bill would increase the minimum wage, on and after January 1, 2016, to not less than $11 per hour, and on and after July 1, 2017, to not less than $13 per hour. The bill would require, commencing January 1, 2019, an annual automatic adjustment of the minimum wage to maintain employee purchasing power.

CAA is supporting SB 326 (Beall), which is pending in the Assembly Appropriations Committee. This bill would extend the dates of the Emergency Medical Air Transportation Act, so that the $4 assessment of the penalties will terminate commencing January 1, 2018, and any moneys unexpended and unencumbered in the Emergency Medical Air Transportation Act Fund on June 30, 2019, will transfer to the General Fund.

CAA is supporting SB 658 (Hill), which is pending on the Assembly Floor. This bill would provide an exemption from civil liability for a physician and surgeon or other health care professional that is involved in the selection, placement or installation of an AED. The bill would require a person or entity, other than a health facility, that acquires an AED to, among other things, comply with specified regulations for the placement of the device and ensure that the AED is maintained and tested.

CAA is opposing SCA 5 (Hancock), which is pending in the Senate Governance & Finance Committee. This measure would place on the November 2016 a "split roll" property tax measure to subject industrial and commercial property to be re-assessed based upon market value and thereby no longer benefit from the protections of Prop. 13. ✱

Member *News*

Assemblyman Achadjian Honors San Luis Ambulance as 35th District Small Business of the Year

In conjunction with California Small Business Day, Assemblyman Katcho Achadjian of San Luis Obispo on Wednesday honored San Luis Ambulance, a San Luis Obispo-based ambulance provider, as the 35th Assembly District 2015 Small Business of the Year.

"San Luis Ambulance is an integral part of providing safety services to our region," Assemblyman Achadjian said. "Frank and Betsey Kelton and their staff have provided critical care ambulance transportation with the highest standard of excellence and are very well respected in the region. I am pleased to have this opportunity to honor them for their work and commitment to serving our community."

San Luis Ambulance has been a staple on the Central Coast in providing patient care for 70 years. First established in 1945 by Ken Jones, the company has been owned and operated by the Keltons since 1974.

San Luis Ambulance is centrally located in San Luis Obispo with eight crew stations throughout the county, ranging from Paso Robles to Nipomo. San Luis Ambulance employs highly skilled and dedicated paramedics and emergency medical technicians including their son, Justin, to whom they hope to pass along the family business one day.

"We are so honored to be recognized by Assemblyman Achadjian and the SBA for all they do to support small businesses in our region," Frank Kelton said. "We are grateful to be able to give back to the community as we continue to be guided by our philosophy of doing what is best for our patients."

Held annually, California Small Business Day is sponsored by the California Small Business Association and gives legislators the opportunity to honor outstanding small businesses from their districts. Honorees are invited to Sacramento to participate in a daylong event that includes speeches from legislative leaders, workshops and an award luncheon where honorees are presented with a special award by their legislative representatives.

— Ross Buckley represents *Assemblyman Katcho Achadjian*.

Pending *Members*

Amerik Medical Billing LLC
Commercial Member

Protransport-1
Active Member

Comments or questions about membership applications should be directed to: Kim Ingersoll: *kingersoll@the-caa.org.*

2015 CAA Elections Slate of Candidates

CAA active members have received their official ballots for the 2015-2016 California Ambulance Association elections. Active members are eligible to vote for candidates seeking election as Officers of the Association, Directors of the Board and members of the Ethics & Professionalism Committee.

In accordance with the bylaws, elections are conducted by mail only no later than August 24, 2015 with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on September 24, 2015 at the Anaheim Marriott Hotel in Anaheim, CA. This gives every active member the opportunity to exercise their right to vote whether or not they are present at the Annual Membership Meeting.

We encourage you to review the enclosed statements prior to making your decision.

Following are nominees for election to serve the CAA during its 2015-2016 operating year. Candidates were formally ratified by the Board of Directors during a conference call held on August 21, 2015. Results will be announced during the Annual Meeting of the Membership which will be held on September 24, 2015 at the Anaheim Marriott Hotel in Anaheim, CA.

Thank you for your time and participation in the CAA!

California Ambulance Association
2015-2016 CAA Elections

— SLATE OF CANDIDATES —

NOMINEES FOR THE BOARD OF DIRECTORS
(four positions, two-year terms):

⬭	Richard Agotti	St. Joseph's Ambulance Service	San Rafael, CA
⬭	Alan McNany	American Legion Post #108 Ambulance	Sutter Creek, CA
⬭	James Pierson	Medic Ambulance Service, Inc.	Vallejo, CA
⬭	Todd Valeri	Medic Ambulance Service, Inc.	Vallejo, CA

NOMINEES FOR THE ETHICS & PROFESSIONALISM COMMITTEE
(one position, two-year term):

	No Nomination		

NOMINEES FOR OFFICER POSITIONS
(one-year term for each position):

CHAIR:			
⬭	Eb Muncy	Desert Ambulance Service	Barstow, CA
VICE CHAIR:			
⬭	*Alan McNany	American Legion Post #108 Ambulance	Sutter Creek, CA
SECRETARY/TREASURER:			
⬭	Ed Guzman	Sierra Ambulance Service, Inc.	Oakhurst, CA

** Must be elected to the Board of Directors to be qualified to hold the position of officer of the Board of Directors.*

Continued on page 8

CAA *Elections*

Continued from page 7

— Eb Muncy —
Desert Ambulance Service
Barstow, CA

Candidate for Secretary/Treasurer
(One-Year Term)

I am the owner of Desert Ambulance Service. I am a second generation owner. In 1994 my wife, Nellie, and I purchased the business from my father. We operate the business as a small "mom and pop" operation.

