EMS RULES TASK FORCE MEETING
MARCH 30, 2016 AT 1:00 P.M.
3760 S. HIGHLAND DRIVE, ROOM 425
SALT LAKE CITY, UTAH 84106

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A P P E A R A N C E S

Guy Dansie
Suzanne Barton
Jay Dee Downs
Jason Nicholl
Jean Lundquist
Lauara Snyder
Randy Wilden
Don Marrelli
Dean York
Tami Goodin
Shari Hunsaker
Jim Guynn (Telephonically)
Teresa Brunt (Telephonically)

March 30, 2016 1:00 p.m.

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JAY DEE DOWNS: It's 1 o'clock. 1 o'clock. Let's get our meeting started. Welcome to the rules making rules meeting, Rules Task Force meeting. There we go. We've got Randy and Dean and Jason here. Susan is here. Guy's here.

Who do we have on the phone today? Anybody on the phone yet?

SUZANNE BARTON: We're supposed to have Teresa and Tom.

JAY DEE DOWNS: Teresa and Tom, are you there?

TERESA BRUNT: I'm here. I was just getting on my phone. I'm technically challenged. And Guy, FYI, my bill was signed by the governor yesterday.

GUY DANSIE: Nice.

TERESA BRUNT: I'm very proud of that.

GUY DANSIE: While we're sitting here getting ready, do you want too hurry and explain what it is for somebody who may not know what the bill was on it?

TERESA BRUNT: Yeah.

GUY DANSIE: Okay. Go ahead.

TERESA BRUNT: So it was Senate Bill 106. It got modified a little bit so it has another a SB behind it. But it increases the penalties from a Class A

misdemeanor to a felony, if you are assaulted -- stay for -- those injuries and that includes EMS and healthcare --

THE COURT REPORTER: It's going in and out.

GUY DANSIE: Okay. Just a quick summary. It's a bill to protect healthcare workers, and they upgraded the penalty --

TERESA BRUNT: Senate Bill 106.

GUY DANSIE: -- Senate Bill 106. It upgrades -- I'm just explaining to the stenographer a little bit because you were cutting out.

TERESA BRUNT: Yeah.

GUY DANSIE: So it raises the penalty from a misdemeanor to a felony for assaulting a healthcare worker.

JAY DEE DOWNS: Who else did we have come on line?

JIM GUYNN: Jim Guynn.

JAY DEE DOWNS: Hello, Jim. Anybody else?

JIM GUYNN: We have lousy weather, lousy -- lousy weather, so I didn't drive up today.

JAY DEE DOWNS: I don't want to hear it. We've got six inches up from where I'm from.

JIM GUYNN: It's even cold down here today.

JAY DEE DOWNS: Okay. Cool. Okay. Don has

walked in and Lauara is here.

RANDY WILDEN: He's already walking back out.

JAY DEE DOWNS: He's looking for his name.

JASON NICHOLL: His name is down there.

JAY DEE DOWNS: Okay. Any further introductions we need? I don't think so.

Let's go ahead and start right off with the trauma rule. Shari, you're up.

SHARI HUNSAKER: All right. So we've been working on updating the inclusion criteria for the state trauma registry. And basically of all the changes that I've made, I summarized them all on the last page of the handout that you received. We have changed the inclusion criteria to reflect ICD 10 coding as opposed to ICD 9.

And we have defined a hospital admission as being a length of stay in a hospital from the time of the ED arrival to discharge of 12 hours or more. And we have been able to remove the list of all of the specific data elements and will publish a reference document on our website.

In addition to that, we are no longer making a lot of the referring hospital fields required by the state. They'll only need to give us our input, the name of the referring hospital and whether or not it was, in fact, a transfer.

And then we've also changed our approach. We used to keep a full-blown data dictionary and try to keep that synced with the national trauma data standard. We've abandoned that. So that we are adopting the National Trauma Data Standard Data Dictionary and are publishing an addendum that will list just those elements that are required by the State. This has already been presented to the Trauma System Advisory Committee and has received unanimous support from them.

JAY DEE DOWNS: Okay.

SUZANNE BARTON: I think someone joined us.

JAY DEE DOWNS: Is somebody else on the line? Okay. So where do we go from here, Guy?

GUY DANSIE: Do we want any comment or discussion or motion or --

JASON NICHOLL: It's not on the agenda.

GUY DANSIE: I actually --

SHARI HUNSAKER: On the agenda?

GUY DANSIE: I apologize. I sent you the wrong agenda today.

SHARI HUNSAKER: I've got it here.

JASON NICHOLL: You sent me the wrong agenda. My bad.

SUZANNE BARTON: See, I tried to give you a new agenda.

SHARI HUNSAKER: And you wouldn't take it. It's your fault.

GUY DANSIE: I sent Jason an agenda before I had Shari on the agenda.

JASON NICHOLL: It's always my fault.

GUY DANSIE: No, it was my fault.

LAUARA SNYDER: When did you send it out?

JASON NICHOLL: Are we sending it to the EMS Committee or straight from here to public comment?

GUY DANSIE: The EMS Committee, isn't it? I have it on their agenda.

SUZANNE BARTON: Yeah.

JASON NICHOLL: Motion to accept.

JAY DEE DOWNS: I have a motion to accept. Any second?

DON MARELLI: Second.

RANDY WILDEN: Second.

JAY DEE DOWNS: Seconded by Don or Randy or one of you guys.

SUZANNE BARTON: Which one?

RANDY WILDEN: Don beat me.

JAY DEE DOWNS: Don. Okay. Any further discussion on the motion? All in favor say aye.

COLLECTIVELY: Aye.

JAY DEE DOWNS: Any opposed? Okay. Motion passes.

Guy, ambulance rates.

GUY DANSIE: Ambulance rates. I sent out a document with ambulance rates -- whoops. And we don't know what the rate is at this point. But let me just walk you through the document. I've made a few changes to the wording. I'm just zooming in for those of you on the phone.

In order to be consistent with language in the rest of our rules, R426 rules, I've taken the liberty to edit some of the language.

Is this not the right one? This one I have, I just pulled up, has values in it.

Anyway -- hold on. I think I've got the wrong version. I -- I went through the rule and added language to make it compatible with our other -- with our definitions and other language.

JAY DEE DOWNS: Come on in.

SPEAKER: Somebody told me Tami is down here.

SUZANNE BARTON: She is. Tami, get out of the corner.

GUY DANSIE: Hold on. I apologize. I thought I had it, but apparently I had the wrong draft.

Okay. I found it. Sorry. I thought I had it all cued up and I cued up the wrong one.

Okay. Let me just walk through the document. Let me just show it to you a little bit so you can see what changes we've made. And then we have not compiled a data to determine the rates yet. According to our finance folks, there should be a slight increase for all of the base rates for ambulances. We will announce that at the EMS Committee on April 13th. Those numbers are contingent on the FRG, the Fiscal Reporting Guidance that we send out to the providers, and it's being returned, and there are still a few that are outstanding. So that number still hasn't been set yet.

But early indications are probably more than 1 percent and probably less than 4 or 5 percent. Just a heads-up for you guys.

But I went through and I changed some of the language to make it consistent with the other parts of our rule. I wanted to add the word "ground". Specify that it's not anything to do with air. Changed the terms to be consistent to providers instead of, like, services or licensees, I think was the other term in there.

LAUARA SNYDER: I have a question.

GUY DANSIE: Agency. The term agency is in there. We've scratched it.

LAUARA SNYDER: Refresh me. Going back to the definitions, we beat this up a long time ago --

GUY DANSIE: Yeah.

LAUARA SNYDER: -- an ambulance service, are they providers or are EMTs providers?

GUY DANSIE: We decided in our definition that a licensed provider is a -- is the organization.

LAUARA SNYDER: Okay.

GUY DANSIE: Okay? And a certified individual is the person.

LAUARA SNYDER: Okay. So they are not an EMS provider?

GUY DANSIE: EMS provider means --

LAUARA SNYDER: I want --

GUY DANSIE: -- it could be interpreted either way. But in our definitions, we say a licensed EMS provider, meaning the organization.

LAUARA SNYDER: Okay.

GUY DANSIE: And that's why I went through here and scratched services or agencies and put that --

LAUARA SNYDER: Okay.

GUY DANSIE: -- licensed providers. And I tried to put the word "ground" in there as well so it doesn't pertain to air.

This language actually has been the same language we've had for years and years. And when we reviewed it last time, we just changed the numbers. We

didn't change the language. So I'm proposing that we make these language changes. It's mostly just semantics. It's terminology to make sure we're consistent with the rest of the rule.

They use the term on three, base rates for ground transport to care facility. And I clarified that with hospital or patient receiving facilities. In statute, those are the defined places we can take a patient.

I -- also in order to accommodate the IAs with the advanced skill sets, we're allowing them a mid-point base rate between a paramedic level and an AEMT level.

SHARI HUNSAKER: You've transposed the E and the M in here.

GUY DANSIE: Oh, I have. Okay. And that was actually just for your viewing pleasure.

SHARI HUNSAKER: Just to see if anybody was --

GUY DANSIE: Well, but the number, I will replace that text with the number, but I just wanted to describe what that number would be.

We don't know what the numbers are because the data hasn't been compiled, so. But I wanted to change the language, and I wanted you guys to proofread the language with me to make sure that it sounds decent.

Anyway, you can see I've just tried to scratch

those out. I left the fuel and the mileage numbers in there. I do not know if those will be changed or not.

So let me just make sure I didn't leave anything else out as I go through this.

