

EMS RULES TASK FORCE MEETING
FEBRUARY 24, 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 February 24, 2016 1:00 p.m.
 2 ***
 3 **JAY DEE DOWNS:** Let's get started. Today's
 4 specific meeting is to develop the vans. So Guy, you've
 5 got some feedback from Brittany on some of the questions?
 6 **GUY DANSIE:** I did. And I shared it with the
 7 group. And also just -- did we get everybody's name that
 8 is attending?
 9 Let's go through that. Should we do that? I'm
 10 Guy Dansie with the Bureau of Emergency Medical Services
 11 and Preparedness.
 12 **SUZANNE BARTON:** Suzanne Barton with the Bureau
 13 of EMS.
 14 **LAUARA SYNDER:** Lauara Synder representing
 15 private ambulance.
 16 **JESS CAMPBELL:** Jess Campbell, Saratoga Springs
 17 Fire Rescue and the Utah State Fire Chiefs representative
 18 on this task force.
 19 **JAY DEE DOWNS:** Jay Downs on the EMS Committee.
 20 **ANDY BUTLER:** Andy Butler with South Jordan Fire
 21 Department.
 22 **JIM GUYNN:** Jim Guynn, Washington City Fire
 23 representing training issues.
 24 **WAYNE EDGINTON:** And Wayne Edginton with South
 25 Jordan Fire.

A P P E A R A N C E S

Guy Dansie
 Jay Dee Downs
 Jason Nicholl
 Jess Campbell
 Lauara Synder
 Tami Goodin
 Raul Garcia
 Wayne Edginton
 Andy Butler
 Jim Guynn
 Regina Nelson (Telephonically)
 Don Marrelli (Telephonically)
 Ron Morris (Telephonically)

1 **JASON NICHOLL:** Jason Nicholl with the EMS
 2 Committee.
 3 **RAUL GARCIA:** Raul Garcia also with the Bureau
 4 of EMS and Preparedness.
 5 **GUY DANSIE:** And then those on the phone? We
 6 have Regina, Don.
 7 Go ahead, Regina. We'll let you go first.
 8 **REGINA NELSON:** Regina Nelson representing
 9 Emergency Medical Dispatch.
 10 **GUY DANSIE:** Then Don.
 11 **DON MARELLI:** Don Marelli, Carbon County
 12 Ambulance representing Rural EMS Directors.
 13 **GUY DANSIE:** And then Ron Morris.
 14 **RON MORRIS:** Yeah, I'm representing whoever else
 15 is left.
 16 **GUY DANSIE:** The public at large, huh? Thanks,
 17 Ron.
 18 **JESS CAMPBELL:** Ron is the president of the Utah
 19 State Fire Chiefs.
 20 **JAY DEE DOWNS:** Didn't see that train coming,
 21 did you, Ron?
 22 **RON MORRIS:** Be the man.
 23 **JAY DEE DOWNS:** So...
 24 **GUY DANSIE:** Do you want me to go ahead?
 25 **JAY DEE DOWNS:** Yeah, go ahead.

1 **GUY DANSIE:** Okay. Just a recap. Last month we
2 talked -- we had two or three agenda items and this one
3 became the big one, and we decided as the group to address
4 it specifically in this meeting. And part of the issue
5 last time was we wanted some feedback. And we wanted
6 attendance, honestly, from some of our decision makers.
7 I talked to Paul and Brittany about it. They
8 felt comfortable in just giving me this feedback, and if
9 we have more questions or things like that, we can go from
10 there. But let me go ahead and we can start with the
11 discussion if anybody has things or items they want to
12 discuss.
13 I think the thing for me, I hope I asked the
14 right questions in this email, that some of the things
15 that were concerning you. If there are other questions or
16 things we probably needed to ask and answer and discuss...
17 I know, Wayne, this is the issue that you brought to this
18 group. Maybe if you -- I don't know your feelings or
19 where you -- you want to start discussing this a little
20 bit?
21 **WAYNE EDGINTON:** Sure. I'll start.
22 **GUY DANSIE:** Hate to throw you under the bus.
23 **WAYNE EDGINTON:** No, you didn't throw me under
24 the bus. And I think you all knew what our concern was.
25 Reading the feedback that we got back, I guess I

1 question. Ask it again, and I'll see if I can absorb it
2 all. If they don't need medical attention, I understand
3 that it's okay. If they are called a patient and being
4 transported --
5 **WAYNE EDGINTON:** But they are being transported
6 to another medical facility not a -- not a CAT scan or not
7 a -- like going home --
8 **GUY DANSIE:** Like to the UNI or State Hospital
9 or something --
10 **WAYNE EDGINTON:** And I'll give you an example.
11 We do the South Jordan healthcare interfacilities. Many
12 times we'll get somebody who has to be taken up there, but
13 really maybe it's just an IV and observation, but they are
14 going to a medical doctor who has received them on the
15 other end at a medical facility. This is the University
16 of Utah or Huntsman. Can that physician deem that that's
17 not a medically -- that patient is medically cleared and
18 that a van can take them to a medical facility?
19 **GUY DANSIE:** I would think as the state we would
20 defer to the local medical control. Whoever makes the
21 decision that patient is okay to be transported and how,
22 would be deferred to the medical control, in my opinion.
23 **ANDY BUTLER:** Per her email, that last question
24 that she said, I think one of the unanswered questions is
25 going to be who makes that call.

1 still have a couple of questions.
2 And No. 1 is, and it kind of deals with that
3 interfacility hospital to hospital. So as I read it, I
4 understand that if a psychiatric patient is not
5 medically -- is basically medically cleared, whether they
6 be discharged or not, then that is -- can be a van type
7 ambulance. And I think from a provider we're okay with
8 that. They are not going to a medical facility. And
9 they -- they are going to have to be medically cleared.
10 So if they have, if they had just gotten a
11 Haldol shot or there's some reason why they are still
12 under -- or they're violent, then that, to me, rules it
13 out of that van, that van purview.
14 Is that how you understand reading that?
15 **GUY DANSIE:** Yeah. Yeah, that's how -- if they
16 are under sedation, medication, treatment, then it should
17 be go by ambulance is what I understood.
18 **WAYNE EDGINTON:** Yeah. So we're absolutely fine
19 with that. Just reading these, I guess our question would
20 be, so they have somebody at a facility who they need to
21 go to another medical facility, okay, and can that doctor
22 deem that that patient does not need any medical care and
23 yet it falls under the terms of an interfacility
24 transport?
25 **GUY DANSIE:** I -- I'm not sure I understand your

1 **GUY DANSIE:** Yeah.
2 **ANDY BUTLER:** And can the doctor make that call?
3 I assume that he can.
4 **GUY DANSIE:** That's how I view it. That's my
5 opinion.
6 **JASON NICHOLL:** Well, there's the other side of
7 this, is if someone is doing an interfacility transport,
8 you know, going from one place to another, or as you've
9 just described, they're still covered under the IMTLA
10 because -- or going from physician to physician.
11 **WAYNE EDGINTON:** To receiving physician.
12 **JASON NICHOLL:** They are never out of or out
13 from underneath the patient care umbrella. So whether or
14 not they need direct medical observation, I think in that
15 case is almost irrelevant because they've never left
16 direct patient or direct medical observation being in --
17 under IMTLA from one physician to another.
18 **ANDY BUTLER:** So -- and I agree with you. But
19 isn't -- so say you have a psych patient that needs to be
20 transferred, does not need direct medical observation, are
21 they going to still fall under that because --
22 **JASON NICHOLL:** Only if it's going from a
23 physician to a receiving physician where IMTLA covers, and
24 say it were to be billed to Medicare or Medicaid, they
25 would have to have a physician certification statement

1 signed for that person. That's, I think, I believe,
 2 that's what ties -- or keeps that patient under the care
 3 of that physician until they are received and accepted by
 4 the other physician even during that transport.
 5 **ANDY BUTLER:** Right.
 6 **WAYNE EDGINTON:** And I think that UNI is not
 7 defined as a receiving medical facility.
 8 **GUY DANSIE:** Right.
 9 **JASON NICHOLL:** But receiving medical facility
 10 is not what we're talking about. We're talking about
 11 medical care. And direct medical observation is a subset
 12 of medical care because the medical care is, is delivered
 13 by the physician at one facility, transferred to another
 14 facility. They are never out from underneath care,
 15 patient care, or that -- outside of that relationship. So
 16 in my mind it would imply that direct patient -- or direct
 17 medical observation continues from start to end with that
 18 kind of a situation.
 19 **WAYNE EDGINTON:** Well, when the sending
 20 physician from those facilities do our interfacility
 21 thing, they are usually checking that the patient is going
 22 there for advanced care or specialty care. So in my mind,
 23 it's kind of that same thing, how does that physician from
 24 the city facility just say, oh, yeah, we'll just put them
 25 in the back of a van and send them up there. Because,

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1 obviously they are going for specialty or advanced care.
 2 To me that seems like they need medical observation from
 3 an ambulance and not a -- whoever owns a van.
 4 **JAY DEE DOWNS:** Lauara has a comment.
 5 **LAUARA SYNDER:** Well, actually it's maybe a
 6 comment and a question. I agree with what you are saying
 7 there, but I guess my question is, and I didn't read the
 8 minutes, and I had a hard time hearing some of last
 9 months, so bear with me. But for the medical transport
 10 vans, there's a couple of different companies around.
 11 Gold Cross has one. There's another one here in town.
 12 **WAYNE EDGINTON:** Gold Cross --
 13 (Talking at the same time.)
 14 **LAUARA SYNDER:** Oh, they did?
 15 **JASON NICHOLL:** They don't do it anymore.
 16 **LAUARA SYNDER:** When did they quit?
 17 **JASON NICHOLL:** Four, five years ago.
 18 **LAUARA SYNDER:** I've seen a van.
 19 **JASON NICHOLL:** They sold them all. They are
 20 out of it.
 21 **LAUARA SYNDER:** Okay. Oh, well. Whoever
 22 transports by a van, they -- do they put a person --
 23 because I read somewhere that some of them have a
 24 stretcher, and that's been approved. And an attendant or
 25 no attendant. I think it says attendant. So what really

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1 classifies as okay for the transport vans?
 2 If you have a person who -- before we said, you
 3 know, if they are a patient, if they can't move under
 4 their own power and they need to go to a medical
 5 something, you know, for whatever reason, then it's
 6 basically a patient who's being transported and they need
 7 an ambulance.
 8 So, first -- that's my first question, is
 9 what -- how are we separating out what can go in a
 10 transport van anyway? Because there's -- the transport
 11 van's around a long time before this thing started up.
 12 **ANDY BUTLER:** I think that's -- the statute
 13 defines that.
 14 **WAYNE EDGINTON:** Well, and that -- Lauara, that
 15 is -- that's the question that we're, we're opposing is
 16 there's no licensure and there's no regulations for van
 17 transports.
 18 Now typically, if you look at van transports
 19 throughout the country, it's one attendant in the front,
 20 the patient is put in the back and delivered to wherever
 21 that person needs to go. You know, it might be the
 22 dialysis and back to the extended care facility.
 23 **LAUARA SYNDER:** Right, I understand that. So
 24 right now we're that saying in the state of Utah, there's
 25 no regulations for the van transport services?