I have worked in the ambulance industry for more than 40 years. I have done every job to run an ambulance company, from working as an EMT, vehicle maintenance, to dispatching, to billing, to accounts receivable and payable, to management.

I graduated in 1987 from Western State University, Collage of Law with a degree in Juris Doctor. In 1988 I passed the California State Bar. I practice law, with emphasis on Business Law (transaction and litigation), Real Estate Law, Trust and Conservatorship. I am a member of the Labor Law Section of the State Bar.

I served on the Barstow City Council from 1994 through 2000. I served as Mayor Pro-Tem, Chairman to the Barstow Redevelopment Agency, and Vice Chairman of the Mojave Air Quality Management District.

I am currently on the Board of Directors of the CAA, holding the position of Vice Chair. Previously I served as Secretary-Treasurer and served on the Ethics and Professional Committee and as Chairman of the Legislative Committee.

I am seeking the position of Chairperson; I hope that you will support me in this endeavor. ✱

— Alan McNany —
American Legion Post #108 Ambulance
Sutter Creek, CA

Candidate for Vice-Chair
(One-Year Term)

Candidate for Board of Directors
(Two-Year Term)

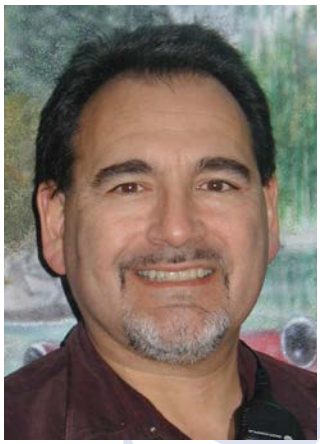
I have been in the EMS industry for over 25 years and I am very enthusiastic when it comes to EMS. With a strong desire to provide the citizens of our State the best care possible, we in the EMS profession must continue to provide the best education to our fellow workers, provide state of the art equipment and continue to push for better reimbursement.

I have been a part of the CAA for over 12 years and have served as Chair on the Ethics & Professional Committee, Sargent of Arms, Secretary Treasurer and Vice Chair.

I have seen the CAA progress like never before. Right now, the CAA is stronger than it ever has been and has a voice that is heard on the State level. I contribute this to our Executive Director, management team and my fellow Board Members. I am excited about the CAA and proud to be part of the leadership team.

As part of the leadership team of the CAA, we must continue to grow and be recognized as the leader in ground ambulance transportation, seek reimbursements to cover our costs and protect existing EOA's.

**Must be elected to the Board of Directors to serve as Vice-Chair.* ✱



— Edward Guzman —
Sierra Ambulance Service, Inc.
Oakhurst, CA

Candidate for Secretary/Treasurer
(One-Year Term)

It has been my honor to serve the CAA as a director for the last three years. I have been an active CAA member since 1998. I am the general manager and executive director of Sierra Ambulance Service. Sierra is a 501c3 non-profit organization serving eastern Madera County. I have been with Sierra since 1991 and have been the manager since 1997.

Prior to my experience here in Oakhurst at Sierra Ambulance, I worked in San Diego City and County, first for Medevac Ambulance

Continued on page 9

CAA *Elections*

Continued from page 8

and later for Hartson. I have been a private ambulance guy since my first EMT job with Rand Brooks and Professional Ambulance in 1977. I am a proud product of L.A. Unified, East Los Angeles College and Cal State Fresno. In later years I returned to school and earned an MBA in 2002. I have been a licensed paramedic since 1981.

I have had the privilege of working with and being mentored by many wonderful EMS professionals throughout the years. I have enjoyed being a part of the CAA leadership team. They are a talented and committed group. As all of you know, we face great challenges ahead as we balance quality service with declining reimbursements and increasing costs of operation. I look forward to working with our board of directors and the entire CAA membership in confronting these obstacles. I believe our organization has the talent, the drive and the commitment to meet and overcome these challenges. ✱

Richard Angotti
St. Joseph's Ambulance Service
San Rafael, CA

Candidate for Board of Directors
(Two-Year Term)

As the current Chair of the Board of Directors, I am seeking to be re-elected to the Board of Directors as my term is expiring.

The California Ambulance Association has always been a presence in my life. As you may know, the Angotti Family has been in the ambulance business for the last sixty years. From having the first paramedics in San Francisco to being the first Alameda County 911 contracted provider, we have always been there for the community. The ambulance business has certainly changed since 1956 but the morals and code of ethics has remained the same within the Angotti Ambulance name. The mission to professionally care and serve those that trust our service has always been our goal.

As I have served the CAA for many years, I would like to continue my service on the Board of Directors. Not only do I bring many years of ambulance life experience, I also bring the duty to defend and protect all members of the CAA on political issues. Please join me in striving to be the best we can be and worthy of the trust placed in us. Thank you for being a member of the California Ambulance Association. ✱

James Pierson
Medic Ambulance
Vallejo, CA

Candidate for Board of Directors
(Two-Year Term)

The California Ambulance Association has significant meaning to me professionally and personally. My mother, Helen Pierson, has been a long served Board of Director and is a Past Board Chair. I have grown up in this industry, literally, and I can honestly say I love what I do. I have had the privilege to grow up in a family business and be guided by amazing family members. As a child, I always wanted to be in the EMS field and, thankfully, I have been able to live out a lifelong dream.

