

# Siren

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### 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.

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## Editorial Information

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## Chair's Message

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**Eb Muncy** | *Chair of the Board*

**T**his year the State of California will likely pass a Medi-Cal rate increase for the first time since 2000. The rate increase was the result of efforts made by five large ambulance companies ("the Ambulance Alliance") that worked with Senator Hernandez and the California Department of Health Care Services. CAA was not involved in the drafting of the legislation. However, CAA was asked by the Ambulance Alliance to support the legislation. On May 12<sup>th</sup> the CAA Board of Directors voted to support the legislation.

The rate increase is not an across the board rate increase. It will be limited to only BLS-Emergency, ALS-1 and ALS-2 base rates. There will be no increase in reimbursement for interfacility base rates, mileage or other charges.

Gov. Brown and leadership in the Assembly and the Senate made it perfectly clear that they would not support a rate increase if it required additional general fund money to pay for it. Medi-Cal is paid for by using the State's general fund money. The State's general fund money is matched with Federal funds. Thus, the State is required to pay a portion of all Medi-Cal payments. Thus, on its face, how could there be a rate increase and not use any additional General Fund money?

The mechanism proposed is to pass a tax on each time an ambulance company charges a BLS-Emergency, ALS-1 or ALS-2 base rate. The State will collect this money and deposit it into the General Fund. The money collected from the tax plus the federal

match will be used to pay for an increase in reimbursement for three base rates. Thus, there can be an increase in reimbursement without costing the General Fund any money.

Under federal law, the tax must be levied on all providers, without any consideration of whether the tax they have to pay will be more or less than the amount of additional reimbursement the provider receives. The preliminary numbers are that if fourteen percent or more of the time an ambulance company bills Medi-Cal for the three base rates, the ambulance company will collect more money than the tax. However, if they bill less than fourteen percent to Medi-Cal, the tax will be greater than the additional reimbursement. Most, but not all, ambulance companies will profit from this scheme.

From my perspective as an owner of an ambulance company and as Chairman of the CAA, this scheme stinks. However, when faced with the reality that the Governor's Office and the State Legislature will not provide adequate funding to pay for promised Medi-Cal benefits, we have no choice but to support the bill. Ambulance companies have seen a significant increase in the percentage of Medi-Cal patients in the 9-1-1 system. For some companies, almost 50% of the patients transported are on Medi-Cal. The current reimbursement rates in place could force many of these companies out of business. It is unfortunate that some ambulance companies will have to bear the burden to save other providers from ultimate bankruptcy. ✱

## Executive Director's *Report*



**Ross Elliott** | Executive Director

# SB 1300 – An Increase in Medi-Cal Rate Comes at a Cost

## Introduction

On the morning of May 12, 2016, the CAA Board of Directors convened in Coronado, which was the day after the annual EMSAAC conference. One item on the agenda for discussion was the concept of a Quality Assurance Fee (QAF) proposed in Senate Bill (SB) 1300. If approved, SB 1300 will result in a dramatic increase in Medi-Cal base rates for emergency ambulance services for three specific HCPCS codes; it is projected that the existing base rate of \$107 will increase to \$340.

Although a Medi-Cal increase of more than 200% is attractive, the increase is partially paid for by a tax on ambulance service. New taxes are not attractive. Some ambulance companies may be paying more for this new tax than the amount to be gained with the projected Medi-Cal rate increase. Consequently, there is some controversy associated with SB 1300. The controversy played out during the recent Board meeting. The CAA Board of Directors ultimately voted to formally support SB 1300, but the vote was not unanimous.

Prior to the meeting, a poll was conducted among CAA Active Members seeking input/opinions on SB 1300. The poll results were shared with the Board of Directors at the meeting. The poll indicated that there was significant support among CAA Active Members to favor the bill. Poll results were: Support 65.63%; Oppose 6.25%; Undecided 3.13%; and No reply/unknown 25%.

A majority of the Board believed it was important for the CAA to act quickly and no longer delay taking a formal position on SB 1300. The bill was introduced by Senator Ed Hernandez in February. Senator Hernandez amended the bill on April 5 with the proposed final language (i.e. changed from a concept to actual operational language). SB 1300 was heard by the Senate Health Committee on April 25 and approved. Minor amendments were made to the bill on April 26 as a result of input from the Health Committee and referred to the Senate Appropriations Committee. With one committee already approving the bill and the Appropriations Committee hearing scheduled on May 16, only two working days after the CAA Board meeting, many Board members felt compelled to act. The sense of urgency combined with member input from the poll led the Board to vote on this issue. The vote was 5 in favor of supporting SB 1300, and 1 opposed. One member of the Board was absent, and one non-voting member of the Board was also absent.

## In the beginning ...

The CAA undertook the initial effort to examine the QAF concept in 2009. Considerable effort and expense occurred over a couple of years to develop financial models and determine the feasibility of a “self-imposed” tax. In August 2011,

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# Executive Director's Report

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after an exhaustive examination the CAA determined that a QAF, as proposed at that time, was not feasible.

Since 2011, a number of factors have changed. The Affordable Care Act (Obamacare) has resulted in huge increases in the number of patients covered by Medi-Cal. Medi-Cal rates remain stagnant, yet the Legislature has been unable pass bills to change it. Such bills die in the appropriations committees because the State refuses to use General Fund monies for the rate increase. Further, Governor Brown has stated that he will not sign a bill for ambulance rate increases that uses General Fund money. As Governor Brown will be in office for another two years, there will not be a realistic option of getting a Medi-Cal rate increase in the near future unless some other source of funds can be identified. Lastly, the financial situation for private ambulance service in California continues to be strained by the under-payments from Medi-Cal, and this unsustainable situation requires a solution now. Just recently, AMR announced it is terminating service in Tulare County as a result of low Medi-Cal reimbursement rates.

In early 2015, Harvey Hall was instrumental in forming a group outside of the CAA realm to re-examine the QAF concept. The *911 Ambulance Provider's Medi-Cal Alliance* was created whose sole purpose was to get a Medi-Cal rate increase for emergency ambulance services. Members of the *Alliance* are private ambulance companies providing primary 911 ambulance services in the 10 largest metropolitan areas of California, and membership was intentionally limited to a few people to allow the *Alliance* to be agile and make quick decisions.

Original members of the *Alliance* are: Hall Ambulance Service, American Medical Response, Care Ambulance, Paramedics Plus, American Ambulance, and Rural Metro; a total of six companies. Rural Metro is being or has been purchased by

AMR, thereby reducing participation to five companies. Hall Ambulance Service, American Ambulance, and Paramedics Plus are members of the CAA. The other companies are not.

The *Alliance* retained the services of specialized lawyers, financial experts/economists, lobbyists, and other advisors to assist in examining the QAF concept once again. To date, the *Alliance* has invested hundreds of thousands of dollars in this endeavor. As a result, a model QAF has been developed that appears to be advantageous for many ambulance companies in California. The parameters of the model were used to write SB 1300.

## Details about the QAF model in SB 1300

SB 1300 proposes the collection of a tax to be used to increase Medi-Cal reimbursement for emergency ambulance base rates. The federal Medicaid program allows states to increase Medicaid reimbursement (in our case Medi-Cal reimbursement) by voluntarily submitting monies to the federal government, which are then matched at the federal level and then returned to the State. For example, if California submits \$1,000 to CMS, Medicaid puts in \$1,000 and sends \$2,000 back to California.

Here is the way that SB 1300 is proposing to make the program work:

All private and public ambulance services that run emergency calls will be "taxed" on all calls for the following HCPCS codes: A0427, A0429 and A0433. In other words, regardless of the payer source, the state would collect a tax on the revenue from each call in which these procedure codes were performed (not just the Medi-Cal calls; all calls). The tax would initially be 5% of all revenue from the transport for these 3 billing codes; the tax increases each year for the next 3 years to an estimated maximum of 5.9%.

