

# EMS Rules Task Force Meeting

September 26, 2018

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September 26, 2018

EMS Rules Task Force Meeting  
Bureau of EMS and Preparedness

September 26, 2018 \* 1:01 p.m.

Bureau of EMS and Preparedness

3760 South Highland Drive  
Highland Office  
Salt Lake City, Utah

Reporter: Tamra J. Berry, CSR, RPR

A P P E A R A N C E S

RULES TASK FORCE MEMBERS PRESENT:

Guy Dansie

Jay Dee Downs

Dan Camp

Jolene Whitney

Carl Avery

Lauara Snyder

Tami Goodin

Teresa Brunt

RULES TASK FORCE MEMBERS APPEARING VIA TELEPHONE:

Jean Lundquist

Regina Nelson

Alton Giles

Mike Willits

Jess Campbell

Randy Wilden

## P R O C E E D I N G S

1  
2  
3 JAY-DEE DOWNS: Hey, you guys on the  
4 phone, if you could state your name before you make a  
5 comment so that she knows who you are.

6 Is that what you want? She's giving me  
7 the sign of "yes."

8 So let's get the meeting started. Since  
9 we don't have -- we do have some people here, but  
10 nobody -- who's on the phone? We have Regina and  
11 Mike and Alton. That's it, right?

12 Anybody else? Hearing none, I guess not.

13 So we'll go ahead and get our meeting  
14 started. So, Guy, just talk about the minute rule,  
15 and let's go into Jolene's stuff. And then we'll go  
16 from there.

17 GUY DANSIE: Okay. One thing we're going  
18 to do -- Lauara Snyder is here, good deal.

19 One of the things we wanted to do right up  
20 front is I want to put the number three agenda item  
21 after the fourth agenda item. So I just want to flip  
22 that order, if that's okay. Just because I think  
23 that the last one will take more discussion than the  
24 rest.

25 TAMI GOODIN: What number 3? There's two

1 of them.

2 GUY DANSIE: Oh, I've got two number 3s on  
3 the agenda. Wow.

4 JAY-DEE DOWNS: Have you got two number 2s  
5 on there.

6 TERESA BRUNT: Do you want glasses, Guy?

7 TAMI GOODIN: So what number?

8 GUY DANSIE: So anyway, let's reverse the  
9 last two rules we'll talk about. We'll do 9 and then  
10 8 and then 4.

11 JAY-DEE DOWNS: The bottom three.

12 GUY DANSIE: Yeah. We'll just do opposite  
13 orders.

14 Rule updates. We do have two rules that  
15 are out for public comment currently. I want --  
16 wanted to make sure everybody was aware of that. I  
17 think we sent out the link to the group e-mail with  
18 the definition for inter-facility transfer. That's  
19 one of the things, and there's R426-1. That's  
20 currently in the state bulletin for comment.

21 And then the other one is the designation  
22 rule, R426-2. And that's out for comment. And I  
23 can't remember the close date, but it's --

24 JAY-DEE DOWNS: Is that the one with the  
25 venue and all that?

1 GUY DANSIE: We took that out.

2 JAY-DEE DOWNS: Okay.

3 GUY DANSIE: We took out the venue  
4 designation and the NEST designation, and we just ran  
5 it through -- we took out the part about dispatch,  
6 being required to dispatch to the proper license  
7 type.

8 JAY-DEE DOWNS: Yep.

9 GUY DANSIE: That's what our lawsuit was  
10 over, and that was the objective was to change that  
11 back to the old language.

12 JAY-DEE DOWNS: Cool.

13 GUY DANSIE: So they'll dispatch with the  
14 selective protocol da, da, da. But they don't have  
15 to decide with use or license type for that. So  
16 you'll see those. That's the update.

17 The other update is in the committee we  
18 had the training and certification, licensure,  
19 personal licensure rule. Part of that was approved,  
20 and it's going to be up for comment I believe next  
21 week. I'll try to send everybody the link when it  
22 comes out. That has to do with changing our  
23 personnel licensure from four to two years, all the  
24 new requirements that align with National Registry.  
25 It has to do with the new ImageTrend system in

1 getting what the person licensed. We've dropped some  
2 of the requirements on submission. You don't have to  
3 submit proof anymore; you have to retain it. And  
4 then if you're audited, then you have to be able to  
5 provide that. But the training officers have a  
6 bigger role now because they will be the ones  
7 verifying, and we put the responsibility on them to  
8 do more of that. And they'll do that primarily with  
9 National Registry. Anyway all of that stuff is in  
10 that rule that will be coming out next week.

11 The other part I'm still working frantically  
12 on -- I was in Colorado last week, and I'm trying to  
13 catch up this week -- but I have 426-3 and 426-4  
14 licensure and operation rules. We're striking out  
15 the language for the air medical, air ambulance  
16 stuff. That will be going out in a package deal,  
17 along with a new air ambulance rule that will be  
18 numbered R426-10. Just a heads up. So probably in  
19 three or four weeks that will be out for comment.

20 Primarily we're just doing -- we're just  
21 consolidating all the air ambulance stuff into that  
22 new rule. And the new rule is the model rule --  
23 based on the model rule from NASEMSO. So we feel  
24 like it's a much more comprehensive look at the air  
25 ambulance, and it's been legally vetted.

1           So those are the updates. Do you want me  
2 to go ahead and turn it over to Jolene?

3           JAY-DEE DOWNS: Yeah.

4           JOLENE WHITNEY: Okay. Thank you. Well,  
5 we're proposing a rule change here based on the Utah  
6 State-Wide Stroke and Cardiac Registry Act that was  
7 passed this 2018 legislative session. And what this  
8 piece of legislation does is it creates a state-wide  
9 stroke and cardiac registry through the Department of  
10 Health, and it creates advisory committees for those  
11 registries, and it grants rulemaking authority to the  
12 Department of Health to administer and define data  
13 elements for those registries.

14           So one of the things that we're working on  
15 is trying to get those registry advisory committees  
16 together because we want to get their input on what  
17 those data elements should be. And also what the  
18 outcomes -- you know, the patient care outcomes that  
19 they're looking at with regard to those data  
20 elements.

21           So we've proposed some language because  
22 we're under a deadline to get rulemaking -- some of  
23 this language into rulemaking before November 4th.  
24 So we're trying to give the committee some  
25 flexibility in what they would determine as the data



1 elements for the cardiac and stroke registries. So  
2 the language that we've proposed is that "All  
3 hospitals shall collect and submit, at least  
4 quarterly to the department, stroke registry  
5 information necessary to maintain an inclusive stroke  
6 system."

7 And this language is very similar to what  
8 we have in the trauma registry for trauma --  
9 designated trauma centers.

10 "Then all hospitals shall provide such  
11 data in a standardized electronic format approved by  
12 the department."

13 So that's giving us some and the  
14 stakeholders some flexibility in identifying what the  
15 data elements will be by allowing us to put them in a  
16 published document that we will call the Utah Stroke  
17 Registry State Required Element, and we're hoping to  
18 have that done by 2020 and published. So those  
19 are -- that's just the simple language we want to get  
20 in there so we can get this rulemaking process  
21 requirement established, but it gives us the  
22 flexibility to actually get the committees pulled  
23 together and work on the details.

24 GUY DANSIE: So is there any discussion as  
25 we look at that?

1 JOLENE WHITNEY: Any questions?

2 JAY-DEE DOWNS: I looked through it. I  
3 don't have any problem with it.

4 LAUARA SNYDER: I think it sounds  
5 reasonable. How are you -- how soon are you getting  
6 the committees together?

7 JOLENE WHITNEY: We're getting those  
8 together -- we're hoping for November.

9 LAUARA SNYDER: So they haven't been set  
10 yet?

11 JOLENE WHITNEY: No. We've identified the  
12 positions and the people for the positions. We're  
13 just in the process of inviting them and getting the  
14 dates set. And we're hoping to meet at least monthly  
15 to try to get these data elements set. Because of  
16 the purpose of -- what we're trying to avoid is  
17 establishing another registry for a hospital to enter  
18 data into because it's kind of, you know --

19 LAUARA SNYDER: So you just want to figure  
20 out to mine the data that's already entered by the  
21 hospitals?

22 JOLENE WHITNEY: Right. What we're trying  
23 to do is the Health Information Exchange that exists.  
24 All of the data goes in -- from the hospitals go into  
25 this exchange. We want to be able to try and just

1 take the data out without the hospitals having to  
2 have a separate software and registry and enter the  
3 same data and send it to us when we might be able to  
4 just grab it from this other source. And it will  
5 save costs and time for everybody, so that's what  
6 we're trying to do.

7 GUY DANSIE: So then the cardiac is the  
8 same language, right?

9 JOLENE WHITNEY: It's exact same language  
10 for both stroke and cardiac, right.

11 GUY DANSIE: And then if you notice in the  
12 document, there were some minor edits up at the  
13 beginning.

14 This is just an informational item for all  
15 of you guys. The governor's office has to review  
16 every rule now we put out for fiscal impact as well  
17 as references to statute, and they're trying to  
18 discourage any new rule or even existing language to  
19 eliminate unnecessary references to statute. So  
20 that's why the first part we've lined out.