Our industry is facing a dynamic and new era with many new opportunities and challenges. As ambulance operators we face many of the same challenges on a daily basis. We must constantly balance operational efficiency with the delivery of superior medical services at a competitive price. We are confronted with public vs private issues and are subject to ever increasing operational costs, all while reimbursements are decreasing. But these challenges make us all continuously learn, improve, and innovate best practice solutions for our service issues.

I truly believe in the power of strategic planning. Collaboratively developing a vision and progressive milestones for achieving each strategic goal has always served me well. I am confident this leadership approach will also serve the best interest of the CAA and help our Association be the best it can be. My personal aspiration is to realize an Association that communicates a spirit of service through sharing and fellowship; providing real value for each member. I also understand we must show our value to not only our members but to the public, elected officials, employees, and customers; helping them to understand how important we are to the healthcare system as a whole.

I am confident my past and present Association involvement as a Chair and member of several committees, my 15+ years of field and management EMS experience, and my track record along with my personal dedication to the Association's priorities make me a well-qualified candidate to serve as a Director.

Continued on page 10

CAA *Elections*

Continued from page 9

I would be humbled and honored to serve as a California Ambulance Association Board of Director, and thank you for your support. ✱

Todd Valeri
American Ambulance
Fresno, CA

Candidate for Board of Directors
(Two-Year Term)

I want to support you and your business as a California Ambulance Association Board Member.

I have worked in EMS for 33 years. Within American Ambulance, I have worked at nearly every level in the organization and am now the President/CEO with over 600 employees operating more than 100 ambulances on the ground and in the air. We provide the full continuum of ambulance services from BLS to Critical Care Air Ambulance, and serve a mixture of urban and rural communities. Given the diversity of the services we offer, odds are, I'm awake at night losing sleep over the same issues you are. I have a good understanding of your perspective and I want to help.

For years, my focus had been our business and our region. Eventually, I realized the importance and the need for people to step-up and support our shared interests through the CAA. I have been involved as a Board Member, Ethics and Professionalism Committee Member, and Legislative Committee Member.

I don't have all the answers to the issues we face, but I promise to work hard to do what I can to help and protect the private ambulance industry in California. I remain a licensed paramedic, which allows me stay in touch with many of the field provider issues. My MBA training and experience on other local boards, gives me the professional skills needed to be a productive and active participant on the CAA Board.

All providers in this state know we face many new challenges. We must work as a collaborative body to improve and adjust our services and get our concerns addressed.

It would be an honor to continue on the CAA's Board and I promise to give my full effort and attention to the job. ✱

Feature *Article*

CAA Leading Medi-Cal Rate Increase Efforts

Chris Micheli | CAA Legislative Advocate

The CAA continues to work diligently in Sacramento to improve Medi-Cal reimbursement rates for our member companies. We have worked diligently this year, as in past years, to ensure that the CAA's voice is regularly heard and the issue of Medi-Cal reimbursement rates for private ambulance providers is addressed. CAA has advocated for the restoration of the 10% provider rate cuts that were the result of AB 97 from 2011, as well as an overall increase in Medi-Cal rates for the private ambulance industry in this state. We were successful last year in including ambulance companies as one of five groups of providers that were not subject to the retroactive application of the 10% cut. However, there is much more work to be done for our industry. This article summarizes some of those efforts from the first half of this year.

Messaging

As CAA prepares for the upcoming special session on Medi-Cal provider rates, although the special session is focused on the managed care organization tax and development disabilities providers, CAA has nonetheless attempted to include ambulance provider rates as part of the discussions. In that vein, we put forth a grassroots call to our member companies, who responded with dozens of letters directed to Assembly and Senate leaders and many individual legislators. We circulated key talking points and our *Sacramento Business Journal* op-ed highlighting the need to increase ambulance provider rates by the State. These documents and letters have been circulated around the Capitol to legislators and their staff.

Our messages have been directed at bringing to legislators' attention the urgent need for increasing reimbursement rates for ambulance providers. If you have not contacted your state elected officials, please do so utilizing the following talking points, both in letter format as well as any personal visits that you can arrange in their district offices:

- Ambulances must provide service to **all** Medi-Cal patients, regardless of their ability to pay. Unlike a doctor or other medical service provider, ambulances cannot refuse to provide service to a Medi-Cal patient.

- Medi-Cal only pays about $150 for ambulance services provided to 911 callers, yet the actual costs to provide those services range from $450 to $600 on average.

- With implementation of the Affordable Care Act and expansion of Medi-Cal in California, about 40% of the people using ambulances are Medi-Cal patients. In other words, almost half of our patients have Medi-Cal coverage, which only pays a fraction of what the service actually costs ambulance providers.

- This situation is unsustainable. The rate Medi-Cal pays for ambulance services must be raised to at least $450 to $600 per transport.

We would appreciate receiving a copy of any letters that you write to legislators. Also, be sure to send a letter to Governor Jerry Brown, State Capitol, First Floor, Sacramento, CA 95814 to urge his support for treating ambulance providers differently and give us a rate increase.

