New Cal-OSHA Regulations

Siren

Summer 2017

A Publication of the California Ambulance Association

Stars of Life Wrap-up

CALIFORNIA AMBULANCE ASSOCIATION

CAA *Vision*

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

CAA *Mission*

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

CAA *Leadership*

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

Chair's *Message*

Eb Muncy | *Chair of the Board*

There is a tradition that the Chair of the CAA will serve two one-year terms. In September, I will be finishing two years as your Chair. Like most of my predecessors I will be stepping down and giving someone else the honor of serving as Chair. Serving as Chair has been one of the great honors in my professional life. I will be leaving the CAA as a strong organization that represents the private ambulance industry very well.

Through the efforts of our members our voices are heard louder than ever in Sacramento. We provide excellent educational opportunities for our members. Just as important, there is unprecedented willingness among the membership to help one another solve problems we are facing. This transition was made easier through CAA's staff; Ross Elliott, Chris Micheli and the staff of CAMS.

There are too many challenges facing our industry to sit back and rest on our laurels. We must roll up our sleeves and continue the fight. The one thing that I know is that our membership has many leaders. Some of them serve leadership roles in the CAA. Others do not. Whichever category you fall in, consider serving as one of our leaders.

Shortly CAA will be sending out solicitations for nominations to the Board of Directors. If you are interested it is a simple process to apply. You simply nominate yourself.

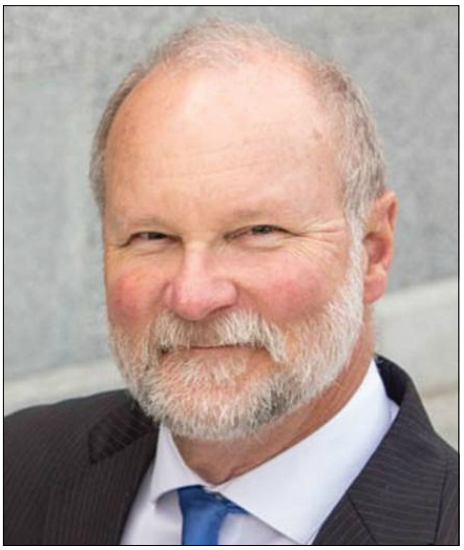
The other thing you can do is consider serving on one of our committees. Many of the committee meeting are held by conference call. This allows you to serve, without having to take time away from your busy schedules. The committees are:

1. Legislative and Agency Relations Committee responsible for reviewing and taking position on legislation
2. CAAPAC – the political action committee that helps raise funds for political donations
3. Payor Issues Committee which deals with problems in getting ambulance bills paid.
4. Education Committee which deals with providing education to our members
5. Membership Development and Services Committee which helps attract new members
6. Nominations Committee which holds the election for the Board
7. Data, Operations & Quality Committee. This is our newest committee and in my opinion one that could prove extremely valuable. The first task they have taken on is drafting sample policies and procedures that are required by OSHA.

I can assure you if you serve on any of the above committees you will receive much more in return than you can possibly give. To be appointed to a committee it is generally, nor more than just asking the committee chair. If you do not know who the chair is just call Ross Elliott and he will get you in touch with the chair.

The CAA is a great organization. Although I won't be the Chair after September, I will still be active and look forward to working with many of our members in promoting the industry I love. ✱

Executive Director's *Report*



Ross Elliott | *Executive Director*

The CAA is in a flurry of activity. Here is a quick run-down of the most significant and recent accomplishments and activities.

New Members

The Board of Directors have made a concerted effort over the past year to boost membership in the CAA. Two professional videos were produced that highlight the benefits of the CAA with testimonials from key leaders in the ambulance industry. A special introductory membership offer, giving a spectacular dues rate for the first year, has been extended to every non-member private ambulance company in California.

Those companies taking advantage of the opportunity and have joined the CAA include: MedCoast Ambulance, American Professional Ambulance, Imperial Ambulance, Liberty Ambulance (Downey), Emergency Ambulance Service, Symons Ambulance, MedReach Ambulance, and Care Ambulance.

We welcome these 8 new members and encourage them along with all members to take advantage of every CAA event and activity. The best way to get the most out of membership is active participation in CAA events, committees, and meetings.