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1 **JASON NICHOLL:** Correct.
 2 **GUY DANSIE:** Correct.
 3 **LAUARA SYNDER:** Okay. So that's, I think, where
 4 the real problem is, is because whether it's under the
 5 purview of EMS or under the Health Department, somebody
 6 needs to get on the ball and start regulating them,
 7 because right now I think what's happened, and I just
 8 heard, you know, someone may have lost their contract in
 9 doing their interfacility transports because now with this
 10 marketing of this Handi Van group -- that's a brand name I
 11 hear -- whatever van transport service, they are going in
 12 and saying, oh, well, we have paramedics. We have this,
 13 whatever.
 14 But to the lay person or even, you know, the
 15 person at the hospital who's going, wow, I can save my
 16 company a whole bunch of money, that's false advertising
 17 or deceptive advertising, which isn't illegal according to
 18 this, but there needs to be some sort of understanding and
 19 solid regulation. And if the Health Department doesn't
 20 have it anywhere else, maybe we should develop it in this
 21 group.
 22 **JAY DEE DOWNS:** I have a couple of questions for
 23 you Guy. When these patients are going from one hospital
 24 to another, is there a transfer order issued? Does one
 25 doc call another doc and say you are going to receive my

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1 patient? Are those being --
 2 **GUY DANSIE:** With the psych patients, I'm sure
 3 there is.
 4 **WAYNE EDGINTON:** Well, with all our --
 5 **GUY DANSIE:** Whether they are medically cleared
 6 or not.
 7 **WAYNE EDGINTON:** The definition of an
 8 interfacility is you have to have a sending and receiving
 9 physician.
 10 **JAY DEE DOWNS:** So technically they are still
 11 under a doc's care. So if the doc -- patients are
 12 basically determined by a doc, I would assume, correct?
 13 Even though Brittany says there, but that's who's going to
 14 determine a patient or not.
 15 We do have a statute that says a patient that is
 16 like -- experiences this, this, and this, they become a
 17 medical patient; that is in the statute also.
 18 **GUY DANSIE:** Right.
 19 **JAY DEE DOWNS:** However, if they go to a
 20 receiving facility and a doc says, this other doc is going
 21 to receive this patient, technically that's still a
 22 patient. Unless the patient signed out releasing all
 23 liability and stuff, now they become a person again and
 24 they are no longer a patient.
 25 **WAYNE EDGINTON:** And I think that's where we --

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1 we talked about that last meeting is if the hospital
 2 discharges, but then calls a van to come and take them to
 3 some place, then really you are absolutely right.
 4 But as long as they are under that umbrella
 5 of -- and for us, I know interfacilities are all
 6 different, but it's from one campus to another campus,
 7 which all falls under the university purview. But quite
 8 honestly, from any of these hospitals that are, you know,
 9 up north that are sending somebody to the burn unit or
 10 Primary Children's, they have to have a sending and
 11 receiving physician.
 12 **JAY DEE DOWNS:** Right.
 13 **WAYNE EDGINTON:** We're just saying we can't --
 14 we don't think it's fair that an individual who is
 15 unlicensed, unregulated can pull up in a van and they put
 16 them in there and take them there for a third of the cost
 17 and say, well, we have a paramedic on board.
 18 **JAY DEE DOWNS:** So I guess that leads me to what
 19 I'm trying to say here, is if you have a patient that's
 20 being received by another hospital, they are still
 21 considered a patient by the state statute, so technically
 22 that van service couldn't do that unless that patient
 23 signed out and said I'm no longer a patient anymore, and
 24 in essence that van becomes a taxi service.
 25 **GUY DANSIE:** Right. That's how I understand it.

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1 **JAY DEE DOWNS:** I also understand, you know,
 2 there's no analogy that said if it walks like a duck, it
 3 yaps like a duck, it's a duck. Right?
 4 So if you take a box, you put medical supplies
 5 on it, you put a paramedic on it, now is that an
 6 ambulance? If you are advertising you have paramedics,
 7 you put equipment in the back, you put a paramedic in the
 8 back, and now you are receiving a patient that's going
 9 from hospital to hospital, isn't that an ambulance?
 10 **WAYNE EDGINTON:** And does that have to be a
 11 licensed agency?
 12 **JAY DEE DOWNS:** Absolutely. Because now it's an
 13 ambulance because now it's receiving patients, unless that
 14 patient has received that -- signed out as a regular
 15 person.
 16 **GUY DANSIE:** Yeah, I tend to agree with what you
 17 are saying, but I think if you look at what Brittany's
 18 thing is --
 19 **JAY DEE DOWNS:** They can advertise they --
 20 **GUY DANSIE:** The advertising isn't something we
 21 can regulate.
 22 **JAY DEE DOWNS:** Right.
 23 **GUY DANSIE:** If they have a paramedic, if they
 24 have --
 25 **JAY DEE DOWNS:** You're right, because there's --

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1 I mean there's factors out there that advertise they have
 2 EMTs on staff. That doesn't necessarily mean that they
 3 are a transport agency. It just says, hey, we have EMTs,
 4 right?
 5 **GUY DANSIE:** Right.
 6 **JAY DEE DOWNS:** Jason.
 7 **JASON NICHOLL:** We -- there is a way that we can
 8 regulate them, people using the term "paramedic" and
 9 "EMT". Right now, according to the rule, the
 10 administrative rule says that you can't claim to be a
 11 paramedic unless you have gone through this training, but
 12 that's where it leaves it. It says once you've been
 13 through the training and you are certified, you can say
 14 you are a paramedic, which is great.
 15 **GUY DANSIE:** Right.
 16 **JASON NICHOLL:** That's wonderful. I mean at
 17 parties, it's always nice to meet the paramedic that's
 18 there, you know.
 19 **GUY DANSIE:** Put it on your license plate.
 20 **JASON NICHOLL:** Exactly.
 21 **JAY DEE DOWNS:** I know where you are going
 22 there.
 23 **JASON NICHOLL:** What we could do is in
 24 administrative rule adjust that to say that the term
 25 "paramedic" as it implies the service, not Bob the

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1 paramedic, may not be used for advertising purposes or
 2 some -- I mean, I don't know what the language would be
 3 exactly, but --
 4 **JAY DEE DOWNS:** No, I guess what you are
 5 saying --
 6 **JASON NICHOLL:** We could change that up.
 7 **JAY DEE DOWNS:** Oh, a paramedic is only a
 8 paramedic in their designated agency.
 9 **JASON NICHOLL:** Correct. They are only a
 10 paramedic, but they can say --
 11 **JAY DEE DOWNS:** They can say they are a
 12 paramedic all they want --
 13 **JASON NICHOLL:** And that's where Brittany --
 14 **JAY DEE DOWNS:** -- but they cannot be a
 15 practicing paramedic because they don't have a medical
 16 control.
 17 **JASON NICHOLL:** And that's where Brittany is --
 18 is saying that it's not -- it --
 19 **LAUARA SYNDER:** This van service is not saying
 20 that they are operating as paramedics. All they are
 21 saying is we have a paramedic --
 22 **JASON NICHOLL:** We have paramedics, exactly.
 23 **LAUARA SYNDER:** But that's where they are
 24 getting around us --
 25 **JASON NICHOLL:** But they are counting on the

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1 confusion of the public.
 2 **LAUARA SYNDER:** Exactly.
 3 **JASON NICHOLL:** We can clarify that in rule by
 4 saying you can't use the term "paramedic". You cannot
 5 have state certified paramedics advertising for
 6 remuneration paramedic services unless it is through a
 7 licensed or designated agency.
 8 **LAUARA SYNDER:** I think that gets a little
 9 sticky because there's groups that may -- well, like the
 10 Larry H. Miller place, they have medical people on staff.
 11 And I think that -- I saw one time when they are sending
 12 out all their stuff to groups to come to their facilities
 13 saying, you know, we have a clinic here and we have people
 14 on staff.
 15 **JASON NICHOLL:** But statute allows --
 16 **LAUARA SYNDER:** But they are not regulated by --
 17 **JASON NICHOLL:** They are not. Because statute
 18 allows a workplace to provide their own EMS --
 19 **LAUARA SYNDER:** It's not a workplace.
 20 **JASON NICHOLL:** -- to their own people --
 21 **LAUARA SYNDER:** That's a venue.
 22 **JASON NICHOLL:** They only provide it to --
 23 **LAUARA SYNDER:** Their own people.
 24 **JASON NICHOLL:** -- their own people. They don't
 25 provide it to any of their customer.

