

Siren

FALL 2016

A PUBLICATION OF THE 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.

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Chair's Message



Eb Muncy | *Chair of the Board*

It's Time For the Ambulance Industry to Speak In One Voice

The ambulance industry is facing many challenges. Our payor mix is changing. A higher percentage of our patients are on Medi-Cal. While at the same time the Governor vetoes a bill that would increase Medi-Cal rates. The time we spend at hospitals waiting on available beds is increasing. While at the same time the wages and employee benefits we are required to pay our employees are increasing. Drugs and medical supplies are not getting any cheaper. The required equipment list is longer.

The Board of Directors recently authorized a low cost one-year trial membership for new or returning members. The Board is hoping to attract as many ambulance providers as possible to the benefits of CAA membership. Why is this important?

The ambulance industry has one serious flaw. **WE FAIL TO SPEAK WITH ONE VOICE.** Ambulances are in every community in this state. Many of them are private ambulance providers. There are thousands of EMTs and Paramedics employed by us. There is not one Assembly or Senate district that we do not touch. But our voices are not being heard. Why is that?

The two largest ambulance companies in this State are not members of CAA. They would prefer to speak for themselves and not in unison with the rest of the industry. There are many smaller companies that have the attitude that the CAA will protect their interest

whether they participate or not. The result is a very ineffective and fractured message.

All you need to look at are labor unions to understand the importance of a single, focused message being spoken by many of individual members. Unions recognize that individuals will never get anything done. But when the individuals get together, they can be a tremendous force. They can get concessions out of employers. They can get legislation passed. They can change the way that the community looks at the industry.

Does the ambulance industry want better reimbursement, better legislation, and better community relations? The answer is a resounding "Yes." So let's learn from the unions. Let's come together as one industry, speaking in one loud voice. The only way to do this is for the industry to come together under the CAA flag.

If you are currently a CAA member, please renew your membership. If you are not a member of CAA, please become a member. If you know any company who is not a member, talk to them. Ask the company to sign up during this trial membership period. If you work for a large company that is not a CAA member, ask why your company is not a member of CAA.

In closing, let's come together and conquer the challenges facing our industry. Your efforts will be paid back many times over. ✨



Executive Director's *Report*



Ross Elliott | Executive Director

Looking Ahead to 2017

A strategic planning session was held by the Board of Directors in Sacramento on September 26. The purpose of the meeting was to re-evaluate the CAA and how it is performing for its members. It was a productive meeting. As a result, a number of actions have already been taken and several more will be taken in 2017 to increase tangible value of CAA membership.

Staff has begun and will continue to explore the possibility of discounts being provided to CAA Active Members, Associate Members, Non-Emergency Members, and Public Agency Members from CAA Commercial Members on the goods and services they offer. Conceptually, Commercial Members willing and able to participate will offer discounts to CAA member ambulance companies. This is potentially a win-win. Ambulance companies may be able to save some money on needed goods and services, and Commercial Members potentially benefit because ambulance companies have an incentive to conduct business with them.

Not all Commercial Members will be able to offer discounts. Yet, value can still be added. For example, it is not possible for Ambulance Services Insurance Program to offer a discount. In lieu of a discount, they have offered to provide articles for *Siren*/webinars/other information on safety and risk management to CAA members.

Clearly, members will benefit from the latest insurance industry information and insights.

Other ways in which the CAA is adding value to membership is to explore joining buyer groups. Again, this is another avenue in which members may be able to save on essential supplies.

Other strategies to add value, that may be harder to quantify, include the creation of a new committee to focus on “Non-emergency Ambulance Provider” issues. There are components of this side of the business that are distinctly different from the emergency side. Working together to solve the biggest and recurring problems is a benefit. In addition, the CAA is attempting to expand its perspective on EMS and ambulance issues beyond California. We will be participating in the AAA’s State Association Forum and bringing that information back to all CAA members.

It is important for the CAA to expand and grow membership. Currently, we represent about 28 percent of all private ambulance companies in the State. The influence of the CAA in Sacramento is potentially greater if this percentage is significantly higher. Being able to represent 80, 90 or even 100 percent of all the ambulance companies in California may just give us the clout to get over some of the bigger political hurdles we

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Executive Director's Report

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face. Additionally, expanding membership increases the diversity and strength of the organization.

To this end, the Board of Directors has authorized a one-time incentive for new members. Potential members often cite the dues as a reason for not joining; complaining that it is too much money. The one-time offer basically removes the financial disincentive for the first year of membership. It is believed that once a company joins the CAA and experiences first-hand the value of membership, they are likely to renew. At the very least, having a larger membership for 2017 may help in accomplishing some of our legislative goals.

Legislatively, the CAA is focusing on several areas. First, we have begun building a coalition of EMS stakeholder organizations to propose legislation to permanently authorize community paramedics. Currently, a handful of community paramedic pilot programs are authorized on a temporary basis. The Board of Directors believes that expanding EMS services to

permanently include community paramedics is prudent. It will provide the opportunity for expanded services and potentially be a new revenue source.

Other legislative goals for 2017 include: insurance regulation reform; eliminate tolls (roads, bridges) for ambulances; exempt license fees for contracted emergency ambulances; exemptions from min. wage laws for 24-hour ambulances; and support for Medi-Cal rate increase for ambulance service.

Other strategic objectives for 2017 include continuing publication of the *Siren*, the weekly bulletin, and member advisories. We will also explore enhancements to our digital platform and examine expanding the use of social media to improve member communication.

The 2016 Annual Convention and Reimbursement Conference was a huge success in content and member participation, and we want to maintain this momentum. Top names/speakers will be secured for

the 2017 event, the registration fees will be re-evaluated to encourage broader participation (grow attendance), and a new awards program will be implemented to recognize the outstanding work by member companies. Several other enhancements to the conference format are being evaluated.

The Board of Directors want to see more training opportunities for members in 2017. These include one-day seminars/workshops and webinars. The first workshop was held on December 15 – Utilizing Data to Drive Process Improvement. We will strive to have at least two more sessions/workshops on different topics in 2017. Further, we will strive to offer at least 2 or 3 webinars in the coming year.

There is a lot going on at the CAA. We have some aggressive strategic goals for 2017, and we are focused on adding value to membership. With your help and participation, we can make these goals a reality. ✨



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
- Targeted conferences & educational programs
- Member-only updates and alerts
- Member-only discounts & access to expert resources
- Opportunities to exchange ideas with your colleagues statewide



Join the California Ambulance Association

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

Headquarters *Report*



Kim Oreno | *Administrative Director*

Looking Back at the Annual Conference

This year, California Ambulance Association’s Annual Convention & Reimbursement Conference was held at Harrah’s Lake Tahoe Resort from August 17th to 19th. Many thanks to our Convention Sponsors, **Lyn Faunt Le Roy of Der Manouel Insurance Group** and **Frank Kelton of San Luis Ambulance Service**.

The Jim McNeal Raymond Lim Memorial Golf Tournament was held on Wednesday, August 17th at Edgewood Tahoe Golf Course. Many thanks to our golf tournament sponsors, **King American Ambulance** and **Medic Ambulance Service, Inc.** Lunch and refreshments were sponsored by **Medic Ambulance Service, Inc.** The Welcome Reception was sponsored by **National Interstate Insurance** and the Welcome Dinner was sponsored by **King American Ambulance**.