The tax is estimated to be about \$27.56 per emergency transport, and in return, the State would increase the base rate for Medi-Cal payments for claims on A0427, A0429 and A0433 codes by an estimated \$233.52, so the new Medi-Cal base rate is estimated to be \$339.90 per transport. The base rate would apply to fee-for-service service AND for managed care.

The QAFs now being used in California (hospitals and nursing homes) provide supplemental payments for Medi-Cal fee-for-service calls only. Similarly, the GEMT program approved for fire departments/public agencies providing ambulance service provides supplemental payments for Medi-Cal fee-for-service calls only. The QAF proposed in SB 1300 will not provide supplemental payments. Rather, the proposal will be an actual increase in Medi-Cal base rates for ambulance service. As such, the rate increase will apply to Medi-Cal managed care calls, too. The QAF developed by the CAA in 2011 did not have this feature, and this component greatly improves the feasibility of the concept.

As mentioned previously, some ambulance companies may be paying more for this new tax than the amount to be gained with the projected Medi-Cal rate increase. The break-even point is about 12%. In other words, companies with at least 12% Medi-Cal payer mix will either break even or benefit from the increased Medi-Cal rate. Companies with less than 12% Medi-Cal payer mix are likely to be paying more for the tax than they will receive in benefit from increased Medi-Cal rates. The one bright spot here is that most experts believe that Medi-Cal coverage will continue to grow in California. As more people are covered by Medi-Cal, those companies on the cusp today may begin to see an advantage over time.

Below are some possible pros and cons of the QAF proposed by SB 1300. There are undoubtedly others that have yet to be

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# Executive Director's Report

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identified. But, perhaps these can provide a context to better understand the proposal.

## Pros:

- It is expected that the Medi-Cal base rates for A0427, A0429 and A0433 HCPC codes will be about \$340.
- The increase in base rate applies to both fee-for-service Medi-Cal and managed care Medi-Cal. None of the fire/public agency program such as GEMT affect managed care Medi-Cal – this proposal does.
- It is anticipated that most ambulance companies providing emergency ambulance service will benefit from this program. The percentage of patients covered by Medi-Cal seems to be increasing for most companies, which means that there will be fewer companies that are negatively impacted by the tax than the previous 2011 QAF proposal.
- DHCS has been an integral part of the development of the tax and they are not opposing the proposal contained in SB 1300, meaning it is likely to gain legislative approval.
- The QAF concept is working in California for other medical service providers (hospitals and nursing homes) who are benefiting from Medi-Cal supplemental payments.
- Private companies and public agencies will be subject to the tax and potentially benefit from the higher Medi-Cal base rates. The more entities involved increases the revenue and consequently increases the Medi-Cal rates.
- The State will only skim off 5% of the gross revenue “for other purposes”; the law allows the State to skim off a higher percentage. DHCS recognizes that by taking a higher percentage, the proposal would not be feasible and ambulance industry would not be able to support the bill.

## Cons:

- A tax will be imposed by the State that is estimated to be about \$27 per emergency transport, regardless of payer source; revenue from all emergency calls will be taxed.
- It is anticipated that some companies will lose money under this proposal (i.e. they will pay more in tax than they will realize in Medi-Cal base rate increase).
- The tax is imposed and collected at least 3 months, perhaps longer, before anyone will see an increase in base rates; ambulance providers must shoulder the cash flow deficit in the initial implementation of the program.
- Paying a tax to the State of California to improve Medi-Cal rates is distasteful, wrong, unjust, and bitter. No one wants to do this, and by all rights in a moral and just society the State (meaning all taxpayers) should be paying ambulance companies a fair Medi-Cal rate for the services being provided. Unfortunately, this is not the world we live in. The industry must pay the tax to generate the matching funds, or there will not be an increase in Medi-Cal rates.
- Detailed reporting on revenue and transports by HCPCS code will be required by the State on a quarterly basis; severe penalties will be imposed for failure to report data.

## Applicable Only to Emergency Transports

The designers (*Alliance*) of the proposed QAF focused their efforts on improving Medi-Cal reimbursement for emergency ambulance services only. Non-emergency ambulance transports were intentionally excluded from their initiative. Taking one step at a time allowed a customized model to be created that minimizes the number of “losers”. The CAA’s approach in 2011 had a much broader brush and tried to solve several problems with one solution, which is one of the reasons it failed. Applying one

solution to several problems created a great number of “losers”, which made the prior proposal infeasible.

Medi-Cal reimbursement for non-emergency ambulance transport is equally as poor/inadequate as the existing emergency reimbursement. But, in many cases an ambulance provider can choose to forego the transport request. Unless an ambulance provider is contractually obligated to conduct non-emergency transports, doing so is entirely discretionary. Ambulance providers contracted for emergency services do not have a choice. Consequently, solving the Medi-Cal reimbursement problems for the emergency calls became the highest priority.

If SB 1300 becomes law and the QAF model proves to be as beneficial as projected, it could be the basis for a future effort to address non-emergency ambulance transports. Some of the criteria for inclusion in the tax calculations would likely be different for non-emergency ambulance transports. But, the work done in creating SB 1300 may be paving the way to address non-emergency calls in the future.

## Timing

At the time of writing this article, SB 1300 is in suspense at the Senate Appropriations Committee. The Committee is waiting on staff analysis to determine if there are non-reimbursable costs to the General Fund. If the bill is removed from suspense and approved by the Senate Appropriations Committee it still has several hurdles. The entire Senate must vote on it, and then the bill is re-evaluated by Assembly committees and eventually by the entire Assembly. Once the bill passes both the Senate and Assembly, it goes to the Governor for evaluation, where he will either sign the bill thereby making it law or reject the bill with a veto. Given all these steps, there is still a long way to go.

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# Executive Director's *Report*

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Additionally, the bill is still in play. At any point during the legislative process, the bill could be revised and elements of the proposal altered. Consequently, the details and workings of the proposed QAF might be different in its final version than how it is described in this article. Of course, the CAA will continue to closely monitor this bill.

SB 1300 is proposed to be an urgency statute, which means that it becomes effective immediately upon the Governor's signature. Of course, taxes will not be collected nor will Medi-Cal rates be raised immediately. Federal approval from CMS is required before the program becomes operative. Once federal approval is obtained implementation by DHCS will be weeks to a few months after that.

## Summary

In the current political environment in Sacramento, it is evident that ambulance companies will not see an increase in Medi-Cal rates if an increase costs the General Fund. There is no overwhelming political will to get a \$40 million to \$60 million per year ongoing contribution from the General Fund to improve ambulance reimbursement. Consequently, getting General Fund assistance to increase Medi-Cal ambulance rates is just not going to happen; it is unrealistic. It is incumbent upon the ambulance industry to do it themselves.

The CAA explored the QAF concept in 2011. At that time, there just was not sufficient widespread ambulance industry support to make it materialize. The proposal

itself was not advantageous enough, and the financial situation in 2011 was not as dire as it is in 2016. Several external factors have changed, and the current QAF proposal is much narrower than the prior proposal, making SB 1300 practical and feasible in today's environment.

SB 1300 is projected to have a positive impact on most CAA-member ambulance companies and the industry at large. The proposal improves Medi-Cal ambulance rates in both the fee-for-service program and the managed care programs. Further, the negative impacts from the tax may diminish over time as more and more Californians are covered by Medi-Cal. The QAF proposed by SB 1300 is good for the ambulance industry. \*



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# Legislative Update



**Chris Micheli** | Legislative Advocate

**C**AA has been busy working on a number of bills during the first half of the legislative session. There are a number of measures that have an impact on the ambulance industry, as well as several that impact CAA members as providers and employers in this state. Just like past years, there are numerous bills of interest to California's ambulance providers that we are working on. The following are the major bills that CAA has been working on during the first few months of the 2016 Legislative Session.

