

# EMS Rules Task Force Meeting

## HEARING

March 27, 2019

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Hearing  
March 27, 2019

EMS Rules Task Force Meeting  
Bureau of EMS and Preparedness

March 27, 2019 \* 1:05 p.m.

3760 South Highland Drive  
Room 425 - Highland Office  
Salt Lake City, Utah

Reporter: Tamra J. Berry, CSR, RPR

A P P E A R A N C E S

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- Guy Dansie
- Jay Dee Downs
- Gay Brogdon
- Teresa Brunt
- Dean York
- Alton Giles
- Dave Quealy
- Derek Maxfield
- Kristy Kimball

APPEARING VIA TELEPHONE

- Jean Lundquist
- Regina Nelson
- Jess Campbell
- Steve Barrett

P R O C E E D I N G S

1  
2  
3 GUY DANSIE: In the interest of time, we  
4 will go ahead. We will go around the room and have  
5 you introduce yourselves.

6 I'm Guy with the bureau.

7 GAY BROGDON: Gay Brogdon with the bureau.

8 ALTON GILES: Alton Giles with Guardian.

9 MIKE WILLITS: Mike Willits, Sevier County  
10 EMS.

11 DEAN YORK: Dean York, Provo County  
12 sheriff.

13 TERESA BRUNT: I am Teresa Brunt with --  
14 what am I? I am the new intervention trauma outreach  
15 coordinator at Mountain Medical Center in Nevada, but  
16 I represent ENA.

17 DAVE QUEALY: I'm Dave Quealy. I work for  
18 the West Jordan City Attorney's office.

19 GUY DANSIE: And Alton is here today as a  
20 stakeholder and guest, and a lot of what we're  
21 talking about today affects him directly. So we want  
22 to make sure we have his input on everything that we  
23 do and a good buy-in on these two pieces of rule.

24 So should we go ahead and start looking  
25 through it? I think Jay will -- he's supposed to

1 conduct, but he's not here. So by default I think  
2 I'll go ahead and we'll start.

3 REGINA NELSON: Guy, this is Regina,  
4 Tooele County Sheriff's Office. I'm on the line  
5 representing emergency medical dispatch. And with me  
6 today I have Steve Barrett, operations manager for  
7 Tooele Valley Behavioral Health as well.

8 GUY DANSIE: Oh, good. Good. Because  
9 this is a behavioral health issue.

10 REGINA NELSON: You're welcome. So I'm  
11 going to put you guys on speaker so he can hear our  
12 conversation as well.

13 GUY DANSIE: Perfect. Thank you.

14 So for those of you who are on the phone,  
15 hopefully you got the handouts. There were two  
16 pieces of rule: R426-2, the designation rule, which  
17 is one that we've been working on for the last couple  
18 years off and on. But this is the latest effective  
19 version with the new amendments for behavioral health  
20 transport. And then we have 426-4, and that's the  
21 operations rule. And there are some little places in  
22 there where we've added language to reflect that --

23 (Derek Maxfield enters the room.)

24 GUY DANSIE: -- the effects of Senate Bill  
25 85.

1           One thing just to preface this meeting,  
2 too, I wanted to let you know, this new statute  
3 change for behavioral health transport won't be  
4 effective until I believe July 1. Is that right?

5           ALTON GILES: I don't know. Did we get a  
6 date in there? I didn't view that one.

7           GUY DANSIE: Typically they're July 1st is  
8 when they're made effective. I'll have to find out.  
9 We're way ahead of the curve. Usually administrative  
10 rule does not need to be in place until I think it's  
11 120 days after or maybe 90 -- I'll have to look into  
12 that -- but after the statute takes effect. But I  
13 wanted to bring it to this group to kick it around a  
14 little bit. And then we do -- we have other  
15 stakeholders that were involved in the bill, and I  
16 wanted to make sure they had a chance to review it a  
17 little bit.

18           And so I'm not trying to push this through  
19 the EMS committee in two weeks when we have that  
20 meeting because the statute isn't in effect yet. So  
21 I need to wait on the rule until it's in effect. So  
22 we've got the cart before the horse a little bit.  
23 But I figured this would be a good meeting and good  
24 time to kind of knock this out and at least get to  
25 where we're kind of on the same page.

1           And then as soon as the bill goes through,  
2 then we can make the rule effective as well. Does  
3 that make sense?

4           ALTON GILES: So it wouldn't be until the  
5 July meeting when the council --

6           GUY DANSIE: When they adopt it, yeah.

7           JEAN LUNDQUIST: Guy, this is Jean. Can  
8 you just give a quick overview of the statute and  
9 what passed.

10           GUY DANSIE: Yes. If you want to look for  
11 it, it's online. And if you go to the legislative  
12 website, it's under bills 2019 session. And then you  
13 can look up Senate Bill 85. And it was sponsored by  
14 Senator Vickers.

15           And the general description on the bill  
16 itself says, "The bill adds a designation category  
17 for non-emergency secured behavioral health transport  
18 providers and vehicles."

19           And if you go through the bill, it was  
20 some definitions that were added.

21           (Mr. Jay-Dee Downs enters the room.)

22           GUY DANSIE: It primarily talks about --  
23 on the fourth page of the bill, it talks about  
24 part -- it's like line 102. It gives a definition of  
25 the non-emergency secured behavioral health

1 transport, and it talks about what it is.

2           And then if you look at the department  
3 powers at line 157, it talks about -- it just adds  
4 that we also permit non-emergency secured behavioral  
5 health transport vehicles. And there's a couple of  
6 other under the -- if you keep going through the  
7 bill, it talks about it. It adds it into the statute  
8 as one of the categories of a designated EMS  
9 provider.

10           JEAN LUNDQUIST: Okay. Thank you.

11           GUY DANSIE: Okay.

12           GAY BROGDON: You e-mailed it out to them  
13 on the 14th.

14           GUY DANSIE: Okay. Yeah, I mailed it out  
15 on the 14th. Gay just pulled up the e-mail.

16           And so let's just go down through the  
17 language a little bit. Are there any questions about  
18 the concept? This is the same thing that we worked  
19 on last year extensively. We had an ad hoc group and  
20 worked on it. Alton was part of that. There were  
21 several of the inter-facility transport  
22 license-holders, South Jordan, Gold Cross, Ogden  
23 Fire, behavioral health folks from the Division of  
24 Substance Abuse and Mental Health were involved. We  
25 came up with a lot of good ideas. But then when we



1 made the rule, we prepared the rule and sent it to  
2 the committee, and the committee approved it.

3           And then as we went to put it out, our  
4 general attorney counsel felt we didn't have clear  
5 authority in the statute. So it was proposed by  
6 Senator Vickers that we -- you know, he sponsored the  
7 bill. It was at the request of some of the  
8 inter-facility providers actually that we go ahead  
9 and get that authority in our statute, and this bill  
10 allows us to do that now.

11           They did change the name of it. We called  
12 it -- before it was non-emergency secured transport.  
13 And there was some heartburn over that a little bit,  
14 but we ended up with the non-emergency secured  
15 behavioral health transport -- or not health,  
16 behavioral transport is what it's called. I'll get  
17 myself tongue-tied.

18           Anyway as we look through, I tried to go  
19 back and paste that old language that we all agreed  
20 upon last year into those sections of the rule.

21           (Kristy Kimball enters the room.)

22           GUY DANSIE: So we go down through  
23 R426-2-200. We just added that category as part C.

24           Then as we go down through the rule, after  
25 we get through the dispatch center requirements, I

1 put in the non-emergency secured behavioral health  
2 transport minimum designation requirements. So that  
3 it would follow suit as a new type of designation.  
4 And I guess you want to look through that language to  
5 make sure it reads okay? I hate to bore you with  
6 reading it all, but I don't think we -- we don't have  
7 a lot today, so I think we can just read it all.

8 "The vehicles, equipment, supplies that  
9 meet the current requirements of the department for  
10 designated non-emergency secured behavioral health  
11 transport providers, as found on the bureau of EMS  
12 and preparedness's website to carry out its  
13 responsibilities under its designation."

14 ALTON GILES: Okay. So I guess clarify  
15 for me. Under this dispatch thing, does the  
16 designation -- what are they required to have?

17 GUY DANSIE: Dispatch?

18 ALTON GILES: Do they need this 400? Is  
19 that going to be --

20 GUY DANSIE: 400 is actually current  
21 effective language.

22 ALTON GILES: Yes. But is the designation  
23 going to have to have -- I mean you know whoever is  
24 designated, are they going to have to go contract  
25 with somebody with like VECC or set something up like

1 that?

2 GUY DANSIE: We'll get into that. We'll  
3 get into that. This first part is just -- it's  
4 basically saying that we wanted to put the vehicle  
5 requirements and the staffing requirements in policy  
6 on the website.

7 ALTON GILES: Okay.

8 GUY DANSIE: That was my thinking.  
9 Because we felt like we do that for the ambulances.  
10 We have an equipment list, drug and equipment list on  
11 the website. That way it's more fluid. We don't  
12 have to go through the rulemaking process every time  
13 it needs to be amended. So that was my intent. Now  
14 whether I captured that or not, let me know. If it  
15 doesn't read correctly or...

16 We've got these good legal brains in here  
17 that could probably wordsmith it better than I did.

18 KRISTY KIMBALL: I would probably just  
19 make a few changes in the flow, just to make it flow.

20 GUY DANSIE: I figured you might.

21 DEAN YORK: We're not offended.

22 GUY DANSIE: No, no, no. This affects you  
23 primarily anyway, so let's go over it.

24 KRISTY KIMBALL: When I'm reading it, when  
25 you get to "behavioral health transport providers," I

1 would put "in order to carry out" --

2 GUY DANSIE: "In order to carry out"  
3 instead of "as found"?

4 KRISTY KIMBALL: Yeah. "In order to carry  
5 out their responsibilities under their designation."  
6 And then I would say, you know, where they would be  
7 found. Because it's just kind of -- it's really long  
8 run-on sentences that's a little confusing to me.

9 GUY DANSIE: "Were to carry out."

10 KRISTY KIMBALL: Just to take out "to  
11 carry out its responsibilities under its  
12 designation." Because you're referring I think to  
13 the providers themselves, but you don't need that.  
14 That's kind of superfluous. I would just put  
15 "vehicles, equipment, and supplies that meet the  
16 current requirements of the department for designated  
17 non-emergency secured behavioral health transport  
18 providers" -- and then just keep it how it is -- "as  
19 found on the Bureau of EMS's preparedness website."

20 MIKE WILLITS: That's true.

21 TERESA BRUNT: And I second that.

22 GUY DANSIE: And then take out the last  
23 part of that sentence?

24 KRISTY KIMBALL: Yeah. Because it wasn't  
25 really clear if it was talking about the bureau's

1 responsibilities or the transporter's. It's just not  
2 necessary I don't think.

3 GUY DANSIE: Good.

4 JAY-DEE DOWNS: Well, it's implied if  
5 you're going to do it, you're going to carry them out  
6 anyway.

7 GUY DANSIE: Sure. That makes for a nice,  
8 easier read. Staff, number who, should we talk about  
9 this one?

10 KRISTY KIMBALL: This is a little thing,  
11 but website, I don't know that there's supposed to be  
12 a hyphen between web and site.

13 GUY DANSIE: You won't offend me.

14 KRISTY KIMBALL: Okay. Well, I hope not.  
15 Not today maybe.

16 GUY DANSIE: Not today.

17 Okay. How about the second part? "Staff  
18 who meet required training as approved by the  
19 department policy for mental health patients  
20 de-escalation and the American Heart" -- this is old  
21 wording, but I don't know if it reads real clean.

22 TERESA BRUNT: Is there actually training  
23 for that mental health part?

24 ALTON GILES: Yeah, there's companies out  
25 there that --

1           TERESA BRUNT: Okay. They have to be  
2 certified in it.

3           ALTON GILES: The one that we use is CPI.  
4 Intermountain has their own term for what they teach.  
5 University of Utah, I can't remember which brand  
6 they're using.

7           GUY DANSIE: We have a list of the  
8 different programs that we all agreed that were  
9 okay --

10          ALTON GILES: Acceptable.

11          GUY DANSIE: -- or acceptable.

12          ALTON GILES: And if I remember correctly,  
13 Butler, when he was here, he was talking about making  
14 that mandatory for EMTs --

15          GUY DANSIE: So did Moffitt.

16          ALTON GILES: -- across the board having  
17 that type of training.

18          GUY DANSIE: In fact they did vote on  
19 doing that. They added the hours as one of the state  
20 required hours for --

21          ALTON GILES: Part of our hours we have to  
22 get for continuing education?

23          GUY DANSIE: Yeah.

24          KRISTY KIMBALL: Okay. So 2, to me, is  
25 like one I think that is written kind of confusingly.

1 So maybe maybe I'm just confused, or I could just be  
2 confused.

3 GUY DANSIE: No, tell me.

4 KRISTY KIMBALL: And it may not. Be when  
5 you say "staff" that's ambiguous too. I would think  
6 you would -- are you going to require that let's say  
7 for any behavioral health transports that they have  
8 at least one, you know, person on that transport that  
9 meets "X"?

10 I mean when you say staff, like I think  
11 you just have to be specific about --

12 GUY DANSIE: Instead of -- how about  
13 "non-emergency secured behavioral health transport  
14 providers shall have" --

15 MIKE WILLITS: Personnel?

16 GUY DANSIE: -- "a person," or something  
17 like that. I think maybe we reword the --  
18 re-organize the sentence. It seems like we're  
19 talking -- do we want to list it as a requirement for  
20 the provider that they have the staff that's trained?

21 ALTON GILES: That's what we talked about  
22 that the staff was going to have to meet these  
23 requirements.

24 KRISTY KIMBALL: But do all staff members  
25 have to? My point is like when you're on a

1 transport, right, you may have two or three people on  
2 that transport. Sometimes you'll have somebody  
3 that's there for security purposes. Like somebody  
4 who's been part of law enforcement. Then you'll have  
5 somebody in the back maybe that is trained in  
6 de-escalation techniques for behavioral health  
7 patients. And you might have a driver who maybe  
8 doesn't have to be trained. So I'm just wondering.  
9 That's so ambiguous. It's like who has to be trained  
10 and which staff members?