Budget

As with most other key issues, it was the Assembly and Senate Budget Subcommittees earlier this year that considered specific requests to substantially increase Medi-Cal provider rates across the board. For each of these hearings, CAA testified in support of those proposals and explained to legislators and their staff the unique situation of ambulance providers and why we should be treated differently than other Medi-Cal providers. In addition, CAA met with the Department of Health Care Services, Governor's Office, Department of Finance, and other Administration officials in support of our lobbying efforts. Unfortunately, the budget efforts were not supported by the Administration and so only certain dental providers received an increase in Medi-Cal reimbursement rates. While this year's budget efforts were not successful, we will continue to press for a rate increase in next year's budget.

Continued on page 12

Feature *Article*

Continued from page 11

Legislation

The following is a description of the bills moving their way through the Legislature this year concerning Medi-Cal rates increases and the actions CAA has taken in support of them:

AB 366 (Bonta) would require the State Department of Health Care Services, by March 15, 2016, and annually thereafter by February 1, to submit to the Legislature, and post on the department's Internet Web site, a Medi-Cal access monitoring report providing an assessment of access to care in Medi-Cal and identifying a basis to evaluate the adequacy of Medi-Cal reimbursement rates and the existence of other barriers to access to care. The bill would require, to the extent funding is provided in the annual Budget Act and federal financial participation is available, rate increases to be implemented for services, provider types, or geographic areas for which rates are identified in the annual report as inadequate. CAA actively supports this bill, but the measure was substantially amended. In addition to our support letter, we testified in support of the bill in the policy committee.

AB 1257 (Gray) would require the State Department of Health Care Services to establish payment rates for ground ambulance services based on changes in the Consumer Price Index-Urban and the Geographic Practice Cost Index, and would require the department to designate a specified ambulance cost study conducted by the federal Government Accountability Office as the evidentiary base. CAA actively supported this bill, but the measure was held on the Assembly Appropriations Committee's Suspense File and will be considered again next year. In addition to our support letter, we testified in support of the bill in the policy committee. Many CAA member companies also submitted letters of support for AB 1257.

AB 2xx (Bonta) would state the intent of the Legislature to enact legislation to stabilize funding for the Medi-Cal program and to provide rate increases for Medi-Cal and developmental services providers. This measure was introduced in the special session and only contains intent language at this point. However, assuming substantive language is amended into this bill, the measure would benefit ambulance companies and CAA would support the bill.

SB 243 (Hernandez) would require claims for payments pursuant to the inpatient hospital reimbursement methodology be increased by 16% for the 2015-16 fiscal year, and would require, commencing July 1, 2016, and annually thereafter, the department to increase each diagnosis-related group payment claim amount based, at a minimum, on increases in the medical component of the California

Continued on page 13

Feature *Article*

Continued from page 12

Consumer Price Index. Commencing with the 2015-16 fiscal year, and annually thereafter, the bill would require managed care rates for Medi-Cal managed care health plans to be increased by a proportionately equal amount for increased payments for hospital services. CAA actively supported this bill, but the measure was held on the Senate Appropriations Committee's Suspense File and will be considered again next year. In addition to our support letter, we testified in support of the bill in the policy committee.

SB 2xx (Hernandez) would declare the intent of the Legislature to enact legislation that would stabilize funding for the Medi-Cal program and provide rate increases for providers of Medi-Cal and developmental services. This measure was introduced in the special session and only contains intent language at this point. However, assuming substantive language is amended into this bill, the measure would benefit ambulance companies and CAA would support the bill.

Going Forward

What we have learned from our lobbying efforts are two major points: (a) we should not be judged by the usual "access to care" standard applicable to other Medi-Cal providers and (b) we need to find a funding source to pay for a rate increase as a General Fund appropriation is simply unlikely to occur. In the meantime, our efforts need to continue unabated and ambulance providers must maintain regular contact with their elected representatives in the Assembly and Senate, as well as the Governor's Office.

It appears that the Legislature truly believes that Medi-Cal providers should receive higher rates of reimbursement by the State, but the Governor is concerned about the costs of these proposed increases and so, without the Governor's support, no major rate increases will occur during his tenure. However, he has convened the special session of the Legislature to address Medi-Cal funding. So it is incumbent upon ambulance providers to agree on a funding source in order to pay for its desired rate increase. Otherwise, we are likely to remain in the same predicament.

In light of what we have done so far in our lobbying efforts, going forward will require continued member company involvement, a new standard to judge the ambulance industry and how it is adversely impacted by very low Medi-Cal provider rates, and a new funding source for a rate increase. The Medi-Cal rates are judged whether their limit enrollees' access to care. While this certainly works for the vast majority of Medi-Cal providers, it does not work for ambulance companies because, as we know, there is no denial of care as ambulance companies must respond and treat every 911 call regardless of the patient's ability to pay. As such, we will never be able to show that patients are denied access to care because ambulance companies treat every 911 call equally. But what should the standard be? We have yet to determine that standard. CAA is looking at potential options, but we have not yet provided a new standard for our industry. We welcome input from our member companies.

Regarding a funding source for future Medi-Cal rate increases to ambulance companies, the public sector currently benefits from both certified public expenditures and the GEMT program. However, the private sector does not have a similar program. CAA is again studying whether a quality assurance fee (QAF) – also called a provider tax that is currently used by hospitals and skilled nursing facilities – will work for private ambulance providers. As before, it is a large undertaking to determine whether there is a way to make a QAF program work for our industry. It is a difficult task particularly because the federal law does not allow holding harmless those companies that will be net losers under a QAF. Nonetheless, we are examining options to determine whether there are options to create a successful means to increase Medi-Cal provider rates for private ambulance companies. ✱

Feature *Article*

Human Resources Job-Defining Tool

A Study of the Effectiveness of Ergonomically-Based Functional Screening Tests

Jim Briggs | ORT/L VP Business Development

There are a number of jobs; particularly those with repetitive manual handling that have substantial physical demands. Ideally, the employer is able and willing to reduce these demands through ergonomic job re-designs, where possible. Unfortunately, not all of the demands can be eliminated. People with insufficient physical ability to meet the demands are at increased risk of injury when they are placed on these jobs and they are less likely to stay. As a basic business necessity, employers need long-term employees who can safely perform the job. Physicians, Occupational Therapists and Physical Therapists, as well as many other health care professionals, may be called upon by employers to offer physical ability tests to identify individuals who have the physical capacity to meet the demands of these jobs.