The Annual Chair’s Banquet was highlighted by the recognition of Jaison Chand of City Ambulance of Eureka as recipient of this year’s “Chair’s Award of Excellence.” Jaison was recognized for his dedication to representing the CAA on the EMS Commission. The Chair’s Reception was sponsored by **Leader Ambulance** and the Chair’s Banquet was sponsored by **Bound Tree Medical** and **Grant Mercantile Agency**.

Convention attendees were treated to three tracks of outstanding speakers. Those



Chair Eb Muncy & Jaison Chand

attending the billing track heard a variety of topics including “Medi-Cal Mania” and “Commercial Insurance Roadmap” presented by Donna Hankins, a Noridian Update from Noridian representatives and “Getting Paid in Full” presented by Eb Muncy of Desert Ambulance and Michael Jones of AlphaOne Ambulance. Those present for the Executive Track heard sessions such as “How to Achieve Inspiring Leadership Results with Experience and Passion” presented by Harvey Hall of Hall Ambulance Service, Inc., “What Do You Stand For?” presented by Brian LaCroix, “QAF Proposal: History, Myths and Current Status” presented by John Surface of Hall Ambulance Service, Inc. and Todd Valeri of American Ambulance, “Community

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68TH Annual Convention & Reimbursement Conference

Thank You Convention Sponsors!



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Legislative Update



Chris Micheli | *Legislative Advocate*

The California Legislature adjourned on August 31 and the Governor concluded his action on just over 1,000 bills on September 30. Governor Brown vetoed 15% of the measures sent to his desk this year. From a numbers standpoint, the CAA fared pretty well this session with more victories (60%) than losses (29%). However, two measures were particularly disappointing for the ambulance industry – the veto of an ambulance QAF and the enactment of a gradual increase in the state’s minimum wage. The following are some of the key bills from the 2016 Legislative Session of interest to CAA member companies.

AB 1564 (Williams) – Wireless 911 system coordination

This bill requires a provider of commercial mobile radio service to provide access for end users of that service to the local emergency telephone systems described in the Warren-911-Emergency Assistance Act, that “911” be the primary access number for those services, and that user validation not be required.

It prohibits a provider of commercial mobile radio service from charging any airtime, access or similar usage charge for any “911” call placed from a commercial mobile radio service telecommunications device to a local emergency telephone system. The bill authorizes “911” calls from commercial mobile radio service telecommunications

devices to be routed to a public safety answering point other than the Department of the California Highway Patrol (CHP) only if the alternate routing meets specified requirements.

And this bill requires the Office of Emergency Services to require the Public Safety Communications Division to work with wireless carriers to verify that all cell sector routing decisions for wireless “911” calls, made pursuant to these provisions, have been implemented. The bill requires the Office of Emergency Services to maximize the efficiency of the wireless “911” emergency telephone system and to require the Public Safety Communications Division to work with the CHP and county coordinators to determine whether the most efficient routing of wireless “911” calls should be to a local public safety answering point or to a CHP center, using specified criteria, with a comprehensive statewide review and routing decision-making process to be completed annually.

SB 807 (Gaines) – Use of drones at an emergency scene

This bill limits the exposure to civil liability of an emergency responder, defined as a paid or an unpaid volunteer or private entity acting within the scope of authority implicitly or expressly provided by a local

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Legislative Update

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public entity or a public employee of a local public entity to provide emergency services, for damage to an unmanned aircraft or unmanned aircraft system, if the damage was caused while the emergency responder was performing specific emergency services and the unmanned aircraft or unmanned aircraft system was interfering with the provision of those emergency services.

AB 1680 (Rodriguez) – Crimes against emergency personnel

Existing law provides that every person who goes to the scene of an emergency or stops at the scene of an emergency for the purpose of viewing the scene or the activities of police officers, firefighters, emergency medical, or other emergency personnel, or military personnel coping with the emergency in the course of their duties during the time it is necessary for emergency vehicles or those personnel to be at the scene of the emergency or to be moving to or from the scene of the emergency for the purpose of protecting lives or property, unless it is part of the duties of that person's employment to view that scene or those activities, and thereby impedes police officers, firefighters, emergency medical, or other emergency personnel or military personnel, in the performance of their duties in coping with the emergency, is guilty of a misdemeanor. This bill includes the operation or use of an unmanned aerial vehicle, remote piloted aircraft, or drone, regardless of the operator's location, in the definition of a person.

AB 1719 (Rodriguez) – Hands-only CPR training in high school

This bill requires, commencing with the 2018-19 school year, the governing board of a school district or the governing body of a charter school that requires a course in health education for graduation from high school to include instruction in performing compression-only cardiopulmonary resuscitation. The bill encourages those entities to provide to pupils general

information on the use and importance of an automated external defibrillator.

This bill provides that a local agency, entity of state or local government, or other public or private organization that sponsors, authorizes, supports, finances, or supervises, and a public employee who provides or facilitates, the instruction of pupils in compression-only cardiopulmonary resuscitation or the use of an automated external defibrillator pursuant to the bill shall not be liable for any civil damages alleged to result from the acts or omissions of an individual who received such instruction, except in specified circumstances.

AB 2491 (Nazarian) – Blocking ambulances facilities

This bill authorizes a local authority to prohibit a person from stopping, parking or leaving a vehicle within 15 feet of a driveway that is used by certain emergency vehicles to enter or exit a police department, ambulance service provider facility, or general acute care hospital, except as specified, and requires a local authority that enacts that ordinance to provide appropriate curb markings or "KEEP CLEAR" pavement markings and post appropriate signs that delineate this prohibited area. Local authorities may do so by ordinance.

AB 1843 (Stone) – Employee criminal history

This bill prohibits an employer from asking an applicant for employment to disclose, or from utilizing as a factor in determining any condition of employment, information concerning or related to an arrest, detention, processing, diversion, supervision, adjudication, or court disposition that occurred while the person was subject to the process and jurisdiction of juvenile court law.

The bill prohibits an employer at a health facility from inquiring into specific

events that occurred while the applicant was subject to juvenile court law, with a certain exception, and from inquiring into information concerning or related to an applicant's juvenile offense history that has been sealed by the juvenile court. The bill requires an employer at a health facility seeking disclosure of juvenile offense history under that exception to provide the applicant with a list describing offenses for which disclosure is sought.

SB 269 (Roth) – Protection from some ADA lawsuits

This bill, for claims filed on and after May 10, 2016, establishes a rebuttable presumption, for the purpose of an award of minimum statutory damages, that certain technical violations do not cause a plaintiff to experience difficulty, discomfort, or embarrassment, if specified conditions are met. This bill exempts 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. The bill requires a defendant who claims the benefit of this exemption to disclose the date and findings of any certified access specialist (CASp) inspection to the plaintiff.

This bill additionally requires local agencies to develop and provide to applicants materials relating to the requirements of the federal Americans with Disabilities Act of 1990, or to instead provide similar materials developed by the California Commission on Disability Access. The bill requires a local agency to notify an applicant that approval of a permit does not signify that the applicant has complied with that act.

Finally, the bill requires local agencies to expedite review of projects for which the applicant provides a copy of a disability access certificate, demonstrates that the project is necessary to address an alleged violation of a construction-related access

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Legislative Update

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standard or a violation noted in a CASp report, and, if project plans are necessary for approval, has had a CASp review the project plans for compliance with all applicable construction-related accessibility standards.