21 And you'll be seeing that in all the other  
22 rules as I put those out for comment. Sometimes  
23 those statutes will be lined out, and that's because  
24 the governor's office just wants us -- what happens  
25 is if they change a statute number, then our rules

1 are all out of whack with it. So they've decided not  
2 to have us put those in if possible. So you'll see  
3 that from here on out as we submit rules.

4 JOLENE WHITNEY: So essentially that's a  
5 housekeeping item.

6 GUY DANSIE: Right. I just want to let  
7 you know why we're doing that. Because you'll see  
8 that over and over with the new rules as they come  
9 out.

10 Any other discussion or --

11 JOLENE WHITNEY: -- questions?

12 LAUARA SNYDER: I just think it's handy  
13 though to have those in there because as you're  
14 reading through these, it's right there, you know  
15 where to reference. I'm wondering has the state  
16 reached the limit of different combinations of things  
17 to use that are starting over and now some of these  
18 numbers may be duplicated? That doesn't make sense.

19 GUY DANSIE: I don't know. I can't speak  
20 for the governor's office.

21 LAUARA SNYDER: They should be like the  
22 DMV; they never have duplicate license plates.

23 GUY DANSIE: However, this is something to  
24 be aware of, in the rule usually at the bottom it  
25 will have the statute that it refers to. So like in

1 this one it's showing you there 26-8(a)-252, that's  
2 part of the statute that this rule falls under. So  
3 even though we're eliminating the verbiage in the  
4 text of the rule, it still references it in the  
5 footnote.

6 Do you want to make a motion or vote or --

7 JESS CAMPBELL: Hey, Guy, this is Jess.

8 With regards to the statute, couldn't the  
9 rule just simply state, you know, "As found in state  
10 statute," without getting into specifics, just so  
11 that it's noted that the rule does coincide with a  
12 particular statute?

13 GUY DANSIE: Yeah. I could put that in  
14 there and see if they'll accept it. Like in the very  
15 beginning? How would it read? "This rule  
16 establishes" --

17 JESS CAMPBELL: Well, I'm thinking maybe  
18 even a -- possibly a disclaimer in the front of each  
19 section, you know, so that you know it just simply  
20 states that statute notations as far as section and  
21 subsection and paragraph often change. However, as  
22 of the date that that was written, everything  
23 complied. I just -- I think that was Lauara -- was  
24 that Lauara that commented how she felt it would be a  
25 good thing to have some sort of reference in there?

1 I just think that I agree. I think that  
2 somehow noting that this particular rule that we're  
3 discussing or referencing somehow does tie to a state  
4 statute. And I'm -- you know, I don't necessarily  
5 know how to craft that language, but I just think  
6 that it's important to note that if somebody is  
7 referring to a rule or reading a rule that there's  
8 some sort of a note that this rule, you know, in fact  
9 ties to a particular statute.

10 GUY DANSIE: Good idea. This is what I  
11 did while you were talking on the phone. I just  
12 added in the beginning language. It says, "This rule  
13 establishes requirements." And I put in "pursuant to  
14 statute for a state wide trauma system," blah, blah,  
15 blah. Is that something you're thinking of, like a  
16 vanilla thing that says this is according to statute?

17 JESS CAMPBELL: Yes. Just a simple note  
18 that somebody -- again, if the headings or numbering  
19 of statute change beyond elimination of a particular  
20 statute, somebody can at least know that the rule is  
21 referencing what was statute and they should be able  
22 to find it even though the numbers have changed.

23 LAUARA SNYDER: So I think what he's  
24 saying is still keep some numbers in there.

25 GUY DANSIE: And that's what I'm saying

1 is the governor's office doesn't want me to put those  
2 in there.

3 JESS CAMPBELL: No. I'm not saying that  
4 they necessarily have to have the number. I just  
5 think that we just need to, you know, I guess kind of  
6 qualify the rule on our end that it does in fact tie  
7 to a particular statute.

8 JOLENE WHITNEY: Guy, isn't there a  
9 reference on the end of the document that refers back  
10 to the statute --

11 GUY DANSIE: Yes.

12 JOLENE WHITNEY: -- anywhere?

13 GUY DANSIE: At the foot --

14 JOLENE WHITNEY: It says 26-8(a).

15 GUY DANSIE: -- of the language, there's a  
16 key, and all the administrative rules have this key  
17 at the bottom. And depending on the statute that it  
18 pertains to, it will reference that number. Like in  
19 this case it's 26-8(a)-252.

20 JOLENE WHITNEY: Right. So they could go  
21 to that particular section of the statute and see  
22 where the authority is to establish these rules.

23 GUY DANSIE: Okay. Are you okay with that  
24 "pursuant to statute" language at the beginning? Is  
25 everybody okay with that?

1 JOLENE WHITNEY: Yeah.

2 LAUARA SNYDER: Does the title ever  
3 change? It says Title 26. Does the title ever  
4 change?

5 GUY DANSIE: They can't. But if they  
6 change that, then they have to go back and change the  
7 key on all the rules. But that's not something I  
8 have to worry about.

9 LAUARA SNYDER: So long as we have  
10 something somewhere, and that probably does it.

11 GUY DANSIE: Right. And it's really not  
12 in my control. It's the governor's office. I'm just  
13 telling you what they're telling me. Are we good on  
14 this rule generally?

15 TERESA BRUNT: Go back to the top. Your  
16 verbiage on that was "pursuant to statute."

17 GUY DANSIE: And, Jess, that's probably a  
18 wise thing as we do these others, maybe we need to  
19 have that consistent throughout the other pieces of  
20 rule.

21 JESS CAMPBELL: You know I just think that  
22 we're -- without it, the situation is if somebody  
23 were to -- you know, is that maybe new to the system  
24 or new to the process goes into the rule and they may  
25 have -- you know, they may have some heartburn, some



1 issue with it and try to make a real hard stand on a  
2 particular -- or desire to change something. But I  
3 think if they knew, you know, from the beginning  
4 that, you know, irrespective of how bad you don't  
5 care for this particular language, it does in fact  
6 tie to statute. I'm not saying that you'd have to  
7 necessarily note the specific statute. But just  
8 noting that it does tie to statute would, I think,  
9 settle somebody down that may have an issue.

10 GUY DANSIE: Okay. Good advice. And I'll  
11 try to remember that as we do the other pieces of the  
12 rule. I think that's good to be consistent for the  
13 other ones.

14 So do we want to do a motion or everybody  
15 okay with the trauma rule?

16 One of the things Jolene and I  
17 discussed -- and this draft doesn't have it -- but we  
18 call this rule our "trauma." And I don't know is  
19 that the appropriate title? So "Trauma and EMS  
20 System Facility Designations," are you still good  
21 with that, or is that still accurate do you think?

22 JOLENE WHITNEY: Well, if there's an  
23 opportunity to clarify we can call it -- what was the  
24 terminology I used earlier? Oh, it was Specialty  
25 Care Systems Facility Designations.

1 GUY DANSIE: Should we put that in here?

2 TERESA BRUNT: Versus the two pieces of  
3 trauma and stroke, right?

4 JOLENE WHITNEY: There's trauma and  
5 stroke. We're also working on pediatric. There's  
6 also resource hospitals. It's all specialty care.

7 TERESA BRUNT: Is specialty too broad?

8 JOLENE WHITNEY: No. It gives us some  
9 leeway to create some additional designations.

10 GUY DANSIE: What did we want to call it?

11 JOLENE WHITNEY: Specialty Care Systems  
12 Facility Designations.

13 GUY DANSIE: Specialty Care Systems.

14 TERESA BRUNT: And is there a penalty  
15 associated with that if they don't comply? If you  
16 can go in and extract the data versus them having to  
17 report it, do they lose certification somewhere or --

18 JOLENE WHITNEY: Yeah, if they're not in  
19 compliance with the designation requirement, they can  
20 lose their designation, right.

21 But this won't put a whole lot of pressure  
22 on them because we're trying to get the data for them  
23 rather than asking them to have it. So it's not as  
24 burdensome for the facilities.

25 TERESA BRUNT: Okay. Good luck with

1 I-Centra for that. Intermountain Health Care's  
2 computer system, which I say nicely. I could add a  
3 few adjectives in there.

4 JOLENE WHITNEY: Remember this is  
5 recorded.

6 TERESA BRUNT: Yeah. It's a difficult  
7 system let's say.

8 JOLENE WHITNEY: Challenging.

9 TERESA BRUNT: Challenging.

10 REGINA NELSON: Guy, this is Regina. May  
11 I make comment? Or a question, I guess it would be,  
12 in line with it. As I read the language and I think  
13 about the registry, I'm also thinking about the AED  
14 Registry that we and the 911 centers are asked by  
15 legislation to maintain. I'm wondering if it's a  
16 benefit or if any help could come from information  
17 that the PSAP can provide. We are all using medical  
18 programs to collect this information. They are  
19 gathering that information across the State of Utah.  
20 Are you guys only interested in what gets to the  
21 hospital for cardiac or stroke, or are you guys  
22 interested in gleaning information that might come  
23 from the PSAP that came in with cardiac or stroke.