11 MIKE WILLITS: Is there a minimum staff  
12 or --

13 TERESA BRUNT: It's usually two.

14 GUY DANSIE: Do you want to say an  
15 attendant, or something like that?

16 ALTON GILES: That's what we call it. We  
17 call them an attendant, the one in the back. And for  
18 us they are EMS, and they do have that training. But  
19 sometimes we have a person who is just a driver.

20 GUY DANSIE: How about we say we provide  
21 an attendant who is trained in X, Y and Z?

22 ALTON GILES: I don't know about provide.  
23 Required or something.

24 KRISTY KIMBALL: Let me ask you this:  
25 Just like you did in the prior one where you kind of



1 pushed it to, you know, whatever the current, you  
2 know, requirements are that you're going to update I  
3 assume from time to time.

4 GUY DANSIE: Yeah.

5 KRISTY KIMBALL: Can you just say  
6 something about, you know, meet the staff training  
7 requirements as set forth, whatever, you know, by the  
8 bureau at the time. Because then I think -- but if  
9 you want to be specific, then let's get specific  
10 right now. But otherwise I think you have to  
11 delineate like --

12 GUY DANSIE: Let's call it a staffing  
13 requirement. Is that okay? "Meet staffing  
14 requirements"?

15 KRISTY KIMBALL: "Requirements,  
16 including -- including."

17 GUY DANSIE: Training?

18 KRISTY KIMBALL: Training, uh-huh  
19 (affirmative).

20 GUY DANSIE: Would that be okay?

21 KRISTY KIMBALL: Uh-huh (affirmative).  
22 "Including training."

23 And then I would just put a comma after  
24 training, "as required."

25 GUY DANSIE: As required.

1 KRISTY KIMBALL: "As required by the  
2 bureau."

3 GUY DANSIE: Well, I'm going to call it  
4 the department.

5 KRISTY KIMBALL: Oh, sorry, yes.

6 GUY DANSIE: Because that's how we call it  
7 throughout the rules.

8 KRISTY KIMBALL: And then you can -- I  
9 think maybe that will allow for more nuances, and as  
10 you guys kind of figure out how you want that to look  
11 for different attendants and people like you said.

12 GUY DANSIE: And the intent originally was  
13 to have the de-escalation and CPR, right?

14 ALTON GILES: Yes.

15 GUY DANSIE: So do we need to list both of  
16 those? Do you think that's a good thing?

17 ALTON GILES: I mean we do it already. So  
18 it's not like it's going to hurt anything.

19 GUY DANSIE: Yeah, it's not going to  
20 change anything. Just know if it needs to be in the  
21 rule or just leave it as the policy.

22 JEAN LUNDQUIST: If you put that in there,  
23 do you limit to those? That means do you only need  
24 those two?

25 GUY DANSIE: Yeah, I think so. And that's

1 I guess what the question is. Do you want to pin it  
2 down in rule as two are required --

3 ALTON GILES: Yes.

4 GUY DANSIE: -- and only the two, or do  
5 you want to leave it in policy that --

6 ALTON GILES: Well, we can go more than  
7 two. Because, for instance, I'm doing one right now  
8 that's a potentially violent person, and the client  
9 asked for more than one person in the back.

10 GUY DANSIE: Yeah. But I'm talking about  
11 training requirements.

12 ALTON GILES: Training, those two.

13 KRISTY KIMBALL: Does everyone that works  
14 for you, are they trained in de-escalation techniques  
15 and --

16 ALTON GILES: Everyone is trained in  
17 de-escalation but not CPR.

18 JAY-DEE DOWNS: You could put something in  
19 that there's a minimum of two people, and one must be  
20 trained in this that's next to the patient or --

21 DEAN YORK: The attendant.

22 JAY-DEE DOWNS: -- the patient attendant.  
23 You could put a minimum of two, which of one is  
24 trained in this da, da, da, and is next to -- or is  
25 the attendant to the patient.

1           TERESA BRUNT: How do you categorize the  
2 level of -- like there's some patients that I think,  
3 yeah, they're good. They're not -- you know, they'd  
4 be fine, versus ones who you know might act out and  
5 give you problems in transport.

6           ALTON GILES: There is no categorization  
7 right now currently for this. We take all of them,  
8 you know. And if they're more higher acuity kind of  
9 a thing, they let us know. And we will send the  
10 appropriate -- we can send a police officer if we  
11 need to. We can do things like that.

12           TERESA BRUNT: I have a hard time agreeing  
13 with just two, just --

14           ALTON GILES: Two what?

15           TERESA BRUNT: To just have a single  
16 attendant in the back with --

17           ALTON GILES: Well, so the majority of  
18 transports are being done with that. Whether it's an  
19 ambulance or whether it's us, you're putting a single  
20 attendant in the back anyway.

21           TERESA BRUNT: Anyway, yeah. It's a  
22 single attendant for a non-combative patient though.  
23 I'm just saying --

24           ALTON GILES: If they're combative, then  
25 you know as the department or an employer we have to

1 make sure our people are safe. And if that's -- we  
2 put another person to give them a total of two or  
3 three or four. I mean, I've transported in an  
4 ambulance before with five people in the back.

5 KRISTY KIMBALL: Sometimes you can't  
6 anticipate --

7 ALTON GILES: But that's the acute ones.

8 TERESA BRUNT: You can't anticipate  
9 because they might be just fine for me and then  
10 they'll --

11 KRISTY KIMBALL: How about this --

12 GUY DANSIE: So I don't want to tie it to  
13 rule maybe, the number.

14 ALTON GILES: No, I don't.

15 KRISTY KIMBALL: So I would say, you know,  
16 with at least, you know, one staff -- with at least  
17 one staff member on each transport that is trained  
18 in --

19 ALTON GILES: The de-escalation and the  
20 CPR.

21 KRISTY KIMBALL: -- de-escalation.

22 ALTON GILES: Now for the most part, both  
23 of our people are but --

24 JAY-DEE DOWNS: That's why I say if you  
25 put in there a minimum of two, one of which is

1 trained in this, saying that you've got to have at  
2 least a driver and one guy in the back. That's a  
3 minimum. However, it's up to the agency if they need  
4 more people.

5 GUY DANSIE: Yeah. Scale it up or --

6 JAY-DEE DOWNS: You have to have at least  
7 a minimum.

8 GUY DANSIE: So this is what I'm thinking,  
9 "Meet staffing requirements to include at least one  
10 attendant during transport."

11 ALTON GILES: Yes.

12 GUY DANSIE: And --

13 KRISTY KIMBALL: You could put, to your  
14 point, "Meet staffing requirements" -- maybe -- "as  
15 set forth by the department."

16 And then "Including."

17 GUY DANSIE: Including.

18 KRISTY KIMBALL: "Including having at  
19 least one attendant on each transport."

20 ALTON GILES: Well, Guy, I just happened  
21 to glance down. So if you go over to here, it talks  
22 about it again too under 426-4-200.

23 GUY DANSIE: Yeah, in the application.

24 ALTON GILES: Number 7.

25 KRISTY KIMBALL: We're being duplicative.

1 ALTON GILES: Yeah, we're stating it  
2 again.

3 GUY DANSIE: All right.

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

5 In part of the conversation we've termed  
6 department as being in that. I just want to be sure  
7 that it's being used in reference to the bureau or  
8 the department of health and not the agency.

9 GUY DANSIE: Okay. I'm not sure I  
10 understand what you're talking about, Jess.

11 JESS CAMPBELL: So in the discussion we've  
12 been having here, there's been a reference to it  
13 being, you know, left up to the department policy.  
14 And I just want to make sure that as we talk about  
15 department -- we went through this a couple years  
16 back where we cleaned up definitions, and department  
17 doesn't mean fire or EMS department. It means the  
18 bureau of EMS, so...

19 GUY DANSIE: Right. And we used that term  
20 in the rule because in the definitions in the  
21 statute, it defines department, meaning the  
22 department of health.

23 ALTON GILES: Okay.

24 JESS CAMPBELL: Yeah. I just wanted to  
25 make sure that was how it was being used.

1 KRISTY KIMBALL: So, Guy, it seems to me  
2 that you should take whatever is in this R426-4-200  
3 and 7 and basically cut off the latter part and  
4 insert it into that 502 and just make it consistent.

5 GUY DANSIE: So you're looking at -- what  
6 was the reference again, 900?

7 KRISTY KIMBALL: You've got two sets of  
8 the rules, right? So right here it says --

9 GUY DANSIE: Part 7. So whatever you do,  
10 you've got to make it consistent with what's here.

11 GUY DANSIE: It's in the operations rule  
12 is what you're saying?

13 KRISTY KIMBALL: Uh-huh (affirmative). So  
14 you can't have it be --

15 GUY DANSIE: In both.

16 KRISTY KIMBALL: Well, no, you can have it  
17 be in both; it just has to be congruent.

18 GUY DANSIE: Consistent. Let me just copy  
19 it out of there.

20 KRISTY KIMBALL: I think you could -- you  
21 could certainly cite to this other provision. I was  
22 just pointing out that what we're doing right now  
23 would be consistent with what's already in this other  
24 section. And whatever we do, we've got to make sure  
25 we're consistent.



1 GUY DANSIE: Yeah. And I was going to ask  
2 you this, in the operational rule, this is R426-4, so  
3 for everybody that's trying to read along. We're  
4 jumping over to the operational rule. There is a  
5 requirement in there, and I put "Two personnel," and  
6 I couldn't remember. I thought that's what we had  
7 agreed to last year. But is that still valid? Do  
8 you still want to do that? And then --

9 DEREK MAXFIELD: I don't see a scenario  
10 where you're going to do this with one person.

11 TERESA BRUNT: Yeah.

12 GUY DANSIE: I don't either.

13 KRISTY KIMBALL: And let me clarify, and  
14 both people would be trained on both things?

15 ALTON GILES: Well, that's not -- I think  
16 it's appropriate to make it so the person in the back  
17 is trained to this. The person who is driving  
18 doesn't need to be. I think it's no different than  
19 when we switched from paramedics -- both paramedics.  
20 The one in the front driving, what's he doing? The  
21 one in the back has to be. The one in the front --

22 GUY DANSIE: So in this operational rule  
23 it says "two personnel who obtain" -- we should say  
24 "with at least one person" --

25 ALTON GILES: Yes.

1 GUY DANSIE: -- "of two."

2 ALTON GILES: I agree with that. I don't  
3 know what everybody else's feeling is, but I think  
4 that's appropriate.

5 MIKE WILLITS: If you run into an emergent  
6 situation and you need that driver in the front, you  
7 pull over and stop. Then you would need to do that  
8 true CPR probably.

9 GUY DANSIE: So do you want to leave it as  
10 two?

11 MIKE WILLITS: I'm just pointing it out.

12 DEAN YORK: Well, what you're pointing out  
13 becomes a 911 call anyway.

14 KRISTY KIMBALL: It's supposed to be a 911  
15 call.

16 MIKE WILLITS: Stop, call 911.

17 ALTON GILES: And we talked that if it  
18 becomes a 911, then you stop, you take the  
19 appropriate action.

20 MIKE WILLITS: It still takes some time to  
21 reach you.

22 TERESA BRUNT: That was my question too.  
23 They don't recontact the sending facility. That's a  
24 911 call, right?

25 ALTON GILES: That's a 911 period. Yeah.

1 KRISTY KIMBALL: You would have to put  
2 "has" there.

3 GUY DANSIE: You're right.

4 KRISTY KIMBALL: I would take out the  
5 comma in there. I would put a comma after personnel.  
6 So "personnel, with at least one."

7 And then I would just cut -- you could  
8 kind of cut and paste that into your other rule that  
9 you're working on so it's just...

10 TERESA BRUNT: Can I ask a question that  
11 might come up anyway? But from my standpoint from  
12 the EMTALA aside, when I'm sending out that patient,  
13 am I relinquishing all issues? Am I discharging them  
14 or am I transferring them?

15 ALTON GILES: You're transferring them.  
16 Well, no, it depends. Because if they're pink  
17 slipped or blue slipped, you're transferring them.  
18 Some patients that go out are being discharged. Like  
19 say a detox patient that might be -- so this rule and  
20 everything, if they're discharged, none of these  
21 rules apply. So this only applies to transfers,  
22 yeah.

23 TERESA BRUNT: And they go with the EMTALA  
24 forms and all that?

25 ALTON GILES: Yes, EMTALA form, pink slip.

1                   Correct, Guy? Once they're discharged,  
2 none of these things apply?

3                   GUY DANSIE: They're not regulated  
4 anymore.

5                   JAY-DEE DOWNS: It's more of a taxi ride,  
6 right?

7                   GUY DANSIE: A private vehicle, a taxi  
8 whatever. They could still move the person, but it  
9 wouldn't be considered a -- the designation would not  
10 be required at that point.

11                   TERESA BRUNT: But do you have guidelines  
12 on if I'm transferring, can they go out with an IV?

13                   ALTON GILES: No, they can't. That's  
14 already in rule.

15                   TERESA BRUNT: Okay.

16                   ALTON GILES: They can have an IV, but it  
17 can't have anything flowing.

18                   TERESA BRUNT: Flowing, yeah. Okay.

19                   ALTON GILES: There's a lot of rules that  
20 apply already, and what we had to follow before even  
21 this was around, so yes.

22                   TERESA BRUNT: Okay. So that stays in  
23 place, okay.

24                   ALTON GILES: Yes. And then to clarify,  
25 so if you have a behavioral patient who's voluntarily

1 going, they don't pink or blue them typically because  
2 they don't want to do that. They're being discharged  
3 if they're voluntarily going somewhere.

4 TERESA BRUNT: Pretty darn rare we send  
5 those. But, yeah, okay.

6 Thank you for that clarification.

7 ALTON GILES: Uh-huh (affirmative).

8 MIKE WILLITS: So back to my question. If  
9 we're not having them both done -- it doesn't mean as  
10 much up here as it does down in my area -- if ever it  
11 ever becomes a larger state issue, would you only  
12 want one person trained when you're out in the middle  
13 of the Levan desert? I'm just saying.