## ASSEMBLY BILLS

**AB 510 (Rodriguez)** This bill would require the Public Safety Communications Division to require its California 911 Emergency Communications Branch to work with the Department of the California Highway Patrol to continue the work of the Routing on Empirical Data (RED) Project by using the technology and procedures employed in that project to assist in determining whether wireless 911 calls should be routed to a local public safety answering point or a California Highway Patrol call center. Position: Support Status: Assembly Appropriations Committee

**AB 1300 (Ridley-Thomas)** This bill would specify, among other things, procedures for delivery of individuals to various facilities for mental health evaluation and treatment; procedures for probable cause determinations for detention and evaluation for treatment; terms and length of detention, when appropriate, in various

types of facilities; and criteria for release from designated facilities and non-designated hospitals. The bill would exempt specified providers of health services and peace officers from criminal or civil liability for the actions of a person after his or her release from detention, subject to specified exceptions. Position: Neutral as author took amendments requested by CAA Status: Senate Health Committee

**AB 1578 (Rodriguez)** This bill would appropriate \$2,000,000 from the General Fund to provide for the maintenance and upkeep of mobile field hospitals within the Mobile Field Hospital program. Position: Support Status: Assembly Appropriations Committee

**AB 1656 (Kim)** This bill would exempt from civil liability any person who, in good faith and not for compensation, renders emergency care or treatment by the use of tourniquets at the scene of an emergency. Position: Support Status: Assembly Appropriations Committee

**AB 1680 (Rodriguez)** This bill would include, for purposes of liability protections, the operation or use of an unmanned aerial vehicle, remote piloted aircraft, or drones in the definition of a person. Position: Support Status: Assembly Floor

**AB 1719 (Rodriguez)** This bill would require, commencing with the 2017-18 school year, the governing board of a

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# Legislative Update

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school district, and the governing body of a charter school, offering instruction to pupils in grades 9 to 12, inclusive, to provide instruction on performing cardiopulmonary resuscitation as part of a required course. The bill would encourage those entities to provide to pupils general information on the use and importance of an automated external defibrillator. The bill would require the State Department of Education to provide guidance on how to implement these provisions, including, but not limited to, who may provide instruction. Position: Support Status: Assembly Appropriations Committee

**AB 1769 (Rodriguez)** Existing law makes it an offense for a person to telephone the 911 emergency system with the intent to annoy or harass another person, and makes the offender liable for all reasonable costs incurred by any unnecessary emergency response. This bill would expand those provisions to include communicating with the 911 emergency system using an electronic communication device for those purposes. Position: Support Status: Assembly Appropriations Committee

**AB 1959 (Rodriguez)** This bill would make it a crime for an assault on an emergency medical technician when the person knows or reasonably should know that the person is an emergency medical technician engaged in the performance of his or her duties. Position: Support Status: Assembly Appropriations Committee

**AB 2260 (Wood)** This bill would require the authority, on or before January 1, 2018, to provide or designate a single central repository for air ambulance providers to submit specified standardized health records, including data elements identified by the authority after consulting with local EMS agencies. The bill would authorize the authority to modify those data elements as the authority determines is necessary. The bill would prohibit the authority from mandating that an air ambulance provider use a specific electronic health record system to collect and share data with the authority, and would

require the authority to provide a local EMS agency with direct access to the data from the single central repository. The bill would prohibit a local EMS agency from requiring additional data reporting from an air ambulance provider once the single central repository has been established. Position: Monitor Status: Assembly Appropriations Committee

**AB 2394 (Eduardo Garcia)** This bill would add to the schedule of benefits nonmedical transportation, as defined, subject to utilization controls and permissible time and distance standards, for a beneficiary to obtain covered Medi-Cal services. The bill would specify that these provisions shall not be interpreted to add a new benefit to the Medi-Cal program. The bill would require the department to adopt regulations by July 1, 2018. Commencing July 1, 2017, the bill would require the department to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Position: Oppose Status: Assembly Appropriations Committee

**AB 2425 (Brown)** This bill would require the State Department of Public Health and the Emergency Medical Services Authority to, by regulation, adopt standards and protocols to establish a uniform incident site report requirement for purposes of collecting statewide information on unintentional injury incidents. The bill would require those regulations to be implemented on a statewide basis by every county, as prescribed. Position: Monitor Status: Assembly Appropriations Committee

**AB 2453 (Rodriguez)** Existing law establishes the State 911 Advisory Board which is composed of 11 members who meet quarterly in public sessions and are appointed by, and serve at the pleasure of the Governor. This bill would increase the membership to 13 members, as specified. Position: Seek Amendments to add a representative from the CAA Status: Assembly Appropriations Committee

**AB 2724 (Gatto)** This bill would require a person who manufactures an unmanned aircraft for sale in this state to include with the unmanned aircraft a copy of FAA safety regulations applicable to unmanned aircraft and, if the unmanned aircraft is required to be registered with the FAA, a notification of that requirement. The bill would require an unmanned aircraft equipped with global positioning satellite mapping capabilities to also be equipped with geofencing technological capabilities that prohibit the unmanned aircraft from flying within 5 miles of an airport. The bill would require the owner of an unmanned aircraft to procure adequate protection against liability imposed by law on owners of unmanned aircraft, including the payment of damages for personal bodily injuries and death, and for property damage, resulting from the operation of the unmanned aircraft. The bill would exempt an unmanned aircraft operated pursuant to a current commercial operator exemption issued pursuant to FMRA 2012 from its provisions. Position: Support Status: Assembly Appropriations Committee

## SENATE BILLS

**SB 269 (Roth)** This bill will exempt a defendant from liability for minimum statutory damages with respect to a structure or area inspected by a certified access specialist for a period of 120 days if specified conditions are met. Position: Support Status: Signed by the Governor

**SB 807 (Gaines)** This bill would further limit the exposure to civil liability of an emergency responder, defined as a paid or an insert unpaid volunteer or private entity acting within the scope of authority implicitly or expressly provided by a public entity or a public employee to provide emergency services, for damages to an unmanned aircraft or unmanned aircraft system, if the damage was caused while the emergency responder was performing specific

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# Legislative Update

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emergency services and the unmanned aircraft or unmanned aircraft system was interfering with the provision of those emergency services. Position: Support Status: Assembly Public Safety Committee

**SB 867 (Roth)** This bill would authorize each county to establish an emergency medical services fund for reimbursement of costs related to emergency medical services. Existing law, until January 1, 2017, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. This bill would extend the operative date of these provisions by ten years. Position: Support Status: Senate Appropriations Committee

**SB 1008 (Lara)** Existing law, until January 1, 2017, exempts from CEQA the design, site acquisition, construction, operation, or maintenance of certain structures and equipment of the Los Angeles Regional Interoperable Communications System, consisting of a long-term evolution

broadband mobile data system and a land mobile radio system, if certain criteria are met at the individual project site. This bill would extend that exemption until January 1, 2020. Position: Support Status: Senate Appropriations Committee

**SB 1166 (Jackson)** This bill would prohibit an employer from refusing, as specified, to allow an employee to take up to 12 weeks of parental leave to bond with a new child within one year of the child's birth, adoption, or foster care placement. The bill would also prohibit an employer from refusing to maintain and pay for coverage under a group health plan for an employee who takes this leave. Position: Oppose Status: Senate Appropriations Committee

**SB 1300 (Hernandez)** This bill, commencing July 1, 2017, and subject to federal approval, would impose a quality assurance fee for each transport provided by an emergency medical transport provider, as defined, subject to the quality assurance fee in accordance with a prescribed methodology. The bill would authorize the

director to exempt categories of emergency medical transport providers from the quality assurance fee if necessary to obtain federal approval. The bill, commencing July 1, 2017, and subject to federal approval, would increase the Medi-Cal reimbursement to emergency medical transport providers for emergency medical transports, including both fee-for-service transports paid by the department and managed care transports paid by Medi-Cal managed care health plans. Position: Pending Status: Senate Appropriations Committee

As you can see, there are quite a few bills of interest to the ambulance industry. We will continue to work diligently representing CAA member companies before the Legislature and regulatory agencies to ensure our interests are considered by elected and appointed officials when they make decisions. If you have any questions or concerns about legislative or regulatory matters, please contact Carol Meyer as the Chair of the committee or Ross Elliott as CAA's Executive Director. \*



## CAA Membership is a Business Essential

The business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At the CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your organization grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

### Take your place in California's statewide ambulance leadership

Membership not only saves you money on CAA events and resources, but also keeps you up to date on trends, innovations, and regulatory changes through:

- Leadership on statewide legislative and regulatory issues
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## Member News

# — Stars of Life —

## 2016 California Ambulance Association Stars of Life Awards Presented to Outstanding EMS Personnel

**T**he California Ambulance Association presented its annual “Stars of Life” Awards to thirty-one paramedics, EMTs and other EMS staff from throughout California during a ceremony on March 7<sup>th</sup> in Sacramento.