24 Because we've been working with Dr. Hill  
25 at our hospital and Dr. Bradley, and we QA every one

1 of our cardiac just to be sure we coded them  
2 correctly. So just kind of a question or comment or  
3 maybe some more discussion.

4 JOLENE WHITNEY: We're interested in a  
5 performance improvement process that would include  
6 data not only from the hospitals but prehospital and  
7 dispatch as well. But what this part of the rule is  
8 talking about is just the requirements for data and  
9 for the hospitals themselves, not any of the other  
10 components of the system.

11 REGINA NELSON: Okay. So there is some,  
12 so just -- yeah, okay.

13 JAY-DEE DOWNS: Okay. Anything else?  
14 Does somebody want to make a motion? Do something  
15 with this one?

16 A hush falls over the crowd.

17 TERESA BRUNT: I'll motion that it's  
18 accepted.

19 LAUARA SNYDER: I'll second.

20 JAY-DEE DOWNS: Okay. The motion is by  
21 Teresa and second by Lauara.

22 All in favor say aye.

23 COMMITTEE MEMBERS PRESENT: Aye.

24 JAY-DEE DOWNS: On the phone?

25 COMMITTEE MEMBERS BY TELEPHONE: Aye.

1                   JAY-DEE DOWNS: Good. The motion passes,  
2 good.

3                   Okay. The next one then, Guy.

4                   GUY DANSIE: Okay. Let's look at the  
5 rates rule. This, we're a little premature with  
6 discussing this. However, we're in the process right  
7 now of collecting fiscal reporting data. And I  
8 discussed this with Brittany, and we're allowed to go  
9 ahead and waive the rule -- the deadline. This is  
10 about the deadline for the fiscal reporting guides  
11 for the ambulance providers. So I'm doing -- I went  
12 through the rule and did a little bit of clean up on  
13 the numbers. They should have double zeros at the  
14 end on the sections. Do you see where I added those?

15                   I did take out just -- I just did this on  
16 my own, so if you don't like it we can put it back  
17 in. R426-8-200 part 1 part A, I -- well, I did take  
18 out in part 1 just a reference. I didn't feel like  
19 it added any value. Part A says "Licensed ground  
20 ambulance providers may change rates at their  
21 discretion," and we said after "notifying the  
22 department."

23                   We've never done that. I don't think  
24 anybody has ever -- and I don't see any value in  
25 that. If you as an ambulance provider decide to

1 lower your ambulance rate, I don't care. I'm  
2 speaking for the department.

3 LAUARA SNYDER: Okay. So here's what my  
4 opinion is, of course. You knew you were going to  
5 hear it. Setting maximum rates I think actually  
6 helps licensed providers bill. Because by stating  
7 that, we can tell the insurance companies, who are  
8 more and more sending out to third-party pricers,  
9 that these are in fact the reasonable and customary  
10 rates within the service district area. So I don't  
11 think -- I think it would be more harmful to do away  
12 with that; we need to leave it. People can lower  
13 their rates if they want. But so long as the state,  
14 quote, sets the rates, it helps the providers in  
15 their billing.

16 GUY DANSIE: So you want me to leave the  
17 part in that says "after notifying the department"?  
18 That's if you voluntarily decide to lower your rate.

19 LAUARA SNYDER: But where does it say that  
20 you still do the maximum rates.

21 GUY DANSIE: Oh, it's in there. I didn't  
22 change that part of it.

23 LAUARA SNYDER: Oh, that's what I thought  
24 you were talking about.

25 ALTON GILES: So, you know, I have to say

1 I kind of feel like it should stay in there. You  
2 know what I mean if an agency -- like you just  
3 pointed out, the state is regulating the maximum.  
4 They're justifying it to the insurance companies.  
5 And if there's ever a change -- you know, like you  
6 said, you can always drop below. That's not a  
7 problem. You just can't go above. But if you decide  
8 to drop below, for whatever reason for a certain  
9 company and said, you know other companies find out,  
10 "Well, hey, we found out that this company is paying  
11 this. Why is that?" I don't want to use the term  
12 "monopoly," that it's set up like that. It would be  
13 great if the state could understand, "Hey, it's  
14 lowered here because they have X, Y, and Z reasons."

15 LAUARA SNYDER: I think the way this is  
16 set up, Alton, is that it really -- the way this is  
17 right now is it's going to still be helpful for us.  
18 Because so long as the state sets maximum rates, then  
19 we're good with any insurance to say these are the  
20 reasonable and customary.

21 If certain agencies want to lower their  
22 rates, all they have to do is advise the department.  
23 Which we're supposed to advise the departments what  
24 our rates are whenever we renew our licenses anyway.  
25 So I don't think it's any big secret.

1           Just so if you're going to lower them,  
2 then you have to tell the bureau. That's really in  
3 essence what I understand this to say.

4           GUY DANSIE: You think it's important to  
5 leave it in? I don't care.

6           LAUARA SNYDER: Right.

7           GUY DANSIE: I will put it back in.

8           ALTON GILES: I'm guessing you're moving  
9 down on that. On number -- well, let me click on it  
10 so I make sure I talk about the right piece.

11           On number B, are you moving to B also,  
12 Guy?

13           GUY DANSIE: Yeah. I'm on B. I've got it  
14 up so we're looking at it.

15           ALTON GILES: So here is my question, and  
16 this would be more for rural ambulances. If you can  
17 only transport for a loaded patient, I get the  
18 concept of that. What if an ambulance was called,  
19 "Hey, you know, I want to do a scheduled pickup," and  
20 maybe it's farther away something like that. And you  
21 get to said location, and then for whatever reason  
22 they decided to cancel it. Are you out? You know,  
23 is that ambulance provider out that mileage cost it  
24 took them to get there?

25           LAUARA SNYDER: Yes. That's part of doing



1 business.

2 ALTON GILES: Do you know what I mean? I  
3 don't think it's a common thing, but it does happen.

4 GUY DANSIE: It happens a lot.

5 JAY-DEE DOWNS: Who was the senator who  
6 passed that law? It was a senator from Utah County,  
7 wasn't it?

8 GUY DANSIE: Yeah, let me give you just a  
9 little history on that. In the statute it talks  
10 about the rate-setting process, and it specifically  
11 says, "You shall not charge a transport fee if  
12 there's no patient transport."

13 JAY-DEE DOWNS: You can charge for  
14 supplies.

15 GUY DANSIE: It was a very political  
16 thing. One of our legislators had a mother who had  
17 been charged for a transport, like a big bill. And  
18 he didn't feel like it was justified. So it went  
19 into the statute. That language in the rule, part B,  
20 basically mirrors the statute language. It's just a  
21 reminder to the services that they're not allowed for  
22 that.

23 ALTON GILES: Okay.

24 JAY-DEE DOWNS: You can charge for  
25 supplies.

1 ALTON GILES: If it's in statute, there's  
2 not much you can do then.

3 GUY DANSIE: Yes. But, Alton, you can  
4 charge for supplies and assessments and other things.  
5 And that's later on in this rule. It's under part 8.

6 LAUARA SNYDER: I misread that earlier.  
7 You're wanting to take out the "after notifying the  
8 department."

9 GUY DANSIE: Yeah.

10 LAUARA SNYDER: Yeah, I think that's good.  
11 That saves the bureau time and money and us too.

12 GUY DANSIE: We don't even record that.

13 LAUARA SNYDER: You don't really care.

14 GUY DANSIE: Yeah. So you've changed your  
15 position?

16 LAUARA SNYDER: Yeah, I read it. I  
17 thought you were putting that in.

18 JAY-DEE DOWNS: Plus, the floor fees and  
19 stuff will also come out in your fiscal reporting.

20 LAUARA SNYDER: Yes. So I think we should  
21 leave that in as a change because I don't think we  
22 need to notify the department.

23 GUY DANSIE: Yeah. I thought --

24 LAUARA SNYDER: And if you're trying to do  
25 away with it, then I'm in agreement with it.

1 GUY DANSIE: As a free market person as  
2 you are, you want to notify us.

3 TERESA BRUNT: So to play the devil's  
4 advocate, if I come into Wendover and charge \$250  
5 less than what you charge.

6 LAUARA SNYDER: It doesn't matter. It's a  
7 state regulated permitted area.

8 TERESA BRUNT: I'm going to do that. No.

9 GUY DANSIE: You can't actually.

10 TERESA BRUNT: I can't or I can?

11 GUY DANSIE: Cannot.

12 JAY-DEE DOWNS: Because you have to have a  
13 license exclusiv--

14 GUY DANSIE: Exclusivity.

15 ALTON GILES: You really want to throw  
16 that term out, Guy?

17 LAUARA SNYDER: Why not?

18 ALTON GILES: Yeah, I was just thinking of  
19 our local problem that we have right here. That's  
20 all I was thinking when you said "exclusivity."