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1 **LAUARA SYNDER:** Larry H. Miller.
 2 **THE COURT REPORTER:** Wait, wait. One at a time.
 3 **LAUARA SYNDER:** -- they give services to the
 4 public. And so, like, say, the concert comes down here to
 5 the Delta Center, you know, the guy that, you know,
 6 provides those medical services, and they tell them, yes,
 7 we have some medical, you know, two paramedics and five
 8 AEMTs on site.
 9 So doing what you are saying, which I want to
 10 fix this as much as anybody, but I don't know that that's
 11 necessarily the way to do it, because then you are going
 12 to run into these other places that do the same thing,
 13 only they are not trying to transport people.
 14 **JASON NICHOLL:** I don't know if that's another
 15 can of worms or not.
 16 **LAUARA SYNDER:** That's what I'm saying. I don't
 17 know if we should open that can of worms if we can do it
 18 another way.
 19 **JESS CAMPBELL:** My issue here is -- and Ron,
 20 please jump in if I'm misrepresenting -- I think the
 21 bigger issues when we're talking about definition of
 22 patient and who decides that, and all that, but I think
 23 that for me the bigger issue is who is -- where's the
 24 oversight for an organization that's claiming to have a
 25 paramedic service? Because again, I believe that's the

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1 intent of the advertising is to, is to persuade or display
 2 the message that we have, you know, above and beyond the
 3 lay person, training personnel in our service.
 4 I think that -- so if that's the claim they are
 5 going to make, and if that's the advertising they are
 6 going to use, it's like I said last month, if you are
 7 throwing around Bureau of EMS terms, I think the Bureau of
 8 EMS has the right for some oversight and the right to be
 9 able to say you -- then that's fine, but you are going to
 10 be held to the standard, which means that where's your
 11 medical control? Who are they -- who are they operating
 12 under? And, you know, are they -- do they have the
 13 permission to be able to function as a paramedic outside
 14 their home agency that they basically are rostered under
 15 as a paramedic?
 16 I don't think we have freelance paramedics
 17 rostered in the state of Utah. And that's essentially
 18 what we are saying is going to be allowed here, but -- so
 19 okay, so we have freelance paramedics, but who is their
 20 medical control?
 21 **WAYNE EDGINTON:** I believe he has a medical
 22 control because his first blush into the system was they
 23 wanted to go out and do special events all throughout the
 24 state. He uses not only paramedics but EMTs. And I don't
 25 think he's -- I think that's just his workforce, because

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1 No. 1, the two guys who own this thing are firefighters.
 2 So that's their workforce.
 3 You know, the typical van ambulance and probably
 4 every other one in the state -- there's probably only two
 5 or three -- the driver doesn't need to be anything.
 6 There's no licensed anybody on there because these are
 7 totally taxi cabs. And it is. It's like, hey, I need to
 8 go to dialysis today, and they go down there.
 9 But when you get to the point of going to an
 10 emergency room picking up a patient under a physician's
 11 care and sending it to another physician in a licensed
 12 medical facility, that's -- doesn't seem like a taxi cab,
 13 unless they are willing to discharge that patient and let
 14 them do whatever they want to do.
 15 **LAUARA SYNDER:** In addition to that, I don't
 16 know that it necessarily needs to go from physician to
 17 physician because sometimes what they are doing is sending
 18 people to a radiology center or something to maybe get a
 19 CAT scan and then they are coming back, and they are using
 20 this sort of thing. So in that sense, it stays under the
 21 care of one physician, but it's like going out for recess
 22 and coming back.
 23 **WAYNE EDGINTON:** Bringing them back.
 24 **LAUARA SYNDER:** Yeah, coming back.
 25 **JAY DEE DOWNS:** Well, what I meant there,

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1 Lauara, is saying patients under a physician's care, no
 2 matter whether they are at a receiving facility or
 3 transporting facility, whatever, they are under a
 4 physician's care. So to me unless that patient signed out
 5 again that I'm releasing blah, blah, blah, blah, that is
 6 still a patient, the way I see it.
 7 **LAUARA SYNDER:** And the way I see that -- a way
 8 around that, is if I'm, you know, the person in charge of
 9 getting these things done, getting someone sent to the
 10 radiologist or whatever, a CT scan, and I'm in charge,
 11 say, up at the U, and I can through -- I can hire five
 12 people to do paperwork to discharge somebody and then
 13 readmit them and still save several million dollars from
 14 what I would pay to an ambulance versus this little van, I
 15 would do that.
 16 So I think we need -- I don't know. I think
 17 wherever we come up with an answer, they are going to come
 18 around that. But that's just, I think, a reasonable thing
 19 to -- like I said, if it were me, I would discharge them
 20 and then readmit them and I would pay for the people to
 21 get that done. It would cost me a lot less than paying
 22 for ambulances.
 23 **WAYNE EDGINTON:** And obviously we'd have no
 24 concern because at that point that person can do whatever
 25 they want to do. We don't have any control or --

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1 **LAUARA SYNDER:** Right. But also --
 2 **JAY DEE DOWNS:** Basically all the taxis haul
 3 them over there.
 4 **LAUARA SYNDER:** Yeah. Is this only mental
 5 health patients? Because I think that was the big focus
 6 of it, but this isn't, I don't think, just medical
 7 patients that we are mark --
 8 **WAYNE EDGINTON:** No, I think, what brought it to
 9 our attention is they've gone to the bean counters of the
 10 major --
 11 **LAUARA SYNDER:** Yes.
 12 **WAYNE EDGINTON:** -- hospital chains.
 13 **LAUARA SYNDER:** And say, oh, we can do it
 14 cheaper this way.
 15 **WAYNE EDGINTON:** And say I'm sure you have
 16 patients that don't need to have an ambulance at the
 17 bean's rates at whatever they are and the mileage, and we
 18 can do that for a fourth.
 19 **LAUARA SYNDER:** That's why I think it's bigger
 20 than just the mental health deal. It really is the whole
 21 realm. And so when we look at this, I think we need to do
 22 it as the whole realm of any kind of person being moved in
 23 these vans, not just mental health patients.
 24 **WAYNE EDGINTON:** Well, and not speaking for
 25 every agency in the state, but I think most of us are okay

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1 with them taking a mental health person to a UNI or a
 2 Highland Ridge that is -- is already medically cleared.
 3 It's kind of like they've been checked out a little bit.
 4 But when they get into that patient realm, now I
 5 think it affects every transfer agency in the state as a
 6 potential to be fiscally hurt.
 7 **LAUARA SYNDER:** I think we need to be careful,
 8 though, and not just differentiate. And out in
 9 Wendover -- this doesn't affect me a whole lot because
 10 nobody is out there running -- you know, it's not worth it
 11 for them to come out there.
 12 However, the police department in my area do not
 13 want to do anything with mental health people. And I
 14 think that happens around here a lot. And so they try to
 15 pawn them off to us. But if they are truly, you know,
 16 under that policeman's care, they have to do a pink slip,
 17 and then they are responsible to pay for it.
 18 So what they do is they -- you know, we're not
 19 going to do that. We're totally releasing them. They are
 20 fine. Oh, by the way, you better take them because they
 21 don't want to be financially responsible for it from
 22 Wendover to Salt Lake.
 23 **WAYNE EDGINTON:** Which is a hot potato because
 24 we can't --
 25 **LAUARA SYNDER:** I know. I know.

Page 24

1 **JAY DEE DOWNS:** And docs also -- you know,
 2 talking to my doc about mentally patients and stuff, it's
 3 kind of a hot potato in itself. It's almost like that
 4 system is -- somewhat sounds like it's broke. I mean,
 5 when you are transporting patients and they are passing
 6 each other on the freeway, and you are taking a patient to
 7 Lehi, when they are bringing a patient up to Logan and
 8 they are passing you because it's what bed is available,
 9 that system is not the most efficient system there is.

10 **WAYNE EDGINTON:** That's true.

11 **JAY DEE DOWNS:** But according to my doc, you
 12 know, they are really kind of touchy about it too, because
 13 it's like if the doc says this patient be transferred,
 14 there's something in their rules that says this patient is
 15 still a patient. That's why we are transferring them.
 16 Otherwise, we would release them and say, here family
 17 member, your son here needs to go down and see this unit,
 18 you take him down, save yourself a thousand dollars or
 19 whatever. You see what I mean?

20 And he -- he was very -- he was -- almost a
 21 touchy subject when I brought it up with him because it's
 22 like -- especially with the youth. Anything under 18
 23 years of age, there's only a few agencies in the state
 24 that handles juveniles and they are very, very much that
 25 way.

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1 So it's -- I think the mental patients and stuff
 2 are still considered mental patients unless somebody
 3 signed out and took responsibility for them.

4 So where do we go from here?

5 **LAUARA SYNDER:** I have a concern from what I
 6 read in here. I'm not exactly sure which place it is, but
 7 I'm sure you'll know Guy, that basically Paul doesn't have
 8 a problem with any of this, and he thinks it's fine. So
 9 with that being said, what can we do?

10 **JESS CAMPBELL:** Well, I think the critical point
 11 here is this is a recommending body. And part of our job
 12 is not only to go through code and make some suggestions
 13 or revisions and things for places for improvement -- I'll
 14 use the analogy, it's also our job to tell the Bureau of
 15 EMS, your political fly is down. And we're telling them
 16 if you don't do anything with this, your political fly is
 17 down.

18 And I think the Bureau, whether they want to be
 19 or not, are at significant risk by turning a blind eye to
 20 this when there does become a problem and some family
 21 members do go back on this company and say, well, you said
 22 you had a paramedic in the back with -- you know, that was
 23 part of your advertising, you had no paramedic. You have
 24 somebody that acquired a driver's license that was driving
 25 my relative, you're going to have issues, whatever. And

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1 if bad things happen -- and again, the Bureau is going to
 2 say, well, that's their liability insurance. But this has
 3 been brought to the attention of this body, this
 4 organization, and I believe there's a responsibility here
 5 to, at a minimum, provide a far greater level of
 6 clarification than what they've -- what they've done in
 7 the attempt to answer these questions.

8 I -- and I think it needs to be made a matter of
 9 record so that South Jordan again has something that they
 10 can say to their city administration, this is the ruling
 11 of the governing body, rather than just offering some I
 12 was in the office of so and so and this is what he said
 13 kind of a thing.

14 I -- really I'm disappointed that, you know,
 15 Paul and Brittany aren't here. It was the hope that by
 16 sending out the invitations when they were sent out was so
 17 this could get on people's calendars, and that was the
 18 point of this meeting, was to be able to get the decision
 19 makers in this room to be able to provide some greater
 20 insight.

21 Ron, I'd like to hear your thoughts, if you have
 22 any.

23 **RON MORRIS:** Well, I think it obviously boils up
 24 to a level now where it's got to be dealt with one way or
 25 another. I think what's in statute now scratches the

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1 surface of it.

2 But I think Lauara brings up a good point, if we
 3 do decide to change something, better change it to the
 4 point where they just don't run something else and move
 5 forward down the road.

6 **JESS CAMPBELL:** And again, I want to be
 7 perfectly clear as well, and I think -- I don't think
 8 South Jordan is here where they've -- they've established
 9 there is a need for this type of service. And this is in
 10 no way an attempt to make it impossible for this
 11 particular company or any of the others that come after
 12 them, not be able to function.

13 But I think that without some definite
 14 sideboards and parameters on this type of operation and
 15 business, there is some risk.

16 And again, there's nobody that's going to be
 17 able to claim ignorance on this one.

18 **RON MORRIS:** No, I think that's pretty good
 19 Jess. This is by no way an attempt to put Guardian or
 20 anybody else out of business. There definitely is a call
 21 for that kind of transport, but they've just gone to an
 22 area where nobody feels comfortable with them being.