Throughout the day, the Stars met individually with members of the

California State Senate and Assembly to tell their life-saving stories and deliver important first-hand information regarding the essential service provided by California’s private sector ambulance services.

The day’s festivities wrapped up with an awards dinner during which

EMS Director of Central California Emergency Medical Services Agency and EMSAAC President, Daniel J. Lynch and Assembly Member Freddie Rodriguez, who served 29 years as an EMT in the San Gabriel Valley, addressed the award recipients.

**Jason Achterberg** of Hall Ambulance Service in Bakersfield

**Terry Adams** of Hall Ambulance Service in Bakersfield

**Erlinda Aguilar** of King-American Ambulance in San Francisco

**David Allard** of Hall Ambulance Service in Bakersfield

**Alex Balbastro** of Gold Cross Ambulance Service in El Centro

**Lashika Britton** of Hall Ambulance Service in Bakersfield

**Charles Brown** of Hall Ambulance Service in Bakersfield



**Mark Gonzcar** of Hall Ambulance Service in Bakersfield

**Kimberly Goss** of Medic Ambulance Service in Solano

**Brandon Harlander** of City Ambulance of Eureka in Eureka

**Brian Henderson** of American Ambulance in Fresno

**Cliff Henderson** of Medic Ambulance Service in Solano

**Eric Holt** of Medic Ambulance Service in Solano



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# Member News

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**William Jaeger** of Hall Ambulance Service in Bakersfield

**Tyler Johnson** of Medic Ambulance Service in Solano

**Keith Kinsella** of Hall Ambulance Service in Bakersfield

**Brandon Klug** of Medic Ambulance Service in Solano

**Juliet Latrielle-Favre** of King American Ambulance in San Francisco

**Michael Lee** of City Ambulance of Eureka in Eureka

**Rick Libed** of Schaefer Ambulance Service in Los Angeles

**Nikki Maples** of King-American Ambulance Service in San Francisco

**Elisa Martinez** of Medic Ambulance Service of Solano

**Brian Meader** of Medic Ambulance Service in Solano



**Mark Mendenhall** of Protransport-1 in Cotati

**Jennifer Meneley** of Riggs Ambulance Service in Merced

**Hector Meza** of Gold Cross Ambulance Service in El Centro

**Joe Mila** of West Side Community Ambulance in Newman

**Adrianna Neal** of Hall Ambulance Service in Bakersfield

**Nick Onorato** of Gold Cross Ambulance Service in El Centro

**Taylor Panus** of Protransport-1 in Cotati

**Christopher Parks** of Hall Ambulance Service in Bakersfield

**Enrique Puente** of Hall Ambulance Service in Bakersfield



**Steve Shepp** of Sierra Medical Services Alliance in Lassen

**Krystian Socha** of Protransport-1 in Cotati

**Mike Swenson** of Riggs Ambulance Service in Merced

**Allen Swerdfeger** of Hall Ambulance Service in Bakersfield

**Sean Tinnish** of Hall Ambulance Service in Bakersfield

**Tina VanHouten** of Escalon Community Ambulance in Escalon

**Michael Wright** of Protransport-1 in Cotati

**Joel Ybarra** of Schaefer Ambulance Service in Los Angeles

**Rick Zavala** of American Ambulance in Fresno

# 2016 CAA Elections Slate of Candidates

CAA Active members have received their official ballots for the 2016-2017 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 July 18, 2016 with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on August 18, 2016 at Harrah's Lake Tahoe Resort. 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 2016-2017 operating year. Candidates were formally ratified by the Board of Directors on July 14, 2016. Results will be announced during the Annual Meeting of the Membership which will be held on August 18, 2016 at Harrah's Lake Tahoe Resort in Stateline, NV. ✱

***Thank you for your time and participation in the CAA!***

## California Ambulance Association 2016-2017 CAA Elections — SLATE OF CANDIDATES —

<b>NOMINEES FOR THE BOARD OF DIRECTORS</b> (four positions, two-year terms):			
<input type="radio"/>	Ed Guzman	Sierra Ambulance Service, Inc.	Oakhurst, CA
<input type="radio"/>	Steve Melander	SEMSA	Merced, CA
<input type="radio"/>	Eb Muncy	Desert Ambulance Service	Barstow, CA
<b>NOMINEES FOR THE ETHICS &amp; PROFESSIONALISM COMMITTEE</b> (one position, two-year term):			
<input type="radio"/>	No Nomination		
<b>NOMINEES FOR OFFICER POSITIONS</b> (one-year term for each position):			
<b>CHAIR:</b>			
<input type="radio"/>	*Eb Muncy	Desert Ambulance Service	Barstow, CA
<b>VICE CHAIR:</b>			
<input type="radio"/>	Alan McNany	American Legion Post #108 Ambulance	Sutter Creek, CA
<b>SECRETARY/TREASURER:</b>			
<input type="radio"/>	*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 11

# CAA Elections

Continued from page 12



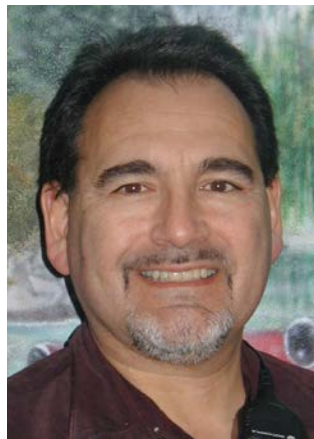
— **Eb Muncy** —  
Desert Ambulance Service  
Barstow, CA

Candidate for Chair  
(One-Year Term)

Candidate for Board of Directors  
(Two-Year Term)

I am the owner of Desert Ambulance Service. I am a second generation owner. In 1997, 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 1997 from Western State University, College 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 Chairperson. Previously I served as Vice-Chairperson,

Secretary-Treasurer and served on the Ethics and Professional Committee and as Chairperson of the Legislative & Agency Relations Committee. I am seeking the position of Chairperson and re-election to the position of Director. I hope that you will support me in this endeavor. \*



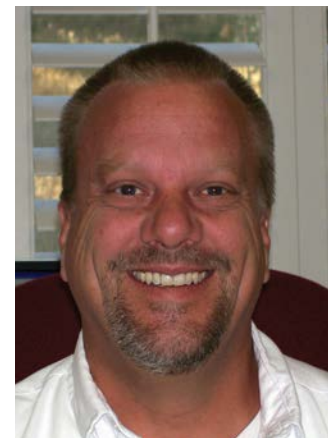
— **Edward Guzman** —  
Sierra Ambulance Service, Inc.  
Oakhurst, CA

Candidate for Secretary/Treasurer  
(One-Year Term)

Candidate for Board of Directors  
(Two-Year Term)

It has been my honor to serve the CAA as a director for the last five years. I have been an active CAA member since 1998 and am the general manager/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 for Medevac Ambulance 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. I have been a licensed paramedic since 1981. 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 these challenges. \*



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

Candidate for Vice-Chair  
(One-Year Term)

I have over 25 years' experience in EMS and have been on the CAA Board of Directors for the last 8 years. I have a passion for the EMS industry and believe in providing the best patient care possible in the pre-hospital setting. Our industry has had major changes over the past decade and I believe the future of EMS will continue to change. I will continue to work hard to fight for what is right in our industry, including being reimbursed for what we do. \*

Continued on page 13



## CAA Elections

Continued from page 13



**Steve Melander**  
SEMSA  
Merced, CA

Candidate for Board of Directors  
(Two-Year Term)