21 LAUARA SNYDER: Yeah. All we're talking  
22 about right now is the rates. And it's kind of  
23 giving us a pass on that we don't have to notify the  
24 department if we want to lower our rates.

25 GUY DANSIE: Right. That's why I took it

1 out.

2 LAUARA SNYDER: So that's all it is. It's  
3 just giving us a pass that we don't have to notify  
4 the department any time we lower our base rates.

5 GUY DANSIE: I honestly think it's a  
6 meaningless thing to have in there. Because we don't  
7 receive notice. We don't record --

8 TERESA BRUNT: You don't care.

9 GUY DANSIE. -- the rates. As long as  
10 you're not exceeding the maximums.

11 LAUARA SNYDER: Yeah.

12 GUY DANSIE: And if you read part A,  
13 "Provided that the rates do not exceed the maximums."  
14 So it's in there.

15 Okay. Part 2, I took a "shall" out and  
16 put a "may." It says "The initial regulated rates  
17 established in this rule," and it said "shall be  
18 adjusted annually on July 1," and I put "may." Just  
19 because sometimes we have problems. We had a problem  
20 last year getting this rule adopted, and we don't  
21 always get it exactly on July 1. July 1 is our goal.  
22 For Medicaid we have to do it on July 1.

23 LAUARA SNYDER: I think if you say "may,"  
24 then it could also allude to the fact that you don't  
25 have to do it at all. But I think if you are going

1 to take away the July, then it has to say that on an  
2 annual --

3 GUY DANSIE: Do you like "shall" better?

4 LAUARA SNYDER: Well, on an annual basis I  
5 don't think people -- I think if you put in "may  
6 change them," it doesn't say you have to change them  
7 every year. And we're expecting, you know, any  
8 adjustment based on the fiscal report and stuff you  
9 find out.

10 GUY DANSIE: It could be flat, so there  
11 wouldn't be a change.

12 LAUARA SNYDER: And that's fine too.

13 GUY DANSIE: That's why I kind of put the  
14 "may" in there. What if there is no change?

15 LAUARA SNYDER: Well, then I would say  
16 something about basing it on the fiscal reporting of  
17 the agencies or something. But I think if you say  
18 "may" raise it and you don't put anything else in  
19 there, then it gives the bureau the pass to not  
20 address them anymore.

21 GUY DANSIE: But if you read it, it says  
22 "based on financial data as delineated by the  
23 department to be submitted as detailed in  
24 426--A-200-10." So we do say that we're basing it on  
25 the data. "The data shall then be used as the basis

1 for the" --

2 LAUARA SNYDER: Okay. So that part is  
3 good. But it still gives the bureau a pass not to  
4 even make an incremental raising if it's only just a  
5 little bit. And maybe that little bit, providers are  
6 going to say it will make a difference for them,  
7 especially a large volume.

8 GUY DANSIE: Do you want it to say  
9 "shall"?

10 LAUARA SNYDER: I want it to say "shall,"  
11 and I want it to say.

12 GUY DANSIE: Okay.

13 LAUARA SNYDER: I think it should say  
14 "shall," but I think it should give the bureau leeway  
15 to do it when they have stuff available. I don't  
16 think it has to be specific to a date, but I think it  
17 should be adjusted based on financial data.

18 GUY DANSIE: And it does go on to say that  
19 based on financial data.

20 LAUARA SNYDER: Right.

21 GUY DANSIE: That's in statute as well  
22 that we have to set rates based on financial data.

23 LAUARA SNYDER: So I'm okay with taking  
24 out a specific date because that holds the bureau's  
25 feet to the fire. But I also want to keep it in --

1 the "shall" in there so that...

2 GUY DANSIE: So you're saying strike out  
3 the "on July 1"?

4 LAUARA SNYDER: Right. But maybe you can  
5 say something -- well, annually, it could be any  
6 annual. So if you get them done in February this  
7 year, you can do it February next year or -- I don't  
8 know, something. But I don't think anybody has any  
9 heartburn with it not being exactly July 1.

10 GUY DANSIE: Okay. Duly noted.

11 LAUARA SNYDER: Am I wrong? Anybody on  
12 the phone?

13 JAY-DEE DOWNS: I don't.

14 GUY DANSIE: I don't either. But the  
15 question -- the burden is on us to do it on July 1  
16 because of the Medicaid adjustment reimbursement that  
17 we have.

18 JAY-DEE DOWNS: Is that more of a reminder  
19 to you?

20 GUY DANSIE: And that's why it got put in  
21 there. But honestly, I don't care. It doesn't  
22 matter if it says it or not. I have to have it as  
23 close to July 1 as possible.

24 LAUARA SNYDER: Okay. That's fine.  
25 Because it says it will still be adjusted annually.

1 If you leave it as "shall," it's still going to be  
2 adjusted annually, and that's good enough. We don't  
3 care what date, so long as it's annual. Is that  
4 right, everybody, or no?

5 GUY DANSIE: It's good with me.

6 LAUARA SNYDER: Nobody cares.

7 GUY DANSIE: Nobody cares. What's the  
8 matter?

9 TERESA BRUNT: I keep hearing that.  
10 That's sad.

11 GUY DANSIE: I say it too often.  
12 Basically when I say it, I'm saying I'm neutral. I  
13 do care, but some issues they don't matter to me.

14 Okay. All the rates are going to be reset  
15 in January. So as I said, we're a little premature  
16 on this. But I wanted to get a jump on the -- and  
17 this won't go out until after I get the data for the  
18 rates. But I wanted to get a jump on it since we had  
19 the meeting today for the trauma rule that had to get  
20 done. If you go down to 10, part 10 under -- it's  
21 R426-8-200 part 10.

22 JAY-DEE DOWNS: Second page, the bottom.

23 GUY DANSIE: That's the gist of it. I  
24 wanted to make sure everybody was aware we are moving  
25 forward to change the deadlines from three months to



1 six months for the fiscal reports.

2 LAUARA SNYDER: Okay.

3 GUY DANSIE: The reason we wanted to do  
4 that, and I've explained it to the committee a couple  
5 times, is because we're finding that the fiscal data  
6 is not being correlated with the fiscal reports that  
7 are being done by the cities or counties. It  
8 wouldn't affect Lauara because she's private. But  
9 for anybody that's like Jess that has a city that's  
10 involved, or Jay, they should be looking at the data  
11 the city is sending to the state and using their  
12 numbers --

13 JAY-DEE DOWNS: Right.

14 GUY DANSIE: -- for their parts of the  
15 budget that pertain to EMS.

16 JAY-DEE DOWNS: Just because of the fiscal  
17 year and the financial year.

18 GUY DANSIE: Yeah. Because in essence we  
19 would rather have the data come in in the six months  
20 and have it coordinated with the city auditor or  
21 whoever approves. That way you guys have a much  
22 better number. If we required it three months,  
23 you're making it up as close as you can.

24 JAY-DEE DOWNS: Yeah.

25 GUY DANSIE: And we'd rather have you

1 actually go to the city auditor or county, or  
2 whoever, and say "Are my numbers good?" And they can  
3 look at their numbers and make sure that your numbers  
4 are okay.

5 JAY-DEE DOWNS: (Witness nods head.)

6 GUY DANSIE: That was the point of it.

7 LAUARA SNYDER: I have another comment if  
8 we can go back a little bit.

9 GUY DANSIE: Sure.

10 LAUARA SNYDER: I agree with all of that.  
11 If you go back to the rates set for ground ambulance  
12 and all of that stuff, the one that hasn't changed --  
13 and I was looking back through some of my -- as far  
14 back as I could look was '08 or something. The  
15 mileage rate hasn't changed. And I think that's  
16 important to consider because ambulances are  
17 profitable on -- on two different ways. Either you  
18 have a lot of volume, or you have a lot of mileage.  
19 And the rural areas have the mileage but not the  
20 volume. So that's where their income is generated  
21 from. And if that never changes, then we're just  
22 pretty much -- well, I wouldn't say flat because the  
23 base rates change some. But it really affects the  
24 rural areas that have long distance travel. So I'd  
25 like to have that looked at.

1           JAY-DEE DOWNS: Plus a lot of people use  
2 that mileage rate, you know, as replacing their  
3 ambulances and stuff.

4           GUY DANSIE: Right. It's the cost to run  
5 the vehicle. So it's not just the fuel. It's the  
6 wear and tear.

7           JAY-DEE DOWNS: Yeah. And the cost of  
8 ambulances have gone up. Especially like just  
9 recently with the tariffs and stuff with the aluminum  
10 and everything, that's made them go up.

11          LAUARA SNYDER: Yeah.

12          GUY DANSIE: So that's a different group  
13 than this group, but let's -- that's a point taken.  
14 We talked about that last -- when we set the rates  
15 this last time that the mileage hasn't been adjusted  
16 for years, and we can look at that.

17          JAY-DEE DOWNS: I think everybody  
18 associated the mileage being with the fuel prices,  
19 the fuel prices.

20          GUY DANSIE: They've stabilized. But the  
21 vehicle costs have gone up.

22          JAY-DEE DOWNS: Substantially, yes.

23          LAUARA SNYDER: Well, those costs have  
24 gone up. But like I said you either have your  
25 profitability on mileage or you have it on volume.