14 GUY DANSIE: I think what we talked about  
15 last year was having both people trained and at least  
16 two people -- like two staff members. And one is an  
17 attendant; one is a driver. Isn't that --

18 ALTON GILES: Well --

19 GUY DANSIE: I can't see that it would  
20 hurt to have the driver trained.

21 ALTON GILES: No. That's fine.

22 GUY DANSIE: I don't think it's a barrier  
23 to entry.

24 ALTON GILES: If we're talking CPR and the  
25 de-escalation, that's not a huge --

1                   MIKE WILLITS:  It's not a big deal, but  
2  it's worth having.

3                   GUY DANSIE:  As we go back down through,  
4  we get into 426-2-900.  It says, "A designated  
5  non-emergency secured behavioral health transport  
6  provider shall provide to the department" -- and then  
7  we have a list of things.  And these are from --  
8  these are the things we agreed upon last year.

9                   "A, name of the organization and its  
10 principals; B, name of the person or organization  
11 financially responsible for the service and  
12 documentation from that entity accepting  
13 responsibility."

14                   And these are the exact same requirements  
15 we have for the other providers, like the quick  
16 response and the medical dispatch center.

17                   "If the applicant is privately owned, they  
18 shall submit certified copies of the document  
19 creating the entity and a description of the  
20 geographical service area, including specific  
21 hospitals, emergency patient receiving facilities,  
22 and licensed mental health facilities."

23                   That was something I added to mirror the  
24 other language that we had previously.  Is there a  
25 problem with that?  Can you see anything else --

1 ALTON GILES: So remind me, description of  
2 the geographical service area. So let's just --  
3 let's just say if I was going to say Salt Lake  
4 County. So if I say Salt Lake County, then I'm  
5 required to talk to every hospital in this county?

6 GUY DANSIE: No. And this is the reason I  
7 added it, because maybe you didn't want to do part of  
8 the county or a particular hospital.

9 ALTON GILES: Okay.

10 GUY DANSIE: So maybe you could say -- and  
11 I'm not saying that you're required to do all the  
12 hospitals. I'm just saying that --

13 ALTON GILES: The potential.

14 GUY DANSIE: -- you would include the  
15 hospitals that you might be providing the service  
16 for.

17 ALTON GILES: Okay.

18 TERESA BRUNT: And how do I know at the  
19 hospital that you're certified, that you follow those  
20 rules? Do you --

21 KRISTY KIMBALL: That you follow what  
22 rules?

23 TERESA BRUNT: How do I know you're  
24 certified? How do I know you've complied with EMS?

25 KRISTY KIMBALL: They will have a

1 designation from the bureau.

2 TERESA BRUNT: Do you send that out to me  
3 as the provider or the hospitals?

4 GUY DANSIE: We can. It will be listed in  
5 our information. I think the burden is actually  
6 probably on the providers to say, "Hey, I'm  
7 designated." And if you don't believe it, then we  
8 can provide that designation information.

9 DEAN YORK: You do that now on the  
10 website.

11 GUY DANSIE: Yeah, so we have them listed  
12 on the website. Just like if you were going to call  
13 an ambulance provider, you know who is licensed to do  
14 an ambulance transport.

15 DEAN YORK: Or if you want to know, you  
16 can go to the website and it's a simple search.

17 GUY DANSIE: Right.

18 TERESA BRUNT: Well, like I know I'd say  
19 with Guardian I know that, but there are other ones  
20 out there.

21 GUY DANSIE: Right.

22 ALTON GILES: Well, there isn't.

23 GUY DANSIE: Not yet. But we have to  
24 think of it as an open market.

25 ALTON GILES: There wasn't to begin with.



1 But you're right, there's nothing saying there won't  
2 be some in the future.

3 GUY DANSIE: This is my other thinking if  
4 you had a particular hospital with a particular  
5 contract for a particular provider -- so Alton might  
6 want to serve all of Salt Lake County. But maybe one  
7 of the hospitals has a different designated transport  
8 -- behavioral health transport provider. So he would  
9 not include that on his list of hospitals. Would  
10 that make sense?

11 ALTON GILES: Okay. Just so I'm clear, do  
12 I need to go out and tell the hospital, "Hey, you  
13 know, I'm including you in this thing," or no? How  
14 does that work?

15 TERESA BRUNT: Or is that my  
16 accountability to know he is a provider?

17 GUY DANSIE: This is what I was thinking.  
18 I'm just trying more with the language we use for  
19 ambulances that says geographical service area,  
20 right? And we all wanted to know what area you were  
21 planting your footprint, okay. And then in that  
22 footprint you might have exclusions or you might have  
23 holes. Like you might have -- maybe you'll do three  
24 of the hospitals but not all of them.

25 ALTON GILES: Okay.

1 GUY DANSIE: Or maybe you'll do one on one  
2 end of the valley and one on the other.

3 ALTON GILES: Shouldn't we leave it up to  
4 whatever designated agency?

5 GUY DANSIE: Yes. We're --

6 ALTON GILES: Like if somebody comes in  
7 new and you're hospital A and I want to have your  
8 business, I'm going to communicate with you, right?

9 GUY DANSIE: Correct, correct. But this  
10 is the application part of it. So when you apply,  
11 you would just let us know.

12 ALTON GILES: We're hoping -- when you  
13 apply, we're hoping to do business in this area.

14 GUY DANSIE: Yeah, I don't know. Maybe  
15 it's too sticky.

16 KRISTY KIMBALL: And hospitals also  
17 they'll change. So Alta has a contract with Guardian  
18 with most of the hospitals. But then depending upon  
19 sometimes, too, administration changing or the  
20 emergency physicians, they'll be like, "Yeah, but we  
21 don't want to use you guys. We're just going to use  
22 the ambulance." So it ebbs and flows.

23 GUY DANSIE: So maybe we don't want  
24 facilities listed.

25 KRISTY KIMBALL: I wouldn't.

1 ALTON GILES: I wouldn't.

2 GUY DANSIE: If it doesn't add value, we  
3 won't do it.

4 KRISTY KIMBALL: And it would change so  
5 often. If you wanted a list of that, it would change  
6 so often based upon who is currently using you  
7 that --

8 JAY-DEE DOWNS: Now, Guy, are we planning  
9 on -- we go out and sticker ambulances. We sticker  
10 designated first responder units and stuff. Are we  
11 going to sticker these guys too and their trucks?

12 GUY DANSIE: Yeah, there's a permitting  
13 piece that goes into it.

14 JAY-DEE DOWNS: So that's another thing  
15 that you can tell if they're permitted by the state.

16 TERESA BRUNT: The sticker, that's how  
17 you'll know.

18 GUY DANSIE: Yeah, they'll have a sticker.

19 ALTON GILES: I'm going to stick that  
20 right on the side too, big certified bureau.

21 GUY DANSIE: And how about just a  
22 description of the geographical service area?

23 ALTON GILES: I think that's fine. I mean  
24 if you want to do Salt Lake County, you can just put  
25 Salt Lake County. If you were going to do Weber,

1 Davis, and Salt Lake County, then --

2 GUY DANSIE: I guess my only concern --  
3 and this isn't a problem, it's just a concern -- is  
4 that we communicate with the ambulance provider and  
5 the hospital so that they all know that you're part  
6 of that mix. You know what I'm saying?

7 DEAN YORK: Yes. It's not exclusive.

8 TERESA BRUNT: But it's available.

9 GUY DANSIE: But that communication  
10 happens so that people know you're doing business at  
11 hospital X.

12 ALTON GILES: Now, we talked about this  
13 last time, how do you want us to go about doing that?  
14 Sending a letter out is what was decided before.

15 GUY DANSIE: Yeah. And I think that was  
16 part of it on the application is we have a letter  
17 acknowledging that they understood that you were  
18 doing business in that area.

19 ALTON GILES: And who is it we send the  
20 said letters to? The agencies that have an ambulance  
21 license in that area or --

22 GUY DANSIE: I would think any of the  
23 facilities that you're moving patients between, and  
24 then I would think the ambulance provider.

25 JAY-DEE DOWNS: Well, that's a good idea

1 too because if you're -- if you're transporting  
2 patients between hospital A and hospital B and they  
3 get in trouble, now you're calling out a 911 service,  
4 they know what's going on. It's not just happening  
5 upon the van and saying, "Oh, what's your service?"

6 GUY DANSIE: Yeah. It's just that  
7 awareness. It's not that they're going to...

8 JAY-DEE DOWNS: So the question is, is  
9 when you send that letter out to notify them or he  
10 sends the letter out does he have to have a letter  
11 come back saying "I acknowledge, and I've been  
12 notified"?

13 GUY DANSIE: I don't think we decided on  
14 that last year. I think what we said was as long as  
15 we can prove they sent the letter.

16 ALTON GILES: Send it out certified is  
17 what it would have to be.

18 GUY DANSIE: Certified and cc ten people  
19 on it or ten agencies and hospitals and then give us  
20 a copy, knowing that you sent that out.

21 DEAN YORK: Is there a burden of a  
22 business license for every town he ends up in?

23 GUY DANSIE: That's a city thing that  
24 we -- it's not in our rule.

25 ALTON GILES: What's the requirements for

1 the helicopters, because they're state, right? So  
2 what does a helicopter have to do?

3 GUY DANSIE: The helicopters are different  
4 because they're under the Federal Aviation Act.

5 TERESA BRUNT: Yeah, a different rule.

6 GUY DANSIE: So the federal government has  
7 the jurisdiction over their flight.

8 ALTON GILES: Their flight. But you are  
9 certifying them in the state, right?

10 GUY DANSIE: We are only authorized to set  
11 the medical -- like the medical care part of the  
12 service --

13 ALTON GILES: Okay.

14 GUY DANSIE: -- and the staffing.

15 JAY-DEE DOWNS: I guess what --

16 GUY DANSIE: We can say -- we can say what  
17 skills they use and how they do the patient care  
18 part.

19 JAY-DEE DOWNS: Right. I think what Alton  
20 is alluding to though is, is this going to be an  
21 exclusive designated area?

22 GUY DANSIE: No.

23 JAY-DEE DOWNS: Okay. So if it's not,  
24 then basically all he really needs to do is notify  
25 the area that he's working in, notify those ambulance

1 agencies and the hospitals that he's working in that  
2 area.

3 GUY DANSIE: Right.

4 JAY-DEE DOWNS: If it's not an exclusive  
5 license to say this is your pad or your footprint,  
6 then he doesn't really need to put a footprint out.  
7 Because all he has to do is send a letter saying, "I  
8 plan on working in these areas and these hospitals  
9 because I've already contacted them. I think that's  
10 what you're alluding to.

11 ALTON GILES: Yeah. Let's say the Four  
12 Corners down there, maybe we get a call from the  
13 hospital, "Hey, can you come pick up a patient?"

14 JAY-DEE DOWNS: Right.

15 ALTON GILES: Okay, yeah, we can come. It  
16 will take us four hours to get there, but --

17 JAY-DEE DOWNS: I think that's what he's  
18 alluding to is since we're not going to go to a  
19 geographical designated area, then what rules would  
20 apply to that to do that. And if it's just a matter  
21 of contacting the hospitals and --

22 GUY DANSIE: Notification.

23 JAY-DEE DOWNS: I think it's kind of what  
24 we deal with when we deal with standbys. You know,  
25 if you -- the agency is there, they have to notify

1 the agency they're coming in to do a standby for like  
2 a filming crew or something else like that. You know  
3 how we did that?

4 GUY DANSIE: Yeah.

5 JAY-DEE DOWNS: To me it's got kind of  
6 that same flavor. I think that's what he's --

7 ALTON GILES: And this is a one time --  
8 like at the beginning of our application, we do this,  
9 we notify. And then like if I run to the Four  
10 Corners, I don't need to call -- you know, I don't  
11 need to call them, "Hey, I'm coming down there to  
12 pick up a patient."

13 I don't need to do that, right?

14 GUY DANSIE: No.

15 ALTON GILES: It's just a one time thing  
16 that we let them know, and we're done with that.

17 GUY DANSIE: I'm thinking of the best  
18 process to do this.

19 JAY-DEE DOWNS: Although if you have an  
20 ambulance that comes in and picks up another patient,  
21 they're supposed to contact those people. If he's  
22 going down to pick up a Four Corners, it might not  
23 hurt --

24 ALTON GILES: That's because it's an  
25 exclusive geographical --



1                   JAY-DEE DOWNS: I'm saying it might not  
2 hurt though if you do go to the Four Corners to say  
3 "I'm coming down to pick up a patient" so they're  
4 aware that you're in their area. That's just common  
5 courtesy.

6                   TERESA BRUNT: As long as you have a  
7 sticker, I don't care. If you're certified, that's  
8 what I care about.

9                   ALTON GILES: When you say if there's an  
10 emergency out on the road, you know, just so the  
11 agency knows, well, me who works on an ambulance as a  
12 paramedic, tell me where I'm dispatched to, where  
13 I've got to go and what the problem is and I'll be  
14 there. We're trained to handle those problems. You  
15 know, is it going to make a difference? Oh, well,  
16 you know, there's a mental health transport, and  
17 they're calling it. Tell me what the problem is,  
18 they're in full arrest and they're on the side of  
19 I-15. Okay. I'll get there and I'll take care of  
20 it, right?

21                   GUY DANSIE: So looking back at this  
22 language, part D, do we want to use a different term  
23 than geographical service area? Because that might  
24 get into that -- it looks kind of like an ambulance  
25 thing, and maybe we take that out.

1           TERESA BRUNT:  If they have the  
2 certification, they should be able to --

3           GUY DANSIE:  State-wide.

4           TERESA BRUNT:  I would think.

5           ALTON GILES:  As far as notifications, I  
6 have a contract with Intermountain Hospital.  What do  
7 they have, 29 hospitals in the state?  Technically  
8 Intermountain Hospital knows I'm going to be dealing  
9 with them.  The same thing with the university, I  
10 have a contract with them.  They have X amount of  
11 hospitals; they know.