SB 3 (Leno) – Minimum wage increases

This bill requires the minimum wage for all industries to not be less than specified amounts to be increased from January 1, 2017, to January 1, 2022, inclusive, for employers employing 26 or more employees and from January 1, 2018, to January 1, 2023, inclusive, for employers employing 25 or fewer employees, except when the scheduled increases are temporarily suspended by the Governor, based on certain determinations. The bill also requires the Director of Finance, after the last scheduled minimum wage increase, to annually adjust the minimum wage under a specified formula. The maximum amount of the minimum wage once fully implemented will be \$15 per hour.

SB 867 (Roth) – Maddy Fund extension

Existing law establishes the Maddy Emergency Medical Services (EMS) Fund, and authorizes 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 extends the operative date of these provisions until January 1, 2027.

SB 1008 (Lara) – EIR extension for LA-RICS

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 (LA-RICS) 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, including that the site contains either an antenna support structure, as provided, or a public facility that transmits or receives public safety radio signals. This bill extends that exemption until January 1, 2020.

SB 1046 (Hill) – Expanded use of ignition interlock devices

This bill extends the 4-county pilot program until January 1, 2019. Effective January 1, 2019, and until January 1, 2026, the bill makes an individual whose license has been suspended for driving a motor vehicle when he or she has a certain blood-alcohol concentration and who is eligible for a restricted driver's license eligible for a restricted driver's license without serving any period of the suspension if the person meets all other eligibility requirements and the person installs an ignition interlock device. The bill authorizes that individual to install an ignition interlock device prior to the effective date of the suspension and requires the individual to receive credit towards the mandatory term to install an ignition interlock device, as specified.

The bill also requires, commencing January 1, 2019, and until January 1, 2026, a person who has been convicted of driving a motor vehicle under the influence of an alcoholic beverage, as specified, to install for a specified period of time an ignition interlock device on the vehicle, as ordered by the court, that is the vehicle that he or she operates.

SB 1300 (Hernandez) – Ambulance industry QAF vetoed

Beginning July 1, 2017, SB 1300 would have imposed a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider. At

the same time, the bill would have increased, subject to federal approval, 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. Unfortunately, Governor Brown vetoed the bill stating:

To the Members of the California State Senate: I am returning Senate Bill 1300 without my signature. This bill creates a new ambulance quality assurance fee to be collected by the Department of Health Care Services. This fee would be used to claim additional federal funding necessary to increase Medi-Cal reimbursements for ambulance services. I support establishing a quality assurance fee to bring in additional federal funding to support emergency transportation services. However, the structure of the rate increase in this bill is unlike any other fee structure supported by health care related quality assurance fees. I am concerned this structure puts the state general fund at risk for paying the increased rate if the revenue falls short or if the fee is reduced or removed in the future. I urge the Legislature and ambulance providers to work with the Departments of Health Care Services and Finance to restructure this fee in a way that protects the general fund and allows for an increase in reimbursement for emergency transportation services.

*Sincerely,
Edmund G. Brown Jr.*

The California Legislature will convene its new Session on Monday, December 5 at 12 noon. New legislators will be sworn into office and they will begin introducing new bills through late February. The 2017 Session shall conclude in mid-September and the Governor will have until mid-October to sign or veto legislation sent to him. ❁

California Election Results

Chris Micheli | CAA Legislative Advocate

On November 8, California voters decided upon 53 Congressional seats, 80 Assembly seats, 20 Senate seats, and 17 statewide ballot measures. In regards to California State Legislative Races, all Assembly seats and half of the state Senate seats were up for reelection or became vacant this year. In total, 20 state legislators termed out in 2016. Of those, 14 were Assembly Members (9 Democrats, 5 Republicans) and 6 were Senators (5 Democrats, 1 Republican).

To achieve a supermajority in both houses this cycle, Democrats needed to hold all of their current seats and pick up one Republican seat in the Senate and two Republican seats in the Assembly. With a two-thirds supermajority, California Democrats would be able to pass tax increases (and fees), place bonds or constitutional amendments on the ballot, enact laws immediately with an urgency clause, and override vetoes without needing to get Republicans on board.

Democrats indeed regained a two-thirds supermajority in the Assembly, with a total of 55 Democrats and 25 Republicans. Incumbent Republicans Young Kim (AD 65), David Hadley (AD 66) and Eric Linder (AD 60) were defeated by their Democratic opponents. In the State Senate, the Democrats fell short of a supermajority. Republicans will maintain the seat of departing Senator Bob Huff in their control, as Assembly Member Ling Ling Chang defeated her Democratic challenger, Josh Newman. This win blocked the Democrats in the Senate from reaching a supermajority. There will now be 26 Democrats and 14 Republicans in the State Senate.

In the Assembly, Democratic incumbents Patty Lopez (AD 39) and Cheryl Brown (AD 47) lost their re-election bids. Three former legislators who lost their seats in 2014 have regained their seats: Raul Bocanegra in AD 39, Sharon Quirk-Silva in AD 65 and Al Muratsuchi in AD 66.

Regardless of the outcome of the **federal elections** (not only did Donald Trump become President-Elect, but also both houses of Congress will remain firmly in Republican hands for another two years), there are certainly big changes in California state politics.

While federal officials get sworn into office in January, state legislators took their offices on Monday, December 5 at noon.

Among congressional seats, everything remained the status quo except that State Senator Isadore Hall is likely losing his effort to replace Janice Hahn in the US House. He gave up his state senate seat for this race.

Regarding the **17 statewide ballot measures**, recreational marijuana is now legal, with specified limitations. The death penalty will continue, with an expedited process. The school bond measure had been behind in polls, but pulled out a victory over the Governor's objections.

Both tax measures passed by large margins, so the Prop. 30 highest tax brackets will continue for 12 years and there will be an additional two dollars per pack of cigarettes sold. Interestingly, all the other tobacco tax increases in other states failed passage, except in California. Our state will continue to have the highest tax rates in the nation.

Carryout bags will be banned statewide and the monies collected will continue to go to grocers. The Legislature will have to implement a new 72 hours' notice of bill amendments before measures can be voted on.



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Member News

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Here are the changes in the **Assembly**:

Heath Flora beat Ken Vogel for Olsen's seat (while the seat remains Republican, Vogel was expected to win)

Cecilia Aguiar-Curry easily replaced Dodd

Tim Grayson beat Torlakson by 22 points to replace Bonilla

Catherine Baker beat Cook-Kallio by 12 points to keep her office

Marc Berman beat Veenker by 8 points to replace Gordon

Ash Kalra is ahead of Nguyen by 5 points

Anna Caballero ahead of Alejo by 27 points to replace Luis Alejo

Vince Fong won by 47 points to take Grove's seat

Jordan Cunningham beat Ortiz by 9 points for Katcho's seat

Tom Lackey won by 8 points and keeps his seat

Monique Limon won Williams' seat

Dante Acosta beat Smith by 8 points to take Wilk's seat

Raul Bocanegra won by 22 points to replace Lopez

Marc Steinorth beat Medina by 5 points to retain his seat

Laura Friedman beat Ardy by 30 points to take Gatto's seat

Cheryl Brown lost by 6 points to Eloise Reyes in a big upset

Blanca Rubio won by 27 points to replace Hernandez

Phil Chen won by 15 points to take Chang's seat

Eric Linder lost to Sabrina Cervantes by 4 points in an upset

Sharon Quirk-Silva is ahead of Young Kim by 2 points

Al Muratsuchi beat David Hadley by 5 points in an upset

Steven Choi won by 20 points to take Wagner's seat

Randy Voepel won and got Jones' seat

Todd Gloria won Atkins' old seat

The partisan composition of the **Senate** appears to remain the same:

