

EMS RULES TASK FORCE MEETING
JANUARY 27, 2016 AT 1:00 P.M.
3760 S. HIGHLAND DRIVE, ROOM 425
SALT LAKE CITY, UTAH 84106

Reporter: Susan S. Sprouse

Garcia & Love Court Reporting and Videography
Susan S. Sprouse, CSR/RPR

1 January 27, 2016 1:00 p.m.
2 ***
3 **JAY DEE DOWNS:** Okay. Welcome to the Rules Task
4 Force meeting. Let's go around the room and just
5 introduce ourselves. My name is Jay Downs. I'm with the
6 EMS Committee. Jason.
7 **JASON NICHOLL:** Jason Nicholl. I'm with the EMS
8 Committee.
9 **GUY DANSIE:** I'm Guy Dansie. I'm with the
10 Department of Health, Bureau of EMS and Preparedness.
11 **JAMIE ROSSBOROUGH:** My name is Jamie Rossborough
12 with Sunset Fire and EMT Utah.
13 **SAMANTHA BLACK:** My name is Samantha Black. I'm
14 with EMT Utah.
15 **DON MARELLI:** Don Marelli with Rural EMS
16 Directors.
17 **JESS CAMPBELL:** Jess Campbell, Saratoga Springs
18 Fire and Rescue and the Utah State Fire Chiefs Association
19 representative.
20 **CHRIS DELAMARE:** Chris DelaMare, Gold Cross
21 Ambulance.
22 **RANDY WILDEN:** Randy Wilden on the telephone,
23 Rural EMS Providers Fire Service.
24 **BRIAN ALLRED:** Brian Allred, South Jordan Fire
25 Battalion chief.

A P P E A R A N C E S

Guy Dansie
Jay Dee Downs
Jason Nicholl
Jess Campbell
Jean Lundquist
Lauara Synder (Telephonically)
Randy Wilden (Telephonically)
Don Marrelli
Tami Goodin
Raul Garcia
Teresa Brunt (Telephonically)
Regina Nelson (Telephonically)

1 **WAYNE EDGINTON:** And Wayne Edginton, South
2 Jordan Fire.
3 **ANDY BUTLER:** Andy Butler with South Jordan.
4 **JEAN LUNDQUIST:** Jean Lunquist representing the
5 trauma centers.
6 **JAY DEE DOWNS:** We have staff, Dan.
7 **DAN CAMP:** Dan Camp, the Bureau of EMS.
8 **TAMI GOODIN:** Tami Goodin, the Bureau of EMS.
9 **RAUL GARCIA:** Raul Garcia, EMS.
10 **JAY DEE DOWNS:** And the band leader.
11 **GUY DANSIE:** I already announced.
12 **JAY DEE DOWNS:** Okay. Just wanted to make sure.
13 **GUY DANSIE:** Then on the phone we have -- I
14 think we already discussed it briefly. Let's go ahead and
15 introduce everybody on the phone formally.
16 **JAY DEE DOWNS:** Randy Wilden.
17 **GUY DANSIE:** He's on there.
18 **RANDY WILDEN:** Wilden here.
19 **LAUARA SYNDER:** Lauara Synder.
20 **JAY DEE DOWNS:** Who else?
21 **REGINA NELSON:** Regina Nelson representing the
22 Emergency Medical Dispatch.
23 **JAY DEE DOWNS:** Regina. And is that it? And
24 Teresa.
25 **TERESA BRUNT:** Teresa Brunt with the Emergency

1 Nurses Association.
 2 **JAY DEE DOWNS:** Good. I hoped she wasn't doing
 3 her spiel and getting off the phone.
 4 **GUY DANSIE:** Advertising.
 5 **TERESA BRUNT:** I'm listening.
 6 **JAY DEE DOWNS:** Okay. Let's go ahead and go
 7 down our agenda. Advance and ambulance clarifications.
 8 Guy.
 9 **GUY DANSIE:** Okay. As many of you know, let me
 10 give a little background. Our statute requires the
 11 ambulances have certain things and we do certain things
 12 and our regulations are based on ambulances. And we don't
 13 have regulations in our statute over vans. Like transport
 14 vans that provide extra care for -- or I should say care,
 15 extra assistance for people that might be disabled or
 16 elderly or those kind of conditions. Typically we have
 17 not worried a lot about that. Like I said, we don't have
 18 the authority to regulate that side of things. But there
 19 has been an organization that has started a business and
 20 they are doing things that probably come right up to that
 21 definition of an ambulance in some ways. They currently
 22 don't staff the back of it with two attendees and they are
 23 not providing medical service, according to what they are
 24 telling us, to that patient during transport. However,
 25 they are involved and they want to provide transport for

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1 mental health or behavioral patients. And we see that as
 2 possibly being a positive thing if it's done right,
 3 because it is a niche. But there are concerns and we've
 4 had South Jordan come to the table wanting to express some
 5 of those concerns they've had. And I know it's been
 6 discussed in the EMS Committee, and our two committee
 7 members are here will attest to that. Probably the
 8 biggest issue there was misrepresenting what they are
 9 capable of doing to the people that they serve. And so
 10 we're kind of looking at a way or some way to clarify or
 11 to draw that line a little clearer on what's tolerable,
 12 what's allowed, and what's not. And does that help a
 13 little bit? I'm going to go ahead and have, Wayne.
 14 Wayne, introduce yourself again so everyone knows who you
 15 are. And they are the ones that brought it to our
 16 attention. So I just want to turn the time over to them
 17 to talk about their concerns.
 18 **WAYNE EDGINTON:** Thanks. And again, Andy is the
 19 fire chief for South Jordan. I run the medical division
 20 and all the ambulance. And my time is short. So Brian
 21 will be taking over at some point this year. So he's
 22 tagging along with us.
 23 And I want to just probably start right off the
 24 bat saying we are not opposed to a van transportation out
 25 there. I think it's duly needed within the state. These

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1 people need to get from home to dialysis and from nursing
 2 homes to doctor offices. I think there's definitely a
 3 need out there to do that.
 4 This concern came to us. So we own an exclusive
 5 license for the South Jordan jurisdiction. And about four
 6 years exactly, South Jordan healthcare built a medical
 7 facility within South Jordan. And we contracted with them
 8 to do the interfacility transports from their facility to
 9 their Huntsman University of Utah and UNI. So it's their
 10 campuses.
 11 While doing that, we also do Riverton and South
 12 Jordan and a couple of other hospitals where they have to
 13 move their patients. We just came up with a contract
 14 renewal and got with the individual from the University
 15 and it was interesting because they approached us and
 16 said, well, you know, we have this other service who's
 17 approached us and we want to use them to transport some of
 18 the less-acuity patients. To me it kind of sounds like
 19 that's beyond the scope of somebody needs to get to
 20 dialysis, somebody needs to get to a physician's office.
 21 These are patients that are under a sitting physician to a
 22 receiving. This really falls under an interfacility
 23 transport as far as that goes. And then where is that
 24 line drawn and what, what, what duties do those guys do?
 25 And so we had some discussions with that. We

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1 came up and talked with Guy. And really we think that we
 2 should try to define what role that van transportation can
 3 play within the community. Is there something they can do
 4 within our own communities. I know this group has also
 5 moved down to southern Utah and is into that Cedar City,
 6 St. George area. And I think eventually it could affect
 7 every one of our providers if, in fact, we allow them to
 8 do that. To me somebody who is under medical care, a
 9 physician's care, going to a physician, a higher level of
 10 care, which is a hospital to a hospital, probably doesn't
 11 fall under that van transport. But our -- we feel like
 12 they are out there kind of selling themselves. But they
 13 are able to do that.
 14 And so I thought -- we talked to Guy. We came
 15 up with -- he suggested we put together a little bit of
 16 wording maybe that we can put into rule. And I have
 17 another idea that we ought to do it, but we're not trying
 18 to not have that business, but I think that we all are
 19 very regulated. We pay a lot of money for certifications
 20 and inspections, making sure that we have our insurance.
 21 And we have these individuals out there that are not
 22 regulated, not licensed by anybody. We don't even know if
 23 their drivers are 18 years old or get drug tests, do they
 24 have records? We don't know who are driving the patients
 25 around. And we do think that it's probably time that the

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1 State takes a peek at that or we take a look at it too, to
 2 make sure that we're doing the right thing.
 3 And if the right thing is for them to do our
 4 business, then I'm okay with that. But until we get to
 5 that point where everybody kind of agrees and we have kind
 6 of a definition of what they do for us out there, then I
 7 think the big question is -- now they are advertising that
 8 they do have a paramedic or an EMT in the back of the van.
 9 They are actually calling it a medical transport, which to
 10 me also in their advertising kind of infers that it smells
 11 like a duck and walks like a duck, is it a duck? I don't
 12 know. Or is it van transportation?
 13 If you look around the country, and I did a
 14 little bit of Google search on van transportations, it's
 15 mostly back east. And you can tell there's been a lot of
 16 problems with Ma and Pa. You go down to the used car lot
 17 and buy a van and now you are a van transport, and there's
 18 no regulation. And they've already put together a lot of
 19 regulations and what you need to do to be able to do that
 20 and have to define that service. And I think that's where
 21 we are at today is we would just like to have that service
 22 defined, what can they do, what can't they do, and make
 23 sure that we're doing the right thing, I guess, for the
 24 patient population that we try and support. I think they
 25 can do this in any one of your communities. I know you

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1 would just ask you to look at and it really defines what
 2 that 911 emergency transport is.
 3 You also have a piece in your rule that is
 4 interfacility transport, and it's kind of jumbled up. If
 5 you guys will look at it, it covers everything from your
 6 maybe van type service to a 911 service. And I thought it
 7 would be clear if that was more defined as an EMS
 8 interfacility, because an EMS interfacility might be Utah
 9 Valley Hospital to Primary Children's, where just in a
 10 facility in your community might be your healthcare, local
 11 healthcare center to a doctor's office or even to the
 12 hospital, but maybe it's not an emergent transport. So I
 13 think that's something that we can redefine in the rule.
 14 I also added one, like, because there's nowhere
 15 I found that even describes this van transport. What
 16 is -- what it even is? So I just kind of made that up.
 17 But I would like you guys to look at that and see if
 18 perhaps it could fit in the rule. And basically it's a
 19 privately held, not an emergent transfer service for the
 20 convenience of a person to get to doctor's offices, rehab
 21 centers, assisted living, hospice, dialysis, outpatient
 22 clinics and diagnostic centers. That's still pretty broad
 23 in what those guys can transport. And if you look outside
 24 of what this company is doing, most van transports have
 25 one person in the front. They really have -- they don't

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1 are not all across the Wasatch Front, but what's to get
 2 them from -- it's a 10-digit number that your local
 3 nursing home care center calls them up. What should have
 4 been a 911 call all of a sudden becomes a van transport to
 5 the hospital. And so I know that it might be something
 6 that you might be all interested in, just to make sure
 7 we're doing the right thing out there.
 8 So I made some suggestions, and we'll get Brian
 9 to pass those out. And mostly it's a little bit of word
 10 in law. I don't expect --
 11 **GUY DANSIE:** One thing too. I copied the
 12 definition in the statute. And so I'll have this passed
 13 around as well so you can see what the law is and what we
 14 have to play by currently.
 15 **WAYNE EDGINTON:** Yes.
 16 **GUY DANSIE:** And so we -- just so you know where
 17 we are.
 18 **JEAN LUNDQUIST:** Does this start with a 911
 19 ambulance or paramedic service?
 20 **GUY DANSIE:** Yes. Yes. If you haven't got that
 21 handout, I'm sure it will go around again.
 22 **WAYNE EDGINTON:** So I took some of the rule that
 23 you guys already have and have been working very
 24 diligently on and just try to more -- like under your EMS
 25 transport, I massaged a little bit of wording there that I

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1 do anything in the back. They put the wheelchair in
 2 there. They put the gurney in there. There's no
 3 attendant. And then they take them to the dialysis or
 4 whatever and pick them up. And these guys are
 5 advertising, like, whoo, we have a paramedic back there.
 6 I'm not exactly sure what that means. Is that paramedic
 7 going to provide care for a patient, and if it is, is it
 8 now -- is it now kind of above that van transport kind of
 9 definition?
 10 So I'm not picking on these guys. They did --
 11 they have found a good niche. And even their site
 12 transports, most of these guys -- most of the sites are
 13 medically cleared and UNI won't take them unless they are
 14 medically clear. So I don't -- really, to me, it kind of
 15 falls in that -- maybe it's like an assisted living.
 16 Maybe UNI is like an assisted living with a little bit of
 17 a counselor involved in there. So I don't have a concern
 18 with that.
 19 Maybe a lot of us might want to get rid of our
 20 site transports and do that, but if that's like transport
 21 has gotten a shot of Haldol before they left the ED, is
 22 that now a van transport? Or can they not have a drug
 23 reaction or some sort of psychotic event on the way up,
 24 and they need more than one driver up front all by
 25 himself?