1 It's one or the other because -- and it's usually not  
2 both. All of the city ones go short distances, but  
3 they have a lot of base rates.

4 GUY DANSIE: Their volume is higher.

5 LAUARA SNYDER: Rural areas have a smaller  
6 call volume but generally transport farther.

7 TERESA BRUNT: Transport companies are all  
8 based on mileage, the non-EMS ones are.

9 GUY DANSIE: That's what we need to look  
10 at. One of the things we heavily have been working  
11 on with rates is trying to get better fiscal  
12 reporting data by coordinating with those audited  
13 reports the cities and counties are doing.

14 The other thing is we're looking at  
15 volunteer services. And they pull the rates down  
16 somewhat because they're not paying staff the same as  
17 a full service, like a large fire department would  
18 be.

19 The other area of concern is the  
20 allocation split, the split between fire and EMS for  
21 fire-based services. And our auditors have found  
22 three pretty good methods to use for different  
23 aspects of that fire and EMS split. And that's all  
24 in the new fiscal reporting information that we sent  
25 out. And so as we dig into the rates deeper and

1 deeper, we're finding things and we're learning a  
2 lot. And we're hoping that the fiscal reporting will  
3 be a little bit better. But then on the flip side,  
4 we probably ought to look at the cost, the vehicle  
5 costs, the mileage rates. We haven't gotten into  
6 that, but that's something else we can look at.

7 JAY-DEE DOWNS: Every time you hear  
8 anything about mileage rates, they always talk about  
9 fuel, not equipment.

10 GUY DANSIE: Right. Because that is  
11 probably the biggest variable. However, we know the  
12 vehicle costs have steadily climbed for several  
13 years.

14 LAUARA SNYDER: I thought that the base  
15 rate was supposed to be the cost of doing business.  
16 And the ambulances are part of the cost of doing  
17 business. But if that's the case that we're going to  
18 rely on the base rates for the cost of doing  
19 business, it also should be the mileage because  
20 that's one of the constants.

21 TERESA BRUNT: The standard mileage rate,  
22 according to the IRS is 54.5 cents.

23 GUY DANSIE: That would be the personal  
24 vehicle.

25 ALTON GILES: Guy, do you know what

1 surrounding states are doing for mileage as a way of  
2 comparison?

3 GUY DANSIE: I do not, not off the top of  
4 my head.

5 LAUARA SNYDER: I know what my two  
6 counties are.

7 TERESA BRUNT: Do you want me to Google  
8 that too?

9 ALTON GILES: If you look outside of Utah,  
10 the mileage rates are substantially less. I'm not  
11 proposing either way. I'm just saying our  
12 surrounding areas, their mileage rate, in Nevada one  
13 of the ones in Reno is \$22 a mile. It's a lot less.  
14 I'm just throwing that out there.

15 GUY DANSIE: Good to know.

16 LAUARA SNYDER: Alton, the Elko County  
17 ambulance and also the White Pine County ambulance  
18 which is south of me in Ely, they are each at \$33 a  
19 mile.

20 GUY DANSIE: So maybe this needs to --

21 ALTON GILES: Holy crud.

22 LAUARA SNYDER: Well, there you go.

23 GUY DANSIE: May I suggest we do this as  
24 like an operational subcommittee or something. It's  
25 more of a project than rule language, and we'll work

1 on it.

2 JAY-DEE DOWNS: Let's take and put a note  
3 on it and, say, take it back to the EMS committee and  
4 have them assign one of their subcommittees to that.

5 GUY DANSIE: Okay. We'll do that.

6 JAY-DEE DOWNS: Say we're concerned about  
7 the mileage and we'd like to have the committee look  
8 into it.

9 LAUARA SNYDER: Thank you.

10 GUY DANSIE: And this piece of the rule,  
11 we're ahead of the game. I just wanted to let  
12 everybody know that we needed to change the reporting  
13 deadline. That was the main point of bringing it to  
14 this group. We'll go through the whole rest of it  
15 with a fine-tooth comb if we need to.

16 There is another reference in here that I  
17 just struck out in part 11. It just basically says  
18 if you guys screw up, then we take this action  
19 against you. And we don't need to have that in rule,  
20 but that's something we do anyway. It's not -- and  
21 then I think it's down lower again, the same  
22 verbiage. To me it seems silly that we put something  
23 the department would do in the rule because that's --  
24 yeah, it's just something operationally we would do.

25 And then at the very last there's another

1 reference, the same thing. So those are -- I just  
2 thought the governor's office probably didn't want  
3 those statutes in there. But going back up to the  
4 top, let's do what Jess suggested on the last one.

5           Should we change the verbiage there to the  
6 same as the other one?

7           LAUARA SNYDER: Yeah. You want the  
8 authority and purpose to be the same for every one  
9 that we're doing, right?

10           GUY DANSIE: Yeah. So I'm just going to  
11 use the same thing, "pursuant to."

12           The problem is we make each one of those  
13 independently, and then they have different language  
14 at the beginning. This rule is to provide the  
15 establishment -- this rule is pursuant to statute.  
16 This rule pursuant to --

17           LAUARA SNYDER: Do you want to just go  
18 back and wordsmith all of them when you're done?

19           GUY DANSIE: Yeah, I'll go back and put  
20 the same in as the other one.

21           "Pursuant to statute," I'll just put that  
22 in there. That was a great idea, Jess. I will do  
23 that.

24           I think the rest of the changes in here  
25 are pretty -- I think I've pointed them all out. And



1 this rule we're going to bring back. I just  
2 wanted -- I wanted to get that part understood that  
3 we are moving the deadline back, and then we'll  
4 revisit it when the new data comes in for the actual  
5 rates. And then we will -- we will do it in  
6 December, put the new rates in there.

7 And then at the end of December/January  
8 for the committee to approve, okay? Is everybody  
9 okay with the changes in there now?

10 JAY-DEE DOWNS: Yep.

11 GUY DANSIE: Okay. Part 1, we'll come  
12 back to it another time.

13 LAUARA SNYDER: Do we need to vote on this  
14 one?

15 GUY DANSIE: Do you want to vote on it?

16 LAUARA SNYDER: I don't know.

17 JAY-DEE DOWNS: We should. Make a motion.

18 LAUARA SNYDER: I'll make a motion we  
19 approve this with the changes that we've discussed.

20 TERESA BRUNT: Are you awake down there?  
21 I'll second it.

22 JAY-DEE DOWNS: Teresa seconds it.

23 Lauara made a motion. Teresa seconded it.  
24 All in favor say, aye.

25 COMMITTEE MEMBERS PRESENT: Aye.

1 JAY-DEE DOWNS: Jess?

2 JESS CAMPBELL: Aye.

3 JAY-DEE DOWNS: Mike?

4 MIKE WILLITS: Aye.

5 MULTIPLE VOICES ON THE PHONE: Aye.

6 JAY-DEE DOWN: Good. Now what?

7 GUY DANSIE: Now let's move to the  
8 operations rule. This is the one that -- this is  
9 seen in patient management parts of operations. So  
10 just as an update to everybody, in the EMS committee  
11 we had talked about the nonemergency secured  
12 transport. And there was a bill. And I sent out a  
13 copy of the bill like an hour before the meeting, and  
14 I printed a hard copy for everybody.

15 Dr. Redd had a bill that talked about --  
16 his original intent, and we've gone over this before,  
17 was to provide safety for EMS providers when bad  
18 weather or they're fatigued and they have to travel  
19 long distances, those kinds of things. So he started  
20 down that path.

21 And then it became clear that there was a  
22 behavioral health piece for patients that were not  
23 medical patients but needed to be transported. And  
24 that's where that nonemergency secured transport  
25 language came from. We worked on that extensively

1 throughout the spring and early summer. It was  
2 discussed in the last task force meeting that we may  
3 or may not have statutory authority. This task force  
4 actually voted not to move forward with that.

5 And then we had the committee meeting, and  
6 it was presented at the committee meeting and they  
7 didn't vote it on because they were concerned with  
8 the legal authority. And so we had Brittany take it  
9 back and discuss it with her administration and her  
10 superiors in the AG's office. They didn't feel it  
11 was clearly defined in the statute that we have the  
12 legal authority to do that type of designation.  
13 Therefore, I don't have legal backing to move those  
14 rules forward anywhere.

15 So if those rules do go forward, they'll  
16 have to do it with a change to the statute. So Alton  
17 and I had a conversation, and I know he's feeling a  
18 little betrayed and hurt. But I apologize for that.  
19 But there are parts of the bill that I still feel  
20 have value, and one of those is the fatigue and  
21 weather part of that. And with that same group, they  
22 worked on the scene and patient management language.