12           GUY DANSIE:  Do we want to eliminate that  
13 requirement, the description of the geographical  
14 service area?

15           JAY-DEE DOWNS:  I don't know what the  
16 flavor was in the senate with whoever passed law.  
17 But the flavor was if they're saying there was no  
18 geographical area --

19           GUY DANSIE:  Yeah, this confuses it.

20           JAY-DEE DOWNS:  Yeah, it does.

21           GUY DANSIE:  I'm --

22           ALTON GILES:  I'm fine taking it out.

23           GUY DANSIE:  So the rule that we tried to  
24 do last year, the point of doing this was just so  
25 that communication took place.

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

2 GUY DANSIE: So we could do it a different  
3 way.

4 JAY-DEE DOWNS: I think that's what  
5 everybody was kind of concerned about, they just  
6 wanted communication so that they knew what was going  
7 on.

8 GUY DANSIE: Yeah.

9 JAY-DEE DOWNS: Which like I said is  
10 almost common courtesy to say, "Hey, you know, this  
11 is what's going on."

12 GUY DANSIE: And this is my thinking as a  
13 bureaucrat, let's start simple. And if we have  
14 problems, we can modify the rules later.

15 ALTON GILES: Well, okay, so I'm going to  
16 ask West Jordan here. We do business in West Jordan.  
17 Do you want me to come tell you, "Hey, I'm going to  
18 be doing some transports out of Jordan Valley"? Is  
19 that going to change anything to you?

20 DEREK MAXFIELD: (Witness shakes head.)  
21 No, I wouldn't think. I mean --

22 ALTON GILES: Right. Because we've been  
23 doing that for seven years there now. I mean they --

24 JAY-DEE DOWNS: Well, that's the key  
25 though, Alton, you've been doing it for seven years.

1 ALTON GILES: From the initial start I  
2 think that would be the right thing to do. But --

3 JAY-DEE DOWNS: I think that's the key is  
4 the initial shock would be, "What are those guys  
5 doing in our area?"

6 GUY DANSIE: So on the application when  
7 you apply to be designated, should I just put --

8 ALTON GILES: "Intended geographical  
9 service area." Because what you hope to do and what  
10 you actually end up doing is going to be --

11 GUY DANSIE: Well, the whole point of that  
12 was just to communicate. Maybe I should just  
13 describe it that way and say "proof of communication  
14 with" --

15 JAY-DEE DOWNS: All parties involved?

16 GUY DANSIE: With EMS and --

17 JAY-DEE DOWNS: I don't know. It's kind  
18 of tricky.

19 GUY DANSIE: -- facilities involved.

20 JAY-DEE DOWNS: Dean, what do you think  
21 being in Utah County and stuff? How would you want  
22 it?

23 DEAN YORK: I don't need a call on a  
24 behavioral transport. I mean --

25 JAY-DEE DOWNS: Just the initial that

1 they're going to be working in your area, I think  
2 that's all you're really looking for, isn't it?

3           TERESA BRUNT: If they arrest, then you're  
4 going to come help them.

5           DEAN YORK: Yeah.

6           JAY-DEE DOWNS: I mean Alton is in your  
7 area.

8           GUY DANSIE: I think right now our vendor  
9 pool is very small. So maybe we don't need to have a  
10 requirement unless the vendor pool changed and we  
11 had, you know --

12           ALTON GILES: Well, I think you're going  
13 to have to -- if you're going to put in there, you're  
14 going to have to put it in now as opposed to, oh,  
15 well, if something else. I mean granted, me  
16 personally, I hope it doesn't change and it's just  
17 me.

18           GUY DANSIE: Right, right.

19           ALTON GILES: Because if you're going to  
20 put it in there, you're going to have to put it in  
21 there.

22           JAY-DEE DOWNS: Let's talk about this for  
23 a second. So I'm just thinking this is an  
24 application process. So with an application process  
25 it's going to be hard to do an initial contact

1 because you don't know your work in that area. So  
2 basically if it's initial contact, then really you  
3 don't need to have a geographical area because  
4 they're not working. But however that -- so I'm kind  
5 of going if that's the case, then you could probably  
6 pull that whole thing and put in the operations that  
7 they would have to contact.

8 GUY DANSIE: Yeah. And I'd rather  
9 almost -- that might make more sense. Because at the  
10 beginning of a four-year cycle, it might morph into  
11 something completely different by the end of the four  
12 years.

13 JAY-DEE DOWNS: Well, I mean if you're  
14 saying a geographical area and now they're starting  
15 to branch out, now they're being restricted so to  
16 speak. So that's my point is that you can't really  
17 go with the geographical area if the intent was to  
18 the state to say that they could do go anywhere in  
19 the state at any given time, then how could you do a  
20 geographical area? Do you see what I'm saying?

21 GUY DANSIE: So let's take it out of the  
22 permitting -- or the application process and put it  
23 as a --

24 JAY-DEE DOWNS: You could put it in the  
25 operations that basically says -- in the operations

1 portion that says they agree to --

2 GUY DANSIE: They should contact local?

3 JAY-DEE DOWNS: Yeah, do an initial  
4 contact with any transport that's coming out of a new  
5 area or something like that.

6 GUY DANSIE: Maybe we will say "should" or  
7 something to kind of give a little flexibility.

8 JAY-DEE DOWNS: I know some of these areas  
9 would really get wound up about it if they found they  
10 came in their area and took a transport out and  
11 didn't say anything to them. Because you're talking  
12 state-wide. We're not talking just local; we're  
13 talking state-wide.

14 GUY DANSIE: Okay. I'm going to propose  
15 that we remove the description of the geographical  
16 service area.

17 ALTON GILES: Okay.

18 GUY DANSIE: And we will put something in  
19 the operations.

20 JAY-DEE DOWNS: This is the application  
21 process. This is the process for them to get their  
22 designation, right?

23 GUY DANSIE: Come in, say they have a  
24 couple weeks, get those permitted, make sure their  
25 staff is trained.

1                   JAY-DEE DOWNS: We're almost boxing the  
2 provider and the bureau into a corner to say -- it's  
3 almost something they can't obtain. So it would deny  
4 their application because they can't obtain it.

5                   GUY DANSIE: Good point.

6                   DEAN YORK: If it needs a seconding, I  
7 second that you change it.

8                   TERESA BRUNT: I third it.

9                   GUY DANSIE: Okay. So I took off that  
10 requirement for geographical service area.

11                   Okay. Now, 2 -- and a lot of this  
12 admittedly is mirrored from the quick response units  
13 that are in an ambulance service area and that they  
14 need to work closely together all the time. So 2 is  
15 kind of in that same thing. It says "Provide the  
16 locations for stationing its vehicles, equipment, and  
17 supplies." Do we want to do that or is that a  
18 problem, or do we want to just eliminate it?

19                   JAY-DEE DOWNS: I would just put in there  
20 their office -- you have to have some sort of office  
21 area to be contacted at. They have to have a home  
22 base somewhere or something like that.

23                   GUY DANSIE: Provide business?

24                   JAY-DEE DOWNS: Location. I don't know.

25                   ALTON GILES: I mean we have an office. I



1 would think anybody who is going to do anything like  
2 this is going to have an office.

3 JAY-DEE DOWNS: Right.

4 GUY DANSIE: Well, in the earlier part of  
5 the permitting, we already said we want your contact  
6 and your principals and other stuff, remember?

7 ALTON GILES: Yeah.

8 GUY DANSIE: So can I just eliminate this  
9 out?

10 ALTON GILES: Sure.

11 GUY DANSIE: I can't see that it -- and  
12 granted we stole it from the quick response unit.

13 KRISTY KIMBALL: Yeah. I would think that  
14 would be critical for emergency response, but...

15 GUY DANSIE: Yeah. For somebody that's  
16 being dispatched out, yeah. Okay. I'm going to  
17 eliminate 2.

18 JAY-DEE DOWNS: Well, somewhat you don't  
19 require it on inter-facility transport on licenses.

20 GUY DANSIE: Okay. Here's another one --  
21 two, I'm just changing 3 to 2. The one that says 3  
22 on your copy says, "For emergency coordination  
23 provide a current dispatch acknowledgement with  
24 designated emergency medical service dispatch center  
25 in areas where transports are located."

1 ALTON GILES: Okay. So explain that one  
2 to me. What's that about?

3 JAY-DEE DOWNS: Take it out.

4 GUY DANSIE: This was the thing last year,  
5 and it came up in that ad hoc group that we have some  
6 way to notify the dispatch that you're in the -- that  
7 you're doing business in the area.

8 ALTON GILES: So you want -- because  
9 didn't we decide there were 23 dispatch centers in  
10 the state of Utah?

11 GUY DANSIE: Yeah, or something more than  
12 that actually.

13 ALTON GILES: So you want me to send a  
14 certified letter to each dispatch center?

15 GUY DANSIE: Well, I'm asking does it add  
16 value? Do you think it adds value? We had it in  
17 there last year, but I'm just saying I don't know if  
18 it adds a lot of value in my opinion. But --

19 ALTON GILES: I don't think it adds a lot  
20 of value, but that's my opinion.

21 MIKE WILLITS: You're not going to contact  
22 any of them.

23 ALTON GILES: No. The only time I would,  
24 911, I have --

25 JAY-DEE DOWNS: I take this more as like

1 when the designated units now contact dispatch and  
2 say they're in route and arrive on scene, I take that  
3 more as a requirement there because that's what it is  
4 in the designation of the emergency.

5 GUY DANSIE: Right.

6 JAY-DEE DOWNS: It's almost ambiguous, do  
7 you know what I'm saying?

8 GUY DANSIE: It is. And the only thing I  
9 would think it would be valuable for is if a hospital  
10 called a dispatch center and it was one of these type  
11 of patients and then the dispatch center said, "Hey,  
12 maybe you could send it by Guardian instead of the  
13 ambulance." But that to me is probably --

14 MIKE WILLITS: But they should follow that  
15 anyway.

16 GUY DANSIE: Yeah. That's the hospital  
17 education piece. And maybe we ought to just take  
18 this part --

19 JAY-DEE DOWNS: I don't think we should  
20 show that on dispatch because that's not their  
21 responsibility.

22 GUY DANSIE: I agree with that.

23 JAY-DEE DOWNS: That's a hospital  
24 decision.

25 GUY DANSIE: I agree with that.

1           TERESA BRUNT: I don't know about Jean,  
2 but I don't call 911 when I do a transport.

3           JEAN LUNDQUIST: That's true.

4           REGINA NELSON: This is Regina from Tooele  
5 County, and we appreciate that being removed.

6           TERESA BRUNT: I don't think that needs to  
7 be there.

8           GUY DANSIE: As long as you're happy,  
9 Regina, we're happy.

10          REGINA NELSON: Thank you, Guy.

11          JEAN LUNDQUIST: This is Jean Lundquist.  
12 So are the hospitals -- is there going to be a  
13 contract that the hospitals will be required to call  
14 these certain agencies, or they can still call  
15 whoever, just whoever?

16          ALTON GILES: They can call whoever.

17          GUY DANSIE: And it's a medical decision.  
18 If that patient needs to be transported and they have  
19 a medical condition that needs observation, then  
20 they're still required to use an ambulance. These  
21 are for -- these are for patients who have no medical  
22 issue and they need to be transported strictly for  
23 behavioral health reasons, for emotional issues.

24          ALTON GILES: And to move behavioral, the  
25 accepting facility will not accept a

1 medically-compromised patient. They have to have a  
2 stable patient to go to UNI or to go to LDS's  
3 behavioral floor. They have to be.

4 GUY DANSIE: They have to be stable  
5 medically.

6 ALTON GILES: Yes. They have to be  
7 stable.

8 GUY DANSIE: So, yeah, one of the things  
9 we did last year, South Jordan put together a very  
10 good algorithm and some educational information for  
11 the hospitals, and I've been asked to share that with  
12 the hospitals. As we move forward on this, that  
13 educational piece for the hospitals is crucial so  
14 they understand what it is and when it's appropriate.  
15 Right? You smile.

16 But Alton educates the hospitals that he  
17 deals with.

18 ALTON GILES: Yeah, it should be up to me.  
19 I go out, I educate them, I talk to them, you know,  
20 and talk to the physicians. Because ultimately it's  
21 a physician's voice because they're the one on the  
22 hook for the transfer.

23 GUY DANSIE: Right. So there are those  
24 little tools out there is what I'm trying to say.  
25 And if the hospital needs information, we can provide

1 that to him.

2 TERESA BRUNT: So if I do deem a patient  
3 un -- not necessarily unstable but not -- outside of  
4 your capabilities, if I really feel that patient  
5 needs to go by ambulance, can dispatch refuse that?

6 GUY DANSIE: No. Dispatch can't override  
7 you.

8 TERESA BRUNT: They have to send a  
9 medical -- I mean a higher level?

10 GUY DANSIE: Right. An ambulance.

11 JAY-DEE DOWNS: I think that's why we're  
12 saying in the dispatch portion of it that the  
13 hospital decides what kind of transport they take.

14 TERESA BRUNT: Yeah. So if I call  
15 dispatch, I'm going that way.

16 JAY-DEE DOWNS: Yeah. Your dispatch is  
17 doing dispatch, so that's another reason why to keep  
18 it as is.

19 TERESA BRUNT: Yeah, just keep it out of  
20 there.

21 JAY-DEE DOWNS: So we're not muddying the  
22 waters.

23 GUY DANSIE: We don't want to have them be  
24 a --

25 ALTON GILES: You've got two separate

1 phone numbers. You've got 911 and you've got our  
2 number.

3 JAY-DEE DOWNS: But when it's all said and  
4 done it's still up to the doc to make that.

5 TERESA BRUNT: To make permanent  
6 transportation, right.

7 JAY-DEE DOWNS: Because this falls under  
8 the inter-facility transports, and that's what it  
9 says.

10 TERESA BRUNT: Right. Okay.

11 JAY-DEE DOWNS: It's same thing if you  
12 have a combative patient and they've warped him,  
13 right, they've sedated him. Well, they say, "Hey,  
14 you know what, this has got to go by an ambulance  
15 because this guy is medicated.