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1 We've already had an incidence where one of the
 2 ambulances was driving through the county and the psych
 3 patient became unglued and there was an accident. You
 4 know, that's probably pretty rare and wouldn't happen on
 5 an ambulance or van transport, probably either way, but I
 6 just think both in advertising and what they can do, we
 7 probably ought to maybe define some of that stuff.
 8 So hopefully I'm not too far out in left field
 9 for you guys.
 10 **JESS CAMPBELL:** Can I ask a question? So who
 11 licensed them within the city of South Jordan?
 12 **WAYNE EDGINTON:** Nobody.
 13 **UNKNOWN SPEAKER:** Business license.
 14 **WAYNE EDGINTON:** They are an unregulated,
 15 unlicensed entity, as far as --
 16 **TERESA BRUNT:** This is Teresa from -- like I say
 17 from the ER. They are not under regulations by -- like
 18 they don't bill Medicare or anything like that. They
 19 are -- kind of curious to know who monitors that because
 20 that, that's an interesting question from a regulation
 21 standpoint on -- I hadn't thought about that -- but all I
 22 know is they don't bill Medicare. They don't -- it's all
 23 private pay if they do that transport.
 24 **WAYNE EDGINTON:** Yeah, thank you for the
 25 question. My understanding is the business that they want

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1 to get into is satellite hospitals to the main hospital.
 2 And so that is 100 percent pay right off the top. They
 3 don't bill anybody. So basically they are getting the
 4 best money available. The rest of us are going through
 5 private insurance, Medicaid, Medicare. And if they
 6 actually have to bill a patient, they don't want to
 7 transport them.
 8 So now we kind of have that cherry-picking piece
 9 out there, which I'm -- the rest of us, I mean, we're
 10 paying a lot of money and we're taking what we are getting
 11 paid.
 12 **JAY DEE DOWNS:** Lauara, you have something?
 13 **LAUARA SYNDER:** I do. I looked at their website
 14 some time ago, correct me if I am wrong, but on their
 15 website they say that they bill Medicare and Medicaid.
 16 And they need their contact from the hospitals and only
 17 receive from them, but they are still, I'm pretty sure
 18 saying they bill Medicare and Medicaid.
 19 **JEAN LUNDQUIST:** The hospital is paying them?
 20 **WAYNE EDGINTON:** Yeah, I don't believe that's a
 21 fact. As a matter of fact we looked today and they don't
 22 have a website. So they might have taken it down since
 23 then. The only thing we could find was Guardian
 24 Transportation on like a --
 25 **LAUARA SYNDER:** Okay.

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1 **TERESA BRUNT:** The only van that does, Handi Van
 2 is to my knowledge. All the other ones -- as far as I
 3 know do not. They -- like you said, they will not come
 4 and pick up the patient unless they have the ability to
 5 pay. But yeah, they might have taken that down, but I
 6 know in our last meeting I looked on there and it did say
 7 that they billed.
 8 **WAYNE EDGINTON:** In our conversation with the
 9 University of Utah, they only want to take those patients
 10 that the University is willing to pay 100 percent to get
 11 them transferred so there's no insurance. They just --
 12 the University cuts them a check. Which again --
 13 **CHRIS DELAMARE:** So are they also not going
 14 after the patient paying them as well?
 15 **WAYNE EDGINTON:** Honestly, I don't believe so.
 16 I've been told by one of them that they don't -- they do
 17 not bill insurance.
 18 **CHRIS DELAMARE:** I don't like to use the word
 19 patient, because honestly, if they are referring to them
 20 as patients, that connotation right off the bat means it's
 21 a medical type transport. And so that leaves -- and when
 22 we were doing our van transport, we refused calling them
 23 patients. They were our clients or riders or whatever you
 24 want to call them because they were not of a
 25 medical condition. They should say that would require

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1 treatment or observation.
 2 Even just under CMS rules, you can have an ALS
 3 observation and not do any type of treatment but an
 4 assessment.
 5 Now you put a medical provider in the back of a
 6 van, you are doing an assessment regardless, just by sheer
 7 form of watching that individual --
 8 **WAYNE EDGINTON:** Or does that individual happen
 9 to just turn up the oxygen? I mean, that's --
 10 **CHRIS DELAMARE:** But going back --
 11 **JAMIE ROSSBOROUGH:** It would be treatment. So
 12 who's the medical director, like? Who's -- they practice
 13 license on?
 14 **CHRIS DELAMARE:** Going back to regulation, in
 15 Salt Lake County, Salt Lake City is the only city that
 16 actually regulates -- I'm trying to think of the
 17 definitions -- assisted van transportation. It's not
 18 disabled. I want to say it's assisted van transport.
 19 **JAMIE ROSSBOROUGH:** Alternative like ATS. No,
 20 it's not -- it's a system -- I think it's just called a
 21 system for disabled persons. Assisted transportation for
 22 disabled persons.
 23 They are regulated. There was four providers
 24 that were licensed in Salt Lake City: Gold Cross, Handi
 25 Van, Cars To Go and Pick Me Up. Those were the four at

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1 the time. They added another one which was Angel Med
 2 Trans. And with that being said, Salt Lake County does
 3 not regulate any type of van transports.
 4 So going back to that, I think it's clear and
 5 Wayne made this point, this really isn't about this one
 6 agency.
 7 **WAYNE EDGINTON:** No.
 8 **CHRIS DELAMARE:** There are several van services
 9 that are providing this type of service, if you will. And
 10 even though the EMS -- or the Bureau of EMS doesn't
 11 regulate them, they are blurring the line of an ambulance
 12 transport. Every one of them.
 13 And I'm just going over what, what Wayne is
 14 suggesting, and I actually have some concerns or questions
 15 about what the language to use on some of them. We can
 16 get to that when we get to that point.
 17 Just letting you know right now Salt Lake City
 18 was the only one, and I think they are to the point of
 19 deregulating all of that because they deregulated taxi
 20 cabs and stuff like that. So it's kind of a -- lack of a
 21 better phrase, it's a free for all with the van services
 22 right now throughout this whole valley.
 23 **WAYNE EDGINTON:** And I agree. And I think
 24 that's that gray area that we were concerned with. We
 25 went to our city attorney, and the city attorney said well

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1 we could change our ordinances to do that, but now we have
 2 to go in front of the council and do all of that.
 3 And I'm actually fine with them -- they can even
 4 do site calls medically cleared, but now they've
 5 approached, and this person from the university is like
 6 well, you know what, the person just has to go up for more
 7 of a test than we can do at our hospital, to me that
 8 patient is still under medical control from a facility and
 9 a receiving physician, but now because of their marketing
 10 we have a paramedic in the back. It kind of look like an
 11 ambulance and smell like an ambulance. So now they want
 12 to use them.
 13 And I think -- I would just like to come up with
 14 a little bit more of a black and white. This is what they
 15 do. This is what they can't do. And there's definitely a
 16 service out there for them.
 17 Their niche is psych patients. And I know
 18 they -- from -- is it IASIS, I think from Jordan Valley,
 19 and Jordan Valley West, they've been taking them up to the
 20 psych ward and doing those transports. And I think that
 21 is a super business for them. Because none of us who run
 22 ambulances want to do that. That takes your ambulances
 23 out of your communities. You're not doing your 911 calls.
 24 So we're good with that.
 25 But when they start teetering on that, well,

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1 they are under medical care here and we're going put them
 2 under medical care here, that to me seems like it's a
 3 medical transport. And I guess that's where we are coming
 4 from, trying to get some help.
 5 The -- I just came up with a little wording
 6 changes. It's -- they could be changed and massaged, but
 7 on the second page -- and then I'll wrap it up really
 8 quick -- I don't know if this committee or the committee
 9 chairman of this can go to the EMS Committee and ask that
 10 somebody from the EMS Committee goes to the Department of
 11 Health and asks those questions of, like, why aren't these
 12 guys regulated and licensed.
 13 And I wrote a number of things down there that
 14 we have to do as ambulances. Why aren't these guys? Who
 15 inspects that vehicle? How do we know they are not
 16 running around with hard -- high-bald tires? You know
 17 what I mean? Who's taking care of the patients that they
 18 are putting in the back of their ambulances? Who's doing
 19 the backgrounds on the drivers? I know we're really
 20 getting out in the weeds --
 21 **JESS CAMPBELL:** Do they even have insurance?
 22 **WAYNE EDGINTON:** Absolutely. Yeah. And it's
 23 just not Guardian. It's -- I know there's a handful out
 24 there doing a great job. But to me as EMS providers,
 25 we're all patient advocates. That's our deal and we'll

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1 fight the battle to the end for being the patient
 2 advocate. And I think being a patient advocate to get a
 3 guy to dialysis is 100 percent okay for us to do. But we
 4 want them to be safe and kind of be inspected and
 5 regulated and all this stuff that we go through on a
 6 yearly basis, that costs us a lot of money to provide that
 7 opportunity. I could go buy a van down at a used car
 8 dealer and become a van transport tomorrow, and go out to
 9 all the IASISs, the IHCs, the University of the Utahs and
 10 start marketing myself, at what -- what was it, Andy?
 11 They'll do it for 30 percent less?
 12 **ANDY BUTLER:** Third.
 13 **JEAN LUNDQUIST:** Third. It's right here.
 14 **WAYNE EDGINTON:** They'll do it for a third of a
 15 price.
 16 **CHRIS DELAMARE:** The other thing we're touching
 17 on, too, is we've got care centers that have vans that are
 18 doing these exact same transports for their own residents.
 19 **WAYNE EDGINTON:** Yeah.
 20 **CHRIS DELAMARE:** So you can't just look at the
 21 private van services. You almost are having to look at
 22 the care center vans as well. And I think they blur the
 23 lines a lot too. Matter of fact, I know they not only
 24 blur the lines, they've jumped over and jumped back and
 25 then jumped over way far. So...

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1 **RAUL GARCIA:** But they don't have anyone in the
2 back. They have one person that puts them in and drives,
3 right?
4 **CHRIS DELAMARE:** Sometimes they take the nurse
5 and they put the person on the vent and take them up to
6 the hospital, and that's been witnessed. And so --
7 **WAYNE EDGINTON:** I know I muddled up a lot of --
8 said a lot of stuff here. Do you guys have any questions?
9 Or maybe why we're concerned, just what's going on?
10 **GUY DANSIE:** Let me just give you a department.
11 This is -- I've spoken to Paul about this. And Paul is
12 actually -- Guardian in all fairness have been here and
13 explained what they do to us, and Paul has agreed that
14 they don't meet the qualification of an ambulance.
15 They -- they -- but admittedly, they're probably right up
16 to that level.
17 We look at the statute on -- look at part No. 3,
18 it says, "Trans -- "Ambulance provider means an emergency
19 medical service provider that (a) transports and provides
20 emergency medical care to patients, and (b) is required to
21 obtain a license under Part 4" and so forth.
22 And currently our climate is that we don't
23 enforce something if they are not providing a patient
24 service in the van. And that's where they are right up to
25 that point where they are not providing that patient

1 service now. I guess if you say an assessment is a
2 patient service, then that, that could be used to dispute
3 this.
4 But Paul has said so far that it's -- if it's
5 self-administered oxygen, that they are allowed to use
6 that on the van, and they have a First-Aid kit in case if
7 they get cut or something while traveling.
8 **WAYNE EDGINTON:** Absolutely.
9 **GUY DANSIE:** So we haven't had the legal or the
10 political push to do anything. And quite honestly, we
11 feel like it's probably below what the statute requires
12 for us at this point.
13 **WAYNE EDGINTON:** Our interpretation --
14 **GUY DANSIE:** So we need to clarify that, right?
15 **WAYNE EDGINTON:** Our interpretation is they are
16 not an ambulance.
17 **GUY DANSIE:** Right.
18 **WAYNE EDGINTON:** Until they go out to one of
19 these facilities and say, yeah, even these interfacilities
20 that are hospital to hospital, hospital to ICUs, those are
21 medical patients. And so I think maybe we need to define
22 what a medical patient is.
23 **GUY DANSIE:** That's -- and that's another thing
24 Paul -- in our discussion, we talked about this -- and
25 just let me go back so the rest of the group kind of