23 Last time I actually -- this document I  
24 sent you, there was a part 5 that's no longer there.  
25 And that was to deal with search and rescue in saying

1 to operate with a unified command. That was taken  
2 out at the request of the EMS committee. You guys  
3 didn't want that either. But I do feel like the rest  
4 of this rule probably warrants a discussion at least.  
5 And we're not in a hurry; there's no big deadline.  
6 But there are things in here that may or may not be  
7 of value to our system. I don't know. I just  
8 thought we'd throw it out there. This was the  
9 thoughts and feelings of that task force that we  
10 probably moved ahead on this. We actually developed  
11 policy for fatigue and weather assessment.

12 JAY-DEE DOWNS: Uh-huh (affirmative).

13 GUY DANSIE: And those are -- those are  
14 already drafted and in place.

15 JAY-DEE DOWNS: Let me give you a little  
16 bit more history on this. This comes from Dr. Redd.  
17 He's up from our area, and it comes from -- what was  
18 going on was we had these behavioral health patients,  
19 and we still do. A behavioral health patient will  
20 come out, and they need to be transported at 2:00 in  
21 the morning. And they'll need to go to like Salt  
22 Lake. That's at least an hour and a half to two  
23 hours transport from Cache Valley, all right. So  
24 you're taking somebody, and some of the concern was  
25 they were getting hit with so many of these BHU

1 transfers that you might have a guy who was up from  
2 like 1:00 to 5:00 the night before in the morning and  
3 then turn around and come work the day shift and turn  
4 around and have another one the next night because  
5 they were getting hit with so many transfers.

6 The part about is was the fatigue part.  
7 So the question came up was: Here you have patient  
8 who is BHU. Their condition is really low. I mean  
9 they really don't require a really high/fast  
10 transport of the BHU. But yet we're putting their  
11 lives in jeopardy and the medics' lives in jeopardy  
12 running up and down the freeway in the early morning  
13 hours of the day. Some of the things was they  
14 saying, "Hey, can we figure out something with the  
15 fatigue, and how do we get around the fatigue because  
16 we don't want to become jeopardized -- our license  
17 being jeopardized by not being able to do the  
18 transport."

19 But on the other hand you have the  
20 liability portion of it that you do go and take it  
21 out, and you say he's fatigued and he ends up in an  
22 accident. So now you have the liability side of that  
23 as well. And so that was basically what the concern  
24 was, and that was why Dr. Redd took this on and  
25 wanted to say, "Okay, you know what, some of the BHU

1 stuff."

2 One of the things they came up with is if  
3 the transfer is within an hour away, that they'd go  
4 ahead and take the transfer. But if it's anything  
5 farther than that, then they don't take the transfer.

6 And consequently an hour away from Cache  
7 Valley would be to McKay-Dee or Ogden Regional. So  
8 they figured that -- they had some studies that said  
9 an hour is about what they could handle, but not  
10 anything more than that. So that's kind of like  
11 where the fatigue came out of it. But the weather  
12 portion that came out of that, that came out a few  
13 years before that. However, it's kind of like the  
14 same thing, if a patient -- if you've got icy roads  
15 and stuff and a patient is low priority and we take  
16 the chance of going out on the freeway and  
17 transporting this patient and take the liability in  
18 case they get in a wreck. Or if you've got lots of  
19 snow coming down, you've got the same problem.  
20 That's kind of where the whole thing came from. Just  
21 to give you kind of a history of that too.

22 TERESA BRUNT: Any idea of numbers of  
23 transports that actually affects?

24 JAY-DEE DOWNS: The after hours?

25 TERESA BRUNT: Yeah.

1           JAY-DEE DOWNS: I don't have them off the  
2 top of my head, no.

3           GUY DANSIE: We'd have to look at them.

4           JAY-DEE DOWNS: It's amazing how many.  
5 What happens is the patient will come in at like  
6 2:00 in the afternoon, a BHU patient. And they  
7 sometimes will sit in that ER up there until 2:00 in  
8 the morning. Then all of a sudden they finally get a  
9 bed, and they've got to go right now.

10          TERESA BRUNT: The other issue is that it  
11 impacts the staffing in the emergency room. Which  
12 you probably hear that. But a lot of times those --  
13 especially those particular patients require a  
14 one-on-one staff member, maybe not nursing but  
15 definitely a tech. So then that then delays then --  
16 affecting the staffing in the emergency department,  
17 so.

18          GUY DANSIE: Well, you bring up a good  
19 point because that was part of the reason the bill  
20 was vetoed. Dr. Redd actually was the one that  
21 advocated the governor to veto the bill because the  
22 bed savings issue wasn't -- the hospitals were not  
23 happy about that part of the bill. And we understand  
24 that. And we don't have the authority to regulate  
25 that end of it.

1           TERESA BRUNT: Right.

2           GUY DANSIE: But the rule basically  
3 addresses the EMS side, and it really puts the onus  
4 on the EMS to discuss that and not put their people  
5 in harm's way. Because they're in harm in other  
6 ways.

7           TERESA BRUNT: Yeah. And I don't want you  
8 to crash either, you know.

9           JAY-DEE DOWNS: Even our circumstance up  
10 there, so if we go with a mutual aid ambulance or  
11 whatever, it might be somebody coming out of Salt  
12 Lake. So now you're delayed another hour and a half.  
13 The other thing is we have a rule that before they  
14 were depleting our resources, our 911 resources. So  
15 if you had six 911 ambulances out there, they would  
16 take five out for transfers.

17          TERESA BRUNT: Oh, yeah. I can say that.

18          JAY-DEE DOWNS: And we would say "Timeout,  
19 no more. We're not doing that no more." We came  
20 back and said, "Okay. We're only going to do three  
21 at a time; three at the most. And you know we'll get  
22 around it when we can come back. If I was to call an  
23 ambulance out of Salt Lake to come and do it, you're  
24 still an hour and a half away and we'll normally have  
25 another ambulance back in service.



1 GUY DANSIE: What the rule tries to do is  
2 if it's a delay due to -- to fatigue or due to the  
3 provider's inability to provide that ambulance --

4 TERESA BRUNT: Right.

5 GUY DANSIE: -- then the onus falls on  
6 them to use mutual aid. If you read part 5 at the  
7 bottom it says, "They shall use mutual aid agreements  
8 to provide the patient transport."

9 We want that to be clear they're not  
10 whimpering out. They're to get the transport done, but  
11 it might be through mutual aid or some other way if  
12 it's a fatigue issue.

13 Now if it's a severe weather issue, the  
14 intent of this is that nobody probably should be  
15 driving.

16 TERESA BRUNT: Right.

17 GUY DANSIE: And that's kind of the gist  
18 behind it.

19 JAY-DEE DOWNS: I mean I think -- you  
20 know, in talking to other agencies and even ours, you  
21 know, if it's a high priority, they'll risk a lot to  
22 save a lot. But it doesn't make sense to risk a lot  
23 to save a minimum. It doesn't make sense.

24 LAUARA SNYDER: Right.

25 TERESA BRUNT: A contract that you can

1 come and watch the patient.

2 GUY DANSIE: So do we want to read through  
3 there and scrutinize it, or how do you feel about it  
4 generally?

5 TERESA BRUNT: I don't have a problem with  
6 it.

7 JAY-DEE DOWNS: Jess, what do you think  
8 about this?

9 JESS CAMPBELL: Yeah. So we've been  
10 talking about it with the state chiefs a little bit,  
11 trying to find the best solve that works best for  
12 everybody, including I guess what would be  
13 our non-secured transport agencies as well. I think  
14 that -- kind of what we come to a consensus is I  
15 think we all -- we need to schedule some time that we  
16 can get everybody together in a room or at some sort  
17 of venue and just kind of get this done.

18 GUY DANSIE: So, Jess, this is Guy. I was  
19 going to ask you, do you think you need more time  
20 then maybe as the stake holders to convene a group  
21 and look at it and --

22 JESS CAMPBELL: Yeah, I think based on the  
23 fact that, you know, there's -- it sounds like  
24 there's going to be some possible changes to some  
25 statute while -- you know, kind of while that's going

1 on, you know, take the time or take advantage of the  
2 time and just get this -- get this squared away.

3 GUY DANSIE: Okay. So you kind of want to  
4 defer for the short term, right? Am I understanding  
5 it right?

6 JESS CAMPBELL: Yes.

7 GUY DANSIE: You want to defer for the  
8 time being.

9 TERESA BRUNT: So again the data  
10 collection, because that to me is -- if it --

11 JAY-DEE DOWNS: Yeah, if it's once in a  
12 while, is it worth it?

13 TERESA BRUNT: Yeah. But if it's a  
14 continual from the months of, I don't know, October  
15 to March or April, you know, that you've got the  
16 weather impact or --

17 JAY-DEE DOWNS: Sure.

18 TERESA BRUNT: -- that kind of stuff. So  
19 if you present that to a group with the hospital side  
20 and they say it's only five or ten, or I don't know  
21 how many cases a year, then that makes sense. But to  
22 change it for such a small amount of transfers.