16 GUY DANSIE: If they're medicated, they  
17 have to go by --

18 TERESA BRUNT: Yeah.

19 JAY-DEE DOWNS: Exactly. Who decides  
20 that? The doc does when he warps them. That's a bad  
21 word. When they sedate them. Sorry.

22 ALTON GILES: Yeah. Angry ones they'll  
23 take. They won't take medically compromised ones.

24 TERESA BRUNT: Right, right, right.

25 GUY DANSIE: So moving down through our

1 list, I renumbered. So I'm on the part that says,  
2 "Provide a current plan of operations which shall  
3 include" -- and then we have a list of A, B, C. A  
4 starts out as "A list of staff who have been trained  
5 as approved by the department policy for mental  
6 health patient de-escalation and America Heart  
7 Association, cardiopulmonary" -- did I say all that  
8 right -- "cardiopulmonary resuscitation or equivalent  
9 for all personnel. Operational procedures be" --

10 JAY-DEE DOWNS: What do you mean by that?

11 TERESA BRUNT: I was going to say I don't  
12 think that needs to be in there, but that's just me.

13 JAY-DEE DOWNS: Well, what do you mean?  
14 What's your intention there? Are you saying how they  
15 get called out or --

16 GUY DANSIE: The intent was making sure  
17 the staff, whoever the staff is, are trained and they  
18 apply. And maybe --

19 JAY-DEE DOWNS: That's what I'm asking.

20 GUY DANSIE: We're not certifying anybody  
21 or we're not licensing anybody to be a behavioral  
22 health transport attendee.

23 JAY-DEE DOWNS: The reason why I ask that  
24 if I was applying for that, I would call you up and  
25 say, "What do you mean by this?"



1           TERESA BRUNT: Right. And you already  
2 said prior that it would --

3           JAY-DEE DOWNS: And Tammy is going to say,  
4 "Well, I don't know, I'll have to ask Guy."

5           Do you see my point?

6           GUY DANSIE: Yeah.

7           JAY-DEE DOWNS: So either we put it in and  
8 spell it out or we take it out, one or the other.

9           TERESA BRUNT: And you already have said  
10 they had to be CPR de-escalation prior.

11           GUY DANSIE: How about we just say a list  
12 of current -- do we even want to have employees or  
13 current staff members?

14           ALTON GILES: The question I was going to  
15 ask, how often do you want that updated? I mean --

16           GUY DANSIE: Yeah, four years isn't going  
17 to give us a very good picture, is it?

18           ALTON GILES: No. I mean --

19           GUY DANSIE: Should we eliminate it?

20           JAY-DEE DOWNS: Right now you update it  
21 through the grants process.

22           GUY DANSIE: Well, they're not part of  
23 that, so that won't matter. And so we don't --  
24 currently we have to have the rosters for an EMS  
25 provider to give them grant money, but that's not

1 part of your world.

2 ALTON GILES: You could give me money, is  
3 that what you're saying?

4 JAY-DEE DOWNS: But your operations  
5 procedures could include though how they operate.  
6 Meaning we get contacted by the hospital; the  
7 hospital tells us to come pick up a patient. We go  
8 pick them up. This is how we transport that patient,  
9 da, da, da. So it's a brief summary you could have  
10 like that, so you know exactly what they're doing.  
11 And I think that's kind of like -- that's how I would  
12 interpret that if that was me.

13 GUY DANSIE: So operational procedures,  
14 part B, means that, right?

15 JAY-DEE DOWNS: Yeah. You can just put  
16 "Operation: Please include a brief description of  
17 how you operate or how you intend to operate."

18 That way when you do give them a permit  
19 you can say, yep -- if somebody questions you, you  
20 can say, "Yep, this is what they identified in their  
21 designations as to how they're going to operate."

22 TERESA BRUNT: I mean you already defined  
23 it.

24 GUY DANSIE: So, Jay, you're talking about  
25 their function.

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

2 GUY DANSIE: So should we just get rid of  
3 the staff list?

4 JAY-DEE DOWNS: No, the staff list -- I  
5 don't know. It doesn't really -- to be honest with  
6 you, to me a staff list doesn't really matter.  
7 Because if I'm going to be a provider and this is  
8 what I'm supposed to provide, I have to provide those  
9 qualities. What do you care who they are.

10 GUY DANSIE: Yeah, I don't care the John  
11 Doe or Jane Doe, or whoever.

12 JAY-DEE DOWNS: Do you see what I'm  
13 saying, I'm the one that's on the hook to provide  
14 those people. Even in the ambulance end of it or the  
15 paramedic end of it, the only thing you want to know  
16 is if they're certified. But I'm still taking the  
17 liability by putting those people on the bot. Do you  
18 see what I'm saying?

19 GUY DANSIE: Okay.

20 JAY-DEE DOWNS: That's how I feel. I  
21 don't know how you guys feel, but that's kind of the  
22 way I look at it.

23 MIKE WILLITS: In an emergency situation,  
24 the bureau is licensing those EMTs. In this  
25 situation, they are not.

1                   JAY-DEE DOWNS: They are not. But still  
2 when it's all said and done, if I'm the licensed  
3 provider and I agree to put those people on there, I  
4 better have licensed people on there. Right?

5                   MIKE WILLITS: Yes.

6                   TERESA BRUNT: And you've already  
7 identified them.

8                   GUY DANSIE: It becomes a liability if you  
9 don't.

10                  JAY-DEE DOWNS: And then if that happens  
11 and they find out those people aren't licensed, state  
12 goes like this and you're on your own and I'm liable  
13 by myself.

14                  GUY DANSIE: Right, in terms of liability.

15                  JAY-DEE DOWNS: And to be honest with you,  
16 if they are licensed they'll still say you're on your  
17 own. So with the --

18                  GUY DANSIE: I'm eliminating the staff,  
19 the list of staff, if that's okay.

20                  ALTON GILES: Okay.

21                  GUY DANSIE: And then we'll just start  
22 with operational procedures.

23                  JAY-DEE DOWNS: A brief description of how  
24 you operate or something like that. That's how I  
25 look at it. How are you planning on operating?

1 What's your plan?

2 I mean, Alton has told us how he goes to  
3 the hospital and picks them up. So put that in  
4 writing. We'll be contacted by the hospital to  
5 respond, da, da, da, do this, this, and this.

6 GUY DANSIE: Okay. How about that, a  
7 description of operational procedures?

8 JAY-DEE DOWNS: A description, yeah. I'm  
9 speaking here, and I don't know what everybody else  
10 thinks.

11 ALTON GILES: I agree. That's fine.  
12 Those are easy things to do.

13 MIKE WILLITS: Does the state have any  
14 responsibility to audit or do like any kind of an  
15 inspection of any kind like we do on the ambulances  
16 or --

17 GUY DANSIE: If they're designated we  
18 would have authority to investigate complaints and --

19 JAY-DEE DOWNS: They'll still be  
20 inspected.

21 GUY DANSIE: And then they'll be  
22 inspected, the vehicles once a year. And during the  
23 vehicle inspection they could ask for things to --  
24 for compliance.

25 JAY-DEE DOWNS: That's where they get

1 stickers, through the inspection process or the  
2 requirements, you know.

3 GUY DANSIE: I guess here's my thing as a  
4 regulator too. If you have an inspector out there,  
5 every inspector has their own personality and what  
6 they think is important and what's not. And so if I  
7 don't spell it out, then they make up their own minds  
8 about what they have and what they don't have or what  
9 they ask to see or don't see.

10 JAY-DEE DOWNS: Exactly. Because then  
11 they start going off their experience and they start  
12 either exceeding or minimizing it.

13 GUY DANSIE: So if I don't say anything in  
14 here they go out and do an inspection, you know,  
15 it -- they need to have some kind of structure to  
16 follow.

17 JAY-DEE DOWNS: It's just like if you get  
18 pulled over speeding and there's no speed limit. And  
19 then it's up to the officer to say how you're  
20 speeding. That's what you're saying.

21 GUY DANSIE: Right. So I'm just saying  
22 when it comes to plans or when it comes to any of  
23 these things, going back to what Mike asked is how do  
24 we keep an eye on them? So when we do the inspection  
25 process, we'll need to have that spelled out clearly.

1                   JAY-DEE DOWNS:  It's basically what's  
2 right here.

3                   GUY DANSIE:  Yeah.  It's the permit stuff  
4 that's going to be -- or not the permit stuff, but  
5 the application stuff.

6                   JAY-DEE DOWNS:  Basically when you do an  
7 inspection, you're doing it according to the  
8 application.  When you do an inspection you're doing  
9 if equipment is on there, that's all part of the  
10 application process.  That's why I say that it's good  
11 to have their summary in there because now you can go  
12 in there and say, "This is what you said you're going  
13 to do.  Are you doing it?"  And if you're not -- if  
14 you're exceeding it, then you need to update your  
15 summary in your application.  If you're not, you need  
16 to update it either way.  But you need to do what you  
17 say you're going to do.  It's same thing in the  
18 ambulance licensing and also anything else.

19                   KRISTY KIMBALL:  So are we hammering out  
20 like -- are we talking about C and D combined right  
21 now or --

22                   JAY-DEE DOWNS:  No.  We're saying get rid  
23 of A -- excuse me 4A and just go to operational.  And  
24 then --

25                   ALTON GILES:  Description of what we're

1 doing.

2 GUY DANSIE: How you interface.

3 JAY-DEE DOWNS: That's all part of the  
4 operation procedure. So probably B and C would be  
5 combined. And even D. So B, C, and D, yeah.

6 KRISTY KIMBALL: But D is not -- is  
7 nonsensical how it's written now. I know what its  
8 intent was. Because it says, "A written policy that  
9 describes how patients who require a non-emergency  
10 secured behavioral health transport will be refused  
11 for transport..." It should be emergency, right?  
12 Those people who require emergency transport  
13 refused --

14 TERESA BRUNT: Because half the population  
15 refuses it.

16 KRISTY KIMBALL: Yeah. I'm just  
17 saying that --

18 TERESA BRUNT: I'm just saying.

19 ALTON GILES: You're absolutely right.

20 KRISTY KIMBALL: That is written  
21 incorrectly altogether, so just scrap D. What I  
22 think you should say is something up above when you  
23 saying operational procedures that include whatever  
24 and something about procedures to -- procedures to  
25 verify that each patient, you know, can properly be



1 transported.

2 JAY-DEE DOWNS: I'm trying to think, on D,  
3 that was brought up by -- who was that brought up by?

4 GUY DANSIE: Are you talking about the  
5 payment issue?

6 JAY-DEE DOWNS: No. "A written policy  
7 describes how a patient who require a non-emergency  
8 secured behavioral transport will be refused by the  
9 designated provider."

10 KRISTY KIMBALL: Isn't the designated  
11 provider the ambulance?

12 JAY-DEE DOWNS: No, the --

13 GUY DANSIE: When the ad hoc group got  
14 together, they said that -- and this is something  
15 inter-facility providers are very concerned about --  
16 is they didn't want to get the patients that a --  
17 were refused by a company for nonpayment.

18 JAY-DEE DOWNS: Yes. But I think if you  
19 look at that, doesn't that say that down here in F?  
20 It says something about nonpayment in F.

21 ALTON GILES: Uh-huh (affirmative).

22 GUY DANSIE: Yeah.

23 TERESA BRUNT: But do you as the private  
24 agency have to take that one that's unfunded? No.  
25 So...

1                   GUY DANSIE: Yeah. And basically they  
2 just wanted a description of how they would deal with  
3 that, so...

4                   JAY-DEE DOWNS: Well, they felt like --  
5 and I remember the discussion on that part -- they  
6 felt like, you know, an ambulance agency, they can't  
7 turn down the patient. They can't turn down and say:  
8 Do you know what, this patient not going to pay; so I  
9 have to turn it down. They felt like that if they're  
10 going to be a provider, they are going to be a person  
11 who is transporting, they shouldn't have the ability  
12 to turn down for nonpayment. That's what the  
13 discussion was.

14                   ALTON GILES: But then the discussion also  
15 led into the part of an ambulance, they can take and  
16 bill every insurance provider out. They don't need a  
17 contract. I have to have a contract with Select  
18 Health with Blue Cross. And this bill is very  
19 specific also on the very big one when you're dealing  
20 with mental health, Medicaid. This does not include  
21 Medicaid at all. So it's not really a level playing  
22 field as far as, okay, hey, guys, take all these  
23 unfunded, but then I can't take -- I can't do a Blue  
24 Cross because I don't have a contract with them. I  
25 can't take Humana; I can't take Medicaid.

1                   JAY-DEE DOWNS: And maybe that should be  
2 spelled out. I don't know.

3                   KRISTY KIMBALL: Well, I think that gets  
4 into the weeds a little bit.

5                   GUY DANSIE: It is actually in the statute  
6 that they're not eligible for Medicaid. We don't  
7 need to have it in this part.

8                   JAY-DEE DOWNS: Right. I'm just saying  
9 that's what the discussion was that I remember back  
10 in the group. And I remember some very clear  
11 opinions on it.

12                   KRISTY KIMBALL: So if I can just make  
13 this clear, like the hospitals are calling them and  
14 they know who is basically eligible to go via this  
15 transport and they know who they're contracted with.  
16 So it's not that Guardian is somehow showing up and  
17 being, "See you, we're out." The hospitals are  
18 contacting Guardian when its patient meets the  
19 criteria and they know that the patient's insurance  
20 is contracted with them to take them or the other  
21 facility is.

22                   TERESA BRUNT: Right.

23                   KRISTY KIMBALL: So some of that is really  
24 out of our hands. But it's -- again I would still  
25 just argue the ambulances, their pricing and

1 structured based upon knowing that there's some  
2 patients they will not get reimbursed for, and they  
3 know that. And their fee structure is so much less  
4 in part because they're expecting everybody to pay.