1 knows -- we discussed the idea of a patient should be
2 discharged.
3 **WAYNE EDGINTON:** Yes.
4 **GUY DANSIE:** And Paul's good with that. And I
5 think that is a good --
6 **WAYNE EDGINTON:** I think it's a good place to
7 start.
8 **GUY DANSIE:** -- a good place to hang our hat on,
9 if the patient has been discharged or still under a
10 physician's care.
11 **WAYNE EDGINTON:** And it's interesting because I
12 asked the University, I says well, why don't you just
13 discharge this patient, really, and put them in a -- put
14 them in a taxi cab? And in some respect they want to
15 feed -- they want to get that patient to their --
16 **GUY DANSIE:** There's a self-interest to keep it
17 in the system.
18 **WAYNE EDGINTON:** University of Utah.
19 **GUY DANSIE:** Right.
20 **JEAN LUNDQUIST:** Would if it's a psych
21 patient --
22 **CHRIS DELAMARE:** Can I blur the line a little
23 bit?
24 **GUY DANSIE:** Sure. Go ahead.
25 **CHRIS DELAMARE:** I'm going to use a hospice

1 patient. You've now discharged because Medicare won't pay
2 for the transport. So they are going to keep him under
3 Medicare. So you've discharged from my hospital to your
4 home. Medicare pays for that. You are still rendering
5 oxygen care, whatever, all the way to that home.
6 So now if you say if it's discharged, let's say
7 now that van service can come in and do that, they are
8 taking the risk of this person is going to die in the back
9 of the van. What do they do when he does? They don't
10 operate under DNR orders. They don't -- are they going to
11 pull over and call 911? I'm just -- to me that statement
12 alone can be blurred very easy.
13 **GUY DANSIE:** Right.
14 **CHRIS DELAMARE:** And that's why I kind of
15 highlighted even in your stuff, Wayne, where I just
16 underlined hospice, you know.
17 **WAYNE EDGINTON:** Yeah.
18 **CHRIS DELAMARE:** Another one going from -- being
19 discharged from a hospital that's -- somebody that's
20 already under isolation precautions. Well, they can't be
21 cleared of MRSA, what, for six months after the last
22 positive test, I believe. And so now you are sending them
23 out in the public on a van to go back to a care center who
24 still is going to treat them under isolation precautions.
25 Is that not treatment?

1 So, and I think if you are saying discharge from
 2 a facility, I still think --
 3 **GUY DANSIE:** It's still weak.
 4 **CHRIS DELAMARE:** -- there's a blurred line.
 5 **WAYNE EDGINTON:** Yeah. And I know you just said
 6 psych patients, but like most -- like UNI and some of the
 7 other areas around here, they won't take them unless they
 8 are medically cleared. If they haven't medically cleared,
 9 them, they take them up to the UED, the ED doctor clears
 10 them and then they go over to UNI.
 11 So if it's medically cleared, even though maybe
 12 they are not discharged, I'm kind of okay with that. But
 13 if it's a nonmedically cleared, which means something
 14 happened from A to B, then it's -- probably doesn't fall
 15 within their scope.
 16 And I know we talked a lot, this is just some --
 17 touched some little bit of language that I came up with
 18 and really you're the expertise on the rule. But we would
 19 like to have some help and clarification.
 20 Any other questions?
 21 **GUY DANSIE:** I guess in my mind is, like, where
 22 do we go from here? Do we want to look at this language
 23 and possibly adopt this into our rule? And I think it's a
 24 good starting point.
 25 **CHRIS DELAMARE:** Well, I'm going to go back to

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1 where you started with No. 3. This says, means emergency
 2 medical service provider. Well, they are advertising
 3 nonmedical service provider. Just the connotation -- I
 4 don't know. I'm just -- I'm thinking that phrase alone
 5 may need to be looked at, say, nonemergency as well as
 6 emergency because there are times where we do
 7 interfacility medical transports that aren't emergency.
 8 **GUY DANSIE:** Right.
 9 **CHRIS DELAMARE:** Or emergent.
 10 **WAYNE EDGINTON:** And I agree with you. And a
 11 lot of those are maybe from, you know, to a doctor's
 12 office and to that.
 13 Our concern, and honestly we're a little
 14 self-serving here because we don't want to lose some of
 15 our interfacility business, but when you are in a hospital
 16 and that doc says we can't provide the care for you and
 17 you've got to go to the big hospital, that doesn't seem
 18 like it should be something that goes in a van.
 19 **CHRIS DELAMARE:** I will agree.
 20 **WAYNE EDGINTON:** Because that seems like
 21 something that that doc is saying we can't do it for you
 22 here, you need to go -- you need to go to IMC and have
 23 special care. You know what I mean?
 24 **CHRIS DELAMARE:** Yep.
 25 **WAYNE EDGINTON:** They are -- they are telling

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1 these IHCs, universities and IASIS any encounters, that
 2 they can do that transport for one-third of the price.
 3 **CHRIS DELAMARE:** Classic example of what you are
 4 saying is you've got someone who has to have an MRI.
 5 Well, the facility is MRIs now so you go to that
 6 independent MRI up in -- by State, Fire Station 10. I'm
 7 trying to think --
 8 **WAYNE EDGINTON:** Yeah, I know where you mean.
 9 **CHRIS DELAMARE:** They are still in the hospital.
 10 They are -- have not been discharged. They are sending
 11 them out for the an MRI.
 12 **WAYNE EDGINTON:** And then coming back to the
 13 hospital.
 14 **CHRIS DELAMARE:** And they coming back to be
 15 admitted back into the hospital absolutely.
 16 **WAYNE EDGINTON:** And under the physician's
 17 orders both directions. So it's -- yeah.
 18 **JEAN LUNQUIST:** I have a question. If you are a
 19 nonemergent, nonmedical transport, why do you have
 20 paramedics and advanced EMTs on your rig?
 21 **GUY DANSIE:** That's the question the EMS
 22 Committee had, and I don't know what the answer is.
 23 **WAYNE EDGINTON:** It's Mike Mathieu's --
 24 (Talking at the same time.)
 25 **JEAN LUNQUIST:** If you're not providing medical

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1 care --
 2 **GUY DANSIE:** Yeah.
 3 **WAYNE EDGINTON:** It's a misnomer.
 4 **GUY DANSIE:** It's coming to a head on this
 5 issue. That's why we're bringing it to the table.
 6 **WAYNE EDGINTON:** Yeah. And I kind of wrote that
 7 last sentence on the bottom that really says, a service --
 8 a service not licensed as a van may not advertise the
 9 ability to provide medical care. Advertising or staffing
 10 only serves to confuse the public and confuses the
 11 facilities.
 12 **JEAN LUNQUIST:** So if I'm Joe Public and I have
 13 a service that says, oh, we got paramedics and EMTs on my
 14 rig, my assumption is, is that's the level of service you
 15 are providing.
 16 **WAYNE EDGINTON:** And you are going to get --
 17 **JEAN LUNQUIST:** Paramedic service. And you've
 18 got all the equipment.
 19 **JAMIE ROSSBOROUGH:** What happens if they --
 20 something changes, their condition changes, you said are
 21 they going to stop and dial 911 and do what they can until
 22 you guys get there?
 23 **WAYNE EDGINTON:** Good question. I don't know
 24 what their plan is.
 25 **JAMIE ROSSBOROUGH:** Do they have medical

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1 licensure?

2 **WAYNE EDGINTON:** They originally got a medical

3 director because their first niche in life was to go to

4 special events around the state. They wanted to go, like

5 if you had a big motorcycle enduro out in the desert or

6 something like that, they wanted to go out and provide

7 that. So they did get a medical director and staff up

8 there, Medbox -- I mean for heck's sake, they've got power

9 stretchers.

10 **JEAN LUNDQUIST:** They have a Medbox?

11 **WAYNE EDGINTON:** Well, they originally did

12 because I seen --

13 **GUY DANSIE:** Yeah. The history was is they

14 wanted to have a statewide designation for special events,

15 and they also -- I think at one point they wanted to do an

16 interfacility between Pioneer and Jordan Valley hospitals.

17 And those things didn't work out and so they kind of

18 pursued this other niche. And we see like the mental

19 health part of it maybe being a good service and things

20 are there.

21 **WAYNE EDGINTON:** I do too.

22 **GUY DANSIE:** The other thing we see from our

23 side, the Bureau's side is that we're not clear on the --

24 legally how we enforce this. We've been telling Guardian,

25 and we've been telling our complaint folks that there

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1 probably needs to be a test case. If they cross that

2 boundary and there's a complaint filed, we will look into

3 it and investigate it fully, make sure whoever they

4 transported wasn't a patient that needed medical care

5 during transport.

6 So they are aware of that and so are our

7 investigators. We haven't had that complaint happen. We

8 haven't had to enforce this at any point yet. And I also

9 know that we've shied away from the vans, just feeling the

10 vans are not part of our EMS act. We don't have that.

11 **WAYNE EDGINTON:** No, but it's an arm of the

12 Department of Health.

13 **GUY DANSIE:** Right.

14 **WAYNE EDGINTON:** EMS Preparedness, they should

15 have some.

16 **GUY DANSIE:** Something that goes maybe on the

17 side --

18 **WAYNE EDGINTON:** Hey, we have this weird niche

19 here, we need your help.

20 **GUY DANSIE:** And maybe we need to bring that to

21 attention to our executive director's office. We don't

22 have a problem taking that message there. This is new

23 enough --

24 **WAYNE EDGINTON:** My problem is I have to wait

25 for them to do something wrong to protest. And I think

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1 I'm trying to deal with it more proactively.

2 **CHRIS DELAMARE:** Well, you are asking us

3 agencies to be the cops.

4 **GUY DANSIE:** Right.

5 **CHRIS DELAMARE:** Well, we don't have time to do

6 that.

7 **GUY DANSIE:** True.

8 **CHRIS DELAMARE:** My ambulances don't have

9 cameras on every one of them taking pictures of them

10 loading a person.

11 **GUY DANSIE:** Right. But we -- by the same

12 token, we don't have people out monitoring Guardian or any

13 of the other vans. So we're in the same boat that way.

14 **CHRIS DELAMARE:** But going back to the earlier

15 thing, where there's smoke, there's fire. You've had

16 enough people say this is happening. Even though we don't

17 have a smoking gun to say, to show you right now this is

18 happening --

19 **GUY DANSIE:** Right.

20 **CHRIS DELAMARE:** -- there's enough of us that

21 are complaining about this that are saying they have

22 crossed a line.

23 **GUY DANSIE:** That's why we are here, though, and

24 that's the whole point of this meeting. This agenda item

25 is to say what needs to be done, where do we go from here.

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1 You know, I'm not trying to shirk the whole van issue. I

2 think something does need to be done. We need to be clear

3 on what we can and can't enforce. And I don't think the

4 rule really addresses it at this point. We don't have

5 anything in our language that strongly addresses --

6 **WAYNE EDGINTON:** I agree. I don't know if it

7 would be better to define what a patient is.

8 **GUY DANSIE:** Maybe that's -- that's where I'm

9 thinking it might need --

10 **WAYNE EDGINTON:** Maybe we can go that direction.

11 **CHRIS DELAMARE:** Wayne, you brought up back

12 east. Are those van services regulated by the states?

13 **WAYNE EDGINTON:** A lot of them are. And if you

14 watched 20/20 or one of those about six months ago, huge

15 Medicare violations were happening all up and down,

16 because anybody in the world can go out and buy a van and

17 start transporting these people around and charging or not

18 charge.

19 And so they are. I mean I looked at New York's

20 policy and it was exactly the same. It had you -- you had

21 to have a license from the Bureau, from their Department

22 of Health, you had to be inspected, you had to make sure

23 you had insurance. I got to say, these are just common

24 sense things that I'm not sure why -- why we're not

25 looking at that.