EMSAAC Conference

The Emergency Medical Services Administrators Association of California (EMSAAC) is the organization where every local EMS agency administrator sits as a member of the board of directors. EMSAAC holds an annual conference, which is often quite valuable in content and networking. The CAA has been a sponsor of the conference for several years.

This year's event was once again held at the Loews Resort on Coronado Island. The CAA staffed an exhibitor booth as a method of showing our presence and engagement in the statewide EMS venue. Vice chairman Alan McNany (American Legion Post #108 Ambulance), Secretary-Treasurer Ed Guzman (Sierra Ambulance), Sergeant-at-Arms Josette Engman (King-American Ambulance), Board Members Jimmy Pierson (Medic Ambulance), Todd Valeri (American Ambulance), and Carol Meyer (Mercy and McCormick Ambulances), and CAAPAC Chairman John Surface (Hall Ambulance) were all present along with Executive Director Elliott. The CAA was well-represented and had a strong showing.

Here are some of the key messages from presenters at this conference:

Doug Wolfberg made the case for fewer responses involving red lights/sirens and instead respond with scrubs and lab coats. He believes its time that EMS transition from a transport service to a provider of medical services and that the reimbursement structure should change accordingly.

Bryan Bledsoe believes that community paramedicine is a symptom of a broken healthcare system. It is a way to shift primary care to the lowest paid practioner. Successful EMS system in the world are: single-payer, funded through healthcare and integrated into healthcare systems, and the first-responder role is largely filled by volunteers.

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Executive Director's *Report*

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Dr. Reza Vaezazizi spoke about the Cardiac Arrest Registry to Enhance Survival (CARES) database. He advocated for using this system as means of facilitating a continuous improvement model in local EMS systems.

Dr. David Lehrfeld, from Oregon Public Health, discussed the impacts of marijuana legalization. Oregon has seen a significant increase in ED visits because of marijuana use and 10% increase in driving while impaired arrests.

Legislative Initiatives

A great deal of effort is still ongoing in pursuit of the CAA-initiated legislative bills. Each bill is intended to improve the business climate for private ambulance service in California. Our Legislative Advocate Chris Micheli is working behind the scenes every day in Sacramento to advance each of these bills.

AB 1650 (Maienschein), the community paramedic bill, was recently heard in the Assembly Health Committee. Elliott, Jimmy Pierson and Brian Meador testified at that hearing in support of the bill. The bill did not have enough votes to get out of the committee until later in the day when Micheli worked behind the scenes to find additional votes and eventually gained the Committee's approval.

AB 697 (Fong), the bill to exempt ambulances from toll roads/bridges has been approved by the entire Assembly and is in the Senate for consideration. Further, we continue to work on AB 817 (Flora) and AB 263 (Rodriguez) to address meal breaks and rest periods.

EMS Week – Assembly Recognition

On Monday, May 22, to kick-off EMS Week three CAA member companies sent personnel to Sacramento to represent the Association. The State Assembly recognized American Ambulance, Medic Ambulance, and Riggs Ambulance at a reception and on the Assembly floor to honor all the fine men and women of EMS in California.

Annual Convention & Reimbursement Conference

James Pierson, chief operations officer at Medic Ambulance and CAA Board member is this year's conference chairman. He is doing a spectacular job at making this year's event one of the best. The convention will be September 19-22, at Paradise Point Resort in San Diego.

Several top nationally recognized speakers have been booked. They will be presenting solutions for latest issues and problems along with predictions for the future of EMS. All 27 speakers for the conference are already confirmed, and attendees will have two full days of learning/presentations (not just 1.5 days).

Social activities include a golf tournament, a night out at the San Diego Padres (pro-baseball) game, and the Chair'sreception.

There will be many awards and recognition of CAA members. This year, the registration price has been lowered to entice non-members. We believe that the Annual Convention showcases many of the advantages of CAA membership. Consequently, using the event as a member recruitment tool could be an opportunity, but non-members need to see it and experience it to understand the value of membership.

We began distribution of the sponsor/exhibitor prospectus in early May, and save the date flyer distribution began in April. Online attendee registration is open almost 4 months before the event. Last year's convention was good; this one should be even better. ✱

Chris Micheli | *Legislative Advocate*

New Cal-OSHA Regulations Impact CAA Companies

Senate Bill 1299 enacted a requirement for the California Occupational Safety and Health Standards Board (Cal-OSHA) to adopt workplace violence prevention plans for health facilities. Effective April 1, 2017, Cal-OSHA adopted Title 8, Section 3342 of the Code of California Regulations. These regulations affect ambulance companies. "Health facilities" is defined to include numerous entities, including "paramedic and emergency medical services, including these services when provided by firefighters and other emergency responders."