23 **WAYNE EDGINTON:** There's nothing in black and
 24 white. And when we had our contract discussion with the
 25 University, it basically came down like, well, our lawyers

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1 have looked at this and we can do whatever we want to do.
 2 Well, I agree with them, because even we don't understand
 3 it today, or it's not in black and white that the lawyer
 4 can go to the bean counter and say, no, you really can't
 5 do this. It puts us at risk. And I think that's all
 6 we're asking.
 7 I did suggest some language for our rules, and
 8 mostly better identify what a patient is and maybe medical
 9 control. But the last thing I really asked is the EMS
 10 Committee Chair petitions the Department of Health to get
 11 a grip on this type of business and let's regulate it and
 12 license us like we all have to be. Our drivers have to go
 13 through driver's training and all of that stuff.
 14 **GUY DANSIE:** One thing that might help you
 15 understand a little bit about the history is according to
 16 Paul and Brittany, I guess the Public Service Commission
 17 formally had some, I don't know if it was legislative
 18 statute or rule, but they had one or the other to regulate
 19 vans. And what I understood is that they decided to
 20 deregulate somewhere along the line.
 21 So that's another avenue, I guess, is to go back
 22 and look at what they've done or where they are at with
 23 things. Just thought I'd throw that out.
 24 **JASON NICHOLL:** Go ahead.
 25 **ANDY BUTLER:** I was just going to say, I'm with

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1 you, Jess. To me this feels like where is Paul? Where is
 2 Brittany? And why aren't they here? And we all have a
 3 bunch of unanswered questions that we really need to sit
 4 in a room -- and at the end of the day, if it is what it
 5 is and the ruling is made, then so be it. But I don't
 6 know, it feels like that nobody really wants to deal with
 7 it a little bit. It's just kind of like --
 8 **LAUARA SYNDER:** Did they ask at this last
 9 meeting for Paul and Brittany to come?
 10 **GUY DANSIE:** Yeah, yeah. And I talked to them
 11 about it, but they -- they felt that it was -- that that
 12 was -- that was the history, was the Public Service
 13 Commission dealt with it.
 14 Brittany answered the questions. And if we have
 15 more, she's more than happy to answer those.
 16 They don't feel that it's mandated in our
 17 statute to do anything about it at this time. We're
 18 regulated. We're charged with regulating ambulances. And
 19 if they are not an ambulance -- I know Jay's talked about
 20 the duck analogy.
 21 What we have told the van services is they are
 22 allowed to have a First-Aid kit, and they've told us that
 23 they have an AED aboard because that's allowed by public,
 24 but they don't provide medical services inside the van
 25 other than that.

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1 So that's where we're at with things. If there
 2 needs to be enforcement, and I'm -- that's fine, but we
 3 just need to make sure it's legally sound. I don't know
 4 if we need statute or rule to do that.
 5 **LAUARA SYNDER:** I wonder if they are not taking
 6 it, that, hey, we're okay through the Bureau of EMS
 7 because the Bureau is saying well, you've got a First-Aid
 8 kit and we're okay with that, and you have this, so we're
 9 okay with this. I think that's what they are doing, is
 10 they are saying, hey, we're okay with EMS cause Paul
 11 Patrick wrote us a letter and he says we're good to go
 12 with what we're doing.
 13 **GUY DANSIE:** Right. And that's Paul's
 14 interpretation, is that they haven't -- they are not
 15 providing medical attention in transport.
 16 **WAYNE EDGINTON:** And he will -- the owners will
 17 tell you they are not providing medical attention.
 18 **GUY DANSIE:** Right. Right.
 19 **WAYNE EDGINTON:** But again, I think it's more of
 20 that definition of what's a medical patient. Because if
 21 they haven't been discharged and they are being
 22 transferred for further or more extensive care, to me they
 23 are a medical patient.
 24 **GUY DANSIE:** Well, I think the psych patients
 25 are patients, aren't they? But they are medically cleared

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1 to be transported?
 2 **WAYNE EDGINTON:** Medically cleared and UNI is
 3 not a designated medical facility.
 4 **GUY DANSIE:** And if they are discharged, then,
 5 I -- honestly, I mean, if anybody is discharged, they can
 6 go private vehicle, van, taxi, I don't really care how
 7 they get home.
 8 **JAY DEE DOWNS:** I think what the -- the mental
 9 patient is whether they are unstable or stable, and that's
 10 the difference between being its patient by statute.
 11 **GUY DANSIE:** Yeah, stable meaning medically,
 12 physiologically stable.
 13 **JAY DEE DOWNS:** And mentally. If they are
 14 mentally stable, they can be released. So if you have
 15 this person who comes in and tries to commit suicide, and
 16 after the doc looks at it and says, okay, they release
 17 him, that means they are mentally stable. Usually a
 18 person who's being transported from one facility to
 19 another facility is not being mentally stable, otherwise
 20 they wouldn't be released.
 21 **GUY DANSIE:** Right. I agree.
 22 **JAY DEE DOWNS:** Okay? And according to the
 23 statute as I'm reading through this, it basically is
 24 saying that there's ten things listed, including two, as a
 25 medical or mentally unstable, the patient require direct

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1 medical observation during transport. That's where the
 2 doc, the nurse, or the paramedic or the EMT become
 3 involved, and that's when it talks about being
 4 transported.
 5 **ANDY BUTLER:** And the doctor has to make that
 6 determination is how I understand it.
 7 **GUY DANSIE:** Yeah.
 8 **JAY DEE DOWNS:** And there's certain criteria,
 9 though, from what I understand that the doc says --
 10 **GUY DANSIE:** Do you think there's a problem
 11 right now with how we're doing psych patients? That's --
 12 I'm just trying to get to the bottom of it how --
 13 **JAY DEE DOWNS:** No. No. Well, I don't know. I
 14 don't know. Is this van service going up and saying to
 15 the hospitals, if you use us, da, da, da, but usually that
 16 costs. I don't know why the hospitals are having a stake
 17 in that because the cost will be passed onto the patient
 18 for that, that transport. It's not passed onto the
 19 hospital.
 20 Usually when the hospital receives the bill is
 21 when they -- they say they can provide a service, like,
 22 for example, a CAT scan and their CAT scan is down and
 23 they have to transport to another place back and forth.
 24 That's when the hospital has to incur the bill.
 25 **WAYNE EDGINTON:** And I think the definition

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1 there is -- and there's probably more than the University,
 2 but they do in-campus transfers. So they -- they foot the
 3 bill.
 4 **JAY DEE DOWNS:** Yeah. St. George, for example,
 5 has two campuses.
 6 **WAYNE EDGINTON:** We don't charge -- we don't
 7 charge the individual patient. We just tell the
 8 University we did the transport. Now, if we take that
 9 patient from South Jordan to Highland Ridge, we charge the
 10 patient.
 11 **JAY DEE DOWNS:** Right.
 12 **WAYNE EDGINTON:** Because it's outside of that
 13 campus.
 14 **GUY DANSIE:** Right.
 15 **WAYNE EDGINTON:** I've got to think that there's
 16 more than just the University that has that in-campus.
 17 **JAY DEE DOWNS:** There is. Yeah, there is.
 18 But -- and usually when that happens, as I
 19 understand it, is that you have a transferring physician
 20 and a receiving physician, and that's usually when it's
 21 outside of campus, the way I understand it. I could be
 22 wrong too.
 23 **GUY DANSIE:** So when we're speaking about the
 24 psych patients, help me understand this, you think that
 25 they should be considered a patient and go by ambulance?

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1 **JAY DEE DOWNS:** I'm saying according by the
 2 statute --
 3 **GUY DANSIE:** By the statute they should be.
 4 **JAY DEE DOWNS:** -- if the doc says they are
 5 unstable, then they probably should go by ambulance
 6 according to the statute, the way I read it. If the doc
 7 says the patient is mentally unstable, then they've got to
 8 go by some sort of direct observation, an ambulance or
 9 whatever. That's what it says. You see what I am saying?
 10 According to Brittany too.
 11 **LAUARA SYNDER:** And to just backbone, go right
 12 on to that, if they are being transferred to another -- to
 13 UNI, a mental health facility, then they are not stable.
 14 I mean if you were stable, you could go home.
 15 **WAYNE EDGINTON:** No, but they've been medically
 16 cleared.
 17 **LAUARA SYNDER:** Well, but we're talking about
 18 medically unstable or not. I mean, if they are going to
 19 another facility, whether it's a hospital or a medical
 20 facility for care, then they are not -- you know, then I
 21 think they are still under the -- they need the ambulance.
 22 **ANDY BUTLER:** The statute defines the two: Do
 23 they need direct medical observation or do they not?
 24 That's how I read it. Those are the two criteria.
 25 Now what it doesn't define is who gets to make

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1 that call. And we're all assuming that's the physician,
 2 which it probably is. I don't know.
 3 **LAUARA SYNDER:** Well, we got that a long time
 4 ago and it is the physician.
 5 **GUY DANSIE:** Yeah.
 6 **ANDY BUTLER:** I would think that's pretty
 7 accurate.
 8 **JAY DEE DOWNS:** Direct observations define
 9 according to Brittany, and direct medical observation
 10 means any personal observation in place by a physician,
 11 registered nurse, physician's assistant or individual
 12 certified under that. So it lists paramedics and EMTs and
 13 some of that sort of stuff.
 14 So kind of sounds like direct medical
 15 observation is a doc. And then it says that only an
 16 ambulance may transport an individual who then, there's
 17 ten things, and two of those were medically or mentally
 18 unstable requiring direct medical observation during
 19 transport.
 20 **GUY DANSIE:** So it's determined by the doc if
 21 it's appropriate --
 22 **JAY DEE DOWNS:** Yeah.
 23 **GUY DANSIE:** -- to use a van or an ambulance.
 24 **ANDY BUTLER:** And that's where you are
 25 getting -- you're saying medically cleared means not

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1 requiring direct medical --
 2 **WAYNE EDGINTON:** Medically, I guess I'm using
 3 that as the staple.
 4 **ANDY BUTLER:** Right, not requiring observation.
 5 **JAY DEE DOWNS:** However, it would be my
 6 assumption and, you know, depending on what assumption
 7 means, but however, if a patient has been medically
 8 cleared, then that patient is basically released from the
 9 physician's care and signed out of the hospital or signed
 10 out, because at that point he's got to release that
 11 physician from any liability. I don't know.
 12 **GUY DANSIE:** I don't know. And I think there's
 13 a little murky area on the psych transports, but are we --
 14 are we trying to clear that part up or are we trying to
 15 deal with the other --
 16 **JAY DEE DOWNS:** Well --
 17 **GUY DANSIE:** -- interfacility on-site --
 18 **LAUARA SYNDER:** I think it's a combination.
 19 **JESS CAMPBELL:** I think that's just assumed.
 20 **JASON NICHOLL:** Exactly.
 21 **GUY DANSIE:** Or maybe we've got two different
 22 issues. One of them is with psych patients and one is
 23 with maybe medical patients, patients or nonpatients,
 24 whatever you want to call them. They are getting
 25 treatment and then coming back or going somewhere else for