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1 So anyway, I know I've taken a lot of time.
 2 Does anybody have any questions?
 3 Jason, you're unusually quiet.
 4 **JASON NICHOLLS:** That's because I went to the
 5 dentist.
 6 **WAYNE EDGINTON:** Oh, sorry.
 7 **CHRIS DELAMARE:** He just got both barrels.
 8 **JESS CAMPBELL:** So I just want to make a comment
 9 on this. I think that to the point I think you have to
 10 start from the enforcement perspective and then work
 11 backwards. Because until that's determined how that's
 12 going to happen, you can make all the rules you want, but
 13 nothing is going to be enforced.
 14 And I -- I agree. I don't think it should -- it
 15 shouldn't be on us. It should be, you know, either the
 16 Health Department or this Bureau because when they've
 17 crossed that line, they've now stepped into the realm of
 18 what this Bureau represents. And I think some enforcement
 19 should happen there.
 20 But I think the immediate answer is as
 21 authorities having jurisdiction, ordinances need to be
 22 adopted, standards of care within your community. And
 23 once that's been adopted as an ordinance, then you as a
 24 community have to, and your enforcement officers can
 25 then begin to issue citations and deal with things that

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1 way.
 2 **WAYNE EDGINTON:** Chief, I'll 100 percent agree
 3 with you other than it's gray. So there's not like -- I'm
 4 not sure when they -- when they cross that line. And I
 5 guess that's what I'm asking is if we can redefine things
 6 so we don't just like, yep, it's written here and then you
 7 did wrong. It would be easier for us.
 8 **JESS CAMPBELL:** And the reality of this, it's
 9 going to take a cop, if you will, to follow them or to be,
 10 you know, be at these locations to make sure that what
 11 they are loading is what they were --
 12 **WAYNE EDGINTON:** I agree.
 13 **JAY DEE DOWNS:** If you really look at the state
 14 law, and I don't mean to interrupt anybody, but if you
 15 look at the State law under 26-8a-305, I swear it says
 16 what an ambulance license required for medical transport.
 17 So when you go back to that this is saying, okay, this is
 18 when an ambulance license is required. All right. And
 19 it's pretty -- there's about 10 items and it's pretty -- I
 20 mean, it's pretty exclusive. There is some gray I admit,
 21 but it says okay, is it an emergency medical condition?
 22 It's actually in the law. That's the rules you guys made.
 23 **GUY DANSIE:** It's on that handout, but I believe
 24 I posted -- or pasted it on there.
 25 **JEAN LUNDQUIST:** Emergency medical.

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1 **JAY DEE DOWNS:** Ambulance and license required
 2 for emergency medical transport.
 3 **GUY DANSIE:** Yeah, I posted it on there so we
 4 could read it as group.
 5 **JAY DEE DOWNS:** So it's under Section 305 under
 6 the state law.
 7 **GUY DANSIE:** Well, I have 304.
 8 **JAY DEE DOWNS:** I'm reading it at 305. So what
 9 I'm anticipating it says, is it's saying, if you are going
 10 to be an ambulance, this is what's required for an
 11 ambulance license, or this is what you need an ambulance
 12 license for. Okay?
 13 No. 1, is an emergency medical condition. Is
 14 medically or mentally instable, requiring direct medical
 15 observation during transport. No. 3, is physical,
 16 incapacitated because of illness or injury and in need of
 17 immediate transport by emergency medical service
 18 personnel. No. 4, is likely to require medical attention
 19 during transport. No. 5 is being maintained on or any
 20 type of emergency medical electronic monitoring. No. 6,
 21 is receiving or has recently received medications could
 22 cause a sudden in medical conditions that might require
 23 emergency medical services. No. 7, requires IV
 24 administration or maintenance of oxygen that is not a
 25 patient operated or other emergency medical services

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1 during transport, needs to be immobilized during transport
 2 to hospital and emergency patient receiving facility or
 3 mental facility due to mental or physical condition unless
 4 the individual is in custody of a peace officer and the
 5 primary purpose of the restraint is to prevent escape.
 6 No. 9, needs to be immobilized due to a fracture, possible
 7 fracture, or other medical condition; or, No. 10,
 8 otherwise requires or has the potential to require a level
 9 of medical care that the committee establishes as
 10 requiring direct medical observation.
 11 The only gray that comes to me is this No. 10
 12 where it says, "Require a level of medical care that the
 13 committee establishes a required direct medical
 14 observation."
 15 **WAYNE EDGINTON:** What does that mean?
 16 **JAY DEE DOWNS:** To me also, but the rest of
 17 that, you know, it's pretty cut and dry. I mean, you have
 18 a patient who's been administered oxygen going to a
 19 nursing home, to a hospital, technically by that rule they
 20 should have an ambulance. Any medication it's saying.
 21 **GUY DANSIE:** Right, right.
 22 **JAY DEE DOWNS:** So if you have to have somebody
 23 in the back that's an EMS personnel, they should have an
 24 ambulance license. So if they are advertising that they
 25 are going to have someone in the back that's an EMT

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1 maintenance personnel, by law, it says, that they are
 2 supposed to have -- that's supposed to be an ambulance
 3 license.
 4 **JEAN LUNDQUIST:** And if they are not, then that
 5 person has functioned outside their scope of practice.
 6 And that's where the enforcement can come in.
 7 **GUY DANSIE:** Sure.
 8 **JEAN LUNDQUIST:** If you have a paramedic that's
 9 in the back acting as a paramedic or acting as a medical
 10 provider in a nonambulance, then they are outside their
 11 scope, right?
 12 **WAYNE EDGINTON:** Yeah. And you might be right,
 13 I was just hoping we could get to that so we're not all
 14 out there trying to be --
 15 **GUY DANSIE:** Yeah, I don't think --
 16 **WAYNE EDGINTON:** -- police.
 17 **GUY DANSIE:** -- anybody expects it.
 18 **JESS CAMPBELL:** And I think in that ordinance
 19 you adopt the language that's in the law. So that you are
 20 not creating something that --
 21 **JAY DEE DOWNS:** That's in conflict.
 22 **JESS CAMPBELL:** -- is in conflict --
 23 **WAYNE EDGINTON:** Absolutely.
 24 **JESS CAMPBELL:** -- or higher level than the
 25 State is imposing.

1 **JAY DEE DOWNS:** You know, I was going through my
 2 head here. If a patient, like from a nursing care
 3 facility, is going to the hospital for a procedure, that's
 4 a medical condition. If a patient is going to the doctor
 5 for a checkup, that's a checkup.
 6 **JEAN LUNDQUIST:** If they are going for a CAT
 7 scan or a chest X-ray and then going back to the facility,
 8 what do you call that?
 9 **JAY DEE DOWNS:** It's a medical procedure. They
 10 are going for a specific medical condition, in my opinion,
 11 but I don't -- I'm not -- I would like to see what the
 12 legalities say about it.
 13 **WAYNE EDGINTON:** I think that's what we are
 14 asking is let's -- we need these questions answered.
 15 **GUY DANSIE:** Maybe it's a Brittany thing too. I
 16 know that we haven't had the wheel to push it on the legal
 17 side because --
 18 **JAY DEE DOWNS:** I think it's at that point we
 19 need to get --
 20 **GUY DANSIE:** Yeah, something we need to do.
 21 **CHRIS DELAMARE:** You know, to add to that,
 22 though, too, CMS still has to do that, defining factors
 23 and what has become a medical necessity, which would
 24 define, okay, it's got to go by ambulance. I think we
 25 ought to look at under CMS. I think Jay just read pretty

1 **JAY DEE DOWNS:** Now you've just referred in the
 2 ordinance to the law, and not even put the same wording in
 3 it.
 4 **JESS CAMPBELL:** But then I think sort of prevent
 5 this -- so our business -- I think there's some education
 6 we need to be doing within our own jurisdictions when
 7 these people come through for that quote/unquote business
 8 license, that if it has anything to do with moving people,
 9 that that goes through a venting process that, you know,
 10 at a much higher level than what's out, so they came to
 11 South Jordan, they paid their 75 bucks, and they're in.
 12 **WAYNE EDGINTON:** Paid 100 for the man and 75 for
 13 the license.
 14 **JESS CAMPBELL:** So...
 15 **WAYNE EDGINTON:** Chief, by the way, he took it
 16 to the alliance chiefs, which is all the chiefs in Salt
 17 Lake County. They agreed with us that this does have the
 18 potential of really being something different than we are
 19 used to and we're not regulated. I'd love to see the
 20 state chiefs at least have a concern, and I know you do.
 21 **JESS CAMPBELL:** Oh, yeah.
 22 **WAYNE EDGINTON:** But this can really work it's
 23 way into everyone. I know Chief Mathieus up at -- he's
 24 very concerned with it. And again, I think there's a
 25 place for these guys, but let's figure out what it is.

1 much what is going to be defining this medical necessity
 2 under CMS. I don't think -- I can't think of anything in
 3 CMS that would actually be added to that. I'm almost
 4 going to say that's pretty much follow the same thing.
 5 But it's just like Jay said, it is to a point, I believe,
 6 this needs to be looked at and say, where does the
 7 enforcement come? I agree with the ordinances of the city
 8 but you are going to have cities that don't do
 9 inter-facility. They don't have a dog in the fight, if
 10 you will. So that's going to be a concern.
 11 **JESS CAMPBELL:** So it's then up to that
 12 jurisdiction whether or not they want it.
 13 **WAYNE EDGINTON:** It is a dog in the fight
 14 because they still have care facilities within their
 15 jurisdictions. They might not have long-term nursing care
 16 in their --
 17 **CHRIS DELAMARE:** True.
 18 **WAYNE EDGINTON:** What happens when it really
 19 should have been a 911 call, and now it's a 10-digit call
 20 to these guys who kind of skirt in that gray area, show up
 21 with a paramedic in the back, when it should have been a
 22 911 call? For me that is -- that affects everybody in the
 23 state of Utah.
 24 **JESS CAMPBELL:** But to your point, if a
 25 jurisdiction doesn't want to go through that, if they want

1 to get that formal for whatever the reason is, they've at
 2 least had an opportunity to address it, and somebody is
 3 responsible for that decision. Where right now it's
 4 almost a subculture to the EMS world.
 5 **WAYNE EDGINTON:** Yeah, I mean, I don't know when
 6 they came into our city to get a business license, but it
 7 really wasn't on our radar at the time. Shame on us for
 8 one.
 9 **JAY DEE DOWNS:** Let me -- let me ask this
 10 question to Guy and maybe this needs to go back to legal
 11 beagle and say okay, here's our problem. Now you -- okay,
 12 now you're going to have to defend this law if it goes to
 13 court. What are you willing to defend? I mean are you
 14 willing to defend the -- how far are you willing to chase
 15 this rabbit down the hole so to speak? I mean what is --
 16 what do you say this law means and what do you say this --
 17 because we can write rules all day long, but the thing is,
 18 is if our rules come in conflict with the law, then it,
 19 then it --
 20 **GUY DANSIE:** Then it dies.
 21 **JAY DEE DOWNS:** It dies fast.
 22 **GUY DANSIE:** Yeah.
 23 **JAY DEE DOWNS:** So I guess she would need to
 24 come back and say, okay, this is our interpretation of
 25 this law and this is what it means. Because then you can

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1 go out, and once you have that, then it gives your
 2 enforcement arm a way to go out and enforce it. Because
 3 right now it is ambiguous, if it's up for interpretation.
 4 **GUY DANSIE:** It is. So I'm thinking we need to
 5 have a discussion with Brittany?
 6 **JAY DEE DOWNS:** Absolutely. In my opinion.
 7 What do you guys think?
 8 **GUY DANSIE:** A discussion possibly with our
 9 executive director's office or somebody that's higher up
 10 about the issue, people in a van, even if it's not being
 11 regulated by this, by the EMS act. If it's -- if it's
 12 somewhere underneath that line, we still probably have
 13 issues we need to look at.
 14 **WAYNE EDGINTON:** You guys are at the arm of the
 15 public health with the State of Utah. I think there's --
 16 if it doesn't follow under EMS or it doesn't follow under
 17 the Bureau, which it probably doesn't, we should be
 18 encouraging that other arm to take a look at this.
 19 **JAY DEE DOWNS:** DOPL.
 20 **GUY DANSIE:** Yeah, I don't know because if they
 21 are not licensed, then it falls through the cracks.
 22 **JAY DEE DOWNS:** But if they are hauling a
 23 patient, sounds like to me by that law --
 24 **GUY DANSIE:** Right.
 25 **JAY DEE DOWNS:** If they hauling a patient