Employers expect the healthcare professionals to offer effective and legal solutions to their problems. Since physical ability test development is not traditionally covered in health care academic courses, therapists and physicians are often unaware of specific legal regulations and the effectiveness of specific types of employment testing. Since some applicants will be denied employment on the basis of these physical ability tests, specific types of validation are required by federal law. This is particularly true of physical ability tests since females and individuals over the age of 40 which are specifically protected from unfair discrimination by law will be less likely to pass a physical abilities test if the job demands are significant thus causing adverse impact. Validation of the test battery, as described in the Uniform Guidelines on Employee Selection Procedures, provides the necessary evidence that any differences in pass rate for protected groups reflect actual differences in ability to safely perform the job.

All employment tests must be in accordance with Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, the Uniform Guidelines on Employee Selection Procedures (29 CFR Part 1607), the Age Discrimination in Employment Act, and the Americans with Disabilities Act. A fundamental requirement common to virtually all employment legislation is that any employment decision-making (Selection) tools must be validated.

The intent of the research reviewed in this article was to validate the effectiveness of ergonomically-based functional screening tests for predicting risk of injury. An ergonomically-based approach can be defined primarily in two ways. First, an ergonomic approach to the job analysis involved directly quantifying the physical demands of the jobs. For example, the heaviest weight routinely handled and how it was handled was quantified, and the aerobic capacity needed to meet the energy expenditure requirement of the job was determined.

One of the strongest study designs for predicting the risk of injury is to give new-hires the test battery, and then place them on the job without regard to their test performance (Rosner, 2000, p. 579-580). The performance on the job is then monitored for those individuals over the course of their employment. Injury rates and retention can then be compared between new-hires who passed the battery and new-hires who failed.

An alternative method for assessing the effectiveness of a testing battery in relation to injury experience is to compare the performance of new-hires who began work before the test battery was implemented to new-hires who began after implementation. This design is referred to hereafter as a "pre/post-implementation analysis." The major benefit of this study design is that the testing program can be immediately used for making screening decisions rather than waiting until a sufficient sample of new-hires who fail the battery are brought on the job in order to meet the predictive study sample-size requirements. The drawback is that the study design involves comparing performance from two different time periods and different pools of employees. Any other changes between those two periods may impact the ability to detect the effectiveness of the screening program. This issue can be addressed by comparing the

Continued on page 15

Continued from page 14

groups in relatively tight time periods, such as one year, pre- and post-implementation.

Although the pre/post-implementation analysis design is not as strong relative to a predictive validation study design in providing evidence to make causal inferences concerning the implementation of the program, obtaining a consistent effect size across different populations, industries, settings, and time does provide a strong inference that the observed effects are due to the program and not to artifacts such as regression to the mean and selection bias. Taken together, the results of this type of study can provide a strong inference that the observed effects are due to the implementation of the testing process.

Opportunities arose to perform predictive validation studies of physical ability tests batteries for warehouse jobs in three different industries. The first study focused on the selector job in eleven food distribution warehouses. Over the course of a shift, a selector manually handled thousands of pounds of product. The second study focused on loaders in a soft-drink warehouse. Like the grocery selectors, the loaders built pallets of soft-drink cases, which were then loaded onto outbound delivery trucks. Loaders also manually handled thousands of pounds of product over the course of a shift. The third study focused on de-palletizers and shippers in three retail distribution warehouses. Again, employees in these jobs manually handled thousands of pounds of product over the course of a shift.

After completion of the predictive validation studies, similar test batteries were implemented in other warehouses with similar jobs. Comparisons of injury rates pre- and post-implementation were performed at 175 of these locations.

The process of implementing the physical ability test battery was the same at all locations included in these studies. It consisted of four basic steps. The first step was to ergonomically analyze the job requirements for the purpose of quantifying the strength and endurance demands. The second step consisted of designing a physical ability battery that measured the significant job demands, as documented with the ergonomic job analysis. The third step was to determine the cutoff score for each test. The fourth step was to gather data on injury experience and retention for the study groups, and evaluate the effectiveness of the battery.

Job Analysis

The first step in the job analysis process was to identify those essential functions within the job that appeared to be physically demanding. Physical demands arose both from the performance of specific tasks (e.g., lifting a heavy box), and from the overall physiological impact of all the tasks performed over an entire shift. The overall physiological impact of all the tasks was quantified by measuring the average energy expenditure requirement over the shift.

Strength Demands

Information regarding the strength demands was obtained through interviews with the workers and their supervisors, and by taking measurements of the forces required. This information also included the frequency of handling, how an item was handled, and the region of the body in which it is handled (e.g., floor level, knee level, mid-chest, shoulder and above). Whole-body dynamic strength testing was used in the test battery. This type of strength testing was more functional, and allowed the person to perform the test in the same manner as when lifting on the job.