Oh, and also the end, we've removed penalties from all of our other sections of rule as we've gone through this process because it's in statute. Brittany didn't feel like it was necessary to be redone and have it in the rule. And then also it causes problems if the statute changes and the rule is out of date.

So with that, are there any questions?

LAUARA SNYDER: What's at the top then? Could you go to the very top?

GUY DANSIE: Yes.

LAUARA SNYDER: Is -- where does it say something about the cities of certain size?

GUY DANSIE: For rates?

LAUARA SNYDER: Uh-huh. On the rate sheet that comes out, at the very top of the rate sheet that we get, it says unless you are a class something or another town, we can only charge for transports to transports to a hospital. If you are in smaller areas, which was to help some of the rural areas, there was the part that says that you can charge whatever your expenses are.

GUY DANSIE: For other services provided?

LAUARA SNYDER: Yeah, for, like, a treat and release.

GUY DANSIE: Like a -- a patient assessment?

LAUARA SNYDER: Patient assessment, treat and release. And I don't see that in here, but I think it's on --

GUY DANSIE: I think -- well, it may have been on our letter that we sent out, notification letter.

LAUARA SNYDER: It's on the most recent --

GUY DANSIE: On the website.

LAUARA SNYDER: Website grant. It's on your website under the grant posted.

GUY DANSIE: I think it's -- I think it's the notification letter that was sent out.

LAUARA SNYDER: Right.

GUY DANSIE: And I believe it's posted on our website.

LAUARA SNYDER: Okay. So it doesn't --

GUY DANSIE: But it's not in the rule, but that's our interpretation. And I don't know if that is in rule or statute, honestly.

LAUARA SNYDER: It's not in statute, I don't believe.

GUY DANSIE: Yeah. It's supposed to fluctuate based on the financial situation of providers. That's why

the department sets it every year.

LAUARA SNYDER: Oh, yeah, the rates, but I mean the treat -- treat to transport ability to charge.

GUY DANSIE: Yeah.

LAUARA SNYDER: It's still on that rate thing. I'm fine with that.

JEAN LUNDQUIST: Does that need to be addressed in here?

GUY DANSIE: Maybe we need to look at that and address that and update that. As part of this rule change, you know, we need to update that apparently, but it's not -- it's not in the existing rule.

LAUARA SNYDER: So long as you don't take it off of that posted rate that you have because then that causes problems for small agencies like me who -- we're dependent more on mileage, say, versus volume. And so --

GUY DANSIE: Right.

LAUARA SNYDER: -- we go out and we spend an hour or so with a diabetic giving them a lot of treatment and then they don't go to a hospital, according to this we would not be able to charge for any of it. So --

GUY DANSIE: Right.

LAUARA SNYDER: -- that's a problem.

GUY DANSIE: It is a problem. I believe that's in our policy on the website. I'm not 100 percent sure.

But the existing -- this is actually the existing rule with the modifications that I added. So if we wanted to add that to rule, we could. What I need to do, though, I need to set -- we need to get the rates set. And I need to have this go through the Committee. And I was just cleaning up language. I wasn't -- and we'll add the numbers as the numbers are crunched. But let's find that language, and if we feel strongly about it, we can go back and put it in the rule after the rates are set in July, if you --

DEAN YORK: Are we talking transport rates versus equipment used? So we use equipment but don't necessarily always transport, and we bill for that equipment.

GUY DANSIE: Right. Right. And the policy letter, I think it clarified that practice, and it's not -- it's not in the rule, but I believe it's in the policy.

LAUARA SNYDER: Yeah. You know, if you decide what it costs you to go out and provide a service and you can charge that price, but not -- it's not the -- so, like, my charge is like 327, I think, or 347 when I do a treat and release where we do all of those things. We assess them, we treat them, we --

DEAN YORK: But you're not transporting them?

LAUARA SNYDER: But we're not transporting them.

DEAN YORK: I don't think it falls under that because --

GUY DANSIE: Let's look at this assessment -- this surcharge part. This is about my special provisions, let's see if it's in there. I don't think so. I think it's still about transfer -- about transporting.

JIM GUYNN: So Guy, we need -- when you clarify that issue, I have a question as well about nontransporting agencies in general.

GUY DANSIE: Okay. Hold on just a second.

Is this what you are referring to, Lauara? There's a section on supplies and medications?

LAUARA SNYDER: No. No, because we can charge for our base rate, our supplies and equipment in addition to the base rate and our mileage. Those are the three things that we can charge for. So that's not --

JEAN LUNQUIST: You mean base rate?

GUY DANSIE: Because seven -- seven does explain that a little bit. You can charge for supplies --

LAUARA SNYDER: That's not what I'm talking about.

GUY DANSIE: Okay. That's not -- okay. Then I believe it's probably in the letter. I'm hoping it it's in the letter. Let's find that, though.

JASON NICHOLL: I'm looking at it right now.
GUY DANSIE: Are you, the letter? And then while they're doing that, what did you want to say, Jim?
JIM GUYNN: So is the provision for billing, I notice that it says in the rule that license services operating yada, yada, does that come from the statute?
GUY DANSIE: Yes.
JIM GUYNN: Or is that just in the rule?
GUY DANSIE: It's in statute.
JIM GUYNN: So is there -- I know that I brought this up before. The only way to ever get any provisions for designated organizations to be able to bill for any service or any supplies or anything else, would have to be addressed by the legislature?
GUY DANSIE: I believe so, yes.
JIM GUYNN: Okay. It makes absolutely no sense that a transport agency can go out, treat a patient, not transport them, and bill, and yet a nontransport agency can't do exactly the same thing providing identical service.
GUY DANSIE: I agree. And maybe that's something we need to dig into a little bit as a group.
LAUARA SNYDER: Are you talking about the fire departments that come as first responders before the ambulance service come and provides some service and then

the ambulance takes them to the --
GUY DANSIE: Right. Like the quick response unit.
JIM GUYNN: Right. Or quick response units, they go out and write a treat and release in the field.
LAUARA SNYDER: Right.
JIM GUYNN: You know, it's not uncommon for us to be the backup with an ambulance and get our people out on the scene and treat somebody, maybe a diabetic or something else, that completely treat them, release them as they -- and I hate the term "no haul" but as the treat and release, a refusal of care, I guess if you will, but it's not really refusal of care, it's refusal of transport.
GUY DANSIE: Right.
JIM GUYNN: And then there's no way to recoupe the cost of providing that service whatsoever, nor any way to recoupe the cost of the supply.
LAUARA SNYDER: Isn't that why fire departments want to go into the ambulance business?
GUY DANSIE: That's because they can get the transports.
LAUARA SNYDER: And charge for them. And have --
JIM GUYNN: You give us six firefighters and

four ambulances, we'll go into that business.
JASON NICHOLL: Hey, Jim?
JIM GUYNN: Yeah.
JASON NICHOLL: Jason Nicholl here. Are you guys down there paramedic providers?
JIM GUYNN: We're not. We're advanced EMT providers.
JASON NICHOLL: Okay. So the language that --
JIM GUYNN: Yeah, we have --
JASON NICHOLL: -- it says that you can't charge transport fees --
SHARI HUNSAKER: Hang on. We've got two conversations going on.
SUZANNE BARTON: Yeah, Susan.
JASON NICHOLL: So the language says you can't charge transport fees if you are not transporting them. We're not talking about transport fees; we're talking about nontransport fees, treat and release fees, so but --
LAUARA SNYDER: But in the rate letter that's on the website that specifically says that we can't charge for those transport fees unless, it says, "This does not apply to ambulance providers or paramedic providers in a geographic service area which contains a town as defined in Subsection 10-2-301-2(f), which basically are the small rural areas.

JASON NICHOLL: Yes, a town of under 1,000 people.
LAUARA SNYDER: Sure. So is that fair that we can do that than in these other places, like in Washington or wherever, that they go out and do the same thing, but they can't charge?
JASON NICHOLL: Well --
LAUARA SNYDER: That's I guess --
JASON NICHOLL: Again, I think -- I think they can. Because what you are talking about here is that this is a geographic area that contains the town -- a town as defined as less than 1,000 people. Okay? And it's charging transport rates.
If you have -- if your geographic area has a town of less than a thousand people, you can go out on your diabetic and spend an hour out there --
LAUARA SNYDER: Right.
JASON NICHOLL: -- and you can charge full transport rates, less mileage. It's what it says. Transport rate, not a treat and release rate. It says, "Transport rate." And so this is saying if you have a community less than a thousand, it's what it says.
LAUARA SNYDER: That's a new interpretation.
JASON NICHOLL: It's the words.
LAUARA SNYDER: The letter B, you are prohibited

from charging fees for transporting a patient. Down below it tells what a transporting rate is. So you can't charge that transporting base rate, is my understanding from what Paul told me.

GUY DANSIE: Yeah, I don't know honestly. Maybe we need to delve into this. And it really wasn't the point of this modification.

LAUARA SNYDER: Well, no, but this did --

JIM GUYNN: We can look at it another day.

GUY DANSIE: Yeah.

LAUARA SNYDER: But the other thing that I wanted to just mention briefly is that in this it talks about ambulance service providers, paramedic providers charging not for responder units. And there is a distinction and difference. So the rates don't apply to first responder units. And we do -- we do license first responder units, right?

SHARI HUNSAKER: Designated.

LAUARA SNYDER: Designated --

SHARI HUNSAKER: Designated response units.

LAUARA SNYDER: Right. So designated response units are not able to bill for services --

GUY DANSIE: For transports.