This article reviews the provisions of this regulation that recently took effect. Section 3342 consists of eight subsections: (a) Scope and Application, (b) Definitions, (c) Workplace Violence Prevention Plan, (d) Violent Incident Log, (e) Annual Review of the Workplace Violence Prevention Plan, (f) Training, (g) Reporting Requirements for General Acute Care Hospitals, Acute Psychiatric Hospitals, and Special Hospitals, and (h) Recordkeeping.

Cal-OSHA claimed that several provisions of the new regulations are not expected to impose any significant additional costs and/or work because these programs should already be in place for all employers. However, additional costs and/or work could occur as employers will be required to maintain logs of workplace violence incidents. Employers are required to conduct training as part of the IIPP. Employers will have to report certain workplace violence incidents.

Cal-OSHA has authority to adopt these regulations because Labor Code Section 142.3 establishes the Board as the only agency in the State authorized to adopt occupational safety and health standards. In addition, Labor Code Section 142.3 requires the adoption of occupational and health standards that are at least as effective as federal occupational safety and health standards. The regulations are deemed to implement, interpret and make specific Labor Code Section 6401.8.

According to Cal-OSHA, "The Division developed this proposal with the assistance of advisory stakeholders in order to ensure that the proposal provided sufficient protection for employees in these work settings and provided employers with sufficient flexibility to address these risks in the least burdensome manner."

New Section 3342 of Title 8 is entitled: "Workplace Violence Prevention in Health Care". The following are brief descriptions of the sections of the regulation:

Subsection (a) establishes that the following health care facilities, service categories, and operations are required to comply with the provisions of this section: health facilities,

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as defined; outpatient medical offices and clinics; home health care and home-based hospice; paramedic and emergency medical services including these services when provided by firefighters and other emergency responders; field operations such as mobile clinics, dispensing operations, medical outreach services, and other off-site operations; drug treatment programs; and ancillary health care operations.

Subsection (b) of the standard includes a number of definitions.

Subsection (c) requires each employer covered by this section to establish, implement, and maintain an effective written workplace violence prevention plan (Plan) that is in effect at all times and is specific to the hazards and corrective measures for each unit, service, or operation.

Subsection (c)(1) requires that the names and/or the job titles of the individuals who are responsible for implementing the Plan are included.

Subsection (c)(2) requires effective procedures for the active involvement of employees and their representatives in the development, implementation and review of the Plan, including participation in the identification, evaluation and correction of workplace violence hazards, design and implementation of training, and the reporting and investigation of workplace violence incidents.

Subsection (c)(3) requires employers to include in the Plan their methods for coordinating the implementation of the Plan with other employers who have employees working in the health care facility, service or operation, to ensure that those employers and employees have a role in implementing the Plan.

Subsection (c)(4) requires the employer's Plan to have provisions prohibiting employers from disallowing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

Subsection (c)(5) requires having a process for assuring that all employees and supervisory personnel adhere to the requirements of the Plan.

Subsection (c)(6) requires the employer to have procedures for communicating workplace violence matters.

Subsection (c)(7) requires the employer to have procedures for developing and providing training in accordance with subsection (f).

Subsection (c)(8) is intended to establish that health facilities and operations are required to have procedures to assess environmental and community based risk factors posing a risk of violence to their employees.

Subsection (c)(9) requires the employer to have procedures to identify and evaluate patient specific workplace violence risk factors by utilizing assessment tools, decision trees, algorithms or other effective means to identify situations in which patient-specific Type 2 violence is more likely to occur.

Subsection (c)(10) requires the employer to have procedures for correcting hazards related to workplace violence in a timely manner.

Subsection (c)(11) requires the employer to have procedures for post-incident response and workplace violence injury investigation.

Subsection (d) requires that a detailed set of information be recorded in a Violent Incident Log by the employer about the circumstances such as where and when the incident occurred, the employees who were involved, the nature of the attack, if a weapon was used, if the incident involved harassment or other intimidating behavior, sexual in nature, or involved an animal.