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1 whatsoever, they are in the wrong.
 2 **GUY DANSIE:** Right. And we need -- maybe that's
 3 what we need to look at a little bit on clarifying what a
 4 patient is, who what --
 5 **JAY DEE DOWNS:** That's why I say that puts the
 6 rule back to Brittany. Have her come back and say this is
 7 what it is. This is what needs to be defined. Or this is
 8 what -- to give us some guidance and what to do with the
 9 rule.
 10 **GUY DANSIE:** All right.
 11 **JAY DEE DOWNS:** You see what I mean?
 12 **GUY DANSIE:** Right.
 13 **JAY DEE DOWNS:** Because I think right now she
 14 needs -- I think we need some input from her. That's my
 15 opinion. What do you guys think?
 16 **JESS CAMPBELL:** I agree, but also if anybody
 17 thinks whether they want to be involved in this as far as
 18 a transport process, you know, this doesn't really affect
 19 us. It absolutely does because what's coming with the
 20 Affordable Care Act --
 21 **JAY DEE DOWNS:** Absolutely.
 22 **JESS CAMPBELL:** And the requirements of
 23 providing agencies, it's going to be mandated of us to be
 24 able to prove for the ride and go through a vetting
 25 process, this is going to have an impact on the future,

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1 you know, and really the integrity of prehospital care.
 2 **JAY DEE DOWNS:** Yes.
 3 **JESS CAMPBELL:** If this is left unchecked,
 4 it's -- it's going to impact all of us. What it's going
 5 to do is it's going to make it much more difficult, as
 6 insane as it is now, for us to be able to continue to be a
 7 CMS provider, to be able to -- be able to bill Medicare
 8 and Medicaid. You know, our level of proof, if this is
 9 left unchecked, is just -- it's going to make it just so
 10 burdensome --
 11 **GUY DANSIE:** Not worth it.
 12 **JESS CAMPBELL:** Yeah, absolutely. It's kind of
 13 not enough, but the people still need the care.
 14 **JAY DEE DOWNS:** Yeah.
 15 **JESS CAMPBELL:** And that's kind of where we are.
 16 **JAY DEE DOWNS:** I agree with you. I agree with
 17 that. Can we text?
 18 **GUY DANSIE:** I'll get with Brittany and we'll
 19 work through what a definition of a patient is and
 20 what's -- when they are under evaluation if that's
 21 enforceable?
 22 **JAY DEE DOWNS:** And ask her what No. 10 means.
 23 **GUY DANSIE:** It sounds like to me, just
 24 guessing, it sounds like the committee can establish
 25 criteria to determine what a patient is.

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1 **JAY DEE DOWNS:** That's what came to me and give
2 us some guidelines on that too.
3 **JESS CAMPBELL:** And I think --
4 **JAY DEE DOWNS:** Maybe have her come to the next
5 meeting. I'm sorry. Go ahead.
6 **JESS CAMPBELL:** I was just -- I think this is
7 already at a level that I think that we need to have,
8 figure out who the stakeholders are, the players that need
9 to be in the room, and it needs to be a meeting called
10 specifically to deal with and discuss this, this issue and
11 try to come up with some solves. I don't think this is
12 something that anybody needs to enumerate on. I don't
13 think it's something that we need to create some rule and
14 then just kind of let it float out there and see what
15 happens for six months. Because again, I think there's,
16 there's so much at risk here for our futures in being able
17 to provide service, but I think we need that.
18 **JAY DEE DOWNS:** It needs to be done right.
19 **JESS CAMPBELL:** So...
20 **JAY DEE DOWNS:** Is that okay with everybody? So
21 we'll just kind of table this for more information.
22 **GUY DANSIE:** Okay. And then like I said in the
23 handouts, I just want to try to have a little background
24 information for somebody that may not be familiar with it.
25 This has been a learning process for me as well.

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1 **JAY DEE DOWNS:** Is that okay with you?
2 **WAYNE EDGINTON:** Absolutely. And I think we
3 need that definition. You know, if they are not
4 discharged from the hospital, how can they not be a
5 patient if they are going to another hospital? And yet
6 that was kind of one of their sells -- sells.
7 **GUY DANSIE:** To the hospitals.
8 **WAYNE EDGINTON:** I appreciate you guys
9 listening. I know it's a big deal for us because it just
10 kind of came up. We'd be happy to help or attend anything
11 that you need to.
12 What I had was just ideas. I really think you
13 guys can massage those and really come up with the right
14 stuff. I totally agree with the Chief. I appreciate his
15 thoughts on that.
16 **UNKNOWN SPEAKER:** I'm echoing what you said and
17 I don't like we're going to table this because to me I
18 think that and if -- that means the chiefs need to get
19 together and form a group to look at this.
20 **JESS CAMPBELL:** That's what I was just --
21 **GUY DANSIE:** Get the AG's office input as well.
22 **JESS CAMPBELL:** I was just going to say, can we
23 put some, some dates, some times within the next 30 days
24 we will have the invites out to this group of stakeholders
25 and players for that meeting and that discussion so that

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1 this doesn't just become, become a vent session to
2 nothing. Is that something we can do, Guy?
3 **GUY DANSIE:** I believe so. We could do it in
4 lieu of our meeting next month if you'd like.
5 **JESS CAMPBELL:** I think it's important enough.
6 **GUY DANSIE:** That's --
7 **JESS CAMPBELL:** -- it's important that we get
8 that sent out. But I think it's critically important that
9 we -- you know, again, the people we've got to have in
10 this discussion are the people that are going to have the
11 ability to make some decisions, to make some course
12 corrections, and make things happen, and not just, you
13 know, the representative of so and so or that body or --
14 it's got to be the policymakers.
15 **JEAN LUNDQUIST:** Yeah. We got to decide are you
16 going to do something about it -- are you going to start
17 regulating that and it's got to be somebody with authority
18 to make those decisions.
19 **JAY DEE DOWNS:** Is there a potential for a law
20 change? If there is we ought to do it sooner. There
21 might be a way we could get it in the legislature.
22 **GUY DANSIE:** That might ultimately be the course
23 we have to take, is legislation on it.
24 **JEAN LUNDQUIST:** Might have to.
25 **JAY DEE DOWNS:** That could be done sometime this

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1 year.
2 **GUY DANSIE:** The other thing is, like I said, we
3 haven't had the political will to push this. And Paul's
4 interpretation of it is, is what the van is doing is okay
5 at this point, but without evaluating the patient is a
6 part where we need to have some legal clarification.
7 We've said over and over that any care, any physical care
8 or monitoring, you know, hands on, giving them
9 medications, anything like that, they are definitely over
10 the line on that. It's just that if a paramedic is
11 sitting there watching them, is that care? That's
12 probably what the definition needs to be.
13 **JESS CAMPBELL:** I think just by simply what they
14 are advertising --
15 **JEAN LUNDQUIST:** They are advertising.
16 **JESS CAMPBELL:** -- this Bureau should be right
17 in the middle of their stuff.
18 **JEAN LUNDQUIST:** Employees are advanced medical
19 technicians and paramedics. We also have State of Utah
20 certified police officers for the rare need to transport
21 possibly violent patients, again, making Guardian the only
22 specialized behavioral health transportation. Their
23 employees are advanced AEMTs and paramedics.
24 **JAY DEE DOWNS:** Why are they advertising that if
25 there's going to be an ambulance there, if they're not?

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1 **JEAN LUNDQUIST:** Providing medical care. They
2 are telling them they are providing medical care.
3 **CHRIS DELAMARE:** I'd like to add something to
4 that really quickly, if we're going down this road and
5 looking at that, maybe a policy change, but there's got to
6 be an education piece because the hospitals don't call
7 them if they know, hey, you guys are violating this rule.
8 So we've got to do a culture change throughout this valley
9 and the state regarding that too. So there's got to be an
10 education piece on how do we let the healthcare system
11 know that this is what's happening.
12 **JEAN LUNDQUIST:** You got to decide if you are
13 regulating it first. I don't think --
14 **CHRIS DELAMARE:** True.
15 **JEAN LUNDQUIST:** -- you tell them not to call
16 anybody until you've decided you are going to regulate or
17 not.
18 **GUY DANSIE:** We haven't in the past, so if we do
19 start regulating it closer, then we need to push that
20 other piece too. Good food for thought.
21 **JAY DEE DOWNS:** I think it's good feedback to
22 take back to Paul, though. There is -- it is a growing
23 thing that the Chief's Association is now involved in it,
24 there's others involved in it. It's not just one agency.
25 **CHRIS DELAMARE:** And it's not a Salt Lake

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1 County. It's starting to become statewide.
2 **GUY DANSIE:** Statewide.
3 **JESS CAMPBELL:** So -- well, so I think Paul is
4 correct in thinking or feeling that there's no violation
5 of the intent, but then there's a reality. And there is a
6 violation. And it has been a violation in that. And so,
7 again, I just -- we have to figure out how to pull this
8 one in.
9 **WAYNE EDGINTON:** I can't tell you -- I cannot
10 tell what they are telling me, the bean counters of IMC
11 and IASIS. I can tell you what the bean counters are
12 coming back to us and said, hey, we're going to have these
13 guys do these transports because they are one-third
14 cheaper. So they're two-thirds cheaper. So I don't know.
15 There's just a lot here that we felt was very important to
16 bring to you guys. Totally appreciate you guys listening
17 to us. We'd be happy to be involved as you go down that
18 road.
19 **GUY DANSIE:** Appreciate that.
20 **JAY DEE DOWNS:** What do you want to do? Do you
21 want to try next meeting?
22 **GUY DANSIE:** Let's do that next meeting.
23 **JESS CAMPBELL:** Just dedicate the next meeting
24 to that issue.
25 **GUY DANSIE:** To that issue. In all fairness to

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1 some of our other issues, we've got them too. So maybe --
2 **JAY DEE DOWNS:** And this is about done. I was
3 going to say if it does require legislative changes, we
4 are in legislative session now.
5 **JESS CAMPBELL:** And we will be at --
6 **JAY DEE DOWNS:** The tail end of that.
7 **JESS CAMPBELL:** -- at this point as well being
8 towards the tail end, but still.
9 **JAY DEE DOWNS:** Month, 30 days would be good
10 enough time. That way you can -- we can talk to Brittany
11 because she's probably busy. Sounds good. We'll dedicate
12 the meeting next time to this.
13 **JESS CAMPBELL:** So let me -- can we make -- can
14 we put it in a formal motion?
15 **JAY DEE DOWNS:** Sure.
16 **JESS CAMPBELL:** I'd like to make a motion that
17 we schedule, discuss further discussion of the issues with
18 van transports on our February 24th, 2016 meeting at 1
19 p.m., this location to further discuss with the
20 stakeholders and players necessary.
21 **JEAN LUNDQUIST:** I second.
22 **JAY DEE DOWNS:** Second. Any further discussion
23 on the motion? Seeing none. All in favor say aye.
24 **COLLECTIVELY:** Aye.
25 **JAY DEE DOWNS:** Any opposed? Anybody on the

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1 phone?
2 **REGINA NELSON:** Aye.
3 **JAY DEE DOWNS:** Who is that?
4 **REGINA NELSON:** Aye, Regina.
5 **JAY DEE DOWNS:** Aye, Regina.
6 **GUY DANSIE:** In support of I assume.
7 **JAY DEE DOWNS:** Who else? Lauara?
8 **RANDY WILDEN:** Wilden.
9 **JAY DEE DOWNS:** Randy? Yeah?
10 Lauara? Teresa? Anybody?
11 **GUY DANSIE:** The ayes carry.
12 **WAYNE EDGINTON:** Thank you very much you guys.
13 **JAY DEE DOWNS:** Thank you. Special events next
14 one on the agenda.
15 **GUY DANSIE:** We had a concern and I'll let our
16 guests speak to that a little bit and what's going on and
17 I think this is another thing that may come down to
18 enforcement. It might be something else or we might need
19 to look at language. Go ahead. Introduce yourself.
20 **JAMIE ROSSBOROUGH:** So my name is Jamie
21 Rossborough. I also work for EMT Utah as a course
22 coordinator/instructor, and they offer a service on their
23 website. It's a volunteer course. They'll have former
24 EMT students or advanced students come work for special
25 events that they'll call us. Like the Roller Derby that's

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1 in Salt Lake City on 13th. River Walk place will come in
 2 and say we need you.
 3 So what we'll do, is they'll ask us, say, hey,
 4 we need 14 of your staff. We'll get EMTs, AMTs, we'll
 5 give them jump kit and we let them go out. And they're --
 6 give them a tent and they'll do all the service to provide
 7 what I feel is --
 8 **SAMANTHA BLACK:** First-Aid stations.
 9 **JAMIE ROSSBOROUGH:** -- first-Aid stations. But
 10 I see there's nothing that protects them, because I'm
 11 worried that if something happens there, cause some of
 12 the -- like Salt Lake City or certain other agency or
 13 districts will mandate what this special event place can
 14 hold. For every 5,000 people, you have to have this here
 15 or that there. And so we don't dare give them an AED.
 16 They don't get oxygen. It's just a bandaging kit. You
 17 know, simple four-by-fours and stuff.
 18 **SAMANTHA BLACK:** Just First-Aid.
 19 **JAMIE ROSSBOROUGH:** Just First-Aid. But I feel
 20 that if for some reason one of my EMTs go out and they do
 21 something, where are they covered under? Because now they
 22 are not only providing this First-Aid as a lay individual
 23 like as someone coming in, they contracted by this place
 24 to provide First-Aid station standby and they are going to
 25 render care to these guys and they have no road equipment.