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1 treatment.
 2 **JAY DEE DOWNS:** I -- I see what you are saying,
 3 but the way I read the state statute, it's saying there's
 4 those two things you pointed out, mentally and stable
 5 patients have to go by an ambulance.
 6 **GUY DANSIE:** So do we need --
 7 **JASON NICHOLL:** So carry that forward to the
 8 service that's being provided now by this van service.
 9 **JAY DEE DOWNS:** They are not an ambulance.
 10 **JASON NICHOLL:** They are not an ambulance, but
 11 they are providing this service to people that by statute
 12 would need --
 13 **JAY DEE DOWNS:** An ambulance.
 14 **JASON NICHOLL:** -- to be in an ambulance. It
 15 goes back to the Bureau has no statutory authority over
 16 the van service. So I mean, I agree --
 17 **JAY DEE DOWNS:** Well, yes, we do.
 18 **JASON NICHOLL:** -- we're a little bit in the
 19 weeds because I think we're --
 20 **JAY DEE DOWNS:** However, Jason, we do --
 21 **JASON NICHOLL:** How do they go after them --
 22 **JAY DEE DOWNS:** Okay. Let's say that you had a
 23 licensed service that went into another -- this guy gets
 24 this ambulance and he goes into Saratoga Springs and
 25 starts providing ambulance services --

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1 **JASON NICHOLL:** Well, the difference would be
 2 that they -- that they are licensed.
 3 **ANDY BUTLER:** Right.
 4 **JASON NICHOLL:** These folks are not licensed,
 5 so--
 6 **JAY DEE DOWNS:** I'm saying --
 7 **JASON NICHOLL:** -- the Bureau has no --
 8 **JAY DEE DOWNS:** You have an ambulance service
 9 that goes into a licensed area. So I'm going to go buy an
 10 ambulance. I go hire two EMTs, I put them on the
 11 ambulance, I go into Saratoga Springs. Okay. They are
 12 the sole licensed provider. What does the Bureau of EMS
 13 do?
 14 **GUY DANSIE:** Well, that one you'd be in trouble
 15 for.
 16 **JAY DEE DOWNS:** Is that the same thing?
 17 **ANDY BUTLER:** No, because they are the licensed
 18 provider.
 19 **GUY DANSIE:** It doesn't meet the definition of
 20 an ambulance.
 21 **JAY DEE DOWNS:** Now walk with me here, though.
 22 If you have a van who is providing a transport for a
 23 medically -- or a mental unstable patient by the statute
 24 and they are going into an area and saying I can provide
 25 that transport, the statute says it has to go by

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1 ambulance. And I go and pick that patient up from one to
 2 -- one to -- point A to point B, and the statute says they
 3 have to be an ambulance, aren't they doing the same thing
 4 I gave an example there?
 5 **ANDY BUTLER:** Yeah, but that's -- I don't think
 6 that's --
 7 **LAUARA SYNDER:** But then who does have the
 8 authority to tell them no, you can't do that?
 9 **JAY DEE DOWNS:** Exactly.
 10 **LAUARA SYNDER:** -- just like they can tell out
 11 of state persons you can't come in and take patients out.
 12 **ANDY BUTLER:** But your point is --
 13 **JASON NICHOLL:** What are you going to do, call
 14 the police? You know, that -- I mean no, that's what I'm
 15 getting at. If the Bureau is limited statutorily to
 16 providers -- you know, to licensed and designated
 17 providers and --
 18 **GUY DANSIE:** Certified individuals.
 19 **JASON NICHOLL:** -- certified individuals, and
 20 these people are providing this type of a service and they
 21 are not licensed or designated, but they are using
 22 certified individuals, okay, that's where the Bureau has
 23 the in. And that's why my comment before about changing
 24 that language is --
 25 **JAY DEE DOWNS:** But that certified individual

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1 can only act to the level of the service it's licensed to.
 2 **JASON NICHOLL:** And what they are saying is that
 3 they are not acting like that. But what they are doing is
 4 they are implying that they have the ability to act --
 5 **JAY DEE DOWNS:** Right.
 6 **JASON NICHOLL:** -- like that. So what we could
 7 do without -- just short of a statute change, which is
 8 really where this -- which is the solution, is having the
 9 statute changed to where the Bureau is invested
 10 statutorily with the ability to regulate medical
 11 transports, whether or not it's an ambulance transport or
 12 a van transport. That's the end solution.
 13 But it's not going to happen this session.
 14 **JAY DEE DOWNS:** No.
 15 **JASON NICHOLL:** And so we're still looking at
 16 another year before we could even get anything heard like
 17 that. But what we can do in the meantime, the only thing
 18 that we have any authority to do in the meantime is to say
 19 to every certified individual, you may not put your
 20 shingle out as a paramedic for reimbursement unless you
 21 are working for a licensed or designated agency.
 22 And to your point about the tread -- the
 23 Treadwell Group, I don't know if they are a designated
 24 provider or not. But -- and where I said that's a
 25 different can of worms, because it is. If the Treadwell

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1 Group is out there providing these services with
 2 paramedics and EMTs not regulated, that is another problem
 3 where they are doing the exact same thing, just not in a
 4 van.
 5 So we should approach this through statute at
 6 the next session, but right now the only thing we can do
 7 is go to the certified individuals and say yes, you can do
 8 this, and you can lose your certification for doing this
 9 because you are implying that you are going to -- not only
 10 are you a paramedic, but you are going to be able to
 11 provide the service of the paramedic, when you cannot.
 12 **JAY DEE DOWNS:** I -- I see what you are saying,
 13 Jason. But I still go back to if a service comes and
 14 picks up a patient that the state statute says they should
 15 go by ambulance, they are in the wrong.
 16 **JASON NICHOLL:** I agree. And that's where I say
 17 call the police.
 18 **LAUARA SYNDER:** Well, no --
 19 **JAY DEE DOWNS:** That's the Bureau of EMS.
 20 **LAUARA SYNDER:** That's the Bureau of EMS
 21 because --
 22 **GUY DANSIE:** Well, we haven't received any
 23 complaints about the van.
 24 **ANDY BUTLER:** That's what we discussed if it
 25 happens --

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1 **LAUARA SYNDER:** There would need to be
 2 compliance, and that's where the Bureau of EMS has to say,
 3 no, you can't do that. That's why I say if there was some
 4 other ambulance coming into the state to pick up patients
 5 that's not allowed, you're not going to do anything unless
 6 somebody makes the complaint or you're made aware of it.
 7 But then you will give them something that says you've got
 8 to cease and desist, and that's your job to do that, even
 9 though they aren't under your regulation, which is the
 10 same thing we are saying here, is that if they are doing
 11 something they shouldn't be doing, then the Bureau has the
 12 responsibility to say stop, you are not supposed to be
 13 doing that, but they are not going to know unless they get
 14 the complaint.
 15 **WAYNE EDGINTON:** Yeah, either that or we need to
 16 better define what that medical patient is. And I love
 17 the thing where it says they need to be discharged and
 18 then that person is on its own. I totally --
 19 **GUY DANSIE:** Common sense.
 20 **JASON NICHOLL:** -- statutory. So either way it
 21 has to go to the legislature to get it changed.
 22 **GUY DANSIE:** That's a very common sense
 23 approach, I think. If it's a patient, it goes by
 24 ambulance, if it's not -- it's easy.
 25 **WAYNE EDGINTON:** Today we don't believe they are

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1 doing any of those transfers. But we've been told by a
 2 major hospital chain that you know what, they've said they
 3 can do it for 25 percent cheaper than you guys are doing
 4 it, and we're going to use them.
 5 So -- and I told that person the first time we
 6 find out, I'm going to make a complaint to the Bureau.
 7 And to the best of our knowledge, it's not happening. And
 8 I guess our thing is to try to let's be proactive right
 9 now instead of getting to that point of finding --
 10 **GUY DANSIE:** I like our approach of meeting and
 11 doing this. Honestly, I'm not aware of an incident that
 12 they have done something over that line.
 13 **WAYNE EDGINTON:** They're truly -- their niche
 14 and business is hauling around psych patients.
 15 **GUY DANSIE:** Right.
 16 **WAYNE EDGINTON:** That's --
 17 **GUY DANSIE:** I've been told the same thing and I
 18 believe that. But I think we do need to tighten it up.
 19 You know, whether it's the specific one that we're talking
 20 about or whether it's any van, I think we need to have
 21 that delineation made and say this is okay and this is
 22 not.
 23 **WAYNE EDGINTON:** I would like to see this
 24 committee handle it statewide because as soon as it's
 25 working in this county, it's going to work in Utah County

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1 and Davis County. We're going to have them in your
 2 backyard.
 3 **LAUARA SYNDER:** So I agree with you. I think
 4 maybe what we should do now, maybe look down the line
 5 we've got to do some things statutorily about regulating
 6 medical vans, medical transport vans, and if we've got to
 7 start now, then we should probably do that.
 8 But in the meantime, I think the rule, the
 9 administrative rule where we can better define things to
 10 tighten this up a little bit, we can do that right now,
 11 right, Guy?
 12 **GUY DANSIE:** Yeah, if we want to push for a rule
 13 change, that's fine.
 14 **LAUARA SYNDER:** Yeah. That's the only thing we
 15 can do right now.
 16 **GUY DANSIE:** I personally like what Jason
 17 suggested that if you are implying that you are operating
 18 as a certified individual, that that's not -- that's my
 19 preference, but I'll -- you know, we'll take whatever.
 20 **LAUARA SYNDER:** I think we could maybe do both
 21 of them because in the administrative rule that's where
 22 your thing would go.
 23 **JASON NICHOLL:** Yeah, we can do that in the
 24 administrative rule through that process.
 25 **LAUARA SYNDER:** Right. You could do that and

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1 what you said, you know, then define the patient thing, if
 2 you are released or not, I would -- but we can do those
 3 things right now without giving statute change. And maybe
 4 that's all that we need, because I do think it needs to be
 5 over the statewide thing. And it's not going to be just
 6 mental health patients. You know, if it's working great
 7 on mental health patients, then why not do the person that
 8 needs to go get a hip CT or something and come back.
 9 **WAYNE EDGINTON:** And Chief, I 100 percent agree
 10 with you that now that we are aware, we really just can't
 11 turn a blind eye to this.
 12 **JASON NICHOLL:** We can't claim ignorance.
 13 **WAYNE EDGINTON:** Because if there is ever an
 14 incident down the road, it will come back to, like, well,
 15 didn't you guys meet and talk about this? Why did the
 16 State not do anything?
 17 **GUY DANSIE:** I wish I was a king.
 18 **JASON NICHOLL:** Is patient defined in
 19 administrative rule?
 20 **GUY DANSIE:** It's defined in statute.
 21 **JASON NICHOLL:** That's -- I know that. But what
 22 I am saying is, is patient defined in administrative rule?
 23 **GUY DANSIE:** Not in our administrative rule
 24 because we -- what we did -- in fact, we could look at
 25 that if you want. What we did is we made the definitions