Subsection (e) requires the employer to have procedures for an annual review of the Plan, including procedures for the active involvement of employees in the review of the effectiveness of the Plan in their work areas, services or operations.

Subsection (f) requires the employer to provide effective training to all employees in the facility, unit, service or operation, including temporary employees and that the training address the workplace violence hazards identified in the facility, unit, service or operation, the corrective measures the employer has implemented, and the activities the employee is reasonably anticipated to perform under the Plan.

Subsection (f)(1) requires initial training to be provided when the Plan is first established, to all new employees, and to all employees given new job assignments for which training has not previously been received.

Subsection (f)(1)(A) establishes the content of the initial training for employees in facilities, services and operations covered by the standard.

Subsection (f)(1)(B) requires employers to provide additional training when new equipment or work practices are introduced, or when a new, or previously unrecognized workplace violence hazard has been identified.

Subsection (f)(2) requires a refresher training to be conducted at least annually for employees performing patient contact activities and their supervisors.

Subsection (f)(4) requires employers to ensure that all personnel present in health care facilities, services and operations have been trained on the employer's Plan, and what to do in the case of an alarm or other notification of emergency.

Subsection (g)(1) establishes requirements for general acute care hospitals, acute psychiatric

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Legislative *Update*

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hospitals, and special hospitals to report each reportable violent incident (as defined) to the Division.

Subsection (g)(2) requires that each general acute care hospital, acute psychiatric hospital, and special hospital make a report to the Division within 24 hours.

Subsection (g)(3) requires that other reportable incidents of workplace violence be reported to the Division within 72 hours.

Subsection (g)(4) is intended to have the reports include as a minimum specified items.

Subsection (g)(5) requires that the employer provide supplemental information to the Division regarding the incident within four hours of a request from the Division.

Subsection (g)(6) requires that the report be provided by accessing the Division's online mechanism created for this process.

Subsection (h) establishes the records that are to be created and maintained for the purposes of this Standard.

Subsection (h)(1) establishes that records of workplace violence hazard identification, evaluation, and correction shall be created and maintained.

Subsection (h)(2) requires employers to have records of the training established in subsection (f).

Subsection (h)(3) establishes that records of violent incidents, including but not limited to, the Violent Incident Report, the reports required by subsection (g), and workplace violence injury investigations be conducted in accordance with subsection (c)(11). It also requires that these records be maintained for a minimum of five years and not contain "medical information.

Subsection (h)(4) requires that the records required by this subsection are to be made available to the Chief or his or her representatives for examination and copying.

Subsection (h)(5) requires the records required by this subsection are to be made available to employees and their representatives for examination and copying as employee exposure records.

Subsection (h)(6) informs employers that occupational injury and illness occurrences may require separate.

Feature *Article*

Why Does the CAA Oppose AB 263 (Rodriguez)?

Chris Micheli | CAA Legislative Advocate

The California Ambulance Association opposes AB 263 by Assemblyman Freddie Rodriguez, unless the bill is amended to address our concerns.

We share Assemblyman Rodriguez's goal of ensuring a healthy and positive work environment for our EMTs and paramedics. And, ambulance companies have always attempted to comply with existing labor laws and wage orders to ensure that our employees are properly paid and that they provided their required rest and meal periods during their work shifts.

However, our concern is that this bill mandates a one-size-fits-all approach to a problem that appears to emanate from a labor-management dispute in Santa Clara County. In other words, AB 263 would impose requirements statewide even though what may work in an urban setting may not work in the rural areas of California.

Fundamentally, we believe that the work environment for an ambulance crew, ambulance dispatcher and other emergency medical services responders is different than the typical work environment for other industries. That is because EMS service providers must always (on a 24/7/365 basis) have staff available to respond to emergency calls.

As such, the need for a standard 10-minute rest period or 30-minute meal period away from communication devices is an inappropriate expectation in the EMS industry. Our employees must monitor and respond to all emergencies even during designated breaks. AB 263 has been amended to only require monitoring, but no response, by EMS personnel if they are on a rest or meal break. That approach clearly threatens public health and safety and needs to be changed.

We do agree that, if our employee's meal or rest period is interrupted, then we should have to re-schedule it during the same shift. And, if we cannot do so, then the employee should be paid one hour of additional pay, which is what existing law under Wage Order 9 requires us to do. On the other hand, AB 263 would require us to pay an employee even if their rest or meal break were re-scheduled. A double financial penalty is not warranted and is not consistent with existing law. So, this provision should not be in the bill.