Bill Dodd beat Yamada by 20 points to take Wolk's seat

Nancy Skinner beat Swanson by 25 points to take Hancock's seat

Scott Wiener beat Kim by 5 points for Leno's seat

Jim Beall beat Campos by 30 points to retain his seat

Scott Wilk beat Ervin by 10 points to take Sharon Runner's seat

Anthony Portantino beat Antonovich by 15 points for Liu's seat

Henry Stern beat Fazio by 10 points for Pavley's seat

Ling-Ling Chang is ahead of Newman by 2 points for Huff's seat

Steve Bradford beat Furutani by 8 points for Hall's seat

Toni Atkins took Block's seat ✨

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. He serves as an Adjunct Professor at McGeorge School of Law.

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.

Subscribe to the Siren
The official magazine of the California Ambulance Association
 CAA members receive the *Siren* as a member benefit.

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CAA Member Benefits

VALUABLE INFORMATION AND INSIGHTS – keeping you informed about issues, regulatory changes, opportunities and threats

- Weekly news and information digest on ambulance issues, state politics, and other hot EMS issues
- Expert analysis on current state government affairs
- Billing insights, advisories, and access to the top ambulance billing experts in California
- Multiple forums for resolving and improving issues with payers
- General business management information, tips, and advisories
- Tailor-made webinars and workshops on relevant topics, such as HR/employment law; Medi-Cal billing; Data Analysis/QI; safety, etc.
- A fabulous annual conference featuring top-named speakers, hot topics, vendors with the latest innovations, and access to experts and decision-makers
- *Siren* magazine – a quarterly publication to inform members, the public, legislators and public officials, and other EMS stakeholders about the activities of the CAA and the issues that are important to our industry
- Notices about ambulance RFPs issued by Counties for exclusive operating area competitions
- Sharing of information (successes, tragedies, and other items of interest) about ambulance companies in California
- Opportunities for collaboration with and access to other ambulance service leaders

ADVOCACY – looking out for your interests; ensuring your voice is heard

- Offering an ambulance-industry unified voice in Sacramento; there is power and influence in “speaking as one” on legislative and regulatory issues
- Ability to track state legislation crucial to CAA members, including lobbyist services provided by the CAA’s legislative advocate
- Access to key influence leaders through our lobbyist/legislative advocate
- Legislative advocacy day in Sacramento; giving members the venue and opportunity to conveniently meet with several elected officials
- Representation on the California EMS Commission (voting member)
- Representation at stakeholder meetings held by the State EMS Authority and EMSAAC, including distribution of written meeting summaries (and insider analysis)
- Representation at other State agencies’ functions, such as Department of Health Care Services (DHCS) and California Occupational Health & Safety Board (CalOSHA)
- Active involvement in issues that affect ambulance companies’ ability to fairly compete in the marketplace, ie. Contra Costa County, the *fire alliance model*
- Dedicated, experienced, and knowledgeable Board of Directors and staff working on your behalf to accomplish common goals

COST-SAVINGS / DISCOUNTS

– saving you money

- Pursuit of legislation and regulatory changes to ease financial burdens on the ambulance industry

- Discounted registration for all CAA-sponsored webinars,
- Discounted registration for all CAA-sponsored workshops
- Discounted registration for the CAA Annual Conference
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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.

Use of Lights and Sirens

Dave Denniston | McNeil and Company – ASIP

Each month I get several requests for information on the proper use of lights and sirens. Some examples of what I receive are, “Are we correct in running red lights and sirens for every call,” or “Who is at fault in we get in an accident with lights and sirens on?”

In order to answer these questions, refer to state laws and recognized standards specific to your response area. The unique thing about the state laws is that just about every state law I have looked at in regards to emergency vehicle response has exactly the same or close to the same wording. All of these laws use the terms “Emergency Mode, Due Regard, True Emergency and Specific Exemption.” Each term must be defined in order to understand what is allowed and how we should respond. There are three basic principles that govern emergency vehicle operators. 1) Drivers are subject to all traffic laws unless a specific exemption is provided. 2) Exemptions apply only when the vehicle is responding to a “true emergency” and 3) Drivers can be found criminally or civilly liable if not using due regard for the safety of others even if they are operating under the provisions of an exemption.

So what do these four terms mean? Let’s start with Specific Exemption. Specific Exemption is a statement in your state statute giving the emergency vehicle operator (EVO) certain privileges not ordinarily permitted. I explain this as “what can I do in an emergency vehicle that I can not do while driving my personal auto.” Examples include driving faster than the speed limit, going the wrong way in traffic, and proceeding past a traffic control device (red light or stop sign). The next term is True Emergency. A True Emergency is a situation

in which there is a *high probability* of death or serious injury to a person(s) or significant property loss and the actions by the EVO may reduce the seriousness of the situation. This can be a grey area. Let’s take a person with flu-like symptoms. Do you think the caller considers this a true emergency? Sure they do. However in most cases this is not

a true emergency. EMD cards can help determine if it is or isn’t. What is the EVO going to do that will significantly increase the chance of survival? Will the few minutes or seconds difference in response really make a difference? Many people will argue that

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fact with me and I am quick to remind them that you do not have to convince me that it was a true emergency; you have to convince a jury of your peers or worse yet the mother of the child you hit while responding to that call because you were going too fast to stop for them in the cross walk. Are you prepared to do that?

Emergency Mode (lights and sirens on) must be used while taking a specific exemption. Notice I did not say the lights and sirens must be on during every response. They only must be on when we are doing something in the EV that we can not do in our personal vehicle. Due Regard is the tuff one. Due Regard means that while performing similar duties and under similar circumstances a reasonably careful person would act in the same manner. I call this the “average Joe” clause. What would the average Joe

expect in a school zone at 8am on a weekday morning? He would expect kids going to school. What would the average Joe expect school kids to do when he they hear our “circus wagon” blaring down the street? They will probably run to the side of the road to see all the excitement. If average Joe knew that, then how come we did not slow down while going through that area?

We can summarize the state law with the following statement. While responding to a True Emergency in the Emergency Mode the emergency vehicle operator must use Due Regard when taking a Specific Exemption. The question that each emergency vehicle operator must ask themselves is “what am I risking to save what?” They must also ask “what am I prepared to justify to a jury of my peers should something go wrong” and more importantly what will that jury believe?

Lights and sirens are an important tool that we use to help do our job. Just like any tool we must understand how and when to use them, what they will and will not do and most importantly the dangers that come along with their use. Operators get complacent when they flip them on and many think this magic force field engulfs their ambulance and gives them the right of way. In all states the right of way must be given by the other operator and not taken by the EVO. Use them wisely. *

CAA note: This article is courtesy of Ambulance Services Insurance Program, a CAA Commercial Member. Their periodic contributions and sharing of information are provided to you as a benefit of CAA membership.