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1 that were not in statute when we did our --
 2 **JASON NICHOLL:** So I guess my question is, is
 3 can we -- because it is so explicit in statute what a
 4 patient is, can we?
 5 **LAUARA SYNDER:** I think you can make definitions
 6 that further define, tighten it up.
 7 **JAY DEE DOWNS:** So clarify.
 8 **JESS CAMPBELL:** Based on what Guy just said, we
 9 made definitions that didn't exist in the statute. So I
 10 think the assumption there is that if they are in statute,
 11 they are also in definition of the Bureau of EMS, because
 12 if not, then there's an issue there. If you are saying
 13 that the Bureau is not going to honor the definitions that
 14 are in statute because they don't exist in rule --
 15 **GUY DANSIE:** I -- I disagree. I don't think
 16 we're not honoring the definition --
 17 **JESS CAMPBELL:** No, I don't think --
 18 **GUY DANSIE:** -- of the patient.
 19 **JESS CAMPBELL:** I don't think you -- what I'm
 20 saying is if it's in statute by default, it's also in
 21 rule.
 22 **GUY DANSIE:** Right, right. Right.
 23 **JASON NICHOLL:** And I don't think that we as --
 24 we can better define something, but if we take it and
 25 better define it --

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1 **LAUARA SYNDER:** Can't change it.
 2 **JASON NICHOLL:** -- better define it as this --
 3 this statute language only applies to people who have been
 4 discharged, I don't think that flies, because that changes
 5 the statute. You know, it's defined very well in statute.
 6 I don't know that we can -- I mean, we can clarify. How
 7 are we going to -- how do we clarify that without changing
 8 the statute?
 9 **GUY DANSIE:** I don't know. There's a couple of
 10 things just to point out. We have interfacility transfer,
 11 and we say -- that's what we say in our definition and
 12 rule. Does that seem sound still or do we need to look --
 13 we can change that if we need to.
 14 **JASON NICHOLL:** No, that --
 15 **GUY DANSIE:** Does it --
 16 **JASON NICHOLL:** -- that's arranged by a
 17 physician to a receiving facility, which can include UNI,
 18 and it's a patient that does not qual- -- or does not have
 19 an emergency medical condition. That's stable mental
 20 patients going from Cottonwood Hospital to -- not
 21 Cottonwood. Cottonwood is closed. Where did that come
 22 from?
 23 **WAYNE EDGINTON:** That's a long time ago.
 24 **JASON NICHOLL:** -- from IMC to South Jordan U
 25 to -- I mean that defines -- that's clear what that is.

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1 **GUY DANSIE:** This is my other question, to be
2 devil's advocate. We -- generally I think services want
3 to have the van to do some of the psych patients --
4 **WAYNE EDGINTON:** Absolutely.
5 **GUY DANSIE:** -- does this allow that?
6 **ANDY BUTLER:** Yeah, because --
7 **WAYNE EDGINTON:** In my mind UNI is not a
8 designated medical facility. I don't think it's that --
9 **JASON NICHOLL:** It says "mental health facility"
10 also. So it's already in rule for mental health facility.
11 **GUY DANSIE:** We might be to some extent allowing
12 the van to do something you want that's not legal is what
13 we are saying.
14 **JAY DEE DOWNS:** You are.
15 **GUY DANSIE:** That's what Jay's been arguing.
16 **JASON NICHOLL:** So --
17 **JAY DEE DOWNS:** But you know what, what if we
18 treated the van service like we treat the special events,
19 where -- you know, especially vans come in and have the
20 agency, the licensed agency has to have first shot and
21 kind of give their blessing or approval on it. Now from
22 place to place those who do want mental transfers can do
23 it and those who don't -- I'm just throwing that out
24 there. I don't know.
25 **LAUARA SYNDER:** That makes more sense to me

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1 because I don't think that you can just say, oh, well,
2 we're a busy fire department, we don't want to busy up our
3 people doing the mental health patients, you know, we'll
4 just do medical patients and whatever. Making rules that
5 don't -- so I agree with you --
6 **JAY DEE DOWNS:** It's an agreement between the
7 licensed agency and that van to do the services within
8 their area. Just an idea. We do that with -- you've
9 already set precedence with the special events.
10 **JASON NICHOLL:** Would that be in lieu of statute
11 change, or would that be in anticipation of statute
12 change?
13 **JAY DEE DOWNS:** I think you can do it in lieu of
14 because then you can incorporate them into the fold, so to
15 speak, so that they are -- they are almost being
16 controlled -- not controlled --
17 **GUY DANSIE:** Subservient.
18 **JAY DEE DOWNS:** -- agreed upon by everybody so
19 that they are not just going to be out here operating on
20 their own. You see what I'm saying?
21 **JASON NICHOLL:** But we still don't have
22 statutory -- but we still don't have statutory authority
23 for them at all to even --
24 **LAUARA SYNDER:** Make them agree.
25 **JASON NICHOLL:** -- to make them agree to a

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1 special event thing. And that's where the statute change,
2 I think, is paramount. Getting the Bureau the authority
3 to regulate that sort of --
4 **JAY DEE DOWNS:** Well, you can start on that part
5 of it, and then in lieu of that and next year push for the
6 authority of it. It works very good. Seems to be working
7 fine for the special events.
8 **ANDY BUTLER:** I think Jason is right, they are
9 going to go back to the statute.
10 **JASON NICHOLL:** They don't have to agree to
11 anything.
12 **ANDY BUTLER:** And they are just going to say, we
13 don't have to do that.
14 **JASON NICHOLL:** Yeah, you don't regulate us.
15 And that's where I get with the language change of
16 paramedic is we say you are right, we don't regulate you,
17 but we regulate the certified people that work for you.
18 And if I worked for them, and the Bureau came out and
19 said, hey, look, we've changed this administrative rule,
20 you are jeopardizing your own certification by implying or
21 allowing your certification to be used for this purpose,
22 we can revoke or suspend your certification. I'm not
23 working for them anymore.
24 Now they have 18 year olds who don't have any
25 medical treatment or medical ability to do it. Now they

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1 can't go to the bean counters and say, look, we've got
2 paramedics. We can do this.
3 **JAY DEE DOWNS:** I still think, though, if they
4 are transporting patients that meet the requirement
5 patient rule, they are in violation and they should come
6 under the Bureau of EMS and say, knock it off.
7 **JASON NICHOLL:** I agree. And to that, there
8 needs to be a complaint.
9 **JAY DEE DOWNS:** A complaint, yes.
10 **JASON NICHOLL:** But also what -- you know, how
11 much teeth -- who do they -- who does the Bureau fund?
12 They don't have regulatory authority over the van
13 services. So it would have to be some sort of attorney --
14 the Attorney General's Office gets involved and they have
15 to pursue something outside of the -- outside of the
16 statutory authority of the Bureau to do. It just -- it
17 makes it too muddy.
18 It's very clean if we do our best to bring them
19 into the fold and then regulate them. Then when they say
20 they have a medical director, they actually have a medical
21 director. Because they don't now. They have a physician
22 that is employed with them, but they say it's their
23 medical director.
24 Well, a medical director is defined as being
25 someone who provides medical direction to a licensed or

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1 designated provider. They're neither licensed nor
 2 designated. Ergo, it's not a medical director. It's just
 3 a physician who gets a paycheck from them.
 4 But they use the language, they use the lingo to
 5 imply, directly imply that they are part of the system,
 6 which they are not until statutorily they become part of
 7 the system.
 8 **JAY DEE DOWNS:** Lauara.
 9 **LAUARA SYNDER:** One of the things about
 10 regulating something is it costs money. And I'm not sure
 11 that the Bureau is going to be willing to take on another
 12 regulatory --
 13 **GUY DANSIE:** I agree with you.
 14 **LAUARA SYNDER:** Well, responsibility without
 15 some funding. And it might be that the funding comes from
 16 the fees that are, you know, received by the people that
 17 you regulate, kind of like, you know, we give you guys
 18 money to help regulate us. But I don't know that the
 19 Bureau is going just say, oh, we'll just start regulating
 20 them and issue them a license and reviewing their stuff.
 21 That's going to take a whole lot of stuff too. So you
 22 have to have some sort of funding.
 23 **JASON NICHOLL:** They are doing it for free right
 24 now.
 25 **LAUARA SYNDER:** Huh?

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1 **JASON NICHOLL:** This meeting, they are doing it
 2 for free right now. Three, four, five staff members here
 3 from the Bureau talking about something that we have no
 4 statutory authority to regulate, so...
 5 **LAUARA SYNDER:** No, I'm just saying that if we
 6 say look we're going to go after some statutes that say we
 7 want them regulated and we want them regulated under the
 8 Bureau of EMS, I think Paul's going to have something to
 9 say about, look, I don't want anymore on my plate; give it
 10 to another department. Give it to transportation.
 11 **GUY DANSIE:** Not that Paul probably would have a
 12 say or not or -- he might have a voice in it, but I'm just
 13 saying, I think what you are discussing is the fiscal
 14 impact on the fiscal note attached to any legislative
 15 action.
 16 **LAUARA SYNDER:** Right.
 17 **GUY DANSIE:** There has to be a fiscal note. If
 18 it's something of that scope, I'm sure there would be a
 19 fund, something that's going to cost --
 20 **LAUARA SYNDER:** So I think that's something to
 21 look at down the road. But I think Jay, you are kind of
 22 on target too about we can do something in administrative
 23 rule.
 24 **GUY DANSIE:** It seems to me, this is just my --
 25 how I envision right now, is we probably could push on

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1 what we have in the rule and statute. We probably could
 2 push on those psych transports and say that they are not
 3 kosher. We're not -- you know, you shouldn't be doing
 4 some of the things that the vans are doing on psych
 5 patients, but I don't hear that anybody wants that. Is
 6 that -- am I hearing you right?
 7 **JASON NICHOLL:** No, I want it. I think it's
 8 clear. They are patients. And the van shouldn't be
 9 transporting patients under current statute.
 10 **JAY DEE DOWNS:** If you allow the vans to do it,
 11 then they are mentally unstable, then get it out of the
 12 law. You see what I'm saying?
 13 **GUY DANSIE:** Yeah, yeah, yeah. You should
 14 follow the law. I agree. I agree.
 15 **JAY DEE DOWNS:** Okay. But is there a way that
 16 the agencies who like the van service because they are too
 17 much --
 18 **GUY DANSIE:** Could allow them.
 19 **JAY DEE DOWNS:** -- could we allow that, is what
 20 I was kind of aiming at?
 21 **GUY DANSIE:** Yeah, I --
 22 **WAYNE EDGINTON:** And remember these psych
 23 patients are generally coming from the hospital. Well,
 24 this isn't your 911 psych patient to a home. We do all
 25 those transports.