We also think that the provisions of this bill should apply equally to public and private EMS providers. Unfortunately, AB 263 only applies to the private sector and specifically excludes public providers. If both public and private EMS provide the same service, then the rules should apply equally to all EMS employers in this state. This exclusion should be eliminated from the bill. Lastly, we believe that those employers that have a collective bargaining agreement in place with their unionized employees should be governed by the provisions contained in the collective bargaining agreement. ✱


Star of
Life

Feature *Article*

ANNUAL
Stars of Life
CELEBRATION
AND LEGISLATIVE SUMMIT

CAA Stars of Life Awards 2017

CAA's annual Stars of Life Celebration was held in Sacramento on April 3. This is a time of celebration when our member ambulance companies identify and honor their heroes. 48 people from 11 ambulance companies received the Star of Life award.

Companies nominating their personnel include: Hall Ambulance; Medic Ambulance; Schaefer Ambulance Service Inc.; Sierra Medical Services Alliance; American Ambulance; Royal Ambulance; Paramedics Plus; San Luis Ambulance; King-American Ambulance; McCormick Ambulance; and Mercy Medical Transportation.

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EMS personnel sometimes encounter life-threatening situations, and they are trained to use their skills and heroically save lives. Whether it is the EMT, paramedic, or nurse with their hands on the patient, or the dispatcher deciphering the words from a panicked caller, or the behind-the-scenes personnel that keeps the company going and provides the infrastructure which support operations, all are heroes in their own way.

This year 80 percent of the Stars of Life were awarded to front line personnel (EMTs, paramedics, and a nurse); 12 percent were dispatchers; 6 percent were supervisors; and 2 percent went to support personnel.

It is every call, every day, in which ambulance companies are expected to provide high quality care and a caring attitude. Even the most routine call requires complete attention, golden customer service, and exemplary medical skills. Heroic acts can be those involved in saving a life, and heroic acts can be attention to detail and service on a routine call.

To help the Stars celebrate, three State Assembly Members joined in the awards ceremony. Vince Fong gave the keynote address. Brian Maienschein, who is carrying the community paramedic legislation (AB 1650) attended. Freddie Rodriguez, who is also an active EMT, helped present Assembly certificates to the honorees.

In the morning, prior to the legislative visits, Josette Engman (King-American Ambulance) presented each recipient with the Star of Life medal. During the evening ceremony, CAA Chairman Eb Muncy (Desert Ambulance) served as the master of ceremonies, and Helen Pierson (Medic Ambulance) highlighted the accomplishments of each Star recipient while Eb and John Surface (Hall Ambulance) presented each award/pin.

A photo of a Star of Life awardee along with his/her story appears in the CAA Weekly News and Information Bulletin.

It is the Stars of Life celebration that provided the opportunity to spotlight these 48 people and celebrate their wide range of heroic acts. We thank you for being there every day. Congratulations to all of you, and we thank the participating member companies for their investment in time and expense to recognize these fine people. ✱

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Assembly Certificate

John Surface • Travis Coffi • Eb Muncy

Helen Pierson

Todd Valeri • Helen Pierson • Steve Grau

Feature *Article*

New EMT Regulations Begin July 1

Ross Elliott | CAA Executive Director

The EMS Authority announced that new EMT regulations have been approved by the Office of Administrative Law. The new regulations become effective July 1, 2017. Here is a summary of the changes.

Each LEMSA is being required to develop and implement EMT scope of practice policies. These will probably be similar to paramedic protocols, but for BLS scope. In addition, LEMSAs must require the completion of an ePCR for every instance of BLS skill use. This may be a significant change for BLS fire departments; they will now be required by State regulation to complete an ePCR for each patient contact.

Changes to Basic Scope of Practice. EMTs, once properly trained and certified will be allowed to administer naloxone (Narcan) or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose. Further EMTs will be allowed to administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma. EMTs will soon be allowed to perform finger stick blood glucose testing and use a glucometer. Lastly, EMTs can soon administer over the counter medications, when approved by the medical director, including, but not limited to aspirin.