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1 So does that fall under their EMS provider? Are they
 2 practicing under there EMT license, or are they just a lay
 3 individual?
 4 So I kind of had the concern. I talked to Guy
 5 about it and we thought what he thought, because I looked
 6 in the legislation rules or Bureau and there's nothing in
 7 there. So I'm trying to think of what kind of risks is my
 8 guys doing. Because again, we have a medical director for
 9 our school, but I don't think she covers them going out
 10 and rendering this type of First-Aid station stuff.
 11 And so I don't know. I wanted your guys' help
 12 to find out is there a risk or not? Are they just
 13 practicing under lay individuals? Because if nothing --
 14 you know, to me they are not really lay individuals
 15 because they didn't just walk up to the situation. They
 16 are contracted by this facility to do this walk-for-run or
 17 this 5K mile.
 18 Well, we all know with cardiovascular
 19 emergencies out here, how much risk there is with those
 20 runs. Well, we don't have an AED, so these guys would
 21 still have to call 911 or Gold Cross for transport, but
 22 we've also got that where I had an agency in up Park City
 23 recently said, you know what, we have this big event, but
 24 we don't want to contract with Gold Cross -- no offense to
 25 you sir -- they were too expensive. Will you just send

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1 your guys up there for free? We can't afford it. And I'm
 2 like, well, we don't have oxygen, we don't have this. And
 3 that's why your list said that that -- you know, your
 4 ordinance had to have, provide there. We can't have it.
 5 So you'll have to have everything on scene. Well, the
 6 fire station is just down the street from us in Park City.
 7 Can you just call those guys if they come. I'm like well,
 8 we don't carry radios. That would be something your staff
 9 would have to coordinate, your security office saying we
 10 have a situation there. They would have to call and that
 11 would delay.
 12 So I don't know. What you think? That's why I
 13 wanted your guys' help. Is there an issue there or not as
 14 far as us providing this service for our volunteer events?
 15 Because she's advertising it as well as, you know, come
 16 get hands-on skills and experience so when you can get
 17 hired by some of these agencies, you have a little bit,
 18 you can build up your resume. I like the fact we're
 19 helping the community, volunteer hours and stuff like
 20 that, but again, I can't just send anybody if we're using
 21 EMTs and advanced EMTs to render this First-Aid station
 22 with minimal equipment from what I feel is required by
 23 some of these organizations that they give us a paper
 24 saying this is what you have to have for us to do it.
 25 I've seen the one from Salt Lake City, but I haven't seen

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1 anybody else's.
 2 **CHRIS DELAMARE:** First off, I wasn't offended.
 3 And secondly, we don't go to Park City. So no worries.
 4 **JEAN LUNDQUIST:** So how far does the Good
 5 Samaritan Act go? Is that just lay people they cover?
 6 **GUY DANSIE:** I'm not sure. I honestly --
 7 **JEAN LUNDQUIST:** Like as a nurse I can stop at
 8 the scene of an accident.
 9 **GUY DANSIE:** Right, and that --
 10 **JEAN LUNDQUIST:** And I'm covered.
 11 **GUY DANSIE:** That would cover you.
 12 **DON MARELLI:** That's because you were not paged
 13 or contracted to go there. So it wouldn't cover that.
 14 **JEAN LUNDQUIST:** So you don't think it covers
 15 that?
 16 **DON MARELLI:** No.
 17 **JESS CAMPBELL:** This -- first off, I'm all for
 18 somebody getting exposure, somebody getting that hands-on
 19 opportunity, you know, volunteer hours, all those things.
 20 We -- you know, we've kind of gone through this with our
 21 standby definitions and working on that, issues within
 22 that.
 23 I think first and foremost the agency having
 24 jurisdiction should have first right of refusal. So if
 25 there's a special event being held in their community,

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1 one, basically informed. And if, if it's such a size that
 2 it's a requirement for them to be able to be permitted to
 3 have to have these services, well, first off, again, the
 4 authority having jurisdiction there I think should have
 5 the first fly over to say, yes, we'll do this or no we
 6 won't. Then they can move to, you know, a private sector
 7 or some other means of providing it.
 8 But kind of to answer your question, so somebody
 9 going out having that opportunity for that hands-on
 10 experience, that's great, but who's their oversight?
 11 Who's the trained personnel that's with them shadowing
 12 them, making sure that what they are doing is correct?
 13 You know if it's -- if it's in the vein of getting
 14 experience, there needs to be a proctor there.
 15 **JEAN LUNDQUIST:** But they are certified, right?
 16 **JAMIE ROSSBOROUGH:** They are certified.
 17 **SAMANTHA BLACK:** They are certified.
 18 **JEAN LUNDQUIST:** Well, they can -- they are
 19 practicing, if you would, their own --
 20 **JASON NICHOLLS:** No, not in Utah. The
 21 certification -- our certified providers may not function
 22 independent of a provider with their certification.
 23 Because we are not licensed through DOPL, their
 24 certification doesn't matter until they are working at a
 25 designated agency. Which is kind of a discussion that

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1 happens with the van thing issue also, is they in fact,
 2 are not medical --
 3 **JAY DEE DOWNS:** Medical --
 4 **JESS CAMPBELL:** To Jason, that was my last
 5 point. That if people work for other agencies, they are
 6 only that while they are working for that agency.
 7 **JAMIE ROSSBOROUGH:** Correct.
 8 **JESS CAMPBELL:** When they are not, they are
 9 going to have to rely on the good samaritan laws and
 10 things that are in place.
 11 But again, this situation kind of breaches that.
 12 And so there should be a medical provider or a -- well, a
 13 medical officer that is responsible for the actions of
 14 those individuals that is going to be ultimately
 15 responsible.
 16 And if they are unwilling, then, you know, I
 17 understand there's got to be something. You know if the
 18 local jurisdiction said no we're not interested, we don't
 19 want to do it, and I don't want to create something that
 20 we can't, you know, scratch that itch, but I also think
 21 this is -- this is very dangerous.
 22 **JAMIE ROSSBOROUGH:** Well, that's what got me
 23 concerned, is I did have one come back recently. And he's
 24 like we did this event and the lady -- she said her chest
 25 hurt, but she didn't want anything. I talked to her and I

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1 just -- okay. She's like, you know what, I just want to
 2 leave. So he's like, I let her up. And I go what
 3 happened because she did sign a petition with the van to
 4 walk and I'm sure there's liability, what happens if she
 5 just got to her car and collapsed? Is that the fault on
 6 my guy because if her family was, hey, there was an EMT
 7 and he said he was EMT with the volunteer corp, but he
 8 didn't do anything, does that risk -- because again I know
 9 my medical director, she's only for the program itself to
 10 teach the program, the education side. I don't know if
 11 it's on this. And that's why I'm thinking, okay, are they
 12 just freelancing, which puts everybody at risk.
 13 **JASON NICHOLLS:** Once -- with the good samaritan
 14 law, once there's an expectation of response, a good
 15 samaritan does apply.
 16 **JAMIE ROSSBOROUGH:** Correct.
 17 **JASON NICHOLLS:** So when you have a contract,
 18 even if you are volunteering, but you are there --
 19 **JAMIE ROSSBOROUGH:** Contracted with us.
 20 **JASON NICHOLLS:** -- and there's an expectation
 21 of response, a good samaritan does not apply. And
 22 interestingly, Utah, we don't send them out with AEDs but
 23 we send them out with First-Aid kits.
 24 The law is actually the exact opposite. You can
 25 go out with an AED kit or with an AED without any trouble

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1 whatsoever. AEDs are completely open to public use at any
 2 and all time, but the First-Aid kit isn't.
 3 **JAMIE ROSSBOROUGH:** Okay. I see what you are
 4 talking about.
 5 **JASON NICHOLLS:** So that's actually in the
 6 statute. I just read it. I can give it to you.
 7 **JAMIE ROSSBOROUGH:** Oh, nice.
 8 **JASON NICHOLL:** But the AED is something you can
 9 do that you are completely covered with.
 10 **JAMIE ROSSBOROUGH:** Covered with. Okay.
 11 **JASON NICHOLLS:** And the statute indicates that,
 12 but not the First-Aid kit. So it's a real slippery slope.
 13 I admire it. I think it's awesome.
 14 **JAMIE ROSSBOROUGH:** You know, but the level of
 15 what we do -- like we have a lot of people that want to do
 16 it, and they are so eager to do it, we advertise it, but
 17 just with the last one and some other things that brought
 18 up me being a paramedic, working in the field, to me it
 19 just seemed like the company is just putting so much
 20 liability for patient care or just anything because the
 21 place contracted us, they gave us a booth. We put our
 22 tent up. It says First-Aid. And again, some of our EMTs
 23 by law, they have a right to put their patch on their
 24 shirt there. But they are representing EMT Utah at the
 25 volunteer corp, but that's all people are going to see.

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1 It's just kind of like an officer, they see the
 2 badge, they see the uniform, they think it's a cop. So
 3 that's where I was concerned for my guys not to risk their
 4 career on something, even though they want to help if
 5 there was something that needed to be done as far as
 6 written.
 7 **JAY DEE DOWNS:** Interesting to see what's in the
 8 contract. You say you contracted with them. You just --
 9 whoever contract with them, took on a whole lot of
 10 liability.
 11 **SAMANTHA BLACK:** I know that they sign liability
 12 forms saying that we are only First-Aid. We do not, you
 13 know, administer oxygen. We don't have an AED. We do not
 14 transport. We just pretty much do cuts and bruises and
 15 then we call 911 if there is an emergency.
 16 **JASON NICHOLLS:** Well, you know, what Chief
 17 Campbell said that -- you know, we went through this just
 18 last year, to much pain, trying to figure out the standby
 19 or the special event language.
 20 **GUY DANSIE:** Yeah, and that's what we have
 21 there.
 22 **JASON NICHOLL:** So I mean it's up to the
 23 provider. The provider -- the licensed provider for that
 24 area wants to bring you in, I guess it's covered there.
 25 But how hard would it be for you to -- for the school to

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1 get -- I don't know if there is even a designation or
 2 anything like that to be able to provide --
 3 **JAMIE ROSSBOROUGH:** And that's why Guy had
 4 wanted me to come up --
 5 **JASON NICHOLL:** -- stand by strictly on a
 6 volunteer basis.
 7 **GUY DANSIE:** Yeah, I mean I didn't want to say,
 8 oh, we're going to come after the volunteer guys that are
 9 fresh out. That -- they are already being exposed to
 10 something they shouldn't be.
 11 **SAMANTHA BLACK:** I know --
 12 **GUY DANSIE:** There's -- definitely need to
 13 clarify or --
 14 **SAMANTHA BLACK:** In some cases, like say they
 15 call us, say it's the Salt Lake City Marathon, they'll
 16 tell us. Like, hey, we have the fire department there as
 17 well but we want just some of your EMTs there for
 18 First-Aid, but we have the fire department there with
 19 paramedics, but we just need First-Aid people there just
 20 for First-Aid. So I don't know where that falls either.
 21 **JASON NICHOLLS:** See the difference there would
 22 be whether or not -- whether or not you are providing a
 23 service to the participants.
 24 **SAMANTHA BLACK:** Yeah, it is to the
 25 participants.

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1 **JASON NICHOLLS:** Or to the spectators. Or both.
 2 **SAMANTHA BLACK:** Both. It would be both. It's
 3 usually both.
 4 **JAY DEE DOWNS:** You know, if you remember our
 5 discussion last year, though, and that's why the rule is
 6 written the way it was, is what we said, and just correct
 7 me if I am wrong, but what we said is the aim is going to
 8 be a provider, they are going to take it on. And if you
 9 read the rule there it says, "A ground ambulance provider,
 10 a medical provider shall provide all standby services for
 11 any special" --
 12 (Reporter interrupts.)
 13 **JAY DEE DOWNS:** Anyway, this is what I want to
 14 point out. The ambulance provider may arrange for those
 15 services through aid agreements, designated quick response
 16 units may also support licensed ground ambulance,
 17 paramedic services for special events.
 18 So the thing I'm saying here is that it was my
 19 understanding that the ambulance service or the paramedic
 20 service was to arrange -- they were supposed to take care
 21 of all the medical needs with that event, and if they
 22 needed outside help, they were to go and get that help to
 23 bring in to help with that service. Am I wrong?
 24 **DON MARELLI:** No, that's correct.
 25 **JAY DEE DOWNS:** That's the way I understood it.