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1 **GUY DANSIE:** Right. How do we work around that
 2 local, medical control if that's the case?
 3 **JASON NICHOLL:** We need to come up --
 4 **GUY DANSIE:** The doctors get a say and authority
 5 in deciding how a patient is treated if it goes by van or
 6 ambulance.
 7 **JAY DEE DOWNS:** Because it's their liability.
 8 Go ahead, Jess.
 9 **GUY DANSIE:** I'm just trying to think about it.
 10 Go ahead, Jess.
 11 **JESS CAMPBELL:** So I still say this is authority
 12 having jurisdiction territory. That you can -- you can
 13 fix this. And I think it's imperative that we have -- our
 14 cities understand before you issue license to conduct
 15 business in our city for organizations like this, they
 16 need to know that there's, there's -- maybe just seems too
 17 strong, but that's what's actually happening.
 18 It could be fixed by the adoption of an
 19 ordinance of your city, your municipality determining
 20 standards of care. And if, if this organization does not
 21 meet that qualification, then a business license should
 22 not be issued.
 23 And again, I think that, you know, you talk
 24 about possible dirty hands here, you know, I think cities
 25 potentially that are issuing licenses for groups like

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1 this, they are not going to have all the liability, but
 2 they are going to have a percentage of it if there's a
 3 problem. So I think that in the meantime, the adoption of
 4 local ordinance --
 5 **JAY DEE DOWNS:** It's a good idea.
 6 **JESS CAMPBELL:** -- setting standard of care will
 7 take care of it.
 8 **GUY DANSIE:** I agree with you, Jess. And I
 9 think Brittany and Paul in our discussion backed you up on
 10 that. They felt that a local ordinance is probably the
 11 best short-term fix for everything on this, you know, to
 12 some extent. I think that's a good way to start with.
 13 **LAUARA SYNDER:** I think that's probably true,
 14 but if, if they were to come in right now and your city
 15 had an ordinance just like you said, their attorneys are
 16 going to say show me in the statute, show me in the law
 17 that you are -- you know, that I can't do this. You are
 18 trying to create an ordinance --
 19 **GUY DANSIE:** Would that go to cost quality and
 20 access to some extent?
 21 **ANDY BUTLER:** We pursued an ordinance and our
 22 attorney came back and said just that, that you are not
 23 going to be able to do anything with this.
 24 **GUY DANSIE:** Right.
 25 **JAY DEE DOWNS:** They have no backing.

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1 **JESS CAMPBELL:** So how did St. George get away
 2 with it? St. George created a standard of care ordinance.
 3 **JIM GUYNN:** Right, and that's for their --
 4 **GUY DANSIE:** For their license --
 5 **JIM GUYNN:** Yeah, license.
 6 **GUY DANSIE:** -- provider. It's not for their
 7 van -- it's not a van service ordinance from what I
 8 understand.
 9 **JIM GUYNN:** Cause they are -- because that
 10 company is functioning in Washington County right now and
 11 I have no idea where -- where they have a business license
 12 from. I just tried to see if they have one in
 13 Washington --
 14 **ANDY BUTLER:** That's --
 15 **JIM GUYNN:** But, you know, that's like a
 16 contractor. It's like if you are going to go build a
 17 house in this city, you have to have a license in that
 18 same city and another city that just --
 19 **JAY DEE DOWNS:** Guy, what kind of -- you say
 20 they are transporting psych patients. What are they
 21 transporting? Are they --
 22 **GUY DANSIE:** I don't --
 23 **JAY DEE DOWNS:** No, no. I'm just asking, are
 24 they taking them from, like, one hospital to the next
 25 hospital? Are they -- they are patients. They are psych

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1 individuals. They are patients.
 2 **GUY DANSIE:** I honestly don't know. They tell
 3 me --
 4 **WAYNE EDGINTON:** My understanding is they
 5 actually started with IASIS and are doing those that are
 6 medically cleared, stable, I guess whatever our definition
 7 is, and need to go to UNI or need to go to another one.
 8 That's where they started. And now I think they are just
 9 branching out saying, hey, let's go to the IHC and let's
 10 go to the university systems and get into this.
 11 But then they -- to us, they cross that line a
 12 little bit where they are telling the bean counters now,
 13 that well, we can also take your medical patients. If
 14 they are -- you know, if all they need to go up, you know,
 15 have some big procedure at the U that's not available
 16 here, let us do that. And that's -- that to me is
 17 that's --
 18 **GUY DANSIE:** Yeah.
 19 **WAYNE EDGINTON:** -- that's where they are kind
 20 of crossing that gray line.
 21 **GUY DANSIE:** I agree. If they still fit the
 22 definition of a patient, I agree with you. If it's a
 23 medical -- if it's a medical, a physiological medical need
 24 that they have, and they are being transported and they
 25 are still in the system, they are still under medical

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1 control --
 2 **WAYNE EDGINTON:** And again, to the best of our
 3 knowledge they haven't done anything like that as yet, but
 4 we wanted to be proactive and see where we could put
 5 some --
 6 **GUY DANSIE:** Well, so I'm in the same boat.
 7 We've told them that if it's a patient that needs medical
 8 attention, you can't transport them. And they say yes,
 9 we're not doing that. We're not, you know.
 10 **JAY DEE DOWNS:** Well, I get what a lot -- some
 11 of the agencies are saying, because, because of the
 12 problem with the system transporting things, you'll have a
 13 3 o'clock in the morning transfer, like out of Logan to
 14 Provo, and it's like, okay, this patient is stable, why
 15 are we waking up at 3 o'clock in the morning and going
 16 clear down to Provo? Well, it's because Provo has a bed
 17 and they have it right now. And if we don't take it, they
 18 are going to give it to somebody else.
 19 So it's kind of a hot potato there too because
 20 there's agencies saying, wait a minute, I'm sending my
 21 guys out at 3 o'clock in the morning for a patient to
 22 save, you know -- just because they have a bed, now they
 23 are going out. You know what I am saying?
 24 So there's -- that's a -- I think we're getting
 25 kind of gray there because there's some agencies that are

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1 starting to push back saying wait a minute, that's not
 2 cool. We need to figure out a way. And now the van
 3 service is kind of fitting that niche too.
 4 And really by statute, if they are under a doc's
 5 care, they shouldn't be doing it. They should say, hey,
 6 we can't accept that patient because we are not
 7 transporting patients.
 8 But is there a way that if an agency chooses to
 9 use them, could they do it that way? I think that's where
 10 Paul is coming from saying, oh, they are fitting this
 11 niche, that some of the agencies are starting to gripe
 12 about.
 13 **GUY DANSIE:** Yeah. We've heard that from
 14 agencies that they don't want to deal with psych patients.
 15 That's why I was asking. It sounds like it's easier to
 16 probably say that this van company is -- a van company,
 17 whoever, is violating the intent of the rule or statute
 18 with transporting psych patients. That, you probably
 19 could demonstrate to some extent, but...
 20 **JAY DEE DOWNS:** I think you can.
 21 **GUY DANSIE:** But then -- but then we also hear
 22 from providers like Wayne or like --
 23 **JAY DEE DOWNS:** Anybody.
 24 **GUY DANSIE:** -- pick your provider, they don't
 25 want to deal with psych patients in the middle of the

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1 night; they'd rather have the van do it. So I don't know.
 2 What's the best for the provider? What's the best --
 3 **WAYNE EDGINTON:** I'll tell you how we came to
 4 that. We are more than willing to do every transport out
 5 of there, stable or unstable, we don't really care. But
 6 if, in fact, they have this niche, and we have to look at
 7 it because Paul is saying this, and they are advertising
 8 that, then we thought, okay, if it is a stable psych
 9 patient going to UNI, not to a medical facility, we can
 10 probably look at that. We're not saying we'd want to give
 11 them up, but we can look at that and see if that doesn't
 12 fit somehow.
 13 **JAY DEE DOWNS:** Well, real quick, let me say
 14 this Lauara, and I get what you are saying here, because
 15 as a manager you are going to say you anticipate I'm going
 16 to need this much staffing to transport this many patients
 17 and now all of a sudden somebody comes in and all of a
 18 sudden I'm overstaffed. Now, am I doing justice to what
 19 I'm supposed to be doing management wise with employees
 20 and whatnot?
 21 Lauara.
 22 **LAUARA SYNDER:** Two things. One of them in that
 23 statute definition it says that they are required to use
 24 an ambulance, and down on No. 4 it says, is likely to
 25 require medical attention during transport. So they

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1 could be -- they don't even necessarily have to be
 2 released, you know, they might need medical attention, you
 3 could do that.
 4 But the other thing I was thinking was we need
 5 to be careful not to say, okay, well, you guys if you
 6 don't want to do them, then you can have some sort of
 7 agreement with them that they can transport yours. But
 8 that goes against what we're saying of, you know, they are
 9 either a patient or they are not a patient. So we can't
 10 really release them to someone who doesn't have the
 11 requirements.
 12 But there's companies in the state that have
 13 interfacility licenses. I know in this area Gold Cross
 14 has one. So why couldn't your group have some sort of
 15 agreement with Gold Cross to come and do interfacility --
 16 they are all about interfacility transports. I mean, they
 17 are going all over -- okay. There are some interfacility
 18 places maybe they could contract with to come in and do
 19 those.
 20 **WAYNE EDGINTON:** It's not us contracting. It's
 21 the University wants to contract with.
 22 **LAUARA SYNDER:** No, no. No, I'm saying that if
 23 we say they have to come out of your area, it's your area,
 24 you get to decide, but you don't want to do it, then you
 25 should get another company that does interfacilities.