**A**s the Vice President and Chief Operational Officer of Central California Operations, I am responsible for all SEMSA operations in Central California to include: RIGGS Ambulance Service in Merced County, Westside Ambulance Service in Merced and Stanislaus Counties, and Escalon Community Ambulance in San Joaquin County. I am a California licensed

Paramedic with over 18 years of experience in a multitude of high performance EMS systems both ground and air throughout Central and Northern California. Positions I've previously held (all in private sector CA EMS services) include:

- EMT
- Paramedic
- Paramedic Preceptor
- Field Training Officer
- Clinical Field Evaluator
- Tactical Paramedic
- Instructor – CPR, ACLS, PEPP, BTLS, EMT, Pre-Paramedic, Paramedic, EMS Continuing Education Courses, Adult Vocational Courses
- Critical Care Paramedic
- Paramedic Program Clinical Coordinator
- Continuing Education Programs Director
- QA / QI Coordinator
- Director of Clinical Services
- Flight Paramedic and Crew Chief
- Paramedic Field Supervisor
- Operations Supervisor
- Health, Safety & Risk Manager
- Designated Infection Control Officer
- Operations Manager
- General Manager

I carry a variety of EMS related certifications and am a graduate of the American Ambulance Association's Ambulance Service Management course. I have been a resident of Merced County for the past 28 years and currently reside with my wife and two children in Atwater. In addition to EMS, I have a passion for mentoring at-risk youth in my community. I am currently the head coach for the Merced County Sheriff Activities League / Gloves Not Drugs Boxing Program in Atwater targeting at-risk youth to provide them with positive alternatives to the lure of drugs and gangs. I look forward to any opportunity that I may have to serve to advance our profession and the critical services we provide to the residents and visitors of the great state of California. ✱



## In Memoriam ~ Allan S. Reichle ~

**A**I served on the CAA Board of Directors for over 20 years and was a founding member of the American Ambulance Association.

He was very active on the Legislative and CAAPAC committees of the CAA serving as Committee Chair

for several years on both. He was the best CAAPAC fund raiser that many CAA members had ever seen. Many accomplishments of the CAA can be directly attributed to Al. His nickname was the Godfather.

A very successful businessman in the Palm Springs area, not only owning Springs Ambulance, but also a taxi and tow truck business. He was an expert carpenter, brick and tile layer.

Al was an inspiration to many, many people in the EMS industry. ✱

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**For more information, please contact**

**Ben Roper**  
ben.roper@stryker.com

**Jennifer Abernathy**  
jennifer.abernathy@stryker.com

**Shannon Puente**  
shannon.puente@stryker.com

1. Data contained in and/or calculated from: T.K. Fredericks, S.E. Butt, K.S. Hamrs, J.D. Burns, (2013) "Evaluation of Medical Cot Design Considering Biomedical Impact on Emergency Response Personnel." International Society for Occupation Ergonomics & Safety.

Mkt Lit-1299 01 MAR 2016 Rev A.0  
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# Obstacles Faced in the Legislative Process

**Chris Micheli** | CAA Legislative Advocate

**A**s one might contemplate, there are numerous obstacles to overcome during the legislative process in California. These are generally categorized as policy, fiscal and political obstacles that may have to be addressed as a bill travels through the legislative process. In preparation for introducing a bill, this article poses a few questions that a person may want to ask before proceeding with a bill in the California Legislature.

## Legislators' Concerns

When presenting a bill proposal to a legislator as potential author of a bill, generally legislators care about the following key issues:

- What does the bill do and what are the policy arguments for and against the bill?
- What is the fiscal impact, if any, of the bill?
- Who will support the bill?
- Who will oppose the bill?
- How does the bill impact their district?
- How will the Governor view the bill?
- What are the political implications, if any, of the bill?

Assuming a legislator agrees to author the bill, the sponsor or principle supporter(s) of the legislation will need to prepare to address the potential obstacles that the bill will encounter. The following obstacles are reviewed by posing questions that will help guide your resolution of them.

## Policy Obstacles

Naturally, there should be a good policy rationale for the legislation. Unfortunately,

the Legislature generally examines a proposed solution, rather than examine the policy problem that is attempted to be addressed and then determining what the best solution to that problem actually is. At this early point, the bill's proponents need to address these questions:

- In presenting the bill (which contains a solution), has the policy problem been clearly explained?
- Is this bill the best solution to the stated policy problem?
- Are there other viable solutions to address the problem?
- What are the potential policy problem(s) with the other solution(s)?
- Is there sufficient policy justification to make the proposed change in law?
- Is there evidence that the alleged shortcoming in existing law exists?

## Fiscal Obstacles

Assuming the policy implications of the bill are addressed, the fiscal impact is duly considered by the respective Appropriations Committees (i.e., the fiscal committees in the California Legislature). Note that even some policy committees consider the fiscal impact of proposed legislation, such as the Health, Education, and Revenue & Taxation Committees. In fact, the Assembly Revenue & Taxation Committee, for example, has its own "suspense file" similar to that of the Appropriations Committee that is used to hold bills with a fiscal impact until a later date at which point all of the bills can be voted upon.

The fiscal considerations always come into play if a bill meets the threshold to

be placed on the "Suspense File" of either the Assembly or Senate Appropriations Committee, particularly in times when the State is facing financial difficulties. And the view of the Governor, certainly during the Brown Administration, on the fiscal impact of legislation is crucial. As such, the following are some of the questions to address:

- Is there any fiscal impact due to the proposed law change?
- If so, how significant is the impact?
- If there is a fiscal impact, is it to state government, local government and/or the private sector?
- If the fiscal impact is significant, is there a funding source or mechanism to "pay" for the cost of the bill?
- Will the Department of Finance support, oppose or be neutral on the proposal based upon the fiscal impact?

## Political Obstacles

Certain entrenched special interests are sometimes the most difficult hurdle to overcome in the legislative process, even if the author and sponsor have resolved the policy and fiscal concerns of the legislation. That is because those who are in a powerful position generally do not want to do anything that does not advance their own interests or that may weaken their position. Some of the questions to pose here include:

- Which group(s) are likely to support the bill? How can they impact the proposed law change?

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## Feature Article

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- Which group(s) are likely to oppose the bill? How can they impact the proposed law change?
- Does a change in law result in hurting one group and/or helping another group?
- Is there grassroots support for either side of the proposal? If so, how significant would that support or opposition be for the bill?
- How has the media portrayed the proposal, if at all?
- Is the majority party in support or opposition to the proposal?
- How does legislative staff view the proposal?
- What is the Administration's view of the law change?
- Does the proposed bill impact one or more state agencies? If so, will the agency

support, oppose or be neutral on the proposal?

- Are there possible amendments to the bill to alleviate some or all of the policy and/or fiscal concerns with the proposal?
- Does the proposed bill impact one legislative district, a geographic region, or the entire state?

### Other Obstacles

In a few instances, vote requirements may become an obstacle if the bill requires a super majority vote for passage. For example, does the bill contain an urgency clause? Or does the bill result in anyone paying a higher level of taxes? These bills will require a 2/3 majority vote for passage on both floors of the Legislature. Or does the bill trigger an even higher vote threshold because it amends

a particular initiative statute (such as Prop. 99 and its 4/5 majority vote requirement)?

As one would expect, each controversial bill can create its own unique set of obstacles that will need to be addressed. That is why there is not a clear set of rules that apply in the same way for all pieces of legislation. It is a rare year in the legislative process that one does not learn a new tactic or some method to improve a bill's chances of success the following year. \*

Chris Micheli is an attorney and legislative advocate for the Sacramento governmental relations firm of Aprea & Micheli, Inc. He can be reached at 916-448-3075 or [cmicheli@apreamicheli.com](mailto:cmicheli@apreamicheli.com). He serves as an Adjunct Professor at McGeorge School of Law.

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# November 2016 Ballot Measures

Chris Micheli | CAA Legislative Advocate

Californians will have the opportunity to vote on 17 measures on the November 8 statewide ballot, along with numerous federal, state and local candidates for office. The following is a brief explanation of the statewide ballot measures. Note that there will also be multiple local ballot measures in your respective jurisdictions.