LAUARA SNYDER: For transports.

GUY DANSIE: And I don't know if they can bill

for other things. That's probably a legal interpretation we need to get from legal.

JASON NICHOLL: Whether or not they can get a 55 filled out through CMS for not transporting them. Not being a transport agency is another big thing.

GUY DANSIE: Yeah. I think that's a good thing that we look into, and we need to get some clarity obviously. I honestly don't know personally. So let's look at -- we'll dig into it some more.

LAUARA SNYDER: Paul told me no.

GUY DANSIE: We can do that as a homework assignment.

JASON NICHOLL: That's what it says. That's what the words say.

LAUARA SNYDER: Okay. So we probably should have a clarification.

JIM GUYNN: Guy, thank you very much. I think it would be great if we could at least look into that.

GUY DANSIE: Yeah. Yeah. I think it's awesome. I think we need to identify sources of revenue. I think that's helpful to everybody at the table. And if we are allowed to do that, I certainly think that that would be appropriate to do it.

LAUARA SNYDER: I have a question again following that, just in the past or current practice

maybe, on these fire departments that go out and they interface with ambulance services and they use some of their own supplies, don't the ambulance services restock or re- -- restock the first responder units? That's what we do.

GUY DANSIE: That would be a local decision. That's not something we regulate.

LAUARA SNYDER: What do you guys do? Do you not get paid? Jim?

JIM GUYNN: We do not get paid. We try to change out as best we can --

LAUARA SNYDER: That's what I meant.

JIM GUYNN: -- but there are a number of supplies that we use that are substantially different than the transport agencies. We've gone to great -- to great ends to be essentially needleless with the exception of vein puncture. And there are still -- some of our agencies are still using ampules with filter needles. You know, and I think that's a safety issue. And so we're not able to get that back. And our equipment is not the same. Our defibrillator monitors are decidedly different.

LAUARA SNYDER: And I don't think that we need to do exactly what Medicare says. You said CMS, because they are the ones who usually call the shots on the whole healthcare reimbursement in the United States, which is a

bunch of crock, but I don't think that anybody but an ambulance can charge ambulance rates according to CMS.

JASON NICHOLL: That's what I said, is that a lot -- these nontransporting agencies can't even fill out their 855 because they don't have a trans- --

LAUARA SNYDER: Ambulance.

JASON NICHOLL: -- application.

LAUARA SNYDER: Right.

JASON NICHOLL: And most insurance agencies won't accept an application unless you have your transport identification.

LAUARA SNYDER: One way to maybe help this along --

JASON NICHOLL: EPI. Sorry.

LAUARA SNYDER: -- is that in a regulation, you have something in there, the paramedic rate or whatever fee, and it's based on you had one of you, and then when you're -- you know, if you put a paramedic from another agency onto your ambulance that's not a paramedic ambulance, you could charge for that addition and then you have to pay that agency for their paramedic.

GUY DANSIE: Right.

LAUARA SNYDER: Couldn't we do something like that for these first responders, have that sort of a language, and then we just add that as part of one of our

expenses on our ambulance bill?
GUY DANSIE: We certainly could look into it. I think it's a great idea.
LAUARA SNYDER: I think that's the only really fix because we can't fight CMS.
GUY DANSIE: Yeah. I think it's a very good --
LAUARA SNYDER: And they are not ever going to be able to bill. And we don't want them to take over our ambulance service because they are a bigger department and want to have revenue.
GUY DANSIE: All right. Let's look into it and we'll see what we can do. I think the point of bringing this draft today was we need to move our rates forward. And I just wanted to make sure I changed the language and wanted everybody to be aware of that. That we try to be consistent with the other rule.
And Lauara, let's look at that offline and maybe bring it back to this group next month.
LAUARA SNYDER: Okay. Sounds good.
GUY DANSIE: And see if there's some language we could add or if we could do something to make, you know, a revenue source for people that are in situations where it's needed; that would be great. I agree with that 100 percent. It's possible.
LAUARA SNYDER: Sounds like there's a need.

GUY DANSIE: Yeah. If it's possible by statute. You know, that's the thing.
LAUARA SNYDER: We could -- we put in the paramedic on board. Why couldn't we put the, you know, first the designated service assistance or something.
GUY DANSIE: Let's look at the statute and we'll figure out if there's a way we can do something creative to help out.
LAUARA SNYDER: Okay.
GUY DANSIE: How do you feel about the rule that we -- this -- these modifications other than the numbers, we don't know the rates? Would you be supportive in me moving this to the Committee?
RANDY WILDEN: Definitely.
GUY DANSIE: Okay. Could a motion be brought up then?
RANDY WILDEN: Check.
JASON NICHOLL: Moved.
RANDY WILDEN: Second.
GUY DANSIE: Okay. He's supposed to conduct.
JAY DEE DOWNS: Any further discussion on the motion? All in favor say aye.
COLLECTIVELY: Aye.
JAY DEE DOWNS: Any opposed? Ayes pass.
GUY DANSIE: Okay. So we will -- I will move

that to the EMS Committee.
JAY DEE DOWNS: Okay. Scope of Practice for Certified Individuals. Darren Pack.
GUY DANSIE: Park.
JAY DEE DOWNS: Park. Sorry. My eyes are getting bad, or got.
DARREN PARK: How are we all doing today?
JAY DEE DOWNS: Well, I called you Pack, so you decide.
DARREN PARK: Yeah. Apparently his blood sugar is a little low.
JAY DEE DOWNS: Yeah.
GUY DANSIE: Change in elevation.
DARREN PARK: Yeah, if you're impaired, we'll refer you to Dennis.
JAY DEE DOWNS: Oh, great. Thanks.
GUY DANSIE: Okay.
DARREN PARK: We just have a couple of items to clean up in the rule. I know this has been an ongoing process. You've seen us probably far more than you would like to over the course of the last year and a half.
At this point in time, we have set the board. I'm now the chairman of the EMS Peer Review Board for the state. And just a couple of items to -- it's housekeeping-type items basically.

I'll start with -- as soon as Guy gets it up on the board, we're looking at R426-5-2700-6, lower case A, triple lower case I. I love how the stuff is put together.
JEAN LUNQUIST: 26-5-600.
DARREN PARK: 26-5. This is the --
GUY DANSIE: Here's the language you are looking at. Just for the record, this is probably my least favorite numbered section of rule that I've seen ever. It's just deeply layered with numbers.
JIM GUYNN: Guy, was this emailed out to the group?
JEAN LUNQUIST: Yeah.
GUY DANSIE: Yeah, I think so.
SUZANNE BARTON: Today.
JEAN LUNQUIST: It's 426-5, right?
DARREN PARK: 426-5-2700, Section 6, lower case A, triple lower case I. I -- I wonder who came up with that. So I'd --
JASON NICHOLL: Capital A.
DARREN PARK: I'd actually like to start with the lower portion of that because it kind of will help to explain what we're doing there and will help to guide the other portions.
So that middle portion there that's highlighted

G, I, double I, H as it's gone through, these actually were brought to our attention by Carmen Richins through BCI, and it's removing -- for some reason certain offenses in Chapter 10 of the Utah Criminal Code, Title 76 were specified there. However, if you look up at Section F there just above it, Section F brings the entirety of Chapter 10 into the rule. And again, we are only looking at felonies and Class A misdemeanors.

Many of what -- what -- or much of what has been eliminated with the elimination of B and C misdemeanors, quite frankly, in much of this as we've gone through Title 76, and yes, we have line by line, charge by charge, gone through Title 76, the entire Utah Criminal Code, certain sections of criminal code Bs and Cs don't even exist. Felonies don't exist.

And so what we've endeavored to do here is to clean up this section of the rule so that there's no confusion when someone is looking at a felony under a certain section of the code, well, there are no felony charges. Any charge under that section of the code may only rise to a Class B or Class A misdemeanor. So we've gone through that.

But the highlighted sections there are redundant after Section F. Because Section F rolls the entirety of Chapter 10 of Title 76 into the rule. And so there's no

reason to specify those things. So it's just cleaning up, just eliminate those, more of a housekeeping type of action that we're taking with those.

JAY DEE DOWNS: You are saying G, I and H?

DARREN PARK: Correct.

JAY DEE DOWNS: J, no?

DARREN PARK: J, and -- anything that is not highlighted stays. It will simply get relettered.

JAY DEE DOWNS: Okay.

DARREN PARK: So if we move back up to line A, this was intended to ensure that the items listed under R426-5-2700-6, small A, single small I, are not precluded.

However, in the small I and the small double I sections, those are the shall nots. You shall not be certified under the, if you have been convicted of any of these crimes. These are what Carmen has referred to in these meetings as her uglies of uglies.

Heinous crimes. If you've been convicted of any of those crimes, they are listed in that section, you are a shall not for at least a period of 15 years. After that period of 15 years, you may apply, and that's under section small double I, you may apply for certification or recertification; however, you -- then you are a -- you will be considered. It is not a "you will be certified," it's a "you will be considered."

So if you've -- if you've committed any of those crimes listed under that section, first 15 years from the offense, from the conviction, are shall nots. You will not be allowed to certify as an EMS provider in the state of Utah.

Section small double I says that after a 15-year period, you may reapply and we will consider you. However, that again is up to -- and a list of those type of crimes are what you can see there.