Changes to Optional Scope of Practice. There was significant debate during the development of these regulations over EMTs being allowed to use prefilled syringes and/or drawing up the proper drug dose into a syringe to administer Narcan. It was eventually decided that such a skill would not be included in the basic scope of practice. However, the medical director of the LEMSA may apply for State approval to allow administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma. In addition to Narcan, the optional scope allowed for EMTs include using prepackaged products, for the administration of Atropine and Pralidoxime Chloride.

Under the new regulations, if deployed in a mutual aid response, an EMT is allowed to use scope of practice he/she has been trained and authorized according to home LEMSA.

Changes in Requirements for EMT Training Programs. The requirements and qualifications of EMT training program has been revised for: Program Director and Principal Instructor. Also, some changes in the procedure to withdraw approval of EMT Training Program will occur. The new regulations require a change in the number of hours it takes to become an EMT; courses will be increased by 10 hours (was 136 hours, now 146 hours). A high fidelity simulation (sim man), when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts.

Consistent with changes in the basic scope of practice, EMT training programs will now be required to teach the administration of naloxone or other opioid antagonist; administration of epinephrine for suspected anaphylaxis and/or severe asthma; and use of finger stick blood glucose testing shall result in the EMT being competent in the use of a glucometer. The EMT training course shall also include a minimum of four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances. Existing training programs have until July 1, 2018 to demonstrate compliance with these new requirements.

By July 1, 2019, all EMTs renewing certification are required to demonstrate training and competency in all the new basic skills (administration of narcan, epi, glucometer, and tactical medicine)

Other changes in the regulations makes it easier for armed forces veterans' with BLS certification to be accepted as valid EMT training in California. Also, the Skills Competency Verification Form will continue to be used. There was discussion to eliminate the use of this form, but it did not gain sufficient support.

For those wanting more information, the regulations referenced above are officially: California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 2. Emergency Medical Technician, beginning with Section 100056. The actual changes in regulations are posted on EMSA's website at: *www.emsa.ca.gov/Media/Default/PDF/EMSAChapter2textFINALDRAFT.pdf* ✱

The Role of the Judicial Branch in the State Lawmaking Process

Chris Micheli | CAA Legislative Advocate

Members of the state and federal judiciary branches play a role in the California lawmaking process as a part of our government's system of "checks and balances." When California statutes or regulations are legally challenged, for example, then the state or federal court that makes a determination establishes a policy for the state. Of course, California statutes and regulations may be challenged on either federal or state constitutional grounds. As a result, both state and federal courts may play a role in the state lawmaking process.

In addition to a legal challenge, both federal and state courts may be called upon to interpret California statutes or regulations. The judicial branch of the state and federal governments is granted its authority by the California and U.S. constitutions. In addition, the powers and duties of the judicial branch are enumerated in federal and state statutes. Statutory interpretation is the primary role of the judicial branch of government in the state lawmaking process. In fact, the courts are regularly called upon to interpret state statutes and regulations.

Sometimes to the dismay of elected officials in the executive and legislative branches of government, the third branch of government does play a crucial role in the state lawmaking process when the courts determine what the legislative intent was of a statute, whether a regulation comports with the Administrative Procedures Act, or whether a statute or regulation is constitutional. This is the critical role of the judicial branch in the state lawmaking process.

Occasionally, the California Legislature passes a law that do not comport with the state or federal constitutions. Despite claims by judges that they leave lawmaking to the elected branches of government, when judges modify statutes or provide a determination of how a statute or regulation is to be interpreted and applied, then judges do in fact become a critical part of state policymaking. Hence, all three branches of government play a role in developing state policy.

When a statute, regulation or government action is found to violate a provision of the Constitution (either the federal or state constitution), the courts will not only invalidate the law, regulation or executive order, but may also impose injunctive or other relief that is tantamount to a new public policy being adopted. When provisions of law (primarily statutes or regulations) are unclear in certain respects, the courts will engage in statutory interpretation to clarify the law and do its best to determine what the legislative intent was in adopting the statute. Sometimes the court's interpretation is tantamount to a new public policy being issued.

Generally speaking, the California courts are not really vested with the power to legislate, as this authority would conflict with the constitutional separation of powers, and those are the roles of the legislative and executive branches of state government. However, the courts can and do become involved in developing public policy. And when they do, that policy has the same effect as a statute adopted by a legislative body.