### **Prop. 51 – School Bonds. Funding for K-12 School and Community College Facilities. Initiative Statutory Amendment.**

Authorizes \$9 billion in general obligation bonds: \$3 billion for new construction and \$3 billion for modernization of K-12 public school facilities; \$1 billion for charter schools and vocational education facilities; and \$2 billion for California Community Colleges facilities. Bars amendment to existing authority to levy developer fees to fund school facilities, until new construction bond proceeds are spent or December 31, 2020, whichever is earlier.

### **Prop. 52 – State Fees on Hospitals. Federal Medi-Cal Matching Funds. Initiative Statutory and Constitutional Amendment.**

Increases required vote to two-thirds for the Legislature to amend a certain existing law that imposes fees on hospitals (for purpose of obtaining federal Medi-Cal matching funds) and that directs those fees and federal matching funds to hospital-provided Medi-Cal health care services, to uncompensated care provided by hospitals to uninsured patients, and to children's health coverage. Eliminates

law's ending date. Declares that law's fee proceeds shall not be considered revenues for purposes of applying state spending limit or determining required education funding.

### **Prop. 53 – Revenue Bonds. Statewide Voter Approval. Initiative Constitutional Amendment.**

Requires statewide voter approval before any revenue bonds can be issued or sold by the state for projects that are financed, owned, operated, or managed by the state or any joint agency created by or including the state, if the bond amount exceeds \$2 billion. Prohibits dividing projects into multiple separate projects to avoid statewide voter approval requirement.

### **Prop. 54 – Legislature. Legislation and Proceedings. Initiative Constitutional Amendment and Statute.**

Prohibits Legislature from passing any bill unless it has been in print and published on the Internet for at least 72 hours before the vote, except in cases of public emergency. Requires the Legislature to make audiovisual recordings of all its proceedings, except closed session proceedings, and post them on the Internet. Authorizes any person to record legislative proceedings by audio or video means, except closed session proceedings. Allows recordings of legislative proceedings to be used for any legitimate purpose, without payment of any fee to the State. This measure is promoted by Charles Munger and former Senator Sam Blakeslee.

### **Prop. 55 – Tax Extension to Fund Education and Healthcare. Initiative Constitutional Amendment.**

Extends by twelve years the temporary personal income tax increases enacted in 2012 on earnings over \$250,000 (for single filers; over \$500,000 for joint filers; over \$340,000 for heads of household). Allocates these tax revenues 89% to K-12 schools and 11% to California Community Colleges. Allocates up to \$2 billion per year in certain years for healthcare programs. Bars use of education revenues for administrative costs, but provides local school governing boards discretion to decide, in open meetings and subject to annual audit, how revenues are to be spent.

### **Prop. 56 – Cigarette Tax to Fund Healthcare, Tobacco Use Prevention, Research, and Law Enforcement. Initiative Constitutional Amendment and Statute.**

Increases cigarette tax by \$2.00 per pack, with equivalent increase on other tobacco products and electronic cigarettes containing nicotine. Allocates revenues primarily to increase funding for existing healthcare programs; also for tobacco use prevention/control programs, tobacco-related disease research and law enforcement, University of California physician training, dental disease prevention programs, and administration. Excludes these revenues from Proposition 98 funding requirements. If tax causes decreased tobacco consumption, transfers tax revenues to offset decreases to existing

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# Feature Article

Continued from page 17

tobacco-funded programs and sales tax revenues. This measure is backed by the California Medical Association.

## **Prop. 57 – Criminal Sentences. Juvenile Criminal Proceedings and Sentencing. Initiative Constitutional Amendment and Statute.**

Allows parole consideration for persons convicted of nonviolent felonies upon completion of full prison term for primary offense, as defined. Authorizes Department of Corrections and Rehabilitation to award sentence credits for rehabilitation, good behavior, or educational achievements. Requires Department of Corrections and Rehabilitation to adopt regulations to implement new parole and sentence credit provisions and certify they enhance public safety. Provides juvenile court judges shall make determination, upon prosecutor motion, whether juveniles age 14 and older should be prosecuted and sentenced as adults.

## **Prop. 58 – English language education.**

SB 1174, Lara amend and repeal various provisions of Proposition 227. The bill, among other things, deletes the sheltered English immersion requirement and waiver provisions, and instead provides that school districts and county offices of education shall, at a minimum, provide English learners with a structured English immersion program, as specified. The bill authorizes parents or legal guardians of pupils enrolled in the school to choose a language acquisition program that best suits their child, as provided. This bill, as part of the parent and community engagement process required for the development of a local control and accountability plan, requires school districts and county offices of education to solicit input on, and provide to pupils, effective and appropriate instructional methods, including, but not limited

to, establishing language acquisition programs, as defined.

## **Prop. 59 – Campaign finance: voter instruction.**

SB 254, Allen asking whether California's elected officials should use all of their constitutional authority, including proposing and ratifying one or more amendments to the United States Constitution, to overturn *Citizens United v. Federal Election Commission* (2010) 558 U.S. 310, and other applicable judicial precedents, as specified. The bill requires the Secretary of State to communicate the results of this election to the Congress of the United States.

## **Prop. 60 – Adult Films. Condoms. Health Requirements. Initiative Statute.**

Requires performers in adult films to use condoms during filming of sexual intercourse. Requires producers of adult films to pay for performer vaccinations, testing, and medical examinations related to sexually transmitted infections. Requires producers to obtain state health license at beginning of filming and to post condom requirement at film sites. Imposes liability on producers for violations, on certain distributors, on performers if they have a financial interest in the violating film, and on talent agents who knowingly refer performers to noncomplying producers. Permits state, performers, or any state resident to enforce violations.

## **Prop. 61 – State Prescription Drug Purchases. Pricing Standards. Initiative Statute.**

Prohibits state agencies from paying more for a prescription drug than the lowest price paid for the same drug by the United States Department of Veterans Affairs. Applies to any program where the state is the ultimate payer for a drug, even if the state does not purchase the drug directly.

Exempts certain purchases of prescription drugs funded through Medi-Cal.

## **Prop. 62 – Death Penalty. Initiative Statute.**

Repeals death penalty as maximum punishment for persons found guilty of murder and replaces it with life imprisonment without possibility of parole. Applies retroactively to persons already sentenced to death. States that persons found guilty of murder and sentenced to life without possibility of parole must work while in prison as prescribed by the Department of Corrections and Rehabilitation. Increases to 60% the portion of wages earned by persons sentenced to life without the possibility of parole that may be applied to any victim restitution fines or orders against them. This measure is backed by actor Mike Farrell.

## **Prop. 63 – Firearms. Ammunition Sales. Initiative Statute.**

Prohibits possession of large-capacity ammunition magazines, and requires their disposal by sale to dealer, destruction, or removal from state. Requires most individuals to pass background check and obtain Department of Justice authorization to purchase ammunition. Requires most ammunition sales be made through licensed ammunition vendors and reported to Department of Justice. Requires lost or stolen firearms and ammunition be reported to law enforcement. Prohibits persons convicted of stealing a firearm from possessing firearms. Establishes new procedures for enforcing laws prohibiting firearm possession by felons and violent criminals. Requires Department of Justice to provide information about prohibited persons to federal National Instant Criminal Background Check System. This measure is backed by Lt. Governor Gavin Newsom.

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## Feature Article

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### **Prop. 64 – Marijuana Legalization. Initiative Statute.**

Legalizes marijuana and hemp under state law. Designates state agencies to license and regulate marijuana industry. Imposes state excise tax on retail sales of marijuana equal to 15% of sales price, and state cultivation taxes on marijuana of \$9.25 per ounce of flowers and \$2.75 per ounce of leaves. Exempts medical marijuana from some taxation. Establishes packaging, labeling, advertising, and marketing standards and restrictions for marijuana products. Allows local regulation and taxation of marijuana. Prohibits marketing and advertising marijuana to minors. Authorizes resentencing and destruction of records for prior marijuana convictions.