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Initiative and Referendum Process in California

Tom Nussbaum | McGeorge School of Law
Chris Micheli | CAA Legislative Advocate

Just over a century ago in California, the initiative process was proposed by Progressives, the labor movement, and others as a means of addressing a Legislature which was perceived to be under the control of the Southern Pacific railroad and other special interests. In 1911, the California voters followed the recommendation of Progressive Governor Hiram Johnson and California became the tenth state to enact the initiative, referendum and recall.

The initiative and referendum are intended to be available to the people when their elected representatives (i.e., the Governor and Legislature) are unwilling or unable to adopt legislation. The initiative is a method of lawmaking that requires a vote of the people instead of a vote of the Legislature in order for a measure to become law. To qualify for a statewide ballot, statutory initiatives must receive signatures of voters equal to 5% of the votes cast for all candidates for Governor at the last gubernatorial election. Constitutional amendment initiatives must receive signatures equal to 8% of the same number of votes. In both cases, proponents have 180 days to collect the required number of signatures.

With the referendum, the People also have the power to approve or reject statutes or parts of statutes with the exception of urgency statutes, statutes calling elections, statutes providing for tax levies, or statutes making appropriations for the usual and current expenses of the state. The petitions must be signed by registered voters in an amount equal to 5% of the votes cast for all candidates for Governor at the last gubernatorial election, and proponents have

only 90 days from the date of enactment of the legislation (the time the Governor signs the bill) to collect the required signatures.

Ironically, California's initiative and referendum processes have not always been used as former Governor Hiram Johnson envisioned. Especially within recent years, initiatives have been used primarily by interest groups and wealthy individuals who fund multi-million dollar campaigns to change the law, often in a self-serving manner with little regard as to whether the ballot measure promotes good public policy.

The referendum process has also been a successful tool in recent years for special interest groups. For example, competing Indian tribes placed Prop. 48 on the November 2014 general election ballot and spent millions of dollars to overturn two gaming compacts that had been negotiated by the Governor and then ratified by the Legislature. In addition, there is an effort underway to overturn the statewide plastic bag ban by referendum. The "plastic bag ban" legislation (SB 270, Chapter 850, Statutes of 2014) was signed into law in September 2014. If the measure qualifies for the ballot, the new will be suspended from going into effect until at least until the November 2016, general election when the public votes on whether to approve the new law. With these examples, the referendum process appears limited in its use to very select instances where a financially powerful interest group can pay for qualifying a referendum and getting it before the statewide electorate.

The continued growth in the use of the initiative can be attributed to several factors. First, public opinion polls show a continuing

decline in confidence in elected leaders and political institutions by those responding to these polls. According to numerous surveys conducted by the Public Policy Institute of California, the public believes it does a better job via the initiative process than the Legislature and Governor do via the legislative process.

Second, when it comes to controversial and complex issues, the Legislature and Governor have often been unable or unwilling to act. Sometimes there has been no other alternative but to go the initiative route. Third, during recent decades there has been a significant increase in special interest groups, both in number and size. Special interest groups have sponsored many of the initiatives that have been brought to the people on the statewide ballot.

Fourth, the professional petition industry has itself prompted many interest groups and individuals to use the initiative process. Large organizations depend on continuing initiative activity for their very existence and such organizations are now part of what has been dubbed as the "initiative industry complex."

Finally, we have seen an increase in the use of the initiative because of the growing use of counter-initiatives. To combat a threatening or unwanted initiative, groups have resorted to drafting and qualifying their preferred alternative. In addition, groups have pursued initiatives as a means of pressuring the Legislature and Governor to deal with issues legislatively.

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As the number of initiatives being considered and brought to the people has increased dramatically, so have the costs of pursuing ballot measures. The two main areas where costs have increased are in signature gathering and advertising. The Center for Governmental Studies found that the median cost to qualify an initiative in California (i.e., gather signatures) reached \$2.8 million in 2006, up from \$45,000 in 1976. Current rates are \$1 to \$3 per signature, with costs of qualifying often \$2 million or more.

The cost of advertising an initiative has also skyrocketed. Interest groups for and against ballot measures have waged huge campaigns to influence the voters. For example, an initiative to temporarily increase the income tax and sales tax (Prop. 30) was taken to the voters in November 2012. A total of more than \$120 million was spent – \$67.1 million for the “yes” campaign, and \$53.4 for the “no” campaign. Also on the November 2012 ballot was an initiative to restrict political contributions by unions and corporations (Prop. 32). A total of more than \$133 million was spent – \$60.5 million for the “yes” campaign, and \$73.3 million for the “no” campaign.

It is an unfortunate reality that most of these statewide ballot measures usually require tens of millions of dollars to be spent for and against the proposals, thus tending to preclude ordinary citizens from this method of changing the law. And, more often than not, exorbitant spending neither predicts the success or failure of a measure. Sometimes the issue gets punted back to the Legislature to try to resolve the public policy dispute, despite the fact that the “people have spoken.” As a result, many legislators feel their hands are tied and are hesitant to act, leaving the public policy issue unresolved and the status quo winning the day.

It is probably a fool’s errand to attempt to debate and decide whether the initiative process is either a needed check on elected officials or a tool of special interests. There

are arguments that can be made for either side of the question. The fact of the matter is that the California public has consistently supported the initiative process and feels it has done a good job with the responsibility. At the same time, the public as well as elected officials have been critical about various aspects of the process, and have been calling for reforms in recent years.

In 2014, legislation was passed (SB 1253, Steinberg, Chapter 697, Statutes of 2014) that made several important modifications to the initiative process. First, a proposed initiative will be subject to a 30-day public review period at the start of the process. Based on this input, proponents would then have an opportunity to amend the proposal. The new law also requires that when proponents have collected 25% of the signatures necessary to qualify an initiative for the ballot, state legislative committees will hold public hearings on the measure. Proponents would then be given an opportunity to withdraw their proposal if they are content with the legislative solution. To accommodate these extra steps, the new law also extends the signature gathering period from 150 to 180 days. Finally, the law requires the state to post the top 10 donors in support and opposition of an initiative.

Even though there may be an appropriate role for ballot measures, direct democracy has its limitations and it makes good public policy sense for some additional review by the public and even elected representatives in order to address potential drafting problems or even to give the Legislature “one last shot” at addressing the public policy issue before the voters have to make a decision. The Legislature’s actions in 2014 represent a step forward in improving the initiative process.

A major challenge that remains with respect to both the initiative and the referendum is the huge expense entailed in accessing this method of changing the law. The costs of qualification and advertising are simply too much for ordinary citizens or small organizations to bear. As to the

referendum, a recent law change in 2011 (SB 202, Hancock, Chapter 558, Statutes of 2011) creates potential problems. This measure essentially requires initiative and referendum proposals only to be voted on at statewide general elections in even-numbered years. Thus, if a proponent can collect 500,000 plus signatures on a referendum proposal, a new law is suspended from going into effect at least until the outcome of a statewide general election that could be almost two years in the future.

Finally, there’s a bit of reality that may help assuage some of the problems that continue to remain. Simply put, the track record for proponents is not very high. The Secretary of State has done an analysis of the success rate for initiatives in California. During the past 101 years (1912 to July 2013):

- 1,767 initiatives were titled and summarized for circulation
- Of these, 1,311 (74.1%) failed to qualify, and another 92 were withdrawn from circulation
- 360 initiatives (20%) qualified for the ballot
- Of the 360 that qualified, only 122 were approved by the people.