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1 **WAYNE EDGINTON:** But I think every agency in the
 2 state wants to do their 911 calls. And really what we're
 3 talking about is these psychs that end up at a hospital,
 4 now the hospital has to do something with them.
 5 **LAUARA SYNDER:** Right. And now they -- and
 6 currently they are doing interfacility transports with
 7 them and this other company says we can do them cheaper.
 8 And what you're trying to pussy foot around is whether
 9 they are a patient or not; if they are not a patient, take
 10 a taxi. Yeah, and then your van service can be that
 11 taxi --
 12 **JAY DEE DOWNS:** Fill that need.
 13 **LAUARA SYNDER:** -- do it however you want. But
 14 if we are truly saying that these are patients, and they
 15 need to, you know, under definition, go by ambulance, and
 16 your fire department is busy and doesn't want to do these
 17 particular ones, then why can't you, just like a special
 18 event, say, you know, hey XYZ interfacility transport,
 19 let's have an interlocal agreement and have you do those
 20 for us.
 21 **WAYNE EDGINTON:** I think you are absolutely
 22 right.
 23 **LAUARA SYNDER:** That fixes it.
 24 **GUY DANSIE:** Yeah, it's mutual aid --
 25 **WAYNE EDGINTON:** I think you are absolutely

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1 right for us. There's a way to take everything out.
 2 **JASON NICHOLL:** There's a way -- the only way to
 3 force them to have an aid agreement is to change the
 4 statute --
 5 **ANDY BUTLER:** It is.
 6 **JASON NICHOLL:** -- to bring them into the Bureau
 7 and say we can designate you as this van service,
 8 whatever, Bob's Pretty Great Van Service, I don't care,
 9 and then say as part of your licensure, you have to have
 10 the aid agreements. And then you work it out
 11 preemptively.
 12 **JAY DEE DOWNS:** Why don't they do an
 13 interfacility basic license because that's what you are
 14 talking about?
 15 **JASON NICHOLL:** I -- I'm just throwing -- I'm an
 16 idea guy.
 17 **JAY DEE DOWNS:** Yeah, I know. We're spit
 18 balling here is what we are saying.
 19 **JASON NICHOLL:** Yeah. And I mean I hate to
 20 bring this up again, but it's just we're not going to
 21 solve the problem here now. I think we've identified some
 22 things. The only solutions, the long-term permanent
 23 solution is a statute change. And I think that there are
 24 a few intermediate steps that we can take, like
 25 controlling what we do with advertisement of certified

1 personnel and, you know, some other, some other minor
 2 things. But ultimately, until there's a statute changed,
 3 we can sit in here and talk for the next two hours, and
 4 we're going to come back to there needs to be a statute
 5 change.
 6 **JAY DEE DOWNS:** Go ahead, Jess.
 7 **JESS CAMPBELL:** Well, I was just going to say, I
 8 don't know how much our business is -- here is coming to
 9 an end, but I know we are going to break, probably
 10 actually end the meeting, but I would like to make the
 11 recommendation for an action item that the Bureau offer
 12 some sort of note to all the medical directors to remind
 13 all certified personnel that are rostered by and in this
 14 organization that they are not to be representing
 15 themselves as such for other organizations without again
 16 becoming a rostered member of that organization.
 17 **JAY DEE DOWNS:** I would like to say too that
 18 we -- some of these agencies need to be reminded that,
 19 hey, when you sign on the dotted line, you are going to
 20 transport patients by statute that's a patient. So you
 21 can't have -- you can't say, well, I don't want the psych
 22 patients in my opinion. I mean --
 23 **LAUARA SYNDER:** But you can do inter -- some
 24 sort of a local agreement to get those done.
 25 **JAY DEE DOWNS:** Absolutely.

1 **LAUARA SYNDER:** Something was said about we'll
 2 get a -- let it become an interfacility license thing. I
 3 would just put in my two cents, I'm totally against that.
 4 We don't need another state licensed interfacility trying
 5 to go around the state.
 6 **JAY DEE DOWNS:** They'd have to go through the
 7 process just like everybody else.
 8 **LAUARA SYNDER:** Yeah, but they aren't -- I know,
 9 they've already tried. But again --
 10 **JAY DEE DOWNS:** My point, though, Lauara, the
 11 process is already in place. If they already tried and
 12 failed, then they failed.
 13 **LAUARA SYNDER:** I agree.
 14 **JAY DEE DOWNS:** Okay. They didn't meet the
 15 requirements. So now the other thing is, is -- that's
 16 another point. If an agency is signed on to do transfers
 17 and 911s, I'm sorry, but according to statute, those psych
 18 people are patients.
 19 **LAUARA SYNDER:** And you are required to do them.
 20 And if you are not able or willing to do them, then you do
 21 have a leeway to have an interlocal agreement with
 22 somebody else that does, that's a licensed provider --
 23 **JASON NICHOLL:** But that has to be a licensed or
 24 designated provider --
 25 **LAUARA SYNDER:** Yeah, who's licensed in the

1 state.
 2 **JASON NICHOLL:** -- which they are not.
 3 **LAUARA SYNDER:** I know.
 4 **JASON NICHOLL:** So to preserve them --
 5 **LAUARA SYNDER:** That means they can't.
 6 **JAY DEE DOWNS:** And if you don't want that in
 7 the statute, we could get it out of the statute that we
 8 don't want to do those people no more.
 9 **LAUARA SYNDER:** No, I think you still have to do
 10 them all, or if you don't want to do them all --
 11 **JAY DEE DOWNS:** Jess, anything after the break
 12 to talk more about this? I mean where we at with this?
 13 **GUY DANSIE:** Just one quick item if you -- if we
 14 want to send out something to the agencies and the medical
 15 directors, I'd be more than happy to do that. I don't
 16 feel like I need to be the only one that drafts the
 17 language. Does anybody want to volunteer, help me --
 18 what -- give me some ideas, edit?
 19 **JASON NICHOLL:** I'll help you edit it.
 20 **JESS CAMPBELL:** Yeah.
 21 **GUY DANSIE:** Okay. Maybe we could work
 22 together.
 23 **JAY DEE DOWNS:** I'll help you do it too.
 24 **JASON NICHOLL:** I think, you know what, the
 25 state chiefs, this is a big deal with the state chiefs and

1 they represent the heads for all the licensed designated
 2 agencies, not all but most, most. I think that it would
 3 be good coming from them.
 4 **LAUARA SYNDER:** You know what, I think that's a
 5 good idea, but I also I think Don Marelli represents the
 6 state rural EMS directors and should have a look at it.
 7 **JASON NICHOLL:** Jess, Ron, are you okay with
 8 that?
 9 **JESS CAMPBELL:** A joint document.
 10 **LAUARA SYNDER:** Don's probably sleeping. Hello?
 11 **DON MARELLI:** I'm not totally sleeping, but
 12 mostly.
 13 **LAUARA SYNDER:** I just suggested --
 14 **RON MORRIS:** I would be happy to author
 15 something, but we represent all these fire based EMS
 16 systems, not all the EMS systems statewide.
 17 **LAUARA SYNDER:** That's Ron speaking. I was
 18 talking to Don.
 19 **JAY DEE DOWNS:** Don said he woke up, so...
 20 **DON MARELLI:** Don has gone hunting. Don is
 21 going hunting.
 22 **GUY DANSIE:** Well, yeah, in all fairness, I
 23 think it should come from both sides of the aisle --
 24 **LAUARA SYNDER:** Yes, and rural.
 25 **GUY DANSIE:** I think anybody who contributes, I

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1 or whatever. Are we doing that? Because we talked about
 2 it. But when we're done here, are we just totally done or
 3 do we have work to do besides what Jess suggested, writing
 4 a letter? Are we seriously looking at a statute change?
 5 **JASON NICHOLL:** The intermediary steps, I think
 6 we should look at those administrative rules to see if we
 7 need to clean them up at all, but ultimately it's a
 8 statute -- it's working towards a statute change.
 9 So perhaps we take -- we'll identify the -- the
 10 administrative rules sections that we think would -- could
 11 use some tweaking, send it out to the group, and get a
 12 feel as to what we want to do, and then the next time we
 13 meet perhaps we can talk about those specific changes and
 14 then start working towards a strategy to get statute
 15 changes.
 16 **JAY DEE DOWNS:** So you are saying it's a
 17 homework assignment --
 18 **JASON NICHOLL:** Yes.
 19 **JAY DEE DOWNS:** -- for everybody to start
 20 looking into that?
 21 **JASON NICHOLL:** Yeah.
 22 **JAY DEE DOWNS:** Okay. Fair enough?
 23 **GUY DANSIE:** I like that.
 24 **JAY DEE DOWNS:** Anything else then?
 25 **LAUARA SYNDER:** Is it your homework assignment?

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1 would appreciate it, whether it's --
 2 **JAY DEE DOWNS:** And it might not hurt to the van
 3 services, when the letter gets done, to give to them too
 4 and say --
 5 **LAUARA SYNDER:** You're on notice.
 6 **GUY DANSIE:** All right. That's fine.
 7 **JAY DEE DOWNS:** And, you know, I'd be happy to
 8 help out in any way too, because it's -- you know, the
 9 state statute needs to be noted in there what the statute
 10 says and blah, blah, blah, blah.
 11 **GUY DANSIE:** We could talk more offline about
 12 that if you want to with me.
 13 **JAY DEE DOWNS:** Anything else on the agenda?
 14 Can we just go ahead and adjourn? Everybody feel
 15 comfortable with what we came to? I don't want anybody
 16 walking away from here saying, well, he just kind of left
 17 it abruptly.
 18 **JESS CAMPBELL:** I don't think it helps South
 19 Jordan much.
 20 **ANDY BUTLER:** It's a good direction.
 21 **LAUARA SYNDER:** But are we still looking at the
 22 statute, you know, we talked about? And if we are, then
 23 we should have someone starting on that.
 24 And the other thing was, what was said about
 25 tightening up the definitions of released or not released

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1 **JASON NICHOLL:** I don't know, Chief Morris, is
 2 this my homework assignment now?
 3 **JAY DEE DOWNS:** Realistically, I think it should
 4 be everybody's homework assignment so everybody is
 5 familiar with the administrative rules that have to deal
 6 with that.
 7 **LAUARA SYNDER:** Okay. So we'll come back --
 8 **JAY DEE DOWNS:** So everybody come back and be --
 9 you know, say okay, this is what we need to do.
 10 **LAUARA SYNDER:** Actually look at the statute too
 11 and come back with that talk and that's what we'll talk
 12 about next time?
 13 **JAY DEE DOWNS:** Absolutely.
 14 **JESS CAMPBELL:** Okay. Motion to adjourn.
 15 **JASON NICHOLL:** Second.
 16 **JAY DEE DOWNS:** Second? We're in adjournment.
 17 Hey, that's a classic; 2:30. Thanks everybody. Bye.
 18 **GUY DANSIE:** Just a final note. I was just
 19 going to say I think our next meeting is March --
 20 **SUZANNE BARTON:** March 30th.
 21 (The meeting was adjourned at 2:20 p.m.)
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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 8th of MARCH, 2016.

SUSAN S. SPROUSE, RPR, CSR
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