Isokinetic strength testing was considered, but not elected since it did not reflect the way cases were actually lifted, and required reliance on statistical relationships to justify the test cutoffs. Said another way, Isokinetic strength testing was rejected as an alternative because an actual demonstration of the ability to lift would provide a direct measurement of the ability to meet the strength requirements of the job. Therefore, with the actual demonstration of lifting ability, it was not necessary to rely on statistical extrapolations to determine an individual's ability to meet the demands of the job.

A second consideration was that whole-body dynamic strength testing offered more opportunity for females and older males to compensate for any differences in isolated muscle strength/weakness relative to younger males. For instance, females and older males, in general, have lower upper-body strength than young males. A whole-body strength test of ability to lift would allow females and older males to compensate for any upper-body weakness by using the legs, so whole-body testing would more directly measure the ability to meet the job requirements and safely perform the given job, and have less adverse impact for females and older males, at least relative to isolated strength testing.

Endurance Demands

The working muscles require oxygen in order to perform the dynamic contractions involved during extended repetitive manual material handling. The energy expenditure requirement is typically measured by determining the amount of oxygen consumed in the course of performing the work. In the jobs of interest in these studies, it was important to be able to study the energy expenditure over the course of the shift.

A step test was administered to each participant to document his or her maximum aerobic capacity. This provided the information needed to document the relationship between heart rate and energy expenditure for that participant. The step test consisted of stepping up and down on a platform of specific size at increasing work

Continued on page 16

Feature *Article*

Continued from page 15

rates, while heart-rate was monitored. The test was the same as used in the screening battery. Volunteers performed their normal duties while wearing a heart-rate monitor. The monitor consisted of a transmitter worn across the chest, together with a wrist Mounted receiver. The volunteers were asked to log the start and end times of their major activities while wearing the monitors. At the close of the data collection effort, the accumulated data was analyzed to determine the energy expenditure requirement of the job.

A meta-analysis of the three predictive validation studies indicated that new-hires who passed the battery had a 47% lower worker compensation injury rate and 21% higher retention. A meta-analysis of the 175 pre/post-implementation studies indicated a 41% reduction in worker compensation injuries associated with implementation of ergonomically based physical ability tests.

Considering Physical Ability Testing?

Many sources have noted, as a population, we're getting heavier and more "out-of-shape." If this is indeed true, it has implications in terms of how qualified applicants are for physically demanding jobs, and their subsequent risk of injury. Validation studies indicates that people who have lower physical ability than the job requires have two to four times the risk of injury. If, in fact, the population is heavier and more out of shape, then it becomes even more important than before to assess the physical ability of applicants to perform these strenuous jobs.

If you are using or thinking about using a Physical Abilities Test for your new hires or employees returning to work after injury, there are a few things you should know.

First, ask the person(s) who developed the test if a validation study was performed. If not, your company would be unable to defend against a discrimination complaint

based on the test. Since validation is often very misunderstood ask the same person(s) to furnish the validation document. If there is no document then there has been no validation study. By the way, we are not talking just about ADA validation. The person(s) developing the test should know the validation requirements in the Uniform Guidelines on Employee Selection Procedures CFR-20 Chapter 60-3 US Department of Labor and they must be adhered to as rigidly as the Americans with Disabilities Act. For example, the test must be based on a thorough job analysis not on a job description, normative data or a reference such as the Dictionary of Occupational Titles.

Second, check whether the validation document has an

Continued on page 17

Feature *Article*

Continued from page 16

analysis of adverse impact. Specifically, there should at least be information about pass rate for females vs. males. The EEOC requires tracking of adverse impact on minority groups such as females and those over the age of forty. Where pass rates are significantly lower for those groups than others, adverse impact exists. However, the EEOC does not require that adverse impact be eliminated in the selection process, but that the process must show strong evidence of validation if adverse impact to protected groups exists. If you have an OFCCP audit or EEOC challenge, the agency will likely ask for the validation study and the adverse impact analysis.

Third, validation is an ongoing process. Are there ongoing periodic reviews of the requirements and the design of the battery? There should be a review of the job requirements on a periodic basis to make sure the cutoffs and tests are still a match to the job requirements. There also needs to be an ongoing review of alternative procedures to see if better testing methods have become available.

The news is not all bad however; if you are using a validated and legally defensible physical ability test, you are most likely eliminating a large part of your workers compensation injuries before they happen through better employee selection. If you are challenged you will be able to successfully defend your selection process. Well-designed physical ability testing programs can reduce injuries by 20 percent to 50 percent.

Safety Solutions, a leading ergonomic and workplace safety consultancy since 1990 has advanced the work effort and physical and functional abilities to the medical transportation industry. An affiliate of Safety Solutions has retained an industry specific data base ranging from the 1989 forward for long term validation/reliability studies for predictive validation. The study presented was published in HR Times, Volume 2, Issue 3 and Work: A Journal of Prevention, Assessment and Rehabilitation. The Safety Solutions product is an Human Resources tool in the development of EEOC & ADA compliant Job Descriptions which assists the new hire candidate to understand the physical and essential functions of the job tasks they are applying for, however, enhances the employer's decision making process with a more informed hiring choice based of the actual job tasks. The liability is transferred to a third party based on defensible data. To learn more about Safety Solutions HR Solutions, Physical Ability Testing, Job Specific Descriptions and Programs go to *www.safsol.com*.