5 JAY-DEE DOWNS: Well, you know what, let's  
6 put it in policy that says that. Say, "Hey, do you  
7 know what, we're not able to -- due to the fact we  
8 won't be able to discharge these patients like  
9 Medicare and Medicaid patients they won't be  
10 transported," and that's just submitted in the  
11 application process. It doesn't hurt anything. It  
12 just spells out what you're going to do and not going  
13 to do.

14 KRISTY KIMBALL: What about something that  
15 just says at the time you submit your application, a  
16 list of insurance plans or facilities for which  
17 you're currently contracted and a policy regarding,  
18 you know, when you'll refuse patients either for  
19 medical or insurance purposes.

20 JAY-DEE DOWNS: That's probably a good way  
21 to put it. Because it's basically what you're  
22 saying.

23 TERESA BRUNT: I hate the word "refuse,"  
24 it should be decline. A refusal is --

25 KRISTY KIMBALL: Right, decline.

1 ALTON GILES: I like that.

2 TERESA BRUNT: But I --

3 JAY-DEE DOWNS: Just remember this is an  
4 application process. This is declaring what you're  
5 going to do or not going to do. Once this happens,  
6 it would be up to the bureau to say approved or not.  
7 This is the application process to say this is what  
8 you're doing. And I think the biggest thing is the  
9 more you spell it out, the more you're taking out the  
10 questioning part.

11 KRISTY KIMBALL: So there's no way that I  
12 could repeat that again, but something that --

13 DEAN YORK: It's recorded.

14 KRISTY KIMBALL: Oh, sorry.

15 A list of, you know, current insurance  
16 carriers and facilities with which you're licensed --  
17 or with which you're contracted.

18 TERESA BRUNT: Contracted insurance  
19 agencies.

20 KRISTY KIMBALL: And a policy outlining  
21 when -- what are you calling these guys? When  
22 they'll refuse -- sorry.

23 TERESA BRUNT: Decline.

24 KRISTY KIMBALL: Decline service whether  
25 for payment --

1 GUY DANSIE: You better write this down.  
2 I'm not that fast.

3 KRISTY KIMBALL: Whether for payment or  
4 medical reasons. And it shouldn't be you, but what  
5 are you calling this?

6 GUY DANSIE: Yeah, critique me.

7 KRISTY KIMBALL: What do we call it now?

8 GUY DANSIE: A list of current insurance  
9 carriers and facilities in which you contract?

10 TERESA BRUNT: Contract.

11 GUY DANSIE: I like that better than do  
12 business.

13 TERESA BRUNT: Have current contracts or  
14 something like that.

15 GUY DANSIE: Have a current contract.

16 KRISTY KIMBALL: Just provider.

17 JAY-DEE DOWNS: Yeah, you can put  
18 provider.

19 ALTON GILES: Because essentially the  
20 hospital is not going to go with anybody if they  
21 don't have a contract.

22 JAY-DEE DOWNS: Yeah, because they  
23 wouldn't want the liability.

24 ALTON GILES: Exactly.

25 KRISTY KIMBALL: If you go up it says

1 "carries," and it should be "carriers."

2 GUY DANSIE: Oh.

3 KRISTY KIMBALL: And maybe I'd put "and  
4 health facilities" so that it's clear we're not  
5 talking about insurance facilities. In which -- and  
6 you need to say -- after which, yeah.

7 GUY DANSIE: The designated?

8 KRISTY KIMBALL: Yeah.

9 GUY DANSIE: Does that seem okay?

10 KRISTY KIMBALL: So now I would go down to  
11 where it says -- where you've got D, and I would say  
12 just say "written policies." So I would take out "a"  
13 and I would say "written policies that address." I  
14 would just say "under what circumstances a transport  
15 will be declined, whether for medical or payment  
16 reasons."

17 GAY BROGDON: Medical or payment purposes.

18 JAY-DEE DOWNS: Are you trying to have  
19 this rule ready for the EMS committee?

20 GUY DANSIE: No.

21 ALTON GILES: Apparently we can't.

22 GUY DANSIE: Well, the problem I have is  
23 the code hasn't been -- it won't be effective in  
24 statute, so I don't have the authority to implement  
25 the rule until after July.

1           JAY-DEE DOWNS: So it will go into law at  
2 the first of July, but --

3           GUY DANSIE: Yeah, so the rule can't be --  
4 it has no validity until the statute takes effect.

5           JAY-DEE DOWNS: So we'll review it at the  
6 July meeting is what you're saying?

7           GUY DANSIE: Yeah.

8           ALTON GILES: Why can't this stuff be  
9 proposed to them in April, they vote on it, yes, and  
10 it doesn't go into effect until July 1?

11          GUY DANSIE: I could do that.

12          ALTON GILES: Do you know what I mean?  
13 I'll be honest, my intent was to have my application  
14 to you --

15          GUY DANSIE: -- July 2nd?

16          ALTON GILES: There you go.

17          TERESA BRUNT: Guy, can you take out  
18 "other" on EMS providers on B. Why can't it just be  
19 "EMS providers" up above in B. Does that "other"  
20 have to be there?

21          JAY-DEE DOWNS: I don't think so. They're  
22 not EMS providers, so it doesn't refer to that.

23          TERESA BRUNT: They're not. So it doesn't  
24 refer to that.

25                 Thank you. Picky little things, you know.



1 GUY DANSIE: No, that's good.

2 TERESA BRUNT: Stop, I was reading.

3 GUY DANSIE: I'm going to take it all out  
4 because we said it in a different way. Is everybody  
5 losing interest?

6 So are the other parts of that, the other  
7 letters -- E is a written protocol to activate 911 if  
8 an emergency situation arises.

9 TERESA BRUNT: Right.

10 GUY DANSIE: F is documentation that the  
11 operations plan was shared with the local EMS  
12 council, if one exists.

13 ALTON GILES: Okay. So what's the intent  
14 of H?

15 GUY DANSIE: That was something that the  
16 others felt like we needed, but...

17 JAY-DEE DOWNS: That's almost a leftover  
18 from the language before.

19 TERESA BRUNT: From before.

20 GUY DANSIE: It is. Do you want me to  
21 eliminate it?

22 TERESA BRUNT: Yep.

23 JAY-DEE DOWNS: Yeah, it doesn't really  
24 apply.

25 GUY DANSIE: Okay.

1                   GAY BROGDON: And you don't need it  
2 because you have patients.

3                   ALTON GILES: And I guess 5, other than  
4 the fact that we have to do it, do we need a policy  
5 that says we have to do it? I don't know how that  
6 works. I think we discussed I need to give you my  
7 data now.

8                   GUY DANSIE: It could be as simple as just  
9 how many you do a year or those things --

10                  ALTON GILES: What does the bureau  
11 require?

12                  GUY DANSIE: We have no requirement.

13                  ALTON GILES: Just the fact we give it to  
14 you?

15                  GUY DANSIE: Last time the people thought  
16 it was important that we have a picture of what's  
17 going on with behavioral health transports.

18                  ALTON GILES: I'm okay with that. But my  
19 question to you is: Do I need to do it once a month?

20                  JAY-DEE DOWNS: No. I think once a year  
21 when we do the ambulance reporting, we do that once a  
22 year. You guys sent an e-mail out last month -- or  
23 last week saying we need to do a report on that. So  
24 it could be basically the same thing.

25                  DEAN YORK: Part of licensing?

1 JAY-DEE DOWNS: Yeah.

2 GUY DANSIE: And currently we don't have  
3 any criteria for behavioral health transports.

4 JAY-DEE DOWNS: So that needs to be  
5 created then.

6 ALTON GILES: I'm using -- I use  
7 ImageTrend also probably because my fire department  
8 did and I knew how to work it. But then ImageTrend  
9 told me, as we were working through it, I had  
10 bastardized mine because I took out a lot of things I  
11 don't need. I don't need vitals. I don't need all  
12 that stuff, so I don't capture it. What I want to  
13 make sure is when I send it to them, it's not this  
14 big, oh, it didn't work.

15 JAY-DEE DOWNS: Right now their data is  
16 being captured in the behavior health portion of  
17 ImageTrend for the ambulance providers. But if this  
18 takes that out of that, you still need to capture  
19 that. So maybe the database needs to create a  
20 database. You know how you have your database sets  
21 for the ambulance, so maybe you ought to have one for  
22 a non-emergent transport.

23 GUY DANSIE: Yeah, that was our thought  
24 last year.

25 ALTON GILES: Yeah, because otherwise I'm

1 going to screw up your thing or I'm going to have to  
2 capture a lot of stuff that just doesn't matter to  
3 us.

4 JAY-DEE DOWNS: The point is I think it  
5 needs to stay in there. But however the department  
6 needs to come up with that, and we need to get that  
7 set in ImageTrend.

8 GUY DANSIE: Yeah.

9 JAY-DEE DOWNS: Do you see what I'm  
10 saying? The datasets for behavioral transport.

11 GUY DANSIE: Yeah.

12 JAY-DEE DOWNS: Which might be  
13 basically -- it might be really simplified. It might  
14 just be like name, date, address, blah, blah, blah,  
15 and that's it. Because you wouldn't have to worry  
16 about vital signs.

17 ALTON GILES: Pick up/drop off,  
18 signatures, possibly.

19 JAY-DEE DOWNS: I'm sure that you want to  
20 capture that. Because what you're going to see in  
21 your database if these calls start going up on this  
22 side, they should go down on this or do they equal  
23 out. Do you see my point? If that's the case you're  
24 going to see that you're doing more behavioral health  
25 transports than you did before. If you're doing the

1 same, this one should go down and this one should go  
2 up. And in my opinion it should be tracked. I don't  
3 know how you feel about that.

4 GUY DANSIE: I do, I feel good about it.  
5 But do you think that's okay in there, the policy?

6 ALTON GILES: I guess just my question to  
7 you is how often? That's all I want to know. If  
8 it's once a year, great.

9 GUY DANSIE: Two things, we don't have any  
10 criteria. The criteria has to be set by the EMS  
11 committee.

12 ALTON GILES: Okay.

13 GUY DANSIE: So I don't have --

14 JAY-DEE DOWNS: That probably should be  
15 put into rule right there. That would be one of the  
16 questions you'd ask them, the EMS committee.

17 GUY DANSIE: Right. But I don't want to  
18 hold back the whole process just because of the data  
19 side of it.

20 JAY-DEE DOWNS: Absolutely. Do you know  
21 what, I think that's good in the rule right there.  
22 But he's asking how much to collect. So if he does  
23 an ImageTrend report on these patients, it's going to  
24 be provided right then. Right?

25 ALTON GILES: Does it push to you guys

1 right away?

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

3 GUY DANSIE: This is what I'm thinking, we  
4 have the same basically for the ambulance in our Rule  
5 7, R426- 7. We put a paragraph or two in there, and  
6 we say that you guys need to do -- this category of  
7 designation needs to provide this data. And then say  
8 this data is these elements. So, you know, have a  
9 list of elements.

10 ALTON GILES: Okay.

11 GUY DANSIE: But we can hammer that out --

12 ALTON GILES: Later.

13 GUY DANSIE: -- not in this group but with  
14 the data people.

15 JAY-DEE DOWNS: That's where you're going  
16 to go back to ImageTrend to do it.

17 GUY DANSIE: In fact, I will offer up,  
18 Alton, maybe you and I can sit down with Felicia and  
19 look at a patient care report, weed out all the stuff  
20 we don't want, and then see if we can build a simple  
21 template that captures the things we need. And then  
22 we'll propose that to the committee.

23 JAY-DEE DOWNS: You may be able to contact  
24 ImageTrend and see if they're doing that for somebody  
25 else.

1 GUY DANSIE: That's a good point.

2 DEAN YORK: Not re-invent the wheel.

3 GUY DANSIE: Moving through the rule,  
4 since we're all excited, 6 is all about insurance,  
5 and that all mirrors the ambulance provider insurance  
6 language, so...

7 JAY-DEE DOWNS: Is that from the increase  
8 we did on that? It is, right?

9 GUY DANSIE: Yeah, it's got a million  
10 dollars.

11 Is there anything else that anybody can  
12 see that we need to -- there's part 9 at the end  
13 basically saying that if you get in trouble, if  
14 you're doing something wrong we can take discipline  
15 against you.

16 JAY-DEE DOWNS: You can have the EMS PD  
17 come after you.

18 GUY DANSIE: That's basically all standard  
19 language for the other designated providers. Does  
20 anybody need a break or are we good?

21 ALTON GILES: I'm good.

22 TERESA BRUNT: I'm good.

23 GUY DANSIE: Anything else?

24 Would anybody like a break as I hop down  
25 to the bottom part of this rule?

1 DEAN YORK: Let's finish this rule.

2 GUY DANSIE: Okay. I'm going to shift  
3 gears on you, and then we'll come back to behavioral  
4 health.

5 I gave you a -- I apologize to those of  
6 you on the phone, I did not think of this until this  
7 morning. Last year in the legislative session there  
8 was a House Bill 13. Representative Perry passed  
9 this, or he was the legislator that proposed this.  
10 Basically what it does is it allows for agencies to  
11 have a peer-support team. Meaning that if an agency  
12 has -- if an agency has the desire, they can train  
13 some of their staff to help each other cope with  
14 emotional trauma or bad stuff at home or whatever the  
15 issues are between co-workers.

16 The purpose of the bill was to give  
17 protections to those people when they communicate so  
18 that it's not something admissible in court, okay?  
19 And there are some criteria that has to be in place  
20 before that can happen. The peer-support members  
21 have to be trained appropriately, and they have to  
22 belong to an agency who has a policy and a program in  
23 place. So we were charged as a department of health  
24 to approve training. UFRA with the fire and -- well,  
25 actually it says the fire marshal in the statute.



1 The fire marshal will delegate it to UFRA and POST  
2 for the law enforcement officers and the department  
3 of health for anybody else, basically the EMS side of  
4 things. So Gay and I have been working this last  
5 year with our CISM team, who does debriefings and has  
6 extensive psychology and mental health understanding.  
7 A third of the team are mental health professionals.  
8 So we have developed a simple one-day training course  
9 that just was piloted this last weekend, and we'll be  
10 offering that to our CISM people. And then we will  
11 possibly in the future have that as a resource for  
12 people that may want to create a peer-support team.