For instance, the landmark case of *Serrano v. Priest,* 5 Cal.3d 584 (1971) originated as a class action brought by public-interest attorneys on behalf of a class of all California public-school pupils. The case involved pressing issues of the day: public

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Feature *Article*

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education as a fundamental right and discrimination against poor and minority students. The California Supreme Court struck down California's public-school, general-fund financing structure as a violation of the state constitution's equal protection guarantee.

Under this system, per-pupil expenditures varied greatly and depended on a school district's tax base. These kinds of tax-base disparities resulted in significant inequalities in actual educational expenditures on a per pupil basis from school district to school district around the state. The Court's decision (including a follow up 1976 decision) in *Serrano* essentially gave instructions to the California Legislature on what would be required to fix the state funding statutes, and the Legislature subsequently did so.

The other major way in which the courts make state public policy is through statutory interpretation. In this instance, there is a statute or group of statutes which is unclear or silent on some aspect of policy. The court is asked to fill in the gap (i.e., to discern the intent of the legislature). Thus, to invoke this approach, the plaintiff challenging the statute will need: (a) a statute or statutory scheme which is unclear or silent on some public policy matter, and (b) a cause of action and standing to sue.

Finally, while the federal courts may be limited in terms of their ability to adopt or create policy, they often have a profound role in terms of public policy. In particular, newly-adopted statutes, regulations, and executive orders are often challenged in the state and federal courts. For parties or interests that lost in the legislative process, the courts have long been used as a means of preventing adopted policy from going into effect. ✱

Chris Micheli is a lobbyist with Aprea & Micheli, Inc. He is an Adjunct Professor of Law at McGeorge School of Law.

CALIFORNIA AMBULANCE ASSOCIATION

CAA Magazine Advertising
Policies & Agreement to Advertise

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Full Page	(8½"x11")	$750	$675
2/3 Page	(5"x10")	$450	$405
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❑ **I need assistance designing a new ad (we will discuss design rates separately)**

PAYMENT TERMS

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.

PLACING YOUR AD

To place an ad, complete the information below and mail or fax to: **CAA**, 2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833 • (916) 924-7323 - fax. **CAA** will not run your ad without this contract.

Name of Company/Organization Being Advertised: _____

Billing Contact: _____

Billing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Agency or Advertising Representative (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

Person to Contact with Artwork-specific Questions (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

I agree to place a _____size ad in the following issue(s), and to be billed at a rate of $_____ per issue: (note: The multiple-issue rate can apply to any consecutive series of issues starting at any point in the year. If you choose the multi-issue rate, please number your first issue "#1" below, and the other issues as they occur chronologically. See condition #5, above.)

	_____Summer	_____Fall	_____Winter	_____Spring
Material Deadlines:	**July 21st**	**November 3rd**	**March 9th**	**May 18th**

METHOD OF PAYMENT

Please check one:

❑ Send me an Invoice ❑ Enclosed is check #_____ ❑ Charge my Credit Card In the amount of $_____

Card #: _____ Expiration Date: _____

Print Cardholder's Name: _____ Signature: _____

Cardholder's Billing Address: _____

(rev. 5/17)

Member *Spotlight*

IT'S STILL GOOD TO BE KING!

The year was 1885. San Francisco was building Victorian style housing and the Golden Gate Bridge was not built yet. Train tracks and brick streets were the landscape in front of the iconic buildings. For those who were fortunate enough to own a telephone, it had to be wound up to ring the operator. Most vehicles at the time were still open cab and only the wealthy had horseless carriages. In fact, the company's first ambulance was horse drawn. One of the company's earliest affiliations was with Hahnemann Hospital, built in 1884 as a homeopathic institution.

In 1906, in response to the great earthquake that crumbled buildings, destroyed the city's infrastructure, and cost countless lives, the company turned its focus to transporting the sick and injured to the hospitals. In 1954 King and American ambulances merged to create King-American Ambulance Company. The company is the oldest privately owned ambulance west of the Mississippi. Today, the company owner, Josette Engman, is the 5th generation to run the business. Her son, Joshua Mani, is the next in line to continue this legacy.