23 JAY-DEE DOWNS: I think part of the  
24 problem with this is that it's a different problem in  
25 each area.

1           TERESA BRUNT: Oh, yeah. Because for  
2 you -- I mean, for us it's 20 minutes. But for you  
3 it's --

4           JAY-DEE DOWNS: You know if you've got an  
5 ambulance out of service for five hours, you know, in  
6 the middle of the night. So they go out at 1:00 and  
7 don't get back until 6:00 in the morning. So that's  
8 the biggest thing that --

9           TERESA BRUNT: So if it's flukey versus --

10          JAY-DEE DOWNS: Yeah. However, being  
11 so -- it depends on where you are in the state, it  
12 depends on the call volume.

13          TERESA BRUNT: Right, you're the sole  
14 transport. Right.

15          JAY-DEE DOWNS: I do know it's interesting  
16 to note since 2012, the call volume has almost  
17 doubled for transfers up there and most of the call  
18 volumes come from BHU patients.

19          TERESA BRUNT: Yeah, it doesn't surprise  
20 me.

21          JAY-DEE DOWNS: For some reason BHU have  
22 gone through the roof.

23          GUY DANSIE: I'm not going to argue with  
24 that. But the rule basically right now just pertains  
25 to the ambulance because of the BHU thing. And so

1 it's anybody really.

2 JAY-DEE DOWNS: It is. It's anybody.  
3 That's like my point is that we'll risk a lot to save  
4 a lot. We're not going to risk a lot to save a  
5 little.

6 GUY DANSIE: Right, something that can be  
7 delayed.

8 JAY-DEE DOWNS: I don't mean to belittle  
9 BHU patients. However, they're fairly stable is my  
10 point.

11 LAUARA SNYDER: Medically.

12 JAY-DEE DOWNS: Medically, yeah.

13 TERESA BRUNT: So again it's just if the  
14 impact isn't that high to make it a huge discussion  
15 for just a few cases.

16 JAY-DEE DOWNS: Yeah, right. Right.

17 GUY DANSIE: So we want to defer as a  
18 group and just --

19 TERESA BRUNT: I would.

20 GUY DANSIE: -- let the fire chiefs grind  
21 on it.

22 TERESA BRUNT: Defer for numbers. I want  
23 to see numbers.

24 JAY-DEE DOWNS: Are the chiefs going to  
25 grind on this, Jess?

1           JESS CAMPBELL: Yeah. Well, I think the  
2 proposal or the thought process was that, you know,  
3 either in conjunction with an EMS committee meeting,  
4 I feel that -- I think this is just something that I  
5 think we need to get all the stakeholders, as many as  
6 we can, in the same location and just have this be  
7 the primary item of business that we give it the time  
8 that it needs to get this done. We also think that  
9 the other component of this that isn't really being,  
10 I guess, discussed or proposed solutions to because  
11 we really feel that a lot of these issues could go  
12 away if we had a -- we had a process in place that we  
13 could see bed counts. You know, that that  
14 information could become readily available, you know,  
15 to alleviate this for -- for example, I know it's one  
16 of the examples that's talked about, but Payson Fire  
17 had -- you know they transported a behavioral health  
18 to St. George because that's where the bed was  
19 available. And I just think that there's got to  
20 be -- it's got to be addressed, the communications  
21 piece between the hospitals and providing bed counts  
22 for these types of patients.

23           JAY-DEE DOWNS: You know, you're right,  
24 Jess. We've even had it where an ambulance will be  
25 coming out of like Logan Regional Hospital headed to

1 Ogden, and there will be an ambulance coming out of  
2 Ogden headed to Logan Regional. The ambulances are  
3 crossing each other.

4 ALTON GILES: Guy. So, you know, I can  
5 answer a little bit on that just because I deal with  
6 the behavioral stuff. But hospitals, that is a very,  
7 very tightly-held secret. They do not let anybody  
8 know what their bed count is. I'm assuming it has a  
9 lot to do with unfunded patients, you know. Because  
10 if they have a patient that, you know, somebody calls  
11 up, "Hey, I've got XY patient," and they don't want  
12 them or whatever reason, then say they say their bed  
13 is full. I'm not saying that's legal or anything  
14 like that, but they do not talk about bed count  
15 amongst each other at all.

16 GUY DANSIE: Right.

17 TERESA BRUNT: I totally agree with that,  
18 not from the ER standpoint. But, oh, yeah. Because  
19 when they started the tele-tracking system, and we  
20 could actually see their beds, yeah.

21 JAY-DEE DOWNS: That opened your eyes.

22 TERESA BRUNT: That's true. But a lot of  
23 times you might see that they have 20 beds, but they  
24 only have two nurses. So really a lot of time that  
25 bed count isn't a fair count because it's staffing.

1 You don't see the fact that they've had three sick  
2 calls and they can't -- they literally cannot staff  
3 the beds.

4 ALTON GILES: There is not enough beds in  
5 this state for all the behavioral health people. We  
6 transport people like he just said from one location  
7 that has mental health in it all the way across to  
8 the state to ones that -- you know, because they  
9 happen to have an open bed.

10 JAY-DEE DOWNS: Okay.

11 GUY DANSIE: So I'm hearing the group  
12 wants to sit on this one.

13 TERESA BRUNT: Defer for numbers.

14 JAY-DEE DOWNS: Defer to the EMS  
15 committee, and let them --

16 GUY DANSIE: I actually kind of agree with  
17 Jess. I think this is -- the fatigue issue is a  
18 national thing that's being addressed in different  
19 ways.

20 TERESA BRUNT: And one that should be  
21 truly.

22 GUY DANSIE: It should be. Because we  
23 don't want EMS providers in harm's way.

24 TERESA BRUNT: Right, right.

25 GUY DANSIE: However, I think with the



1 pending legislative session and things that may or  
2 may not happen there --

3 JAY-DEE DOWNS: Well, you know, we'd crack  
4 it up if somebody gets hurt or something like that.  
5 Shame on us, you know, seriously. I think you're  
6 going to have -- you might be sitting on the stand  
7 trying to explain your actions.

8 TERESA BRUNT: Right. That's totally  
9 true.

10 GUY DANSIE: But I do think that the  
11 hospital side, which we don't regulate --

12 JAY-DEE DOWNS: No.

13 GUY DANSIE: -- we don't regulate hospital  
14 stuff, but that side of it is probably the part that  
15 needs to be addressed on the hill.

16 JAY-DEE DOWNS: And I think -- I do think  
17 there's some ambulance agencies out there that are  
18 worried if they do say, "Hey, you know what, the  
19 liability of this is my guys are all pooped; I don't  
20 want them to go out," da, da, da, what's going to  
21 happen on the legal liability side of the bureau of  
22 EMS. Are they going to come up there and say "We're  
23 going to take away your license because you can't  
24 provide or someone else will come in and do it." I  
25 don't know.

1 I guess that's the thing they're worried  
2 about. They want some type of protection so they  
3 don't -- however, they still have mutual aid. They  
4 can call in mutual aid partners as well or somebody  
5 else from the state.

6 GUY DANSIE: Okay. With that --

7 TERESA BRUNT: They truly often are the  
8 most difficult patients to manage.

9 JAY-DEE DOWNS: Yes, they are.

10 GUY DANSIE: And it's -- I'm telling you,  
11 all the other states are struggling with it too.

12 JAY-DEE DOWNS: You struggle with it too  
13 because you talk about the ones that are combative  
14 and stuff.

15 TERESA BRUNT: Oh, yeah.

16 JAY-DEE DOWNS: So you go up there and  
17 you've got four security officers sitting on the guy.  
18 And now you're saying, "Oh, you want me to take this  
19 guy in the back of the ambulance by myself?"

20 TERESA BRUNT: Yeah. No, it really is  
21 true.

22 JAY-DEE DOWNS: If you don't sedate him or  
23 anything. So now I'm in a box.

24 TAMI GOODIN: Yeah. There's been cases  
25 where they've had them act out, so yeah.

1 JAY-DEE DOWNS: It is.

2 GUY DANSIE: So let me just summarize.  
3 Our EMS committee meeting is on October 10th. Is  
4 that okay?

5 JAY-DEE DOWNS: No, it's not okay to have  
6 it on the 10th.

7 GUY DANSIE: He's conducting. I'm not  
8 asking approval. The EMS committee meeting is on the  
9 10th. I will put the trauma rule, the specialty care  
10 rule, whatever we're calling it now, on the agenda  
11 for that meeting because that needs to be done  
12 pronto.

13 And then the rates rule we will sit on  
14 that until January for the EMS committee when we have  
15 the rates data in. Because I wanted to make sure you  
16 guys were okay with the idea of extending the  
17 deadline. I can even tell them that, that we will  
18 run the whole thing in January when we get the rates  
19 data.

20 And then this other one we'll just back  
21 off of it.

22 TERESA BRUNT: Will this be reintroduced  
23 in the next --

24 GUY DANSIE: I have no idea.

25 Redd is no longer there. He was the one

1 that ran the bill. But I know that there's a big  
2 issue with this in the state with behavioral health  
3 transports and the bed issue with the hospitals. And  
4 that's something we can't -- the department has no  
5 authority in.