13 But since that bill took effect and we are  
14 getting into that area, I put a little bit of  
15 language under CISM team section talking about peer  
16 support. And that's what is 426-2 dash -- it's going  
17 to be probably 1300.

18 I took out a reference to statute, as  
19 we've been doing throughout the year to clean up some  
20 of those cross-references that are not necessary. If  
21 you go down, number 3, just says "The CISM team may  
22 assist the department in approving peer-support  
23 training for licensed EMS personnel."

24 It's just saying that the CISM team, that  
25 they're advising us to help approve those trainings.

1 There are I think five trainings that we have  
2 approved that are privately provided. But most of  
3 those cost over a thousand dollars for people, and  
4 there's only one in Utah. The rest of them are  
5 scattered around the country.

6 So when you read down the rule, 7 says  
7 "The department will maintain a list of individuals  
8 who have successfully completed and provide  
9 documentation" -- oh, hold on, I don't like that.

10 JAY-DEE DOWNS: Okay. Real quick, Guy.

11 GUY DANSIE: Yeah.

12 JAY-DEE DOWNS: CISM team. The Bureau of  
13 EMS CISM team, who is that?

14 GUY DANSIE: You don't know anything about  
15 that?

16 JAY-DEE DOWNS: I do. But I'm just  
17 asking --

18 GUY DANSIE: For the audience?

19 JAY-DEE DOWNS: Yeah.

20 GUY DANSIE: Okay. In Utah back in the  
21 '80s, late '80s, they found that many people were  
22 traumatized on the job. So the bureau back then,  
23 Jan Buttrey, met with the department chair at Weber  
24 State University over psychology, and they created a  
25 concept. And I think that other states were involved

1 in some of this at the same time. I was still in  
2 high school, just getting out of high school back  
3 then.

4 JAY-DEE DOWNS: Yeah, right.

5 GUY DANSIE: Actually, I was married that  
6 year, '87.

7 JAY-DEE DOWNS: Yeah, right.

8 GUY DANSIE: Well, I got married in '88.  
9 So this team was created back then. And at that time  
10 several of the mental health professionals were  
11 recruited to create a team that included peers. And  
12 the peers are first responders. It's law  
13 enforcement, fire, EMS, dispatch, and even hospital  
14 emergency department personnel.

15 And the team is actually -- now what's  
16 happened over the years is they are called when  
17 there's a bad incident. They go to meet -- and meet  
18 with the people who responded, and it's like a group  
19 therapy for a couple of hours. They talk about what  
20 they went through and coping strategies. So that's a  
21 debriefing, and that's what CISM primarily does at  
22 this point.

23 JAY-DEE DOWNS: So who sponsors the CISM  
24 people?

25 GUY DANSIE: We do.

1 JAY-DEE DOWNS: The bureau?

2 GUY DANSIE: Yes.

3 JAY-DEE DOWNS: Okay. My point is you  
4 have other places out there that they call their  
5 thing as CISM team. So I was just saying the Bureau  
6 of Utah CISM team or the department's CISM team. Do  
7 you see what I'm saying? To just identify who it is.

8 GUY DANSIE: On 3?

9 JAY-DEE DOWNS: Yeah. Because there's  
10 agencies out there who have their own CISM team. Do  
11 you see what I'm saying? So you take out and clarify  
12 it.

13 TERESA BRUNT: I have participated in CISM  
14 though. It's good stuff.

15 JAY-DEE DOWNS: I have too. I'm just  
16 saying just to clarify it. Who it is, who is  
17 sponsoring, where it comes from.

18 GUY DANSIE: Okay. So I put that in 3.  
19 Do I need to put it in the header?

20 TERESA BRUNT: It's already there, isn't  
21 it? Unless you add that bureau part there.

22 GUY DANSIE: Yeah. Number 1 says "The  
23 department may establish it."

24 JAY-DEE DOWNS: Yeah.

25 GUY DANSIE: Should I put "the

1 departments" in here?

2 MIKE WILLITS: Agencies.

3 JAY-DEE DOWNS: Just put department CISM  
4 teams as established above, but I'm just saying it  
5 ought to be identified.

6 GUY DANSIE: Okay. Well, I'm going to  
7 identify it in other language too then.

8 JAY-DEE DOWNS: Absolutely.

9 GUY DANSIE: And I'll go through it and  
10 see if there's any place I might have missed.

11 TERESA BRUNT: "Diffusing" is not a word?

12 GUY DANSIE: That's how we've always used  
13 it, but it doesn't like it on the spell check.

14 TERESA BRUNT: Yeah.

15 GUY DANSIE: And the point, as I go down  
16 into the new language down 7, 8 and 9, the first  
17 concept was that the department would maintain a list  
18 of people that have been trained through our  
19 channels, okay. That way if a -- an agency or  
20 somebody needs a record, we can verify that they were  
21 properly trained.

22 8 basically says "Individuals who perform  
23 peer support functions may only receive legal  
24 protections as described," and I put a reference in  
25 there to 78. I know I'm not supposed to be putting

1 more code references in, but I wanted to make sure  
2 everybody understood this tied back into that part of  
3 statute, that's nothing to do with the Title 268-A  
4 that we normally use.

5           And then 9 is basically, "Individuals who  
6 perform peer-support functions for a licensed or  
7 designated EMS provider should" -- and I left should  
8 in there, just being kind of soft language -- "be  
9 familiar with peer-support policies for the licensed  
10 or designated EMS provider with whom they are  
11 employed or otherwise serving."

12           I just want to make sure that they  
13 understand that that's something that they need to  
14 do. And that's it for this rule.

15           Any suggestions or anything on those, that  
16 last part on peer support?

17           Should we take a five-minute break?

18           JAY-DEE DOWNS: What do we have left?

19           GUY DANSIE: The operational rule.

20           JAY-DEE DOWNS: Yeah, take five.

21           GUY DANSIE: This will be -- it will be a  
22 lot shorter.

23           JAY-DEE DOWNS: Promise?

24           GUY DANSIE: Okay. We're on break.

25           (Break taken from 2:34 to 2:40 p.m.)

1 GUY DANSIE: We are looking at 426-4. And  
2 starting with part 200, we added the designated  
3 non-emergency secured behavioral health transport as  
4 one of the things that we're considering when we do  
5 operations now.

6 As we scroll down through that rule, at  
7 the bottom of that first section, section 200,  
8 there's part 7. And this is the one that Kristy  
9 talked about earlier in the meeting today.

10 It just says, "When responding to a call  
11 each designated non-emergency secured behavioral  
12 health transport vehicle shall be staffed with two  
13 personnel."

14 Do you want me to put "at least" in there  
15 or leave it?

16 ALTON GILES: It's fine.

17 GUY DANSIE: Because what if there are  
18 three, is that going to make --

19 KRISTY KIMBALL: At least.

20 ALTON GILES: Yeah, at least. Because  
21 sometimes we do more than that.

22 JAY-DEE DOWNS: A minimum?

23 ALTON GILES: Yeah, minimum. That's fine  
24 too.

25 GUY DANSIE: With a minimum?

1 ALTON GILES: Yeah. Because I'd hate to  
2 get in trouble because I put three in there instead  
3 of two.

4 GUY DANSIE: Yeah. That's not the intent.

5 "With at least one who has obtained  
6 required training as approved by the department  
7 policy for mental health patient de-escalation and  
8 American Heart Association Cardiopulmonary  
9 Resuscitation or equivalent."

10 Does anybody have any problem with it.  
11 Quiet is good.

12 Do we want to go to the next section?

13 ALTON GILES: Uh-huh (affirmative).

14 GUY DANSIE: The next change we have is  
15 426-4-400. We added the -- I forgot a "D" at the end  
16 of that. We added the designated non-emergency  
17 secured behavioral health transport term to that  
18 title. And then we added it in the text on part 2.  
19 Down on 5 I added "QRU" because I wanted to specify  
20 that it was just for that designation, not for the  
21 others. "Each licensed ambulance provider or  
22 designated QRU." Okay, so those -- that only applies  
23 to that type of designation.

24 Then we go down to 426-4-500, scene and  
25 patient management. This is the place where we put



1 information about having policies for -- a weather  
2 assessment policy and a fatigue policy. Last year  
3 when we had the bill from Representative Redd, that  
4 was one of the things he had in his bill. I think  
5 our EMS committee people all like this idea. They  
6 actually approved language last meeting, and then I  
7 had some critique and some of the language wasn't  
8 very clear.

9 DEAN YORK: Constructive criticism.

10 GUY DANSIE: So I took it back to the  
11 operations subcommittee and went through it with  
12 them. And it was one of Jay's friends up in Logan.

13 JAY-DEE DOWNS: So you got to talk to him?

14 GUY DANSIE: Yeah. He gave me some edits,  
15 and I thought they were very good edits. And I  
16 didn't want to put the rule out there unless we  
17 clarified some of the issues.

18 The biggest issue was who notifies which  
19 hospital. And so just in order to be transparent, I  
20 wanted that language to go back to the committee.  
21 And it's the same section of the rule that we're  
22 dealing with on the designated behavioral health  
23 secured emergency, whatever, transport. So I'm just  
24 putting it back out there as this is the new  
25 language, and it has been changed since it was

1 approved last time by this group and by the  
2 committee.

3 JAY-DEE DOWNS: So basically under 5(a),  
4 you're saying that for severe weather, that each  
5 agency out there who transports patients needs a  
6 policy as to how they'll operate, right?

7 GUY DANSIE: Right. And they share it  
8 with the receiving facilities in the geographical  
9 service area. Should I put something about business  
10 area or something like that?

11 JAY-DEE DOWNS: No. I'm just wondering if  
12 that policy should be part of their licensing  
13 application. Just a thought. You don't have to do  
14 it right now, but just a thought.

15 GUY DANSIE: Maybe. We'd have to do it  
16 for all of the provider types.

17 JAY-DEE DOWNS: Just a thought because you  
18 know if you're going to have a policy in place that  
19 you can be held against, you can't just have them go  
20 roll with it.

21 MIKE WILLITS: You should have it in the  
22 beginning, start with it.

23 GUY DANSIE: Yeah. And this was primarily  
24 for ambulances.

25 JAY-DEE DOWNS: Right.

1 KRISTY KIMBALL: Yeah. I was going to say  
2 it's really -- in my opinion, that's why it was  
3 created. Because when hospitals, and by definition  
4 if you've got an emergency patient that you need to  
5 get them someplace else, it's like how do we balance  
6 this? I think for these non-emergent transfers it's  
7 not as critical, right, because if there's really bad  
8 weather it's not like these are emergent patients.  
9 It's not like you're EMTALA where there might be a  
10 reason to get them somewhere immediately. But I  
11 think it was more created for the ambulances because  
12 they've got to figure out how to do those  
13 responsibilities of responding on an emergency basis  
14 versus putting more people at risk by --

15 GUY DANSIE: Yeah. Because they're  
16 depleting their resources to some extent by sending  
17 somebody down the road for a five-hour trip. So it  
18 becomes a balancing act for them.

19 TERESA BRUNT: The impact was just the  
20 staffing for the hospitals. But if you're telling me  
21 you can't transport this patient and that patient is  
22 a one on one, requiring one-on-one care --

23 GUY DANSIE: Right.

24 TERESA BRUNT: -- because so that does  
25 impact --

1 GUY DANSIE: It does. And that's why, you  
2 know, we don't have authority to do anything, to  
3 dictate anything to the hospitals.

4 TERESA BRUNT: Right, right.

5 GUY DANSIE: Unless it's like resources.

6 TERESA BRUNT: But I don't want them dying  
7 out on the road either.

8 GUY DANSIE: Right. And I think the whole  
9 idea was that they have a policy and they share it  
10 with the hospital so the hospital understands --

11 TERESA BRUNT: Understands them.

12 GUY DANSIE: -- what limitations they may  
13 have with bad weather or staffing when they're very  
14 tired from other things.

15 TERESA BRUNT: But sometimes I just feel  
16 like that needs to be reflected on the hospital's  
17 side too. That it's not always -- you know, that  
18 there's a staffing issue on the hospital side as  
19 well.

20 GUY DANSIE: Right, right, right. But we  
21 don't --

22 TERESA BRUNT: You don't care.

23 GUY DANSIE: Well, I do care. But it's  
24 not part of our statute or our rules.

25 TERESA BRUNT: Right. As long as they're

1 talking with each other and we understand that, so...

2 GUY DANSIE: How do you feel about that,  
3 Alton and Kristy?

4 ALTON GILES: I guess the thing I have  
5 with -- and it came up last time when we started  
6 talking about people being tired and stuff. I mean  
7 that really comes down to a department or as a  
8 private agency as a business, I need to make sure  
9 that the people that I'm sending out to respond on a  
10 911 or on a transport are capable of doing that.

11 GUY DANSIE: Right.

12 ALTON GILES: It seems like that should be  
13 a business thing, and here the state is -- well,  
14 don't send somebody tired. I get that. Don't do  
15 that. I mean we probably do do that. But we need to  
16 monitor our people. But now you want to put it into  
17 some type of -- I don't know. I think it's a gray  
18 area the bureau is going into.

19 TERESA BRUNT: Because who determines  
20 that.

21 ALTON GILES: Yeah.

22 KRISTY KIMBALL: And also I think Alton's  
23 point is that if you're going to provide emergency  
24 services and be expected to respond, then you should  
25 be staffed appropriately so that you can respond on

1 an emergency basis. Because otherwise you're putting  
2 these hospitals and patients at risk. And so I think  
3 he's saying staff appropriately. And you shouldn't  
4 be making accommodations for staffing issues; you  
5 shouldn't have to have staffing issues.

6 ALTON GILES: You know if you have a  
7 department that's running three ambulances between  
8 this time but then after this time they're not  
9 running three but they have a lot more called, you  
10 know, you need to staff appropriately. I get from a  
11 city's point of view that's a lot of challenges that  
12 come in the budgets, but still you've got to staff  
13 appropriately no matter what type of business you're  
14 in.