King-American Ambulance has a history of community and industry involvement dating back to 1948 when E.A. Engman assisted in combining the Northern and Southern ambulance associations to create a collaborative effort to work on statewide issue affecting the industry. E.A. Engman was the second president of the California Ambulance Association. Erick Engman (Josette's grandfather) was the first president of the San Francisco Ambulance Association. He also served on the Board of Governor's for the National Ambulance and Medical Services Association. The late Ray Lim, employed at King-American for more than 35 years, served as the Governor's appointee to the California EMS Commission. His participation helped establish the Bronson Act and influenced the way EMS is structured in California.

King-American Ambulance remains heavily involved with the California Ambulance Association. Josette is the Sergeant-at-Arms of the CAA Board of Directors. Josh Nultemeier, the operations manager, regularly attends board meetings and is an active participant in working groups. King-American Ambulance participates and sponsors the annual Stars of Life events. Further, the company supports the Political

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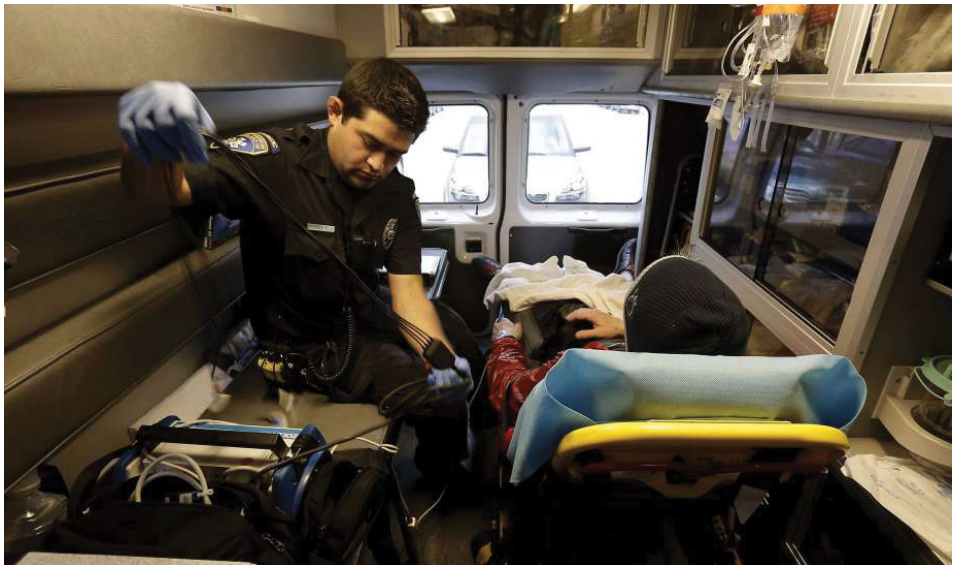
Member *Spotlight*

Continued from page 16

Action Committee, strategic planning sessions, and the annual convention to name a few. Josette feels strongly about her participation in the CAA. The networking and sharing of best practices are paramount to continuing to provide a top-notch ambulance service.

The company is very active locally in the EMS system administration and with community projects. Josh is a member of the local EMS Advisory Committee and serves on many sub-committees, which helps create and implement policies, protocols and procedures in San Francisco. Additionally, the company provides continuing education and training classes to employees and to the public.



King-American provides both 911 and private emergency ambulance service. The service qualifies as "grandfathered" under the County's EMS system, which provides King-American opportunities to run private emergency calls. This unique system design provides a measure of relief to the heavily impacted 911 system. Providing about 20,000 calls per year, King-American stays busy. King-American is also the proud provider of EMS service to the San Francisco Giant's AT&T Park.

Working from an old building does not mean old equipment! King-American uses new Mercedes-Benz ambulances, deploys Zoll X-Series monitors, has a state-of-the-art GPS system with Wi-Fi hot spots in all its ambulances including 12-lead EKG transmission functions, to name a few. Additionally, King-American has its own dispatch center that uses the latest ProQA EMD process for call intake, and they have their own on-site billing department. King-American is continuously making upgrades to stay ahead of the rest!

111 years of service to San Francisco is no small task. With constantly changing regulations, laws, city ordinances, policies and protocols it takes a strong team of committed employees to keep it going. King-American looks forward to continuing their affiliation with the CAA and fully anticipates being in operation in San Francisco for another 111 years. ✱

CALIFORNIA AMBULANCE ASSOCIATION
2520 VENTURE OAKS WAY, SUITE 150
SACRAMENTO, CA 95833 • *www.the-caa.org*
877.276.1410 (toll free) • 916.924.7323 (fax)