### **Prop. 65 – Carry-Out Bags. Charges. Initiative Statute.**

Redirects money collected by grocery and certain other retail stores through sale of carry-out bags, whenever any state law bans free distribution of a particular kind of carry-out bag and mandates the sale of any other kind of carry-out bag. Requires stores to deposit bag sale proceeds into a special fund administered by the Wildlife Conservation Board to support specified categories of environmental projects. Provides for Board to develop regulations implementing law.

### **Prop. 66 – Death Penalty. Procedures. Initiative Statute.**

Changes procedures governing state court appeals and petitions challenging death penalty convictions and sentences. Designates superior court for initial petitions and limits successive petitions. Imposes time limits on state court death penalty review. Requires appointed attorneys who take noncapital appeals to accept death penalty appeals. Exempts prison officials from existing regulation process for developing execution methods. Authorizes death row inmate transfers among California state prisons. States death row inmates must work and pay victim restitution. States other voter approved measures related to death penalty are null and void if this measure receives more affirmative votes.

### **Prop. 67 – Referendum to Overturn Ban on Single-Use Plastic Bags**

The law prohibits grocery and certain other retail stores from providing single-use bags but permits sale of recycled paper bags and reusable bags. \*

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## Member Profile

# Member Spotlight:



## Sierra Medical Services Alliance (SEMSA)

**S**ierra Medical Services Alliance (SEMSA) was established in 2000 as a private, not-for-profit (501(c)3), Nevada based corporation. Its' fundamental creation was to assist ambulance, transportation services and communities outside of the REMSA area of responsibility in Reno.

SEMSA's focus is on rural and small to medium sized communities that struggle in the current reimbursement environment to provide the best services possible for the dollars available. Their specialty is to take an "integrated" approach to out-of-hospital patient care by providing ground, air, critical care, wheelchair, non-emergency and emergency transportation services to each of the communities they serve. Following the Institute for Healthcare Improvement model and the new philosophy of the Centers for Medicare and Medicaid Services approach, they are able to deliver the right care at the right time and the right price using the most appropriate form of medical transportation, all under one umbrella.

SEMSA is a proud member of the American Ambulance Association where

its representatives are on or have been on their Board of Directors, the California Ambulance Association where it again serves on their Board of Directors, participates on the Emergency Response Committee for the World Association of Disaster and Emergency Medicine, serves on multiple committees of the National Disaster Life Support Foundation, serves on the Board of Trustees of the National EMS Museum, serves on the California Emergency Medical Director's Advisory Board, is a member of the Special Operations Medical Association, serves on the Disaster Committee of the National Association of EMS Physicians, is a Member of the EMS Physicians Association, the American College of Emergency Physicians, and the National Association of EMT's.

SEMSA owns the following services:

**RIGGS Ambulance Service** in Merced County, California has been in continuous operation since 1947. In 2006, Kraig Riggs, the second generation of this family owned service asked SEMSA to take over the daily management of his company. During the next few years, SEMSA developed RIGGS into a high-performance ambulance service



that in 2015 was awarded a second ten-year contract by Merced County to be its exclusive 911, inter-facility, critical care and air ambulance provider. RIGGS an Advanced Life Support and Critical Care Transport ground and air service in the Central Valley of California. With the start of this new contract in 2015, SEMSA became the sole owner of RIGGS. RIGGS earned its second accreditation by the Commission on Accreditation of Ambulance Services.

The air portion of RIGGS is a partnership between SEMSA and the Air Methods Corporation. SEMSA provides the medical crew and daily management while Air Methods provides the aircraft, pilots, mechanics and the FAA Part 135 certificate. In Central California, the helicopter is known as RIGGS Air One.

Continued on page 21

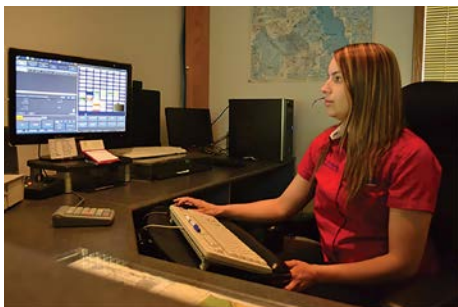


# Member Profile

Continued from page 20



In Merced County, SEMSA also operates its highly sophisticated 911 call taking and dispatch center. Using state-of-the-art computer aided dispatching, it is an accredited Medical Priority dispatch center that provides 911 callers medical instruction in how to care for the patient until first responders or an ambulance arrives. It is the designated 911 medical dispatch center for Merced County and provides dispatch services to all SEMSA operations in California.



In Merced County, SEMSA operates an ambulance service billing and collection agency that is highly specialized in this unique business. They provide service to all the family of SEMSA companies including Escalon Community Ambulance, West Side Ambulance and Patterson District Ambulance Service in Stanislaus County.



**Lassen County Ambulance Service** in Northern, California. Lassen Ambulance is solely owned by SEMSA and operates an Advanced Life Support service for the entire county from three locations in Susanville, Janesville and Westwood. SEMSA has operated this service since 2005 when Lassen County Supervisors asked SEMSA to establish service when the previous provider abruptly closed its doors. In 2015, SEMSA was awarded its second exclusive ten-year contract by Lassen County.



In 2015, a partnership between SEMSA, the Air Methods Corporation and Banner Lassen Medical Center was created to operate SEMSA Air One, a helicopter and ground critical care ambulance service in Lassen County. SEMSA Air One has a preferred provider agreement with Banner Lassen Medical Center, the only hospital in the county, to perform its inter-facility air and critical care transports and provides 911 emergency response throughout Northern California. SEMSA staff are dual-qualified to work in the Banner Lassen Emergency Department so they can assist with patient care during surge events and provide expertise when it may otherwise not be available.

In 2015, SEMSA entered into its second ten-year contract with the Sierra Army Depot in Lassen County. SEMSA provides logistic, medical direction, CQI and education support to this United States Army Fire Department that provides Advanced Life Support level first response to its area of responsibility in Lassen County.



**MedExpress** offers wheelchair transportation in Reno, Nevada and Merced, California and soon in Lassen County.



SEMSA's MedExpress Transport is a non-emergency wheelchair transport service specializing in customer care and comfort for non-medical transportation. Clients of Med-Express Transport use the service for trips to and from their doctor's office, diagnostic testing centers, outpatient clinics, hospitals or nursing homes. Long distance transports can be arranged to almost anywhere on the West Coast.

In 2015 we were awarded a contract with Mercy Hospital in Merced, CA to provide wheelchair, ambulatory, and hospital shuttle services.

Vans are equipped with a medical radio for immediate contact with SEMSA's state-of-the-art emergency dispatch center. Reclining wheelchairs, breakaway lifts and extra padding are available for added comfort and safety.

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# Member Profile

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All professional specialists of our non-profit wheelchair service are dedicated to making their client's transportation experience as safe and comfortable as possible.

**SEMSA is successfully managing a number of other ambulance services, and is developing management training and systems to assist the next generation of rural EMS managers.**



**West Side Community Healthcare District and Ambulance Service,** Newman, California: In 2014 SEMSA began a contract to manage this not-for-profit healthcare district and their ambulance service which is the exclusive provider to their area of operations in both Merced and Stanislaus Counties in California. SEMSA provides an Operations Manager for the ambulance service who has daily management and leadership responsibility. In addition, SEMSA supports the District's Board of Directors and manages the daily activities.



**Escalon Community Ambulance (ECA) Service,** Escalon, California: In 2015, SEMSA entered into a 10-

year contract to manage this not-for-profit ambulance service in San Joaquin County, California. ECA has its own Board of Directors which SEMSA reports to. SEMSA provides an Operations Manager who performs daily management and leadership for this ALS service. SEMSA also provides billing and collection services.

SEMSA currently provides EMS consulting services for a number of organizations across the United States. Each service brings a unique challenge to our organization and we

provide professional consulting to streamline and expand the client's service.