So, what line A does essentially with the way that it's written currently is it opens up the entirety of Title 76, the Utah Criminal Code, for review. This is not what was intended. As you can see in the subsequent lines, we have gone through again line by line through Title 76 and identified the offenses to which the Bureau and the department and all those involved in this consider to be pertinent or germane to EMS providers and what needs to be considered by the CCU when looking at -- now --

GUY DANSIE: Certification?

DARREN PARK: Yeah, your certification and whether your certification is going to be placed on probation, suspended, revoked, any of those types of actions that may be taken against you. These are the crimes that BCI is going to be looking at -- not BCI, excuse me, the CCU will be looking at as to if you've been

convicted of one of these crimes, you know, we may take action, the CCU, the Bureau may taken action against you.

So we've gone through the entire criminal code. All the subsequent lines are the ones we're concerned with. The rest of the criminal code, quite frankly, is -- is not pertinent, is not germane to the mission of the CCU and to ensuring the public safety and welfare.

And that's why we've been very specific about which offenses under the criminal code again are pertinent to EMS providers and maintaining the public safety and welfare.

JEAN LUNQUIST: Can I ask a question?

DARREN PARK: So what we want to do with A is basically close up and not expose the entire criminal code.

Yes, ma'am.

JEAN LUNQUIST: When you say that they are not applicable or whatever, you mean that they are -- they are offenses that -- it doesn't matter if they apply for certification? They are such that it doesn't affect that certification?

DARREN PARK: No. They are offenses such that if -- Jeremy, help me out here.

JEREMY ROBERTSON: Sure. A couple of examples, taking your (coughing) out of turn, disrupting a public

meeting.

JEAN LUNQUIST: Things that don't matter. That are not a danger -- not a danger to others.

DARREN PARK: Yes, things that don't present a danger or things that don't present, you know, a threat to public safety and welfare.

JEAN LUNQUIST: Okay.

DARREN PARK: These crimes listed all represent what can -- what could safely be considered as if you commit one of these crimes, you know, you may present that threat, and we may not want to consider your -- or we may need to take action against your certification.

JEAN LUNQUIST: Okay.

DARREN PARK: So, what it does by eliminating line A is then refocuses to the specified offenses that are delineated within the rule and closes out the rest of the criminal code that, you know, if you are convicted of disrupting a public meeting, the CCU and the Bureau really don't need to get involved --

SHARI HUNSAKER: Care.

DARREN PARK: -- with, you know, it -- you can still be a solid EMS provider and have been --

JEAN LUNDQUIST: Thrown out of a public place.

KRISTY KIMBALL: Thrown out of -- yeah, because you protested.

So what that does -- like I say, by eliminating this, what it does is it closes down what the CCU -- what parts of the CC -- the criminal code, the CCU are going to look at when doing their investigation. It just helps -- it helps Dennis and his crew to not be bogged down by offenses that really don't present a threat or danger. So we would like to eliminate line A so that the entire criminal code is not open for review.

And then if we move down to the end, line K kind of does the same thing with a slightly different wording. It states that any criminal conviction or pattern of convictions that may represent an unacceptable risk to public health or safety.

Again, the criminal convictions or patterns of convictions have been clearly delineated in the previous lines as to what the CCU is concerned with, should be concerned with. And so to include line K there, and again, goes back and reopens up -- and in fact, not only does it reopen up the entire criminal code, but as was pointed out to me prior to this meeting, could get right down into infractions. You know, I really don't think we need to be concerned with someone who maybe didn't pay 10 parking tickets, or has a couple of jaywalking infractions, you know, on their record.

So -- and then we also get into who decides what

an unacceptable risk is. And we have clearly defined what an unacceptable risk is through the previous lines and through the review of the criminal code.

So we would ask that -- that those lines be removed from the rule so that the focus can be narrowed up and that the listed offenses will be what, what are -- what the CCU is concerned with.

Any questions? Concerns?

JASON NICHOLL: I have just a couple of questions. As you've talked about this, I -- I agree with your first and last. The middle I just have a couple of more questions about.

DARREN PARK: Okay.

JASON NICHOLL: The -- you had mentioned that up above in (ii) and (iii), it refers to this -- to these things, but as I'm seeing it, they're slightly different because pornographic and harmful materials and performances, like -- well, it says sadomasochistic abuse. Is this and this with --

JEAN LUNQUIST: Where are you reading?

JASON NICHOLL: I'm reading in 76.

DARREN PARK: Title 76.

JASON NICHOLL: In the title.

I could see why that may need to be in there because it may not. This that we would maybe find is not

acceptable, may not be defined in 76-9.

DARREN PARK: Correct.

JASON NICHOLL: So we're saying 76-10 here. So if anything, maybe these need to be reevaluated and put up here as IV and V, because this is bestiality, sexual battery, lewdness, and now we're talking basically pornographic performances and prostitution.

DARREN PARK: Yeah. Clearly -- to clarify, though, we are not eliminating prostitution, dealing in harmful materials or anything like that from consideration because line F leaves those in.

GUY DANSIE: Yeah.

DARREN PARK: We're not eliminating them.

JASON NICHOLL: And it includes the delinquency of a minor also?

JEAN LUNQUIST: Yeah, offenses against public welfare more or less.

JASON NICHOLL: Okay.

DARREN PARK: Yeah, all of 10. However, if what we look at in that --

JASON NICHOLL: I just want to make sure that we're not excluding things.

DARREN PARK: No, we are not eliminating --

JASON NICHOLL: So --

THE COURT REPORTER: Wait. One at a time.

DARREN PARK: The catch-all. And because we're looking at only felonies and Class A's, your delinquency in a minor is not considered because it doesn't rise to that level.

JASON NICHOLL: Okay. All right. Great. That's a good enough answer for me.

And then finally, under triple I lower case, should that be "shall not be considered" for certification or recertification, if they have violated bestiality, sexual behavior, lewdness, has been convicted they shall not --

DARREN PARK: That's a separate section and you have to refer higher in the document.

JASON NICHOLL: Okay. All right. I don't have that.

DARREN PARK: That's the end of that section. And then triple -- small triple I begins an entirely new section and a new set of parameters.

JASON NICHOLL: Nevermind then. I stand corrected. I like it.

DARREN PARK: We okay? Any other questions?

TOM HODGSON: Hey, Guy?

JAY DEE DOWNS: Who is this?

TOM HODGSON: Hey, Tom Hodgson checking in from Utah County. Sorry I'm late. Had a little emergency, so.

GUY DANSIE: No problem. We're glad to hear from you.

TOM HODGSON: Thank you, sir.

JAY DEE DOWNS: Go ahead, Dean.

DEAN YORK: So if you go up to five, this is not necessarily related. I had a question posed to me, so now I'm going to pose it to you.

JEAN LUNQUIST: 27-5?

DEAN YORK: No. 5 there. Yeah, right there. So why are our recertifying medics and EMTs doing another fingerprint?

GUY DANSIE: Totally not related, but I'll explain it. We're going to a new Rap Back system that allows us to check other databases. And then if there is a charge against an individual, they will immediately upload that information to us so we'll be aware of that. Is that right, Dennis? But they need to have the fingerprints to be able to identify that person in this new system.

DEAN YORK: So we're -- we're incurring the cost of that, which wasn't necessarily planned for. You already have the fingerprints on file, why are no -- why are they not being scanned over? Why not --

GUY DANSIE: I'm not sure.

SUZANNE BARTON: Dennis walked out.

GUY DANSIE: I know that there's a new system, a live scan system that has to go to the DACS --

DEAN YORK: Okay.

GUY DANSIE: -- directory, but I'm not sure.

DEAN YORK: Okay. So why --

SHARI HUNSAKER: I can provide a little bit of information if you'd like me to.

GUY DANSIE: Go ahead.

SHARI HUNSAKER: So health facility licensure and resident assessment received a federal grant that they could use for the development of a background check system that would be a once-in-a-lifetime-type of registry. So once your fingerprints are captured in that system, we will continue to get feedback if you are convicted of any additional or any felonies or things of that nature nationwide.

After the legislature found out that this grant funding was available, they thought it would be a great idea if any agency that was doing background checks utilize the system, which is outside of the scope of the federal grant that the health facility licensing received. They developed the DACS system with an I-single to long-term care.

The fingerprints that we have in the other system can't be transferred over based on how the new

system was developed in architecture. So people have to be fingerprinted again one more time, and then it will carry over for the rest of their professional careers.

DEAN YORK: So it just doesn't feel fair that the burden of cost was put back onto us when you already -- we already paid for it once, and now you are asking for us to pay for it again.

JEAN LUNQUIST: Can't the grant cover that?

SHARI HUNSAKER: No, because the grant can only cover long-term care personnel. And anything outside of the scope of that grant is not covered by their grant funds. And EMS -- our Bureau, and Guy could speak to the budget concerns more than I can, but our Bureau doesn't have the resources to fund that.

GUY DANSIE: Here's the silver lining, though. It's a one-time thing. And I know it's a cost thing and it's caught you by surprise.

DEAN YORK: Well, it's not silver lining.

GUY DANSIE: We're trying -- well, it's -- the attempt is never to have you come back in and do it again. So --

RANDY WILDEN: They thought that originally --

THE COURT REPORTER: I can't hear you, Mr. Wilden. I can't hear you. I'm sorry.

RANDY WILDEN: I'm sorry. We assumed once we

were fingerprinted once, we wouldn't have to be done -- it wouldn't have to happen again. I think that's all of our frustration.

GUY DANSIE: Frustration.

LAUARA SNYDER: It is a substantial cost to the departments who are paying for that, for the personnel. I mean, I don't want to pay it, but I can imagine these huge fire departments with hundreds of people, that's a significant addition to their budget that's not budgeted into their budget. So I can understand that.