Feature *Article*

Continuing the Fight for CPR Education

Freddie Rodriguez | Assemblymember

It was the 8th of July in 2014 when 17-year old Morgan Wilson collapsed during her high school tennis practice after suffering sudden cardiac arrest. Morgan was a star athlete with no known health issues. Tragically, nobody around her knew CPR and Morgan passed away 8 days later.

In our profession we know that stories like Morgan's happen all too often. My 30 years as an EMT has shown me how valuable it is to know CPR and I do everything I can to provide opportunities for people to become trained. When I first got elected to the state legislature I organized monthly CPR courses for capitol staff. In my district I regularly offer free CPR certification courses for the public and I make it a point to have hands-only CPR training available at many of my public events.

My background in healthcare led me to team up with the American Heart Association and American Red Cross this year to introduce Assembly Bill 319 to make CPR training available to even more people. The bill would have expanded upon the monumental success of the American Heart Association and Red Cross and made California the 22nd state to teach CPR as a standard part of high school curriculum. If this bill had become law, high school students would have learned Hands-Only CPR in a class required for graduation, such as health or P.E. Unfortunately, because of concerns about the potential cost, the bill was held on the Appropriations Suspense File.

I am sad and disappointed. Isn't saving a loved one's life worth any amount of money?

Assembly Bill 319 had the potential to create a generation of life-savers. In the 2013 school

Assemblymember, Freddie Rodriguez

year, there were 491,493 students enrolled in ninth grade in California. That's nearly half-a-million lifesavers that could be put into our community year after year. Imagine how many lives could be saved!

Teaching CPR in high school is simple, cost-effective and it produces results. In Oregon, a state which began teaching CPR to freshmen in health class just this year, two young ladies performed CPR on a man outside of a McDonalds saving his life. All we are asking is for California's high schools to set aside time one day a year to teach students the most essential, life-saving skill. It's that simple.

For those who have concerns about the cost, school districts across the state already have willing partners such as the American Heart Association, American Red Cross, non-profits, medical groups, local police, fire and EMS agencies who are all ready and able to provide training services at low or even no cost. In fact, this summer San Francisco Unified School District unanimously approved CPR training in their high schools with instruction to be provided free of charge by the San Francisco Fire Department. This kind of partnership can be replicated across the state!

I am not done fighting to make this happen. Each year, over 326,000 out-of-hospital cardiac arrests occur in the United States and an overwhelming 90 percent do not survive. That's nearly 300,000 people who die each year because most people are not equipped with the skills that could save a life. We can and must do more to stop this.

I am committed to reintroducing this bill next year and although it is going to be a tough fight, it is worth it. It is my sincere hope that we can prevent tragedies like what happened to Morgan. I look forward to the day when arriving at a scene to find CPR already in progress becomes the norm and not the exception. I hope you will join me in this fight. ✱

Feature *Article*

ADA Lawsuit Should Be Limited

Chris Micheli | CAA Legislative Advocate

A growing concern among California small business owners, including ambulance companies, is the continued filing of lawsuits for construction-related violations of the Americans with Disabilities Act (ADA). While disability rights advocates make the point that the federal law has been in effect for the past quarter century and businesses must comply with its provisions, there is also a legitimate problem of filing lawsuits that only result in financial pay-outs to a select group of attorneys without real ADA access being furthered. Unfortunately, these lawsuits rarely result in corrective action and they are filed based upon technical violations of the ADA, rather than a showing of access being denied or limited to a facility otherwise open to the public.

California's unique law regarding the civil rights of disabled individuals has provided an opportunity for lawsuits to be filed for construction-related violations that do not necessarily limit or deny access to a business establishment, yet nonetheless constitute a violation of the law. Thereafter, each of these violations equals an automatic statutory penalty as high as $4,000 with the right for the individual to recover attorney's fees for filing such claims.

An interesting statistic is that California has 40 percent of the nation's ADA lawsuits, but only 12 percent of the country's disabled population. This statistic alone demonstrates that something with the law needs to change. Although there have been legislative efforts in the past few years to try and reduce this type of nuisance litigation, those prior legislative efforts have not yet solved the problem of discouraging frivolous litigation while maintaining protections for individuals with disabilities.

To make matters worse, the rules governing the ADA are lengthy and complicated. There are not only a lot of rules, but also they are extremely specific, such as requiring a specific height of a bathroom mirror. In fact, there are numerous examples of a mirror that is one inch too high serving as the basis for an ADA lawsuit resulting in financial payouts by small business owners. As small business owners note, ADA modifications can be very costly and they become even harder to afford after making a settlement payment to an attorney.

These types of "drive-by lawsuits" that result only in settlement payments are not the way to achieve the goal of disabled access to public facilities. There are many well-intentioned property owners who are trying to comply with the law but nonetheless may have minor, technical violations due to the complexity and specificity of the ADA regulations. Education and greater awareness of disabled access regulations is the better approach to take, rather than allowing a few enterprising attorneys to sue thousands of California businesses.

There are several reforms that the Legislature could consider, such as a "right to cure" in order to achieve a key purpose of the ADA. For those violations that are truly technical in nature and do not actually deny a disabled individual access to a business, there should be a right for the business to cure the violation before being sued, such as within 90 days of notice being given that there is a technical violation of the law. This would reduce the predatory lawsuits, while improving overall access for the disabled. Another reform that the Legislature should consider is limiting the amount of statutory damages that can be obtained for a violation of the ADA, perhaps eliminating the category of these damages all together.