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1 So if that event is going and contracting with you, it
 2 probably should come through the ambulance provider, come
 3 to you and say, hey, we need your help. And then you come
 4 under their umbrella and their medical control. That's
 5 the way I understood it. Maybe I'm wrong but that's the
 6 way I understood it.
 7 **SAMANTHA BLACK:** And sometimes it is like that
 8 when we work with fire departments or Gold Cross, or
 9 somebody else, but there's a lot of times they call us and
 10 they don't have anybody else there. It's just our
 11 volunteers.
 12 **DON MARELLI:** Well, this would be a question I
 13 would have then for your group/company or whatever you
 14 have, whatever you are, what you are telling us here is
 15 you're not calling the exclusive provider for that area,
 16 you are going around them just because the event holder is
 17 asking you to come and do that.
 18 **JAMIE ROSSBOROUGH:** Yeah, and that's where I'm
 19 concerned.
 20 **DON MARELLI:** I think you should be concerned
 21 because we --
 22 **JEAN LUNDQUIST:** Right there it says don't.
 23 **JAMIE ROSSBOROUGH:** Yeah.
 24 **DON MARELLI:** I believe, I could be wrong, but I
 25 believe that you or any other group/company volunteers

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1 should go -- if the event holder A contacts you and says,
 2 hey, we want 12 First-Aid stations set up, and you say --
 3 this is in Saratoga Springs, and you say, okay, did you
 4 contact Saratoga Springs Fire and EMS for this and they
 5 say, no, we just want you out there. Then it falls back
 6 to your responsibility to contact Saratoga Springs and
 7 say, hey, this event holder wants us to provide this and
 8 if Saratoga Springs said, okay, that's great, we will do
 9 that. You basically aren't allowed to go out and do that.
 10 That's how I'm understanding this. But it's just an
 11 exclusive area holder event -- excuse me, not event, but
 12 exclusive licensed provider should have first right of
 13 refusal if they then refuse.

14 **JASON NICHOLLS:** But they only can choose
 15 licensed or designated provider. You're not a licensed or
 16 designated, which is where I was getting at is, is there a
 17 designation or a license that your company can get
 18 specific to this.

19 **JAY DEE DOWNS:** I think you have to have a
 20 geographical area.

21 **GUY DANSIE:** I guess the question for me is
 22 maybe we need to add more language to clarify for the
 23 certified individuals so that they know that they need to
 24 be operating under that as well. That's where I think the
 25 gray area in my mind is.

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1 We're saying if you're an agency, obviously you
 2 need to get approval through the local provider. But if
 3 you're an individual, it really doesn't spell out the
 4 individual. I'm just thinking maybe for clarity sake you
 5 make it clearer on adding some more language to that.

6 **JESS CAMPBELL:** I guess my question on that
 7 guys, so we add language to four to further define that,
 8 but the other side of that is who's the medical director?

9 **JEAN LUNDQUIST:** Right. Still haven't solved
 10 that problem.

11 **JESS CAMPBELL:** For providing that care. Until
 12 that's established, I don't think it matters what we put
 13 in there.

14 **GUY DANSIE:** Don't you think it would be wise to
 15 say they need to have that and they are not eligible if
 16 they don't. That's what I'm saying. Is I think we ought
 17 to close the door a little tighter for individuals.

18 **JESS CAMPBELL:** Don't we have that in the
 19 definition of --

20 **JAMIE ROSSBOROUGH:** I'm in your way.

21 **JESS CAMPBELL:** No. You're fine. So designated
 22 provider, licensed or designated provider. Don't either
 23 one of those have to be under a medical director?

24 **GUY DANSIE:** Yes.

25 **JESS CAMPBELL:** So the language is there. I

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1 just think that -- I think that's, that's the education
 2 component here that needs to be understood. That if --
 3 all well intended to protect your people and your
 4 operation, they've got to be operating under some medical
 5 director that has said I'm okay with this. I'm on the
 6 hook for this. Go do it. But until that --

7 **LAUARA SYNDER:** This is Lauara. I have a
 8 comment.

9 **GUY DANSIE:** Go ahead.

10 **JAY DEE DOWNS:** Go ahead Lauara.

11 **LAUARA SYNDER:** I just want to caution about
 12 putting too much language in there because we don't want
 13 EMTs, whatever level, to think they are free agents, as
 14 long as they get their own medical director and have them
 15 approved for protocols that they can just go out marketing
 16 themselves from the city, the first thing whatever, that
 17 it's a movement or a party or whatever it is. I think if
 18 we start getting too much in there, then that opens that
 19 door, and I don't think that's what we intended ever.

20 **JESS CAMPBELL:** No, in fact, I'm recommending we
 21 don't -- the language -- because I think the language is
 22 already there that clearly spells out what needs to
 23 happen.

24 **LAUARA SYNDER:** I agree.

25 **JESS CAMPBELL:** I'm not saying we need to change

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1 anything. I just think -- I think there's a greater level
 2 of understanding, you know, I guess on your end of -- and
 3 there's a need -- it sounds like there's a need.

4 **GUY DANSIE:** Absolutely.

5 **JESS CAMPBELL:** And there's an avenue for you to
 6 go down to be able to do that within your organization
 7 that protects your people and allows them to do those
 8 things. Whether they are getting paid for it or it's
 9 volunteer, again, once that jurisdiction has had that look
 10 and said, you know, knock yourself out, go find, go get
 11 yourself a medical director, and this is yours, I --
 12 it's -- there's a way there. Whether or not you are going
 13 to find that person, I don't know. So Chris.

14 **CHRIS DELAMARE:** Just my thoughts are, Don
 15 actually brought this point up, I think what -- I don't
 16 think anybody is disagreeing with your services you want
 17 to provide or looking at it, it's a great service. But I
 18 think you just identified what the problem is, you get
 19 these event organizers who are circumventing, the masking
 20 of ordinance, law, statute, whatever you want to say, to
 21 get a cheaper deal. And plain and simple that's what has
 22 happened.

23 Now by you guys going out and doing that, you're
 24 aiding that event organizer and circumventing that. So I
 25 think -- I don't think there's a provider out there that

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1 wouldn't say this is too big for us, we would love to have
 2 your help. And if you worked with those providers and
 3 maybe, maybe that's how you advertise it to the providers
 4 and say we're available to you, this solves a lot of the
 5 problem, right? But I just think you're just identifying
 6 a problem where these event organizers are circumventing
 7 the law and the statute to get what they want out of it,
 8 which is not to pay anything for medical care. Plain and
 9 simple.

10 So I agree with Jess, I wouldn't change any of
 11 the language because I think it's strong and it's there
 12 and there's a reason why it was there.

13 **JESS CAMPBELL:** And when I had these special
 14 events that we've had, you know, I basically, just my
 15 response is depending on it's close enough to our services
 16 that by dialing 911 we can and as a timely matter be able
 17 to respond wherever they are at, whatever they got going
 18 on, just like going through normal channels.

19 You know, there's been very few instances where
 20 we've had to call anybody in. But not to say, you know,
 21 there isn't a need, but I don't propose that we change
 22 anything. I think it's -- I think it's spelled out. And
 23 I hope we've in a cordial way have been able to explain to
 24 you, yeah, you're definitely at risk here.

25 **JAMIE ROSSBOROUGH:** That's what I thought, but I

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1 wanted somebody else because I've tried to talk with my
 2 owner and let her know, and she's, like, there's nothing
 3 there. I'm like as a provider, I've got -- I care for my
 4 patients. I care about my job. And frankly, I'm not
 5 going out there, but I also care for my students that have
 6 now graduated and want to get somewhere. And I like what
 7 we do and what we offer, but to me there were just too
 8 many loopholes and risks, not only on the company for her
 9 that she has a risk, but myself or just those guys that go
 10 out and do it, what risks do those EMTs have that they are
 11 not sure of yet that are a potential risk or jeopardize
 12 their license being removed for something they didn't mean
 13 to do; they were just trying to help out.

14 **JASON NICHOLLS:** That's exactly where they are
 15 at.

16 **GUY DANSIE:** I think maybe instead -- I think
 17 everybody is in agreement not, not to add language. So
 18 I'm thinking maybe we ought to have some kind of fact
 19 sheet or something we develop, we can put on the website
 20 or give to vendors or to --

21 **JAMIE ROSSBOROUGH:** Or it would be something you
 22 can give to us because right now we have on our website,
 23 the vendors can go there. They can -- say, we have 500
 24 purchase, this is how many people we need, and they submit
 25 it. It goes to Sam and goes to a couple of other people.

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1 And then we just say okay and then we just start calling
 2 volunteers. We put up a sign of venues and volunteers
 3 just start signing up. You know, and so then we're like
 4 come in, pick this up, take this tent and go. And that's
 5 it. And we've never been told we had to contact and where
 6 we have to get with each jurisdiction and say, okay, if
 7 you filled out here, you're in Saratoga Springs, okay,
 8 I've got to call this chief, I've got to talk with my guy
 9 to get in writing saying that he approves us to go there,
 10 and then that way for any reason we had anything, we could
 11 call 911 as far as that -- and that's another thing, who's
 12 dialing the 911? Is it -- do I have a security officer
 13 there? Is it the actual coordinator, you know? And so
 14 that's where I said some of that risk was there.

15 **JESS CAMPBELL:** I would say to cover yourself if
 16 your people are being called into action, somebody better
 17 be calling 911. And then they can -- responding agency
 18 can decide to what level they will get involved.

19 **JAMIE ROSSBOROUGH:** Yeah. And that's where like
 20 I said I get the media to talk about that concern that I'm
 21 worried about for all parties involved, you know, so...

22 **JAY DEE DOWNS:** Okay.

23 **GUY DANSIE:** And the reason I want to bring it
 24 here just so -- we're seeing people not understanding the
 25 intent of the rule. So maybe we can do something --

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1 **JAY DEE DOWNS:** In fact sheets.

2 **GUY DANSIE:** -- to clarify that on a policy of
 3 fact sheet or something of that nature.

4 **JAY DEE DOWNS:** Okay. Anything else?

5 **JAMIE ROSSBOROUGH:** I didn't have anything. I
 6 appreciate your time. Thanks for that information.

7 **JAY DEE DOWNS:** We've been here an hour and a
 8 half. Let's take a potty break. Ten minute break.
 9 (Break)

10 **JAY DEE DOWNS:** Okay. We're back. We're back
 11 now. The five of us. Six of us. Okay. Next item on the
 12 agenda is infectious control -- or infectious --
 13 bloodborne pathogens.

14 **GUY DANSIE:** Okay. We've kind of rolled this
 15 into two issues honestly. We started out, we had
 16 Intermountain. They were worried about some of our
 17 language or needed to update our policies or our rules.
 18 The rules I actually have found out, and let me give you
 19 this, there's an old SB19 that's in rule that I found
 20 right before the meeting. So somebody on the phone
 21 probably didn't get that.