JAY DEE DOWNS: I think the concern is duly noted, but I'm kind of --

GUY DANSIE: It's not part of our regular schedule.

JIM GUYNN: Guy?

GUY DANSIE: Yeah? Go ahead.

JIM GUYNN: Jim Guynn. Are you there, Guy?

GUY DANSIE: Yeah. Yeah. I'm listening.

JAY DEE DOWNS: I'm listening.

JEAN LUNQUIST: We hear you.

JIM GUYNN: Oh, there you go. Hey, I'm kind of thinking this is getting derailed from what we actually are trying to accomplish today. And if we need to come back and look at that, that fingerprint process down the road and try to find some funding mechanisms, that that

certainly would be appropriate.

But I'd like to maybe ask the chair to call for a motion because we've discussed this ad nauseum, and I think we feel very comfortable about everything but this provision. Certainly this provision can be looked at another time. And those concerns that are expressed today, could be expressed directly to the committee.

JAY DEE DOWNS: Yes. Or to the Bureau. Is that a motion then, Jim?

JIM GUYNN: Well, it's asking -- if you would like the motion, so moved.

JAY DEE DOWNS: Yeah.

JASON NICHOLL: Second.

JIM GUYNN: My motion would be that we accept the proposed language presented by our CCU individual representative, and it appears to be well-supported by the rest of the group. So I would -- I would make the motion that we accept this as presented.

DEAN YORK: And I'll second it.

JAY DEE DOWNS: Okay. Seconded by Dean or Jason.

JASON NICHOLL: Dean.

JAY DEE DOWNS: Dean? Okay. Any further discussion on the motion? Seeing none, call for a vote. All in favor say aye.

COLLECTIVELY: Aye.

JAY DEE DOWNS: Any opposed? Thank you.

GUY DANSIE: And what -- we have two other issues in this piece of rule that I wanted to talk about. It doesn't relate to the BCI directly, the language that was presented earlier.

We have found that EMDs, or emergency medical dispatchers, have been -- actually had two background checks done in many cases, that they are being done through public safety through POST, and then we are requiring it a second time. And we feel that's probably overkill for dispatchers.

So I'm adding at the request of our department, Bureau, we've tried to come up with some language, and maybe this doesn't read well, but the intent is if a medical dispatcher works for an agency that has done a background check and they've cleared that through public safety, then it's silly for us to have them do it again, and we will just honor their background check that's already been.

JAY DEE DOWNS: Because public safety it's a lot --

GUY DANSIE: It's more stringent anyway. So, but we did have it in our rule that EMDs would be background checked. And it's also in our statute. But

we're saying if they are having a background check done by public safety that we're going to accept that in lieu of. And maybe this -- I don't know if I like the way I worded it with "may not be required". Does anybody have any preference on how it states or?

LAUARA SNYDER: I don't have a preference, but shouldn't we include the, oh, the tactical paramedic group too, because they are part of a law enforcement agency and they get background checked like the paramedics.

JIM GUYNN: It might be easy just to go in and say that those people that have already been submitted through the live scan and through whatever means, if the live scan has already been conducted, there's no reason to conduct it again. By the Bureau's own words, this is a one time -- this is a one time deal.

So whether it's done by a law enforcement agency or another one, as long as it meets the complete requirements, I guess my position would be that you probably still have to pay certain occasional fees if they are necessary.

JAY DEE DOWNS: Once they have a live scan, isn't that able to access through the other database?

GUY DANSIE: Right.

JAY DEE DOWNS: So the live scan is the key.

GUY DANSIE: Right. Right. They are already in

the system. So why put them in a second time. Is that right, Dennis?

DENNIS BANKS: What's that? I just walked back in.

GUY DANSIE: We're -- okay. We're just -- I just want to make sure I understand this on the technical side on how the system works. If an EMD is put into the system by public safety, then they are in the -- they are in that Rap Back system?

DENNIS BANKS: As long as it's a public -- yeah, as long as they work for a public safety -- law enforcement agency, then we figure they've ran a background on them, that works and we're accepting those.

GUY DANSIE: Yeah, because usually they have a higher standard anyway --

DENNIS BANKS: Right.

GUY DANSIE: -- for their peace officers.

And then the second question I have, Lauara brought up the idea of a para- -- a tactical paramedic.

DENNIS BANKS: We don't have anything to do with that. We don't have anything to do with that.

GUY DANSIE: So if a person is certified --

JAY DEE DOWNS: A medic.

GUY DANSIE: -- as a paramedic, and they work --

JAY DEE DOWNS: For squat.

GUY DANSIE: Squat.

JAY DEE DOWNS: They are identified as a paramedic.

DENNIS BANKS: It's only their --

GUY DANSIE: Can we add that? I just put that in just now.

JAY DEE DOWNS: Well, I'm not sure you need to because if they are a medic, they are already precertified as a medic, they are a medic.

DENNIS BANKS: We don't have a designation for a tactical paramedic.

JAY DEE DOWNS: Yeah, they are medics. They are paramedics.

DENNIS BANKS: They are just strictly paramedics.

JASON NICHOLL: And it may not be a paramedic --

(Everyone talking at the same time.)

LAUARA SNYDER: But the reason I brought them up is because they are working for a law enforcement agency and not all paramedics or EMTs do -- most of them work for ambulance services or for fire departments.

JAY DEE DOWNS: But my point is if they are recertifying, they are still a medic. So it doesn't matter if they are a squat medic or not, they've got to recertify.

LAUARA SNYDER: Okay. So then does any EMT, EMT, intermediate or advanced -- or whatever we are now, and paramedics, so is it across the board if you have a live scan, you don't have to redo it again? And so if that's the case, where are we separating out the EMD?

JASON NICHOLL: So just as a suggestion for this, perhaps in the first line you say "the department shall conduct or accept a background investigation conducted by" --

JAY DEE DOWNS: A law enforcement agency.

JASON NICHOLL: No, it says, "the Utah Department of Public Safety." And then take out the EMD language. So now you have a police officer that works for Wendover that is an EMT --

DENNIS BANKS: That won't work.

JAY DEE DOWNS: That won't work because --

JASON NICHOLL: That won't work?

DENNIS BANKS: No.

JASON NICHOLL: Okay. If that won't work, strike that.

DENNIS BANKS: The only one we are excluding, the only one we are excluding are EMDs. EMDs do not deal directly with people.

JASON NICHOLL: Okay.

DENNIS BANKS: That's the only reason we're

letting it slide is for that.

DON MARELLI: So you got direct patient care --

DENNIS BANKS: Direct patient care.

GUY DANSIE: Okay. And that's what I had originally.

JASON NICHOLL: Great.

GUY DANSIE: Is that okay? And I don't know about the "may not be required". Does that read weird? Does it seem okay?

Okay. I'm going to propose that to the committee, if that's okay, just because it's -- we felt that it wasn't a safety issue and it's a double requirement on dispatchers.

One other thing I added to -- the scope of practice. And maybe at the pleasure of the committee maybe we'll tweak the wording a little bit. I don't have a problem. I think the concept needs to be in there that we're not going to background check those people twice.

JAY DEE DOWNS: While he's looking for that, Dennis?

GUY DANSIE: It's up here. I'm almost there.

JAY DEE DOWNS: Dennis?

DENNIS BANKS: Oh, sorry. I'm --

JAY DEE DOWNS: We're calling Dennis.

So Dennis, once a person has a live scan and

they go to that database, does the Bureau of EMS access that database, the live scan?

DENNIS BANKS: Yeah, we do. We give them access and also the Rap Back -- see, it's actually two different systems you're dealing with. You've got your DACS and you've got your Rap Back. The DACS is what goes in and runs the prints. It's the Rap Back that sends us the information back every day saying they got picked up for something or they got arrested for something.

GUY DANSIE: It's the feedback part of it.

DENNIS BANKS: Yeah. We also maintain -- it also maintains a lot of our records now. We've been putting a lot of things into DACS because it's able -- we're able to put everything into that, into that DACS system because it's an available warehouse, a lot of the information as well.

So, like, anybody that we have on probation or anything like that, actually that's where we're starting to warehouse all the information and things in DACS because it's a secured -- it's a secured sight.

JAY DEE DOWNS: Okay. I got more questions I'll ask you later.

DENNIS BANKS: Did I answer your question, though?

JAY DEE DOWNS: Absolutely, yes. I'll be going

down and I've got some other questions, but it doesn't really pertain to this meeting. It could, but I'll ask you later.

Okay. Guy.

GUY DANSIE: Okay. One other thing, this is something we discussed last month, and I attempted to add some language. Scope of practicing, the best place to put it, we talked about individuals acting without agency authorization, like, for events or things of that nature. And I put this in under their scope of practice. And I didn't -- I didn't know how you felt about that or if that would be something that we would be willing to -- we can -- I'm open to changes or suggestions.

LAUARA SNYDER: Guy, is this where we were going to come back and talk about the handy van-type services?

GUY DANSIE: This -- this kind of relates to that to some extent. It also -- remember the individual we had that came in and discussed he has a course that offers certification -- or training, and his new certified people were going to be asked by volunteer groups to volunteer for parades or those kind of things? And we told them that there's probably an issue there if they are offering certified-level skills because they are not covered under medical control or protocol.

And so in order to prevent a liability on that

certified individual's part, we wanted to make it clearer they need to be authorized to be acting under a license. Is that -- Jeremy?