CAA is actively supporting SB 251 by State Senator Richard Roth (D-Riverside), which has been labeled a "Job Creator" by the California Chamber of Commerce. CAA is part of the California Chamber-led coalition because the bill seeks to incentivize businesses to proactively take steps to become accessible by providing them with 90 days from receipt of a Certified Access Specialist (CASp) report to resolve any violations identified without being subject to statutory penalties or litigation costs. SB 251 also requires the California Commission on Disability Access to post educational materials for business owners regarding how to comply with California's construction-related accessibility standards, as well as share that information with local agencies and departments. Finally, the bill creates an additional incentive for businesses to become accessible by providing a tax credit for access expenditures. ✱

Member *Profile*

If you drive 115 miles East from Ridgecrest through Death Valley you will reach the small community of Stovepipe Wells. Temperatures in the summer can reach as high as 120 degrees. That point in the road is the eastern edge of Liberty Ambulance's response zone. To the west a response can take a unit to Tulare or Inyo counties where elevations can reach the 6,500 foot mark. Liberty Ambulance is the exclusive ambulance provider in two of Kern County's ten EOAs. The company also responds to EMS calls in Tulare, Inyo and San Bernardino counties.

To say that the area served by Liberty Ambulance is diverse and a challenge is an understatement. Liberty Ambulance is based in Ridgecrest and in 2011 the company doubled in size when it acquired CARE Ambulance in Lake Isabella. That purchase increased the operating area to 8,800 square miles. It's an area where air ambulances and first responders can't always go. According to Liberty CEO Peter Brandon, "If you want to put your skills and confidence to the test it's a great place to work." There's a solid core of veteran paramedics and EMTs with 15-20 years in the field and a younger group of personnel that were top notch interns and decided to stay.

There are two rural hospitals in Ridgecrest and Lake Isabella that serve the area with larger acute care facilities for trauma, STEMI and stroke cases an hour or so away. It's not uncommon for a unit to transport directly to Lancaster or Bakersfield, with a critical patient. The close relationship between EMS crews and the hospitals is evident and a necessity. Call volume can soar during the summer and holidays when tourists escape to the mountains or the desert. The transient population can increase by 100,000 overnight. When this occurs, EMS and hospital personnel work

Continued on page 21

Member *Profile*

Continued from page 20

closely to meet the needs of the communities and the visitors.

Liberty Ambulance was founded by Anthony "Sandy" Poulin in 1972. Since then Sandy and Cheryl Poulin have heavily invested in the EMS system. Liberty Ambulance was using 12-lead technology years before it became a standard of care. The company was the first EMS provider in Kern County to implement a CPAP program. Monthly training is mandatory at Liberty Ambulance. The company has its own Medical Director and will soon add a Quality Assurance RN to its team.

Ridgecrest is home to the Navy's Aviation Weapons Testing Station at China Lake. A mix of military and civilian personnel from all over the world, develop new technology under strict security. Liberty Ambulance provides ALS services to the base in conjunction with Federal agencies. Periodic training in everything from aircraft crash management to active shooter incidents is required.

The company is currently developing a CCT program to address an increase in long distance transfers from both local hospitals and smaller regional hospitals. The company recently completed an upgrade of its EKG equipment with the purchase of new Life-Pak 15 monitors. Simultaneously each ambulance was equipped with new tablet based Mobile Data Terminals and an on-board Wi-Fi system. This allows for the transmission of EKGs to a STEMI center.

As Peter Brandon stated, "We have a perfect mixture of experienced management and young aggressive staff that has a clear vision of where and what we want to be."

Liberty Ambulance

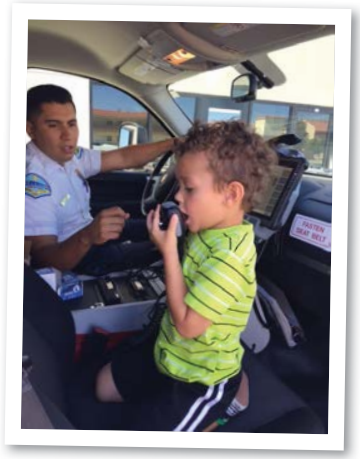
Cheryl Poulin, President

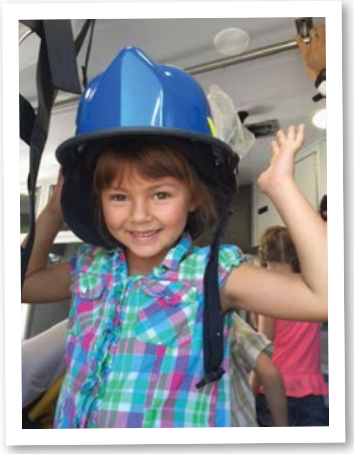
Peter Brandon, CEO

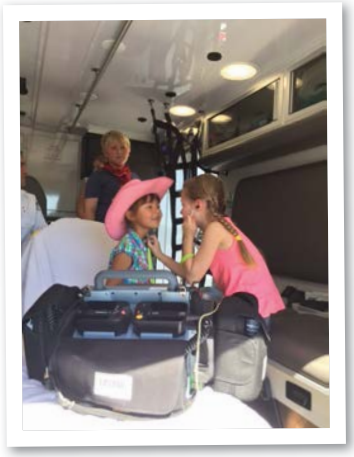
Fred Hawkins, COO

Brandi Sonnenberg, CFO

Anthony "Sandy" Poulin, (Retired)







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E-mail Matt: *vmmarchese@mac.com*
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