15 GUY DANSIE: So that staffing  
16 appropriately would be done by having a policy that  
17 you need to increase your staff or reduce staff or --

18 ALTON GILES: I don't know.

19 GUY DANSIE: I kind of looked at this  
20 issue kind of like we do with our emergency vehicle  
21 operator training. It's a good idea and we're saying  
22 you need to do it, but we're not telling you how to  
23 do it. The department, we don't -- I don't know how  
24 to do it. We don't expect to --

25 ALTON GILES: But if the bureau is not

1 going to tell you how to do it, then why have it in  
2 there in the first place? Unless you just put it for  
3 a thought, maybe as a thought you should think about  
4 these things.

5 GUY DANSIE: Well, part of it is actually  
6 there is a national movement right now specifically  
7 on fatigue. They came out with some national  
8 guidance on fatigue management. And the air  
9 ambulance providers all have fatigue policies as part  
10 of their rules. So I think it's just an extension of  
11 the ground ambulance service. And that was kind of  
12 the gist of House Bill 13 a year ago was to try to  
13 alleviate some of the issues on the EMS providers  
14 related to fatigue and weather. Right, Jay? Maybe?  
15 You're pulling funny faces over there.

16 I agree that --

17 JAY-DEE DOWNS: I'm having a stroke.

18 GUY DANSIE: This one is kind of one of  
19 those things I don't know how far into the weeds. It  
20 basically says that you should communicate with the  
21 hospital and have a policy as a service.

22 MIKE WILLITS: What kind of weight does  
23 this have with the hospital? In other words if  
24 you're refusing a transport, can they say, "Well,  
25 okay, I'll call somebody else"?

1 GUY DANSIE: No. And that's part of  
2 what --

3 MIKE WILLITS: And is that in here in --

4 GUY DANSIE: Yeah, read through it.  
5 There's part of it that talks about if there is need  
6 for delay, then it's on the licensed ambulance  
7 provider to get either a mutual aid partner -- and  
8 that burden actually is required in this rule to be  
9 on the ambulance provider to find another ambulance.

10 MIKE WILLITS: Except for a situation of  
11 weather, it's like --

12 GUY DANSIE: Weather should be just as  
13 dangerous for your mutual aid partner as it is for  
14 you. So you wouldn't want to have -- if you call the  
15 hospital and said, "Hey, you know, there's a  
16 blizzard, we've got to wait an hour; it's too  
17 dangerous," you shouldn't be putting your other  
18 county's people out there either.

19 ALTON GILES: Yeah.

20 JAY-DEE DOWNS: The discussion, I was  
21 involved with this, and I remember this was also  
22 brought up by the -- some of the union stuff and  
23 everything. But it was kind of like the whole thing  
24 is we'll risk a lot to save a lot. But we're not  
25 going to risk a lot to save a -- you know a BHU



1 patient, we're not going to risk anything. But if  
2 it's a cardiac patient and this is the only way they  
3 can go and they've got a -- like for example up in  
4 Cache County they've got to go to a higher-level of  
5 care, then sure we'll call out a plow driver and  
6 we'll risk a lot to save a lot. That was the  
7 discussion.

8           However, also it was like it needs to  
9 be -- the ambulance licensed provider needs to accept  
10 the responsibility that if they can't do it, they  
11 need to find somebody to do it.

12           GUY DANSIE: Right.

13           JAY-DEE DOWNS: Because that's their  
14 responsibility as a licensed provider, you can't dump  
15 them back on the hospital.

16           GUY DANSIE: Right. And I'm looking at  
17 one part that says, "Communications shall provide an  
18 estimated response time." Basically what this is  
19 doing is the policy is driving that communication to  
20 the hospital, "Hey, we have a problem, this is our  
21 situation. We can either get somebody else to come  
22 or we're going to have to wait an hour because of the  
23 weather, or whatever."

24           ALTON GILES: Well, you would hope nobody  
25 would ever argue on weather.

1           JAY-DEE DOWNS: And I think the flavor of  
2 this whole thing was to get the hospitals and the  
3 ambulance providers communicating.

4           GUY DANSIE: Right.

5           JAY-DEE DOWNS: So that the ambulance  
6 providers -- the hospitals aren't saying, "You know  
7 what, we need to deplete all of your 911 resources  
8 because we've got this transfer."

9           And they're saying, "Wait a minute we  
10 don't have enough resources to handle the 911 calls  
11 now."

12           So the whole thing was to get everybody  
13 communicating and saying, okay, can you work with us  
14 a little bit because this is what we're facing. And  
15 vice-versa, the hospital is being inundated by  
16 patients. "Okay, yep, we're getting inundated also.  
17 Okay, we'll get a mutual aid partner up there to  
18 you."

19           But my circumstance up in Cache, our  
20 closest one is going to be 40 minutes away. "So can  
21 you wait 40 minutes?" Because usually our  
22 emergencies are done by then and we can facilitate  
23 it. So it just basically was initiating for  
24 everybody to started communicating is what this whole  
25 piece was about.

1 GUY DANSIE: Right. And it was focused on  
2 the ambulance. And I guess the big question I guess  
3 is do we want to throw the behavioral health stuff  
4 into this mix?

5 JAY-DEE DOWNS: I'm thinking on B, what  
6 would be an unusual demand on a -- on -- you know,  
7 it's the one where it says "EMS personnel unusual  
8 demand." You're kind of going, well, what would be  
9 an unusual demand on a van service?

10 ALTON GILES: Yeah, non-emergent.

11 GUY DANSIE: Do you feel like it's okay to  
12 take out the designated when we put the rule?

13 JAY-DEE DOWNS: Yeah, I'm just asking you  
14 what would be an unusual demand? They've got two  
15 transports to do. So to me it's kind of like that,  
16 and it could probably be taken out because that's  
17 more dealing with an ambulance service.

18 GUY DANSIE: Okay. So do you want me to  
19 just pull it out of that section for --

20 ALTON GILES: (Witness nods head.)

21 GUY DANSIE: Okay. That's really what I'm  
22 after. Because it was approved, and we -- but I did  
23 modify the language slightly for clarity's sake, and  
24 then I threw the behavioral in there. But we can  
25 pull it back out.

1           JAY-DEE DOWNS: Alton, you'll have to  
2 correct me if I'm wrong. This is some education on  
3 my part. If a hospital calls you and you say you're  
4 contracted to provide this van service, right, and  
5 your van is already out on another call or another  
6 transport and you don't have time to do it, do you  
7 have the right to reject it?

8           ALTON GILES: Well, what I try to do, and  
9 I think the communication goes both ways because I've  
10 worked in the ER where you call for an ambulance and  
11 said ambulance doesn't show up and you're over here  
12 doing this. I think for me it's good business and  
13 good customer relationship to communicate back and  
14 forth, like, "Hey, I'm just finishing up one, do you  
15 mind if we -- you know, normally we're there in  
16 30 minutes. Do you mind if we're there in an hour  
17 and 15 because we're busy?"

18           And I feel for us for a business point of  
19 view that works better as opposed to, "Yeah, I'll  
20 take it," and then I just don't show up for an hour  
21 and 15.

22           JAY-DEE DOWNS: That's my point though is  
23 if you're contracted with an agency to do it and they  
24 call you up and you don't have the ability to take  
25 it, now you're in breach of your contract. So

1 somehow you're going to have to facilitate that. So  
2 that's my point. My point is I guess to me it's not  
3 needed in there.

4 ALTON GILES: I don't think it's needed in  
5 there.

6 GUY DANSIE: Okay. I took U out of that.

7 JAY-DEE DOWNS: This was also designed for  
8 the long transports like coming out of Cache or  
9 coming out of Sevier. I mean when you're talking an  
10 hour or two-hour transports.

11 ALTON GILES: St. George, four hours.

12 JAY-DEE DOWNS: Yeah, it wasn't meant for  
13 -- even the fatigue was not meant for Utah County or  
14 Salt Lake County or whatever. It was more these ones  
15 that take more than an hour.

16 GUY DANSIE: Yeah, the bill actually had a  
17 mile --

18 JAY-DEE DOWNS: It was 55 minutes, wasn't  
19 it?

20 GUY DANSIE: I thought it was a certain  
21 amount of miles.

22 ALTON GILES: It ended up being just past  
23 where you could go from Logan to McKay-Dee. And it  
24 was just bigger than that. So your Logan to  
25 McKay-Dee would still fall within --

1 JAY-DEE DOWNS: And Dr. Redd did that on  
2 purpose because he felt like you should be able to  
3 handle that. But when you start getting further than  
4 that, that's when it kind of got gooey.

5 GUY DANSIE: Okay. I will remove the  
6 designated transport provider out of that. And that  
7 is it.

8 JAY-DEE DOWNS: You guys have information  
9 about who's to contact you, right?

10 GUY DANSIE: Yeah. And I took it to the  
11 ops subcommittee and vetted it there, and they  
12 thought that it read okay with adding some of the  
13 edits from Chief Hannig up in Logan. So I did --  
14 because we're putting the rule up again, I just  
15 wanted to bring it through this group. And I didn't  
16 know if we should put designated behavioral health  
17 people in there or just leave it out. I'll leave it  
18 out.

19 DAVE QUEALY: Guy, Dave Quealy with West  
20 Jordan. I just have one question with paragraph 1.

21 GUY DANSIE: Sure.

22 DAVE QUEALY: When I looked through it  
23 compared to what was deleted, the only change is the  
24 current language you have says "geographical EMS  
25 service" instead of licensed ambulance.

1 GUY DANSIE: I'm not sure where you're at.  
2 Where are you at?

3 DAVE QUEALY: Paragraph 1 of the section  
4 we were just looking at, 500.

5 GUY DANSIE: 500.

6 DAVE QUEALY: So it looked to me like 1  
7 through 4 were largely the same as what you have  
8 currently now, with a few minor changes to each.  
9 With paragraph 1, the original instead of "geographic  
10 EMS service."

11 GUY DANSIE: It needs to be ambulance.

12 DAVE QUEALY: It said licensed ambulance.

13 GUY DANSIE: Yeah, you're right.

14 DAVE QUEALY: And my thought is why are we  
15 changing that if emergency dispatch doesn't have  
16 anything to do with what we're talking about?

17 GUY DANSIE: You're right.

18 DAVE QUEALY: That was it.

19 GUY DANSIE: Okay. Good catch.

20 And I'll confess, part of the problem is  
21 when I pulled -- when I got this document, I took  
22 down the RTF file from rules which has the effective  
23 language in it, and then I pasted the old piece of  
24 rule from last year when we were working on this  
25 part. And I know Brittany already caught me on a

1 couple things like the word deletions and insertions  
2 and things like that. So good catch.

3 DAVE QUEALY: There was also I think,  
4 "us," and it's supposed to be "used" in --

5 GUY DANSIE: Yeah, yeah. I think I got  
6 that. Was it 1? I think it said --

7 DAVE QUEALY: Yeah, it's in 1.

8 GUY DANSIE: Yeah, she actually caught  
9 that one. And then the term "designated," it got  
10 left off. Because when I copied this whole piece,  
11 the term designated wasn't on it. I added that back  
12 in. So if there's anything else -- so you guys want  
13 me to go ahead and put it to the -- it sounds like we  
14 probably ought to go ahead and put it to the EMS  
15 committee in April.

16 ALTON GILES: I think so. I mean just  
17 because they vote on it and they vote, okay, this  
18 would go into effect July 1, right?

19 GUY DANSIE: Yeah. Okay. And that's  
20 fine. My biggest issue is making sure the other  
21 stakeholders who pushed the bill through are --  
22 understand the language a little bit before the EMS  
23 committee meeting. Does that make sense? It's just  
24 a political thing.

25 ALTON GILES: I'm surprised those



1 individuals aren't here right now.

2 GUY DANSIE: I kind of am too. But it was  
3 short notice, and they're not routinely -- they don't  
4 routinely come to this meeting. But what I'll do is  
5 send it out to South Jordan and to all of the other  
6 suspects.

7 ALTON GILES: Okay.

8 GUY DANSIE: And then they can look at it,  
9 and they can argue one or the other in front of the  
10 EMS committee. Because they are the binding vote,  
11 the EMS committee.

12 Kristy, do you have something?

13 KRISTY KIMBALL: I was going to say to  
14 make to run this past -- this process and what you're  
15 planning on doing, past Brittany. Because I know  
16 you're saying you're kind of circulating this and  
17 getting this going, but obviously with rulemaking you  
18 have to follow state law for how that process goes.  
19 And I want to make sure that --

20 GUY DANSIE: Yeah, the process itself, the  
21 notice and everything like public notification.

22 KRISTY KIMBALL: Right. And I'm just  
23 wondering if -- legally there's probably an argument  
24 that you have to wait until the statute goes into  
25 effect to even publish the rule.

1 GUY DANSIE: That's kind of -- yeah, and  
2 that's kind of my --

3 KRISTY KIMBALL: So run it past Brittany,  
4 and she'll tell you what we have to do prior to that  
5 or --

6 GUY DANSIE: Right. We'll have to do some  
7 research on our end.

8 KRISTY KIMBALL: I just don't want it to  
9 circle back on you to --

10 GUY DANSIE: No. And the danger of having  
11 the cart before the horse is the process is not --  
12 we're not following our normal process.

13 KRISTY KIMBALL: Yeah.

14 GUY DANSIE: So we've got to make --

15 ALTON GILES: And I get that.

16 GUY DANSIE: -- sure that the rule can't  
17 take effect before the statute's taking effect. And  
18 then the notice and everything may or may not -- we  
19 may or may not be able to notice it until the statute  
20 takes effect. I don't know.

21 ALTON GILES: Okay.

22 GUY DANSIE: But I'll try to expedite it  
23 to the extent that I can. I'll find out. I'll  
24 figure that out.

25 Anything else? You guys good?

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(Concluded at 3:02 p.m.)

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 March 27, 2019, 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 106;

WITNESS MY HAND AND OFFICIAL SEAL this 29th day of April, 2019.



Tamra J. Berry, RPR, CSR

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