JEREMY ROBERTSON: Can I just ask a clarifying question then? So if I work for Unified Fire, but my church asks me to volunteer in youth camp during the summer, and I'm going to perform as an EMT, do I have to get UFA's approval to volunteer in that capacity?

GUY DANSIE: You'd have to operate under medical direction. Isn't that correct? You wouldn't?

JEREMY ROBERTSON: Well, an EMT often operate outside of medical control.

GUY DANSIE: I understand that, and I know the reality is different. If you guys don't feel comfortable with this, that's fine. I just -- I know that there was an issue. If an individual is performing a service, he doesn't have a physician as a medical control person to fall back on, that there could be some liability issues.

RANDY WILDEN: Nor are they working under a licensed or designated provider at that point.

GUY DANSIE: Yeah, there's no protocol.

RANDY WILDEN: Because in this scenario there's nothing that covers that.

ALTON GILES: You're a paramedic, right, essentially?

GUY DANSIE: You could operate under the Good Samaritan if you happened on to an event. But this is for planned events, prearranged events.

JEREMY ROBERTSON: So a church event.

GUY DANSIE: Go ahead, Brittany -- Kim -- Kristy. Sorry.

KRISTY KIMBALL: Well, I think there's a lot of ambiguity here that would just have to be really flushed out, because if you are talking about -- are you talking about somebody, I think there should be designations between is this somebody that's being paid for some kind of service and as part of that payment for some prearranged event or service that they are being paid or employed to do, that they are specifically being asked to provide these kind of EMT services at this event? I think that's very different than saying to somebody, hey, we know that you're, you know, licensed as an EMT. We have this, you know, camp. Can you come up with your son? And in case something goes wrong, you know, then we have people we know are capable if there's an emergency that should happen.

It's not like -- it's a very different scenario. I think here there's just so much ambiguity all over the place that it would be really tough. I think if you look at what does authorize mean, you know, when we're talking

about a licensed or designated provider, who is that? What kind of relationship do they have to have with them? And there's all sorts of question marks for me as an attorney. If I were to look at this, I would be telling my client, I have no idea what they are intending by this or how you would make sure you are complying with this. Just from my standpoint.

GUY DANSIE: Well, that's a good argument.

LAUARA SNYDER: I think the concern that was discussed at this meeting one time that I was here, was this group of people were -- now they're certified, they don't work for anybody, they were going as a group and providing some sort of service that normally the local ambulance service provider would be doing as a special event and getting paid for, and now they are taking the business from, you know, these other because now they are doing it for free for this group, you know, that's what we were talking about. And so ambulance providers are very protective of their revenue sources, as they should be. And so to have a group of people who have just gotten out of EMT class and now are certified, to get together and go promote themselves as we can do your event free --

KRISTY KIMBALL: What kind of events?

DEAN YORK: Like a rodeo.

LAUARA SNYDER: A circus. Downtown. You know,

a circus comes to town and we'll come and hang out at your place and we'll be your First-Aid station. And what they would do, they were doing First-Aid stations. They had First-Aid kits and such that they were placing themselves there.

RANDY WILDEN: Well, and part of that issue was that people who were training them had been morphed into a group that was providing those services for a fee, and then they were getting their EMTs to volunteer and go out and do the services. But they were getting a fee, right? The group that came in were charging a fee to arrange all these volunteer EMTs.

JEAN LUNQUIST: I think that's correct.

GUY DANSIE: There was a third party that was, I think, that was getting the fee. The person, the instructor that came here wasn't. And he brought it to us as a concern.

RANDY WILDEN: I think his wife was doing --

GUY DANSIE: Maybe. I don't know the connections --

RANDY WILDEN: I think that's how it all worked out.

GUY DANSIE: I haven't done any investigation on the situation. But that was the concern, is that if that -- if those people would be liable for anything that

went wrong, or would they be covered under medical direction or under protocol. And maybe this isn't the way to do it. This is just a suggestion.

LAUARA SNYDER: I think that we had this discussion sometime ago in depth, and it was about having special events being provided by the local designated provider. And -- period. And if they didn't want to do it and some other group wanted to come in and they authorized them or gave them permission to do that, so that's fine.

DEAN YORK: First right of refusal.

LAUARA SNYDER: First right of refusal. But if -- any business went to the local licensed provider first. And that's totally different than what you guys were talking about is, you know, I'm a paramedic and I go with my youth group and do something. That's certainly fine. I don't think there's a provider in the state, licensed provider in the state that would have a problem with that.

KRISTY KIMBALL: I think it's also important to clarify that at this event, and then the language would have to be really cleaned up, right? This wouldn't be sufficient to help people understand what they are trying to do and understand how to comply with the law.

I think if someone is promoting, and they are

saying we're going to be hired, or you're asking us to come and provide, let's say EMT services, we're going to be your emergency services at this event, which is required to have us, and if you are holding yourself out as doing that, I can absolutely see that.

LAUARA SNYDER: If it's already there, we have it some place else besides here.

KRISTY KIMBALL: Right. So it needs to be tied together far more and be very clear about what -- about what events and what somebody is holding themselves out to do. Because plenty of people can be certified. I can be certified, right, in an emergency -- EMT or whatever, and I may be hired by an employer, and they may really like that I am certified as an EMT, but I'm not being hired for those particular services. They may like that if something happened, let's say -- you know, let's say I'm a security guard or something, and I'm also certified in EMT services, they might like that if something happens, it's a little reassurance, like, this can provide First-Aid until someone responds, um, but I'm not holding myself out or I'm not being hired to perform specifically EMT services.

And so there's a lot of clarification, I think, that would need to go into trying to accomplish what you are trying to accomplish. But I'm just saying that if I

saw that in there, I can help a client, that would just be a bewildering role to me to try to understand what's trying to be intended to accomplish there.

JAY DEE DOWNS: Lauara.

LAUARA SNYDER: I agree. I would recommend that we take that out and let's just refer them to what we already have in the administrative rules under our special event.

JAY DEE DOWNS: Jason has a motion here.

GUY DANSIE: Well, I think Jeremy had something too.

JAY DEE DOWNS: Jeremy?

JEREMY ROBERTSON: My comment was that I think this belongs more in the licensure section of the rule --

GUY DANSIE: There --

JEREMY ROBERTSON: -- instead of being in certification.

GUY DANSIE: There actually is a clause in the licensure section that refers to special events. And it basically says that the geographical service provider shall be notified.

JEREMY ROBERTSON: Because this in turn puts the onus on the individual instead of on the organization, when really the concern seems to be about geographic boundaries, licensure, and revenue within a geographic

area.

GUY DANSIE: Okay. Maybe less is more in this case.

JAY DEE DOWNS: Okay. We have some proposals on here. Let's just go ahead and anybody want to make a motion on what we've approved, not approved?

JASON NICHOLL: I move that we accept changes as presented with the exception of 426-5-205 which we table to a later date for final disposition.

JAY DEE DOWNS: There's a motion on the table. Do we have a second?

LAUARA SNYDER: I'll second.

JAY DEE DOWNS: I have a second. Any further discussion on the motion?

JEAN LUNDQUIST: So you are taking this one out?

JAY DEE DOWNS: Yes.

GUY DANSIE: Yes.

JEAN LUNDQUIST: And that's all?

JASON NICHOLL: We're tabling it.

JAY DEE DOWNS: And approve all the other stuff that's in it.

Any further discussion? Seeing none, all in favor say aye.

COLLECTIVELY: Aye.

JAY DEE DOWNS: Any opposed? Thank you. Motion

passes.

Any more, Guy, on that?

GUY DANSIE: I guess it wasn't a good idea.

LAUARA SNYDER: You can't please everybody and try and make them feel good.

JAY DEE DOWNS: We at a break now?

GUY DANSIE: Yeah, let's take a break.

JAY DEE DOWNS: Let's go ahead and take 10, 10 minutes recess while we regather.

(Break taken.)

JAY DEE DOWNS: We go -- you guys back on the phone?

TOM HODGSON: Yes, I'm here.

JAY DEE DOWNS: Tom's here. Jim, you here? That's what happened with me, I was telling these guys what happened with me on the phone. We had that meeting with all the -- Paul's meeting, whatever it is. So I sat through the whole thing --

TERESA BRUNT: I'm still here. You just can't hear me half the time. I work in a basement, right?

JAY DEE DOWNS: Okay.

TERESA BRUNT: But I'm here.

JAY DEE DOWNS: Thanks, Teresa.

So I listen to the whole meeting, right? Paul right then asks me, so what do you think, Jay? I reach up

to hit, take it off of moot, and I hit disconnect. Now was that a Freudian slip or what?

GUY DANSIE: That's fine.

JAY DEE DOWNS: Okay. Let's get going.

The next thing on the agenda is direct patient observation criteria for discussion.

GUY DANSIE: Okay.

JAY DEE DOWNS: Guy, do you want to bring us up-to-date on this?

GUY DANSIE: Yes, the last couple of months we discussed the issue of what requires an ambulance and what's okay without an ambulance. It's kind of an uphill, all of us know that.

One -- in our code, it has some language, and I have a copy of that up on the screen. It talks about what requires an ambulance.

And the reason I wanted to bring it back to your attention is we talked a little bit about what can be done to change it or clarify. And I've bolded Part 10. This appears to be probably the only way we can add anything to the statute to clarify, would be criteria that's approved by the committee. That would be for patient observation.

JAY DEE DOWNS: In the committee meeting, the EMS Committee, correct?