Historically, therefore, only one in five proposed initiatives has qualified for the ballot, and only one in three of those that qualified have been approved. Even if initiatives are the tool of special interests, the odds of success are very slim. ✨





Proposition 52: California Voters Approve Limitations on the Use of State Fees Paid Hospitals

Chris Micheli | CAA Legislative Advocate

Prop. 52 was adopted by the voters on November 8 to protect quality assurance fees paid by hospitals to capture more federal Medi-Cal dollars. Prop. 52 is an initiative statutory and constitutional amendment which increases the required vote threshold from majority to two-thirds for the Legislature to amend existing law that imposes these fees on hospitals for the 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.

The ballot measure's proponents call it the Medi-Cal Funding and Accountability Act. Prop. 52 also eliminates existing law's sunset date and declares that law's fee proceeds shall not be considered revenues for purposes of applying the state's spending limit or determining required education funding in accordance with current state law.

According to a fiscal estimate prepared by the Legislative Analyst and Director of Finance, the enactment of Prop. 52 will result in "state savings from increased revenues that offset state costs for children's health coverage of around \$500 million beginning in 2016-17 (half-year savings) to over \$1 billion annually by 2019-20, likely growing between 5 percent to 10 percent annually thereafter.

"Increased revenues to support state and local public hospitals of around \$90 million beginning in 2016-17 (half-year) to \$250 million annually by 2019-20, likely growing between 5 percent to 10 percent

annually thereafter." To put these amounts in perspective, several years ago while the state was in a financially dire position, \$260 million was diverted to general fund uses.

According to the official ballot arguments, a YES vote on this measure meant: "An existing charge imposed on most private hospitals that is scheduled to end on January 1, 2018 under current law would be extended permanently. It would be harder for the Legislature to make changes to it. Revenue raised would be used to create state savings, increase payments for hospital services to low-income Californians, and provide grants to public hospitals."

According to the proponents of Proposition 52, the measure extends the current state Medi-Cal hospital fee program which generates over \$3 billion a year in federal matching funds that pay for health care services for children, seniors and low-income families. Proposition 52 prohibits the Legislature from diverting this money for other purposes without voter approval.

On the other hand, also based upon the official ballot arguments, a NO vote on this measure meant: "An existing charge imposed on most private hospitals would end on January 1, 2018 unless additional action by the Legislature extended it. Removes all accountability and oversight of over \$3 billion of taxpayer dollars. Gives \$3 billion to hospital CEOs with no independent audit and no requirement the money is spent on health care. Public funds can be spent on lobbyists, perks and salaries for hospital bureaucrats instead of children and seniors."

By way of background provided by the independent Legislative Analyst Office (LAO), the Medi-Cal program provides health care benefits to low-income Californians who meet certain eligibility requirements. These health care benefits include services such as primary care visits, emergency room visits, surgery, and prescription drugs. Currently, Medi-Cal provides health care benefits to over 13 million Californians. Total spending on Medi-Cal in 2015-16 was roughly \$95 billion, of which about \$23 billion was from the state's General Fund.

The cost of the Medi-Cal program is shared between the state and federal governments. Public and private hospitals provide care to people enrolled in Medi-Cal. There is a quality assurance fee (QAF) that the State has imposed upon most private hospitals. It has been collected since 2009. The QAF has generated about \$18 billion in federal funds since that time and has benefitted more than 7 million children and 1.6 million seniors, according to the proponents of Prop. 52.

According to the LAO, the hospital QAF results in a net benefit to the hospital industry and monies from the QAF result in state savings. The Legislature and federal government have previously approved extending the QAF. Under Prop. 52, the hospital QAF has been made permanent and the State will be limited in its ability to either change or end the QAF. This change will also eliminate the uncertainty whether the program will continue.

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Prop. 52 includes the following Statement of Findings:

- A. The federal government established the Medicaid program to help pay for health care services provided to low-income patients, including the elderly, persons with disabilities, and children. In California this program is called Medi-Cal. In order for any state to receive federal Medicaid funds, the state has to contribute a matching amount of its own money.
- B. In 2009, a new program was created whereby California hospitals began paying a fee to help the state obtain available federal Medicaid funds at no cost to California taxpayers. This program has helped pay for health care for low-income children and resulted in California hospitals receiving approximately \$2 billion per year in additional federal money to help hospitals to meet the needs of Medi-Cal patients.

In addition, the measure contains the following Statement of Purpose: "To ensure that the fee paid by hospitals to the state for the purpose of maximizing the available federal matching funds is used for the intended purpose, the people hereby amend the Constitution to require voter approval of changes to the hospital fee program to ensure that the state uses these funds for the intended purpose of supporting hospital care to Medi-Cal patients and to help pay for health care for low-income children."

As a constitutional amendment, Prop. 52 classifies the revenue generated under this ballot measure as a trust fund. Moreover, these fee proceeds are exempt from the minimum school funding guarantee law (Prop. 98). These trust fund revenues can be used to offset state costs. The purpose is to protect the funds and ensure they are properly spent for their intended purpose.

There are instances in which the hospital QAF can become inoperative, such as where the federal government denies approval of the matching funds or the relevant federal agency (CMS) decides that the QAF cannot be implemented. The state may have to make certain modifications to the QAF program to comply with relevant changes to federal law.

As a result of the enactment of Prop. 52, the hospital QAF will be made permanent (unless the federal government eliminates the matching program) and it will be difficult, even in tough budget times, for the Legislature

and Governor to swipe these fees, the obvious intent of the ballot measure's proponents. Time will tell whether the opponents' claims of no oversight will be accurate. In the meantime, the hospital QAF will continue while the federal funding program is available.

Chris Micheli is an attorney and legislative advocate with the Sacramento governmental relations firm of Aprea & Micheli. He can be reached at (916) 448-3075.

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Feature Article

Another Minimum Wage Hike Takes Effect in January

Chris Micheli | CAA Legislative Advocate

Earlier this year, Governor Jerry Brown signed into law Senate Bill 3 by State Senator Mark Leno (D-San Francisco). The bill is now Chapter 4 and it amends Sections 245.5, 246 and 1182.12 of the Labor Code. As a result of the enactment of this bill, California’s minimum wage is going up on January 1, 2017 as it eventually makes its way to \$15 per hour.

Under existing state law, the minimum wage for all industries increased to \$10 per hour on January 1, 2016. Under SB 3, the minimum wage for all industries will be increased to \$15 per hour from January 1, 2017 to January 1, 2022 for businesses employing 26 or more employees and from

January 1, 2018 to January 1, 2023 for businesses employing 25 or fewer employees.

The law does provide that the scheduled increases may be temporarily suspended by the Governor based upon him making certain determinations. Additionally, the law requires the Director of Finance, after the last scheduled minimum wage increase, to annually adjust the minimum wage under a specified formula. In the meantime, the wage will go up incrementally each year.