SEMSA has created a new rural EMS model being implemented and refined in various small markets/service areas. Upon a community or customer's request SEMSA will operate, manage, or consult with smaller ambulance services offering a wide array of support including:

- Billing and collections
- Dispatching
- Purchasing and logistics
- Payroll and human resources
- Deployment modeling
- Data collection and analysis
- Education and training
- Continuous quality improvement
- Medical direction
- Safety and risk management
- Accounting and financial services
- Ground and Air ambulance operations

In 2006, SEMSA established its **International Center for Prehospital and Disaster Medicine (ICPDM)**. ICPDM's focus is on providing distance and on-site education in tactical and disaster medicine. To date, ICPDM has become a regional training center for the National Disaster Life Support Foundation and continues to teach NDLS core, basic and advanced classes to healthcare providers under contracts with the States of Oregon and Washington. ICPDM also has partnered with:



- The military's Defense Medical Readiness Training Institute in San Antonio to teach their Homeland Security Medical Executive Course.
- The University of South Florida's Global Center for Disaster Medicine and Humanitarian Assistance along with the

University of Nevada, School of Medicine and the Medical College of Georgia to offer other relevant courses to the medical communities around the country.

- The Nevada Department of Veteran's Affairs, Nevada EMS Office, and Governor Brian Sandoval to build a "bridge" program allowing military medics to become state certified EMT-Advanced practitioners.

ICPDM offers the following courses:

- PALS (Pediatric Advanced Life Support)
- ACLS (Advance Cardiac Life Support)
- ACLS EP
- CPR Classes
- ITLS (International Trauma Life Support)
- TOMS (Tactical Operational Medical Support)
- BDLS (Basic Disaster Life Support)
- ADLS (Advanced Disaster Life Support)
- CDLS (Core Disaster Life Support)
- HPEDS (High Performance EMS Leadership)



**SEMSA Corporate Staff includes:**

**Patrick Smith, President and CEO:** Patrick is considered among the foremost EMS experts in the nation. His career has spanned over 45 years and covers virtually every aspect of ambulance service delivery. Patrick is a recognized expert in EMS system design, communication system design and

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## Member Profile

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organizational/company restructuring/turnarounds. For many years, he was a partner with Jack Stout, known as the creator of high performance or “modern” EMS. Patrick has consulted across the country in creating some of the most recognized high performance EMS systems. He has also lead two of the most noted EMS systems as the President and CEO at both REMSA for 23 years and SEMSA for the last ten years.

### **Eric Rudnick, MD, Medical Director:**

Eric’s career has spanned over 23 years in emergency medicine. He has completed an Emergency Medicine Residency at Michigan State University and is board certified in Emergency Medicine and EMS Medicine. He is an active fellow with the American College of EMS Physicians and the American Academy of Emergency Medicine. He has successfully completed the prestigious California Healthcare Foundation Fellowship for Medical Leadership. For many years, Eric has sat on the State of California Emergency Medical Advisory Committee. Since 2005, he has been the Medical Director of the Northern California EMS Agency (NORCAL) covering six counties and is a County Health Officer. His passion is teaching EMS students and he is the Medical Control Officer for Medical Disaster Preparedness in the State’s Northern California disaster response.

### **Michael Williams, Vice President and**

**COO:** Mike’s career has spanned over 45 years and covered virtually every aspect of ambulance service delivery. He is a recognized expert in EMS system design, operations, organizational structure, administration, human resources, funding, communications, health & safety, special operations, mass-gathering events, mass-casualty response & management, medical disaster preparedness and response, air ambulance operations, grant funding, budgeting, public information & education & relations, and education. He has led some of the largest EMS systems in the country including those in Atlanta, Las Vegas, and New Orleans. He has also led some of the smallest EMS systems in the country in Idaho, Florida and those of SEMSA. He served six years as the EMS Director for the State of Florida and another six years as a Regional CEO of the nation’s largest publically-traded ambulance service. Mike has a Master of Business Administration, a Master of Arts in Management and Human Relations, a Bachelor of Science in Occupational Education and Associate degrees in EMS and Instructor Technology.

### **Steve Melander, Vice President and COO of Central California Operations:**

Steve Melander, EMT-P, AS is our Vice President and Chief Operational Officer of Central California Operations. He is

responsible for all operations in Central California to include: RIGGS Ambulance Service in Merced County, Westside Ambulance Service in Merced and Stanislaus Counties, and Escalon Community Ambulance in San Joaquin County. Steve is a California licensed Paramedic with over 17 years of experience in a multitude of high performance EMS systems both ground and air throughout Central and Northern California. His EMS experience is vast and includes:

EMT, Paramedic, Paramedic Preceptor, Field Training Officer, Clinical Field Evaluator, Tactical Paramedic, Instructor – CPR, ACLS, PEPP, BTLs, EMT, Pre-Paramedic, Paramedic, EMS Continuing Education Courses, Adult Vocational Courses, Critical Care Paramedic, Paramedic Program Clinical Coordinator, Continuing Education Programs Director, QA / QI Coordinator, Director of Clinical Services, Flight Paramedic and Crew Chief, Paramedic Field Supervisor, Operations Supervisor, Health, Safety & Risk Manager, Designated Infection Control Officer, Operations Manager, General Manager.

Steve carries a variety of EMS related certifications and is a graduate of the American Ambulance Association’s Ambulance Service Management course. He has been a resident of Merced County for the past 28 years and currently resides with his wife and children in Atwater. ❁

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



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Unless otherwise stated, ads for this  
publication will be printed in Full Color.

**AD SIZES AND RATES**

Ad Size (WxH)		1x Rate	4x Rate
2 Page Spread	(16"x9½")	\$1,000	\$900
Full Page	(8½"x11")	\$750	\$675
¾ Page	(5"x10")	\$450	\$405
½ Page Horizontal	(7¼"x4½")	\$400	\$360
½ Page Vertical	(3½"x9¼")	\$400	\$360
¼ page	(3½"x4¼")	\$200	\$180
Business Card	(3½"x2¼")	\$150	\$135

**PLEASE NOTE:** if the artwork you provide does not conform to the above specifications, we reserve the right to alter the ad to fit these dimensions.

**ARTWORK SPECIFICATIONS**

Please submit ads digitally where possible (PC format, not Mac) either on CD, or via E-mail. Such electronic submissions should be in EPS, TIF, or PDF format, including all fonts where applicable, and should be compatible with Adobe Photoshop, Illustrator, PageMaker, InDesign, or Acrobat. We will also accept camera-ready (printed) full-sized images suitable for scanning, at either 133 or 150 line screen. Please see above for specific ad sizes and dimensions. Artwork should be E-mailed to "Advertising c/o **CAA**" at [info@the-caa.org](mailto:info@the-caa.org) or mailed to:

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

**CONDITIONS**

1. Advertisers and advertising agencies are liable for all content (including text, representations, and illustrations) of advertisements and are responsible, without limitation, for any and all claims made thereof against **The Siren**, the association, its officers, agents, or vendors.
2. No advertiser is guaranteed placement, but every attempt will be made to provide the desired position.
3. Publisher reserves the right to revise, reject or omit any advertisement at any time without notice.
4. **CAA** accepts no liability for its failure, for any cause, to insert advertisement.
5. Publisher reserves the right to publish materials from a previous advertisement if new materials are not received by material deadline.
6. The word "advertisement" will appear on any ad that resembles editorial material.
7. Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk and should be clearly marked to facilitate return.
8. No verbal agreement altering the rates and/or terms of this rate card shall be recognized.
9. All advertisements, layout and designs produced for the advertiser by **CAA's** Graphic Staff will remain the property of **CAA**.
10. All requests for advertising must be in writing, in the form of this signed contract, for the protection of both the advertiser and **CAA**.
11. Once an order for advertising is placed, it cannot be withdrawn or cancelled in whole or in part.
12. By signing this contract, advertiser agrees to pay in full for reserved space, even if the ad is not run due to lateness or absence of materials.

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**Agency or Advertising Representative** (if different from above): \_\_\_\_\_

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