GUY DANSIE: Yeah. The committee, yeah, that's

what the definition for the statute is, is the EMS Committee when it says committee.

JAY DEE DOWNS: So all we -- all as a rule committee we can do is, is we can make a recommendation to the committee for their approval.

GUY DANSIE: For criteria.

JAY DEE DOWNS: For criteria.

GUY DANSIE: And the reason I want to point this out is we talked about it with Brittany, our attorney, and, you know, she's -- feels like what's going on is permissible. And there's confusion maybe on what -- like a patient-interfacility transport is versus a patient or nonpatient that can be transferred by a van.

And so we discussed it quite a bit at length about maybe the statute isn't all the way clear or there's some gray area here. And we kind of went in circles on this.

So I wanted to just point out that this may be a way we could remedy some of the clarity on this is proposing criteria. We don't have any criteria in place. And that would be for observation. I think that was the sticking point.

LAUARA SNYDER: Right.

GUY DANSIE: Does that person need medical observation during transport or not? And it's made --

it's a local physician's choice. That's where it -- the authority for that decision lies currently is with that physician.

JEAN LUNQUIST: So are you talking other --

GUY DANSIE: So this would develop some kind of guidance for the physician to be clear on what is and is not allowed.

JEAN LUNQUIST: Are you talking other than the things that are listed, more guidance than the things that are listed?

GUY DANSIE: Right. Basically this is a list of people that need to be transferred by an ambulance.

LAUARA SNYDER: What rule is this? R426 what?

GUY DANSIE: It's actually in statute.

LAUARA SNYDER: Oh, statute.

GUY DANSIE: Title 26-8(a)305. And it pins it down -- basically there's some things there that are quite clear, I think.

JEAN LUNQUIST: Yeah, that's what I was thinking.

GUY DANSIE: And I think the ones that are clear, I don't think we have any dispute that those are ambulance transports, and we haven't had a problem with those.

I think the biggest issue that was brought to

this table was about the observation. Does that person need medical observation during transport?

JAY DEE DOWNS: And who determines that?

GUY DANSIE: That's determined currently by the physician, the sending physician.

JAY DEE DOWNS: Yeah.

LAUARA SNYDER: I think the big discussion or debate was emergency medical transport versus nonemergency medical transport. Interfacility transfers. And I -- who was it that was here?

GUY DANSIE: Well, we had South Jordan Fire.

LAUARA SNYDER: South Jordan -- was it South Jordan Fire --

GUY DANSIE: Right.

LAUARA SNYDER: -- that said that they were concerned because they normally had -- were doing -- I don't know if they had a contract or just regularly --

GUY DANSIE: Well, part of their service area is they did some interfacility transports.

LAUARA SNYDER: Right. And now those interfacility transports that they had been doing were now being given to a van service who came and negotiated something with the hospital to do those for them. And so the question then was, okay, if it was an interfacility transport before, now why is it they only need a taxi that

can carry --

GUY DANSIE: Right.

LAUARA SNYDER: -- a wheel chair? So I guess that's the question. And if doctors are saying, you know, just call a yellow cab, I guess there's nothing we can really say about it.

GUY DANSIE: That's true. That's true.

LAUARA SNYDER: The issue then was, and I know these guys are here too, so they can probably answer to this, was that he said, okay, they are advertising that they have paramedics and, I don't know, AEMTs or whatever, and that was where their complaint or concern was, is that they are advertising that, you know, we have two people on our rigs who are either paramedics or EMTs. And so, you know, use our service versus other service. So that was the complaint as I understand it that was brought to us to look at, is do we have anything to say about it or not. And I think --

GUY DANSIE: Right.

LAUARA SNYDER: -- what we said was --

GUY DANSIE: And Brittany's interpretation is as long as they have the person on there, they can advertise, that's okay to advertise that, because it's a fact, if there is a paramedic on there, there's a paramedic on there.

LAUARA SNYDER: So then the question is --
GUY DANSIE: Now what -- if they are authorized to perform their services --
DEAN YORK: And just no paramedic equipment.
GUY DANSIE: Yeah, and no paramedic equipment.
JEAN LUNQUIST: No designated agency.
GUY DANSIE: So there isn't -- there isn't really false advertising because the paramedic is -- if the paramedic is actually there, they can say there's a paramedic there. That's what Brittany's interpretation was.
LAUARA SNYDER: But it's deceptive, if nothing else.
GUY DANSIE: That's maybe why criteria that we define might help clarify if there is a deception, or if there's not, and make sure the doctors understand what is and what is not.
LAUARA SNYDER: I think the lay person that calls to get a service and are told, hey, we have paramedics and EMTs on board versus some of the others that I called, they have staff who are First-Aid trained and have CPR training, that if you are a lay person and you have those two choices, and, you know, one is, you know, $50 or I think 42.50 and $3 a mile versus the paramedic one that's 150 base and $10 a mile, you're going

to go, wow, I'm getting what I need here with paramedics.
GUY DANSIE: Right.
LAUARA SNYDER: It's assumed that you get that paramedic ability to act in their capacity as a paramedic.
GUY DANSIE: But we're not dealing with lay people, we're dealing with physicians sending people. So it's a little different.
KRISTY KIMBALL: I just wanted to clarify that. Guardian is not advertising to the public. They cannot pick up people and transport people because of the public, you know, TV saying, hey, let me transport you with our services. They are contracting and dealing directly with hospital facilities and healthcare institutions. And they on the ground are the ones determining that these patients do not have any of these MDs, and, therefore, do not have to be transported via ambulance under the Utah Code.
And they are the ones, their medical providers are very well trained and under a contract. They are deciding when it is appropriate to use the service versus not. And it's not the lay -- I just want to make that clear. It would be very different --
LAUARA SNYDER: Are you their attorney?
KRISTY KIMBALL: I am. I'm Kristy Kimball, yeah. And I've been their attorney since they were founded. It would be very different if they were

advertising to the public, but they are just going and talking to healthcare institutions themselves about the services and making sure they understand what it is that they do and how it, you know, meets, meets the Utah Code.
LAUARA SNYDER: Okay.
JEAN LUNDQUIST: So is it -- is the assumption then that it's -- a paramedic service is provided?
KRISTY KIMBALL: No, not all.
JEAN LUNQUIST: What's the service provided?
KRISTY KIMBALL: They are very clear that this is -- and I use the term "nonemergent transportation" which I got, you know, raked over the coals for at the Bureau meeting.
JEAN LUNQUIST: We do too.
KRISTY KIMBALL: When I say nonemergent, I'm referring that the patient does not meet any of these criteria to have to be transported via ambulance. So I want to be clear, when I say nonemergent patient, I'm referring that they do not, under Utah code, have to be transferred via ambulance.
But their service is providing nonemergent transport, according to the Utah Code, mostly for psychiatric patients --
JIM GUYNN: -- conversation, their attorney is there now.

JAY DEE DOWNS: Hey, Jim, you are on open mic.
KRISTY KIMBALL: That have been medically cleared --
JIM GUYNN: That's all right. I was just inviting my chief to come in and listen to this conversation.
JAY DEE DOWNS: That's okay.
KRISTY KIMBALL: -- that had been medically cleared by the emergency department, right, so the patient is gone, they've been seen, they've been medically cleared by the emergency department. And whatever reason, whether there's insurance, there's not enough inpatient beds, whatever it is, that patient now has to be transported to an inpatient psych facility somewhere else.
And at that point in time, they are evaluating, and it's very clear in all of our contracts, and it's been vetted by 15 attorneys on every side of us, that these patients qualify and are appropriate to be transportated -- transported via this nonemergent transport.
The staff that are on board, there is no paramedic equipment, there is a simple First-Aid kit. They do let people know, yes, we have people that are trained, right, trained, EMS providers that are there, but they are not acting as, right, providing emergency

services. We don't have the equipment, they are not doing that, but it's a way to let them know they have trained professionals on board so that, you know, heaven forbid in any situation, even a transport company that's a van, right, you just got the driver and they're picking up somebody taking them to their doctor's appointment, heaven forbid they get in a car accident. Wouldn't it be nice, right, if that driver also has -- you know, is a licensed -- he has, you know, their EMT certificates and can provide First-Aid until 911 gets there? It's simply letting people know that, you know, heaven forbid should something go wrong, there is someone that can provide First-Aid level care until 911 responds. But they are not acting in that capacity whatsoever and everybody is very clear about that.

JAY DEE DOWNS: Lauara.

LAUARA SNYDER: I should have gotten the name of the person I spoke to because I called your office this last week as part of my --

KRISTY KIMBALL: Guardian's office.

LAUARA SNYDER: Guardian's office while I was trying to find some information to come here. So I Googled Handy Van, I think, wheelchair van, or Utah, and there's five or six that came up. So I called all of them and actually, you know, said what do you do? What do you

charge? For the most part they charge between 30 and 42.50 for the base, and then between 2 and $3 a mile for what they do. And your company charges $150, plus $10 a mile.

KRISTY KIMBALL: Uh-huh.

LAUARA SNYDER: So when I called Guardian and I asked them, I said, okay, I'm calling to get some information, you know. And on your website it says you transport behavioral health. What if I needed a person that was, you know, at a care facility and they had to go out and get an MRI, whatever, can you do that? She said yes, of course.

And so it's not just this. The public is being -- I mean, it's on the website. I can go there and your services are offered to the public. It's not just being sent to the hospitals.

So then what I was told was that you have paramedics and EMTs, which is great, and I said can they act as a paramedic or an EMT, and they said, well, they don't carry their equipment. We have a First-Aid kit, but they have their skills. They know what to do to the skill level that they have. I said okay.