6 JAY-DEE DOWNS: I think you'll see it come  
7 back. I really do.

8 GUY DANSIE: Yeah, I'm guessing too.

9 TERESA BRUNT: Yeah.

10 JAY-DEE DOWNS: Because it was the Fire  
11 Fighter Unions that pushed it.

12 GUY DANSIE: Yes, for safety sake.

13 The other thing I just want to say, I  
14 don't want to feel like I'm undermining anybody or  
15 anything like that. But I sat in the committee  
16 meeting on the hill. Alton Giles was there, Mike  
17 Mathieu, Mike Moffitt, some of the other people that  
18 were involved in this bill, and we made the promise  
19 to the senators and the representatives there that we  
20 would try to work on rule. And I feel like I've  
21 tried to do that. I don't think that was a  
22 cover-my-butt kind of a thing. I wanted to make sure  
23 I did my due diligence on my end. And it sounds like  
24 we've come to that point where it's fizzled out.

25 TERESA BRUNT: Yeah.

1 GUY DANSIE: So --

2 JAY-DEE DOWNS: Okay.

3 GUY DANSIE: -- with that being said.

4 JAY-DEE DOWNS: Anybody got anything else?

5 JAY-DEE DOWNS: If not, we've come to the  
6 end of our agenda.

7 LAUARA SNYDER: I had a question. Did you  
8 say that you were going to ask the committee to have  
9 the mileage rates looked at by one of their  
10 subcommittees?

11 GUY DANSIE: Yeah. They're reestablishing  
12 that. One of the issues with the EMS committee right  
13 now is the subcommittees need to be revamped. They  
14 appointed -- was it Mike Moffitt and -- who was the  
15 other appointee? I'll have to go back and look. To  
16 oversee that, and we wanted to try to recruit new  
17 applications for the subcommittees and this task  
18 force and try to breathe some new life into those and  
19 assign them things. And that would be --

20 LAUARA SNYDER: We're not dead yet. We're  
21 dying.

22 GUY DANSIE: No. But I'm just saying we  
23 need to --

24 LAUARA SNYDER: Yes.

25 GUY DANSIE: A big change in the committee

1 membership. We needed to probably look at the  
2 subcommittees now and the task force and try to  
3 breathe some new life into it, bring in some new  
4 people, new ideas. And looking at the mileage rates  
5 is probably one of those. I'm sure Andy Smith would  
6 jump all over this and be excited about it, and  
7 that's good. That's what we want. We want energy  
8 and we want ideas and people that help us to do  
9 something right.

10 JAY-DEE DOWNS: On the phone, was there  
11 somebody who had a question or a commend?

12 JEAN LUNDQUIST: Yeah, this is Jean  
13 Lundquist. Sorry I joined late. My only question  
14 was what time is the EMS committee on the 10th?

15 GUY DANSIE: 1:00. The general session is  
16 at 1:00. There is an executive meeting that's held  
17 at 11:30, and it's a very general --

18 JEAN LUNDQUIST: We're not invited.

19 GUY DANSIE: Yeah. It's an open meeting.  
20 You can come. But you'll watch everybody else eat  
21 lunch in front of you. We provide a box lunch to the  
22 committee members. And then we basically have a very  
23 informal discussion of the agenda items so that  
24 the --

25 JAY-DEE DOWNS: An awareness deal.

1 GUY DANSIE: So they're aware of what the  
2 issues are. So the original idea was to streamline  
3 the EMS meeting, the committee meeting. There's been  
4 debate whether that's a good idea or not a good idea.  
5 And maybe we need to look at that. If there's people  
6 that feel like it's not a good idea, let's talk about  
7 it.

8 JAY-DEE DOWNS: I think it's a good idea.

9 GUY DANSIE: Okay. I think the committee  
10 likes it. But if it feels like it's being exclusive,  
11 that's what I worry about.

12 JAY-DEE DOWNS: Yeah, I like it. So...

13 JEAN LUNDQUIST: Okay. Thank you.

14 GUY DANSIE: 1:00.

15 RANDY WILDEN: Randy Wilden here too. I'm  
16 sorry, I come in late. I thought I would check in.

17 JAY-DEE DOWNS: Randy.

18 GUY DANSIE: Hey, Randy, it's never too  
19 late.

20 We're basically not going to move the  
21 fatigue or severe weather stuff forward at this  
22 point. And we looked at extending the deadlines for  
23 the FRGs for six months instead of three. And we'll  
24 address that in the committee meeting in January when  
25 we have our rates.

1           But in the meantime we will look in  
2           October at getting a group together to look at the  
3           mileage rate. Does that sound like -- am I  
4           understanding this right?

5           LAUARA SNYDER: Uh-huh (affirmative).

6           GUY DANSIE: And then the trauma rule that  
7           we looked at, basically we approved that and we're  
8           moving it forward. It just adds a stroke and a  
9           cardiac data registry that won't necessarily impact  
10          the hospitals because the data will be extracted from  
11          the CHIE, the health change network, information  
12          exchange. So that was the whole day in a nutshell.

13          JAY-DEE DOWNS: Okay.

14          JEAN LUNDQUIST: Thank you.

15          JAY-DEE DOWNS: Anybody got anything else?  
16          This meeting is --

17          REGINA NELSON: Jay, I have one thing.  
18          This is Regina from Tooele County.

19          JAY-DEE DOWNS: Okay. Regina from Tooele  
20          County.

21          REGINA NELSON: Guy, I'm not sure how much  
22          you work with anybody over in priority dispatch and  
23          the reason why they've announced a new suite. The  
24          priority dispatch a couple weeks ago came out with an  
25          opportunity for all the PSAPs that utilized their



1 program to consider a medical transfer protocol  
2 suite. And basically I'll just read really quick  
3 what they have out on their website because I'm still  
4 waiting. I've requested a demo. So basically -- or  
5 do you have information on that?

6 GUY DANSIE: No. I have nothing on that.  
7 Thanks for bringing it up.

8 REGINA NELSON: Okay. So basically it  
9 says that the suite --

10 RANDY WILDEN: Sorry, I have to go.

11 REGINA NELSON: Okay. So the suite,  
12 instead of having an inter-facility card that the 911  
13 dispatcher would utilize for all of the transfers,  
14 they're offering a set of protocols now.

15 "Protocol 45, Specialized Unscheduled Up  
16 Care Transports, this is to be used when a patient is  
17 transported to a higher, more acute level of care."

18 "Protocol 46, Scheduled Inter-Facility  
19 Transfers Routine, which will be used when a patient  
20 is routinely transported to another facility with a  
21 similar level of care."

22 And then "Protocol 47, Mental Health  
23 Transfers, used when a patient is diagnosed for  
24 symptoms of mental health and transported to a  
25 medical or support facility."

1           Basically what they're saying is it will  
2 "Streamline the patient transfer process guiding  
3 emergency dispatchers to identify the best transport  
4 vehicle, equipment, personnel, and facility based on  
5 the patient's condition. When responders receive the  
6 right information from the start, they can optimize  
7 their resources and send the right help."

8           "And because MTPS, which again is the  
9 Medical Transfer Protocol Suite, is the only transfer  
10 product where billing codes can be confirmed at  
11 dispatch. It enhances return on investment for  
12 transferred providers."

13           So then I requested the demo. I don't  
14 have it yet. It will have to be something that, in  
15 Tooele County, you know, the medical director and  
16 everybody that transports, Lauara, hospitals will  
17 have to be looking at this. But I didn't know for  
18 sure if this is in response to some of Utah's issues  
19 that they're -- or this could be a nationwide problem  
20 that these -- that this suite of different protocols  
21 will definitely be a benefit.

22           GUY DANSIE: It sounds like it. I  
23 honestly --

24           REGINA NELSON: As well, kind of --

25           GUY DANSIE: I haven't been in the loop on

1 that at all. I don't know anything about it at all.  
2 But it sounds like a great idea.

3 REGINA NELSON: Yeah. So I just wanted  
4 you guys to maybe announce that. I'm going to guess  
5 that the other dispatch centers are barely getting  
6 this information. It's something we're going to have  
7 to look at. From my agency, it will probably be  
8 something I'm going to have to budget for. There's  
9 different levels of support you can pay for and some  
10 of it allows these upgrades for free and others  
11 don't. So it might be something I have to look at  
12 and plan and budget, but I wanted you guys to be  
13 aware of it.

14 GUY DANSIE: Thank you, Regina.

15 REGINA NELSON: You're welcome.

16 JAY-DEE DOWNS: Thank you.

17 Any other comments?

18 Okay. Seeing none, this meeting stands  
19 adjourned. Thank you.

20 (Concluded at 2:18 p.m.)

21

22

23

24

25

REPORTER'S CERTIFICATE

STATE OF UTAH )  
 ) ss.  
COUNTY OF SALT LAKE )

I, Tamra J. Berry, Registered Professional Reporter in and for the State of Utah, do hereby certify:

That on June 27, 2018, the foregoing proceeding was reported by me in stenotype and thereafter transcribed, and that a full, true, and correct transcription of said proceeding is set forth in the preceding pages numbered 3 through 160;

WITNESS MY HAND AND OFFICIAL SEAL this 30th day of July, 2018.



Tamra J. Berry, RPR, CSR

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