The following are the scheduled increases for any business that employs 26 or more employees:

- On January 1, 2017 to \$10.50 per hour

- On January 1, 2018 to \$11 per hour
- On January 1, 2019 to \$12 per hour
- On January 1, 2020 to \$13 per hour
- On January 1, 2021 to \$14 per hour
- On January 1, 2022 and until adjusted by the formula, to \$15 per hour

The following are the scheduled increases for any business that employs 25 or fewer employees:

- On January 1, 2018 to \$10.50 per hour
- On January 1, 2019 to \$11 per hour
- On January 1, 2020 to \$12 per hour
- On January 1, 2021 to \$13 per hour
- On January 1, 2022 to \$14 per hour
- On January 1, 2023 and until adjusted by the formula, to \$15 per hour *



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Things You Know Because You Belong to CAA

Ross Elliott | CAA Executive Director

About one year ago the CAA began sending the weekly News and Information Bulletin to its members. This was the brainchild of Chairman Eb Muncy. The idea was endorsed by the Board of Directors and implemented by the executive director in November 2015.

The concept was simple: 1) compile all of the emails and notices sent out each week by our legislative advocate Chris Micheli, 2) add other relevant articles and notices compiled by CAA staff, and 3) communicate this information frequently to all CAA members in an easy-to-read summary, as a benefit of membership. Providing useful and timely information digests may be of value to members, and it provides the opportunity to reach out to members often. In addition to the weekly bulletins, the CAA publishes Siren magazine quarterly, and periodically as needed issues member advisories for urgent matters.

Looking back at the information shared over the past year, it is evident that a significant amount of knowledge has been distributed to members. There are a number of topics and other information that you now know because you belong to the CAA. Here are some highlights from the past year....

Hot issues in California EMS

A feature article in Siren magazine shined a light on the *fire alliance* model used in Contra Costa County and contemplated for use in Alameda County and other parts of the State. The concept and its pros and cons were explained. Proposed SB 1300, the bill to improve Medi-Cal ambulance rates, was featured and fully explained in Siren magazine, and five alerts/info

blurbs appeared in the weekly bulletins. In addition, the CAA conducted a member training session on SB 1300 in June, and held an information session during the annual conference in August. Further, details and issues discussed at EMSAAC meetings and EMS Commission meetings are shared with members 4 times per year. Lastly, a great deal of effort statewide is being put forth on Community Paramedic (CP) programs. Seven articles that highlight specific CP operations were shared with members, and a CP session was provided during the annual conference.

Billing Insights and Advisories

The CAA created a list-serve tool that provides members with direct access to billing experts across the State. Several issues, warnings, and advice were shared with this forum. Additionally, a dozen or so digests appeared in the weekly bulletins alerting members to changes in Medi-Cal claims procedures.

Important News from EMSA, DHCS, CDPH, and/or arms of State of California

With CAA's access to state agencies, we serve as a pipeline of information to our members. Topics shared over the past year include: alerts about NEMSIS-3 compliance; appointments to EMS Commission; important staffing changes at State agencies; grant opportunities; health advisories such as Zika virus information; progress on Health Information Exchange (HIE); local EMS Plan appeals; latest proposed regulations; awards ceremonies and opportunities for recognition; and new initiatives through Medi-Cal program.

California Politics and Political Analysis

Chris Micheli provides insider political analysis and information on several issues that the CAA identifies as relevant to the ambulance business. These include: detailed information on the budget proposals and the adopted State budget; tracking of specific bills; explanation of who's who in the State legislature; and links to several articles about specific bills, the ballots, and election postmortems. Political analysis ranges from impacts of Obamacare to Ballot impacts on small businesses to the likely impacts of a Democratic-dominated State legislature.

Other Issues Affecting the Ambulance Industry

Some 24 articles were shared with members on a wide variety of relevant topics. Some of these included: Black heart attack victims more likely to have ambulance diverted; California's end-of-life law; AMR ending operations in Tulare County; merger of REACH and CALSTAR; purchase of Rural/Metro by AMR; Kaiser Permanente's Telestroke Program; all 3 EMS aircraft crashes over the past year; AmeriCare's lawsuit against Huntington Beach; loss of San Joaquin General Hospital's trauma designation; business article on ambulances facing huge losses under Obamacare; and possible impacts to Medi-Cal under Trump's administration.

Keeping an Eye on Fire Service

Depending on the issue, fire service interest groups can be our best ally or our worst adversary. It is always important to keep informed on the issues they are

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Feature Article

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facing. These articles were shared with CAA member in the past months: fire OT scrutinized as county cuts costs; fire crews arrive nearly 2 minutes later than national standard; firefighters’ cushy work schedules; exclusive study group helped Cal Fire officers advance; and fire response time slows.

Important News about CAA members

Often, CAA members are in the news. As local news articles are discovered, these are shared with all CAA members to highlight the great work occurring everyday by our member companies. Some 19 articles were listed in the weekly bulletins, such as: Assemblyman Salas recognizes Hall Ambulance Service as 2016 Small Business of the Year; management changes at Liberty Ambulance; photos available from EMSA awards ceremony; From tough neighborhoods to life-saving health careers; Paramedics Plus earns recertification from CAAS; fall victim accused of assaulting paramedic (American); Kaiser Permanente honors Solano first responders (Medic); and Hall Ambulance gives thanks to crews on Labor Day.

Ambulance Business Management Information/Tips

Many of the articles distributed by Chris Micheli are specific to business management – news owners need to know. This information alerts business owners to pitfalls and the need to change practices to avoid costly mistakes. Any one of these articles potentially saves members a great deal of money. These types of articles appeared about 30 times over the past year, such as: California Employment Law Updates - Notable Changes in 2016; What the new minimum wage law could cost your business; New Overtime Rules Burden CA Small Businesses; 10 Things Businesses Might Not Know About California’s Paid Sick Leave Law; Medics Must Take PAGA Break; Five new laws facing California employers in 2017; EEOC Will Collect Pay Data From W-2s; The \$90 Million Question: Can You Rest While On Call?; California Employers Can’t Consider Certain Juvenile Records; CA Nears Adoption of New Workplace Violence Regulations for Health Care Employers, Home Health Providers, and Emergency Responders; New state law on electronic filing of employment tax

returns; and, 13 questions to take off your employment application right now. In addition to the articles, the CAA held an Employment Law Update webinar in November for members.

Ambulance RFPs

As CAA staff learned of ambulance RFPs being conducted by counties to select exclusive operating area providers. This information is shared with CAA members. Five such notices were identified over the past year, including: Los Angeles County; Inyo County; Alameda Fire’s RFQ; Alameda County’s EMS RFP; and Fresno County.

The extent and depth of information shared with CAA members may not be apparent at first glance, on a weekly basis. But, when compiling and examining a year’s worth of work it is evident that CAA members know a great deal by virtue of their membership in the Association. If information is power, then CAA members are provided an opportunity to be powerful. It is one way the CAA strives to add value to membership. *

Headquarters Report

Continued from page 4

Paramedicine/MIH Programs” presented by Neal Cline of Butte County EMS, James Pierson of Medic Ambulance Service, Inc. and Brenda Staffan of REMSA. Michael Frenn of EMSA provided Ambulance Strike Team Leader Training for the Operations Track. Dual track programs included “Complete Compliance” from Doug Wolfberg, “The Value of Data and Performance Improvement” from Noah Smith, and “Ambulance Payment Reform” from Asbel Montes.

In addition to the outstanding workshops and seminars, the Annual Convention serves as the formal Membership Meeting of the Association at which time Officers and Directors are elected. This year, the membership re-elected Eb Muncy from Desert Ambulance Service to serve as the Chair of the Board; Alan McNany from American Legion Post #108 as Vice-Chair of the Board and Edward Guzman from Sierra Ambulance Service, Inc. as Secretary/Treasurer. In addition, Edward Guzman of Sierra Ambulance Service, Inc. and Eb

Muncy of Desert Ambulance were re-elected as Directors. Steve Melander of SEMSA was elected as a new Director.