22 Anyway, what it says in the back end of it is
 23 that the rule by this statute is under the Labor
 24 Commission. So we talked about possibly migrating that,
 25 that language over into the EMS Act under our purview, but

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1 in this legislative statute it says, no, it's under them.
 2 So it's kind of a bit of a wall for us.
 3 I -- I also pulled off, I don't know if you are
 4 interested, but on our website there is kind of a policy
 5 on bloodborne pathogen, what to do, things for providers.
 6 And I honestly don't know how old that is. I know some of
 7 the leads are not working anymore. So I will follow up on
 8 that end, see if I can figure out what needs to be updated
 9 and possibly Dr. Taillac.
 10 I did talk to Dr. Taillac about the idea of
 11 having notification go to the provider's medical director,
 12 to the agency's medical director. He thought that that
 13 wouldn't work with HIPPA because that doctor, that
 14 physician is not the patient's physician. He says that
 15 actually isn't going to work.
 16 So with that in mind, I don't know where to
 17 start on or -- I don't know if we can do rule, to be
 18 honest with you, because it's not backed by the statute
 19 currently. The other thing is that we can update policies
 20 and forms and all that kind of stuff and I think it's a
 21 great project maybe for our operational subcommittee if we
 22 want to inform or we want to clarify some of the policy
 23 issues. Just an idea.
 24 **JAY DEE DOWNS:** I think it's a great idea.
 25 **JESS CAMPBELL:** The links definitely need big

1 **JEAN LUNDQUIST:** What does that mean?
 2 **GUY DANSIE:** It would speed that process up.
 3 **JAY DEE DOWNS:** It means -- okay. So let's --
 4 like if an officer goes on a call and he has sufficient
 5 evidence that he needs a warrant to search a residence,
 6 okay, the old process is they had to do the paperwork and
 7 it would take them two or three days. Now it's just
 8 basically he calls on the phone and says I need a warrant.
 9 They contact the judge on call, the judge on call reviews
 10 it real quick, gives him the warrant.
 11 This is the same process. So if somebody gets
 12 stuck or, you know, you get exposed on a call, and he can
 13 even go in there and give evidence that, hey, we need to
 14 have this warrant, to have the guy's blood drawn. So he's
 15 not waiting two or three days down the road, it can be
 16 done within, in minutes.
 17 **JEAN LUNDQUIST:** Sweet.
 18 **JAY DEE DOWNS:** I spoke to a judge up there and
 19 he says normally it can take less than an hour.
 20 **JEAN LUNDQUIST:** Oh, that's nice.
 21 **GUY DANSIE:** That alleviates the big fear that
 22 Intermountain had with having, getting prophylaxis for HIV
 23 within the first -- I think it was an hour or two, or a
 24 day, or something to have a very short window.
 25 **JAY DEE DOWNS:** It just -- they have -- I guess

1 work because we've actually put that into RSOPs for
 2 exposure, you know, that they be able to go to those links
 3 and be able to download the forms.
 4 **GUY DANSIE:** Right. And that's the link that's
 5 not working, is the form. So I don't know. That's
 6 something dead in the water we've got to fix.
 7 **JAY DEE DOWNS:** Is that going to affect his law
 8 too? He's talking about doing warrants and things.
 9 **GUY DANSIE:** Yeah, and that's the other thing.
 10 I think you're all aware there's House Bill 68 that's
 11 being sponsored by Dr. Redd. He's the medical director
 12 for Cache. He's yours, right?
 13 **JAY DEE DOWNS:** Uh-huh. And he's also with the
 14 health -- he's the -- what do you call them -- the medical
 15 person for the health department, for Bear River Health
 16 Department.
 17 **GUY DANSIE:** Yeah, he's their medical director
 18 for the Bear River Health Department.
 19 **JESS CAMPBELL:** Grand Poobah.
 20 **GUY DANSIE:** He's a great man, though. I think
 21 he's a no B.S. kind of a guy and he's a representative.
 22 He's running this House Bill 68, and he's attempting to
 23 expedite the process for getting a court approved sample
 24 for somebody who refuses to submit a blood sample.
 25 **JAY DEE DOWNS:** It's a telephonic warrant.

1 the judge on call carries a beeper and the law enforcement
 2 does it all the time. I asked him about something like
 3 this and he goes, oh, yeah, absolutely. We can do
 4 something like that.
 5 **JEAN LUNDQUIST:** That's great.
 6 **GUY DANSIE:** I think this is -- and I don't
 7 know -- I never had a discussion with Dr. Redd and I don't
 8 know if anybody else did, it just seems like this popped
 9 up. Maybe Intermountain did.
 10 **JAY DEE DOWNS:** No.
 11 **GUY DANSIE:** Where it came from?
 12 **JAY DEE DOWNS:** It was that guy that came to
 13 talk to us down at the chief's meeting out at West Jordan.
 14 That's where it came from. Anyway, it was West Jordan
 15 when those guys came up and said that this is what it was.
 16 It started with his grassroots. He's a police officer.
 17 That's where it came from. As a police officer getting
 18 exposed, and it took him so long to take care of it.
 19 He's, hey, we do this in the police service all the time.
 20 If it's a warrant, it's a warrant. We can do telephonic
 21 warrants all the time. Why can't we do this one? That's
 22 how it got going.
 23 **GUY DANSIE:** So help to clarify it. So what I'm
 24 saying basically is we were talking about maybe looking at
 25 rule or possibly migrating the rule, I don't think we're

1 going to do that right now.
 2 **JAY DEE DOWNS:** It's telephonically.
 3 **GUY DANSIE:** Because I think that this -- the
 4 bill being proposed will solve some of the problems of
 5 expediting it. The form, definitely we need to update and
 6 update our policy on the website and have that link there.
 7 We'll work on that.
 8 **JAY DEE DOWNS:** Electronic warrant. It's an
 9 electronic warrant is what it's called.
 10 **GUY DANSIE:** And then so that's really it for
 11 that. I guess my only other thing is I'm -- I've got our
 12 trauma rule, there's a few little tweaks that needed to be
 13 done to it. And Jolene is working on that, Jolene Whitney
 14 and Shari Hunsaker. And they were going to bring it to
 15 the next meeting. So I'll have that on --
 16 **JAY DEE DOWNS:** You mean the meeting after that.
 17 **GUY DANSIE:** Oh, yeah, we'll do it the meeting
 18 after that. And I'm trying to think what else.
 19 Just to let you know that our data rules that we
 20 passed in here, there was a small language tweak on the
 21 validation process that was part of the EMS Committee's
 22 discussion and that was made. And so that rule went out
 23 to public comment, or is in the process of going out.
 24 It's not been listed yet, but it's in Dr. Babbitt's hand
 25 right now. And then it goes to the EDO or to Brittany for

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1 legal and then to our executive director.
 2 So I anticipate within a week it should be ready
 3 to go out. And then it will probably be -- there's
 4 usually a two-week lag until it's actually out on --
 5 **JESS CAMPBELL:** Where are we at with Image Trend
 6 coming on?
 7 **GUY DANSIE:** They are under contract. I know
 8 they were negotiating a few of the points. Tami is back
 9 there smiling at me.
 10 There were a few points of, you know, where I
 11 think Shari felt like we needed something and they felt
 12 like they needed more money. But basically, they are
 13 under our contract to go ahead and develop our system for
 14 us. I don't know when the --
 15 **TAMI GOODIN:** 90 days. Josie says she keeps
 16 saying 90 days.
 17 **JESS CAMPBELL:** From when?
 18 **TAMI GOODIN:** I don't know.
 19 **GUY DANSIE:** Ninety days from --
 20 **JEAN LUNDQUIST:** From whenever you ask.
 21 **JASON NICHOLLS:** What about the cost quality
 22 access?
 23 **JEAN LUNDQUIST:** What does that mean?
 24 **GUY DANSIE:** Okay. Let me go back. This is a
 25 different topic. We went through and we looked at the

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1 cost quality access in this group. It was kind of a hurry
 2 up and get it done thing because we had a legislative
 3 mandate to get it done by October. We're required because
 4 it was new language in the statute. So we hurried and
 5 blew it through and I think everybody kind of just took it
 6 verbatim. We had a draft rule that pretty much went all
 7 the way through the process.
 8 Jason felt like it was a little over the top in
 9 some areas, which I think we probably overachieved on the
 10 rule. And so we were looking at just taking it to -- the
 11 committee is wanting us to just simplify it a little bit,
 12 take out some of the requirements, the elements that are
 13 expected and just say basically that the city or the
 14 municipality is responsible to have cost quality and
 15 access goals for their EMS. It simplifies it quite a bit.
 16 **JASON NICHOLLS:** Instead of it being a reporting
 17 issue, which is what -- exactly what the language was, it
 18 turned into a data report.
 19 **GUY DANSIE:** Kind of a big monster for the
 20 providers, like more of a pain in the butt kind of thing.
 21 And honestly it comes -- the only way we have -- really
 22 that's a good way to regulate those kinds of things is
 23 through our licensing process. So we say, hey, when your
 24 license is up, you need to provide us this. But the
 25 burden really fell on the provider rather than on the

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1 municipality. So we tried to lighten that.
 2 **JASON NICHOLL:** Legislation is specific to the
 3 municipality, not the provider.
 4 **GUY DANSIE:** Yeah. What's the other term they
 5 use?
 6 **JASON NICHOLLS:** Governmental entity.
 7 **GUY DANSIE:** Yeah. So we are just watering down
 8 or softening the language and that was at the direct of
 9 the EMS Committee. So I -- I haven't even drafted
 10 anything yet or we haven't looked. Jason proposed some
 11 language to make it soft, and we'll probably just polish
 12 that up a little bit. I can provide that to all of you to
 13 look at, and we'll take it from there. It will be on the
 14 agenda for the EMS Committee to make a motion to approve
 15 that.
 16 **JESS CAMPBELL:** I think we could have that on
 17 the agenda for our next meeting on the tail end of our ban
 18 discussion.
 19 **JEAN LUNDQUIST:** Or beginning in this case.
 20 **JASON NICHOLL:** It should be five minutes or
 21 less.
 22 **GUY DANSIE:** Yeah. It's -- it's basically we
 23 just took the existing language and it just took out some
 24 of the requirements. And I think when we worked on it, we
 25 actually watered it down a little bit by saying the "mays"

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1 instead of "shalls". And then there was a lot of stuff on
 2 there that was real clunky. And so we're taking that out.
 3 **JESS CAMPBELL:** So the reason I asked about
 4 Image Trend is we're still having some issues with the
 5 Bureau accepting our data, even though it mirrors Ogden
 6 and a couple of other agencies, that the data is being
 7 accepted, more than befuddled. So I just want to know --
 8 I mean to the point that Image Trend, and if you've not
 9 worked with Image Trend --
 10 **GUY DANSIE:** I haven't been involved in it.
 11 **JESS CAMPBELL:** Well, I'm just -- they are a
 12 great company to work with to the point where their reps
 13 were working with us, after two weeks just said we give
 14 up. You know, based on the back and forth that was going
 15 on between, you know, Shari was wanting what they had, you
 16 know what -- they were quite frankly, they're scratching
 17 their heads saying you are the exact duplicate of two
 18 other agencies that data is currently being accepted, but
 19 our format was wrong. And so I just -- the sooner that
 20 can get remedied the better.
 21 **JEAN LUNDQUIST:** So you have Image Trend?
 22 **JAY DEE DOWNS:** You have a report --
 23 **JESS CAMPBELL:** Yes.
 24 **JAY DEE DOWNS:** You have a report that's
 25 99 percent or something, and it holds up everything else.

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1 **JAY DEE DOWNS:** Okay with everybody? Okay.
 2 We're adjourned.
 3 (Meeting concluded at 3:01 p.m.)
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1 **JESS CAMPBELL:** Yeah. Oh, yeah, we have a huge
 2 log jam.
 3 **JAY DEE DOWNS:** It logs, jams it good.
 4 **JEAN LUNDQUIST:** Everybody else?
 5 **JESS CAMPBELL:** Nothing we can do about it.
 6 **JEAN LUNDQUIST:** Oh, for them.
 7 **JASON NICHOLLS:** Jess, is it stuck on one
 8 report?
 9 **JESS CAMPBELL:** It has to do with some data that
 10 Shari wanted it in a particular format, and it means Image
 11 Trend is going to have to change something. And they are
 12 saying, why do we have to do that when you mirror two
 13 other organizations that they are accepting data from.
 14 You've got to change something.
 15 **JASON NICHOLL:** Okay.
 16 **JEAN LUNDQUIST:** Have you talked to billing?
 17 **GUY DANSIE:** Let's maybe after this is done
 18 we'll talk.
 19 **JAY DEE DOWNS:** Do we have anything else to
 20 bring up? We can end the meeting.
 21 **JASON NICHOLLS:** Motion to adjourn.
 22 **JESS CAMPBELL:** Second.
 23 **JAY DEE DOWNS:** I think we have the tentative
 24 date.
 25 **JESS CAMPBELL:** It's on the 24th.

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C E R T I F I C A T E

STATE OF UTAH)
)
 COUNTY OF UTAH)

This is to certify that the foregoing proceedings were taken before me, Susan S. Sprouse, a Certified Shorthand Reporter in and for the State of Utah, residing in Salt Lake County, Utah;

That the proceedings were reported by me in stenotype, and thereafter caused by me to be transcribed into printed form, and that a true and correct transcription of said testimony so taken and transcribed is set forth in the foregoing pages, inclusive.

DATED this 17th day of FEBRUARY, 2016.

 SUSAN S. SPROUSE, RPR, CSR
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