The success of this year’s convention is due, in large part, to the vendors and sponsors who participated in the convention this year. Thank you for joining us in Lake Tahoe. We look forward to seeing you at the 2017 Annual Convention & Reimbursement Conference in San Diego! The 2017 Convention will be held at Paradise Point from September 19th to 22nd. *

Member *Spotlight*



McCormick Ambulance is deeply rooted within Los Angeles County's Emergency Medical Services history and was a part of the innovative forces that created what ambulance companies look like today. McCormick was the first licensed Paramedic ambulance provider in Los Angeles County and instituted one of the first Advanced Life Support (ALS) units in California, called the Hospital Emergency Ambulance Rescue Team (HEART) unit. The unit was placed into operation in 1969 and was created in partnership with Daniel Freeman Hospital, Centinela Valley Hospital, and the American Heart Association. McCormick was also one of the initial companies to participate in the early Emergency Ambulance Program (EAP). This program was created to ensure that low income patients and those without the ability to pay would receive equal access to prehospital care.

McCormick Ambulance was founded in 1962 by the current Chief Executive Officer's grandmother, in the City of

Inglewood, and has remained in the family's ownership since its inception. Since McCormick's founding, the company has grown into one of the largest providers of 9-1-1 services in Los Angeles County. The company's current service areas encompass the entirety of West Los Angeles County; ranging from the borders of Ventura to Long Beach. McCormick currently

deploys 59 ambulances daily and through the company's 9-1-1 Los Angeles County contracts, McCormick responded to 103,989 calls and transported 77,662 patients in 2015 and employs nearly 300 field personnel.

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Member Spotlight

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The company has remained dedicated to McCormick's founding ideals of excellence in patient care and community focus. The company consistently achieves the highest response time compliance rates out of all Los Angeles County 9-1-1 providers, in part, through their industry-low unit hour utilization thresholds and through their operational skill and deployment capabilities. The company also utilizes the most sophisticated technologies and enhanced equipment available, including a state-of-art driving simulator, and have incorporated several ambulance safety modifications to ensure excellent patient care is consistently delivered.

McCormick also continues to remain community focused by providing Hands-Only or Sidewalk CPR programs at no cost as well as participating annually in the Los Angeles Care Harbor Free Clinic event providing blood pressure checks and transports for attendees to local hospitals when the need arises. In addition to their development of and participation in community programs, McCormick is perhaps most proud of their scholarship program offered at the company's on-site affiliate EMT school. Established in 2008, the school is an official satellite campus for the California Institute of Emergency Medical Training (CIEMT). The company's scholarship program is primarily available

to low-income individuals and minorities and police officers with the Inglewood and Hawthorne Police Departments.

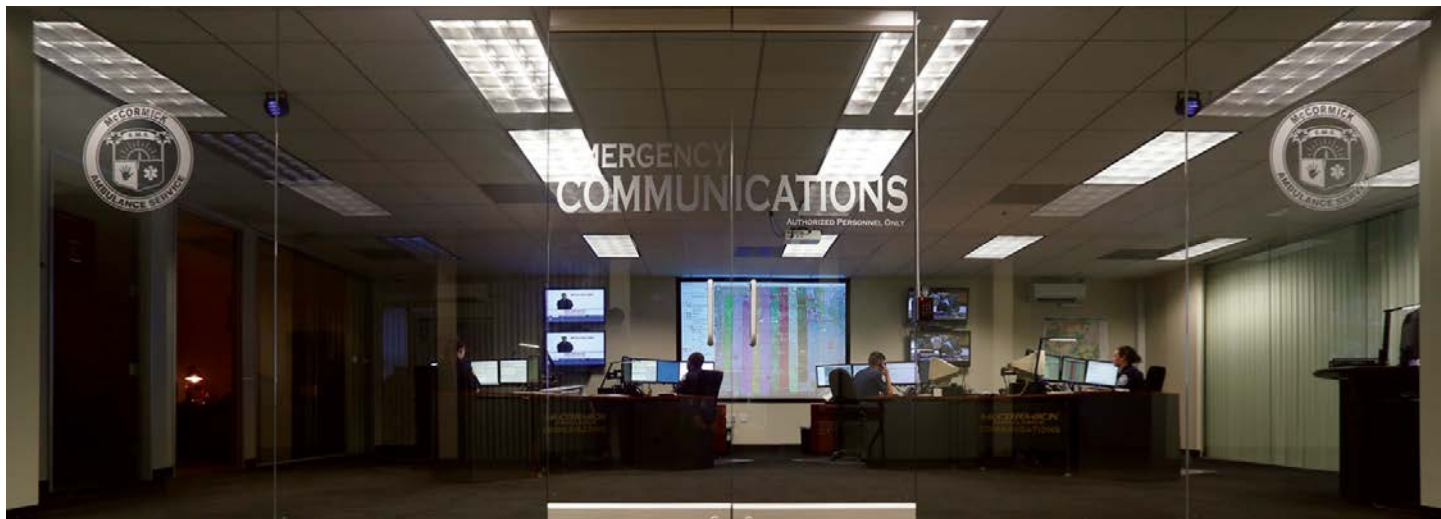
“On behalf of the Inglewood Police Department, I would like to thank McCormick Ambulance for continually training our officers at their on-site EMT school. We find it extremely beneficial to have our SWAT Team officers earn their EMT-B certification and receive training in basic life support skills. This is an invaluable service that the company provides to our agency. Our officers are often placed into very dangerous situations and sometimes injuries occur. During these situations, our officers have the ability to intervene and provide essential, life-saving medical assistance from the training that McCormick Ambulance has provided.”

— James D. Kirk, Lieutenant –
SWAT Commander for Inglewood PD

Unique among ambulance providers today, McCormick is operated through a field employee's perspective, as the majority of the company's managers/owners, including the Chief Executive Officer Joe Childey, are currently certified EMTs or licensed Paramedics. This perspective ensures that patient care is at the forefront of all decision making. The company's managers/owners also recognize that field crews are McCormick's greatest resource and have developed several programs to ensure the upmost level of job satisfaction, such as their scholarship program, in which the company sponsors current employees through Los Angeles County Paramedic programs. McCormick has also developed an Employee Wellness Program; has ensured equal access to upward mobility opportunities; offers flexible work schedules, provides crews with stations that include all amenities such as kitchens and showers, and even created their own band and sports teams. Joe Chidley, CEO of McCormick Ambulance, is frequently heard saying, ***“Our employees are our most valuable asset; if we treat them as partners and with respect, we know we can trust them to provide our patients with the highest quality of care.”***

In addition to consistently striving for excellence in patient care, the company

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Member Spotlight

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is dedicated to retaining financial viability within an environment where insurance payors are reimbursing less and operational costs are rising. According to McCormick's President/CFO, Rick Roesch, *"McCormick is the most fiscally strong and stable ambulance service of their size in the nation."* McCormick's financial history demonstrates a strong pattern of managed growth combined with a low debt to equity ratio and high current ratio. To date, McCormick has no debt on the company whatsoever.

McCormick will continue to adhere to the company's founding ideals of excellence in patient care and community focus, while looking to expand in the future. *





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