So what if my mom needs oxygen or, you know, on the way, can they do that? And she said yes. And I said do I have to bring my own? And she said they carry a tank

of oxygen. Now is that true?

ALTON GILES: Yes. You can -- I can -- I can put somebody who is, say, on home oxygen or ER can put them on. We cannot put them on. We don't carry cannons. I don't carry a nonrebreather, but I'm carrying a tank because I can continue that, that oxygen. I can't transport someone and say, you know what, you are looking kind of hypoxic right now, I'm going to add oxygen to you. I can't do that. That pushes it over into the ambulance realm.

LAUARA SNYDER: En route that person, if my mother or whoever --

ALTON GILES: Most handy vans are carrying oxygen.

LAUARA SNYDER: Well, the ones I talked to did not.

ALTON GILES: A lot of them are.

LAUARA SNYDER: Well, maybe they told me a story.

GUY DANSIE: We've approved that in the past for all van services that have asked us, if it's self-administered oxygen, that's permissible.

LAUARA SNYDER: The only other thing on here that I checked on, or tried to verify, was billing of insurances. And on your website you say that these are

the insurances that you accept. And when I spoke to the person in your office, she said that generally health insurances do not pay for your service, and that I would need to pay myself. Is that fair?

ALTON GILES: You're talking about coming out of a home --

LAUARA SNYDER: Right.

ALTON GILES: -- or not that I'm going to call what we're contracted for, but we specialize in behavioral health; hence, that's what our contracts with insurance companies deal with is only --

LAUARA SNYDER: Right, but you -- the person told me that they could --

ALTON GILES: I can transport them --

LAUARA SNYDER: -- facilitate my request and transport.

ALTON GILES: Yes.

LAUARA SNYDER: And that you can bill -- and you advertise you bill all these insurances.

ALTON GILES: Only if they meet certain criteria.

LAUARA SNYDER: Well, so that's what I found. We were asked to come back with information. That was the information I found.

The other thing that I found was that I also --

okay, who licenses, who regulates handy vans, and I kind of found out there isn't a lot of regulation, right?

GUY DANSIE: No.

ALTON GILES: No, there is not.

LAUARA SNYDER: And it was pretty much deregulated the end of the 90s. And it was kind of kicked back to the individual cities or counties to decide who was going to do what. And so technically you would go in with a business -- as long as you have a business license, you can operate that type of service.

So really they have no regulation and they can operate what they are doing, however they want to do it, with a business license. And they can advertise however they want to do it, and there's really not much we can say about it. I just think that it's very deceptive advertising.

ALTON GILES: There is a lot of regulation, just so you know, because all those rules right there apply. Every single one of them do.

LAUARA SNYDER: Those are all -- you can't --

ALTON GILES: Exactly. So there's rules right there.

LAUARA SNYDER: Those aren't rules.

ALTON GILES: Now I get where you are coming from. You -- you're -- you just said it earlier in the

last one, you know, you're very protective of your revenue strength.

LAUARA SNYDER: That's right.

ALTON GILES: I get that. And I know where you are coming from.

LAUARA SNYDER: That's the whole interfacility transport thing that's been debated throughout the state for the last, I don't know how many years, and it's been a hot topic.

ALTON GILES: When we started this -- I mean, to be honest, this idea came from Paul himself. He was the one who kind of helped us out.

LAUARA SNYDER: Really?

ALTON GILES: We've been with the Bureau of EMS. We've discussed every single thing with them. We've coordinated with them. They know exactly what we are doing. They know exactly what we are not doing.

Guy and I have had a lot of conversations. Paul and I have had a lot of conversations on what we can and can't do. You know, I'm sorry that you are upset that I'm impinging on something --

LAUARA SNYDER: No, you're not impinging on my personal business because it doesn't matter to me because where I'm at you don't affect me. What I'm representing is this committee and other people in the state who have

brought their concerns to this committee, and that's what I'm speaking to at this point.

So, yes, when you say you're sorry you upset me, it's not upsetting me, it's upset these providers in the state who have brought their concerns --

DEAN YORK: Not personal.

LAUARA SNYDER: -- to this subcommittee.

JAY DEE DOWNS: Kristy, you have something?

KRISTY KIMBALL: If I can please just put on the record, I guess my concern is that any committee that's, you know, is a subcommittee of an administration, a Utah administration, the role of government and for the Bureau is to look out for protecting the public when it comes to emergency services. That is their role. Their role is not to protect industry and protect their revenue streams when there is a company that is able to compete in a way that is appropriate and legal under Utah law.

And so there's a lot of conflict of interest on who sits on the EMS Committee and people who sit on this board. And I just want everyone to kind of at least be aware that the whole goal, right, of this committee and of the Bureau is to protect the public and make sure emergency services are appropriate and regulated to protect the interest of patients.

But these are patients that under Utah law and

the medical providers, and I want to be clear to something you said, we contract with institutions. So I know that you called and were saying, you know, my mom, and maybe that's not clear, but I think everything that they do is through contracting with institutions that want this service, if that makes sense. We're not out there answering phone calls from patients saying, hey, we'll come pick you up.

But -- but they are inviting by Utah law and are providing a service that is much more economical for appropriate patients who don't need any medical observation, who have been medically cleared, who are behavioral patients, and this saves the health system a whole lot of money. It's saving hospitals a whole lot of money for appropriate patients.

And we're trying to make sure that we stay within bounds because we don't want issues, right? It's not in Guardians, you know, interest to create any problems.

All of the -- you know, they're contracted with Intermountain, with the University of Utah, with IASIS, with HCA. Now they are on Select Health, PHP. It is -- everybody involved wants to make sure that we comply with the law very strictly because these hospitals don't want an issue. We have somebody here from the University of

Utah. And we don't want an issue. And so we have all these procedures in place to make sure that every one of these criteria are evaluated two times by the medical personnel on the ground and by our personnel to make sure that these patients are absolutely appropriate to be transported in this method.

But I just -- I think we should keep in mind what's -- we want to keep in mind what's best for patients and protecting patients, and this really shouldn't be about the economic interest of South Jordan City, which is upset about, you know, hey, we want this revenue. I'm sorry, but, you know, everybody needs to be able to do what they are supposed to do under the law. And when there is some competition that's appropriate for appropriate patients, it's not really appropriate to, you know, get upset over that --

LAUARA SNYDER: What I would say to that is that EMS industry is a regulated --

KRISTY KIMBALL: Sure.

LAUARA SNYDER: -- it's a closed market.

KRISTY KIMBALL: As it should be. It is a closed market.

LAUARA SNYDER: It is a closed market. It is a regulated, closed market. There's only one provider in a certain area and the state determines who it is.

KRISTY KIMBALL: I understand how it works.

LAUARA SNYDER: And so it is also important, then, that the Bureau helps -- and that's why we have rates, and we have a rate's organization within the Bureau. They evaluate the rates throughout the state -- they do fiscal reports to determine what their rates are to be financially viable. So they do have a responsibility that these providers throughout the state are able to remain financially viable. They do have that responsibility. Because if these providers aren't charging enough or whatever, and they're not there to make sure they run a business model perfectly, but they are to protect the public and keep a balance so they can stay in business.

TERESA BRUNT: Hey, Lauara, Guy, can I ask a question?

JAY DEE DOWNS: Sure, Teresa, go ahead.

TERESA BRUNT: Sorry. I can't pass on the conversation because of where I'm at. But this is something that from our standpoint, there is such a need for that. That quite often we have patients that we have no way to get back home, that maybe can't afford a $60 visit -- I mean a $60 transport versus a really expensive one, and they are discharged from our facilities. They are no longer our patient once they walk

out the door and get into the transport.

GUY DANSIE: True.

TERESA BRUNT: So I don't know if that --

GUY DANSIE: Teresa?

TERESA BRUNT: -- offers any feedback or -- yeah.

GUY DANSIE: If the person is discharged, I think it's a moot point because it's no longer a patient.

TERESA BRUNT: Exactly.

GUY DANSIE: Right. So they can travel however they choose.

JAY DEE DOWNS: I got a question here real quick.

TERESA BRUNT: And so, I guess, that's my -- you know, I'm not sure who your representative is there, I'm sorry, but, you know, some of the transportation we use, we're not using them for transport. So I just wanted to make sure that was clear that is all I'm saying. The biggest reason we're using them is after they have been discharged from, like, the ER.

GUY DANSIE: Right. And I don't think that's part of our controversy. The controversy was between facilities --

TERESA BRUNT: Okay.

GUY DANSIE: -- and if they needed patient

observations during that time.

TERESA BRUNT: Okay. That's -- okay. Perfect.

JAY DEE DOWNS: Go ahead, Jean.

TERESA BRUNT: That's what I get for listening sorry.

JAY DEE DOWNS: What?

JEAN LUNQUIST: I don't want to butt in on your time.

JAY DEE DOWNS: No, you're --

JEAN LUNDQUIST: My question is --

JAY DEE DOWNS: I just need to make a point in clarification. Go ahead.

JEAN LUNQUIST: So we've talked about the right of refusal so that the agency that's designated for that geographical area, where does that fit into this conversation?

GUY DANSIE: The geographical service area?

JEAN LUNDQUIST: Yes.

JASON NICHOLL: That's for special events, first right of refusal.

LAUARA SNYDER: I don't think it really applies.

JEAN LUNDQUIST: It does not apply?

LAUARA SNYDER: No, because there is specific geographic service areas for ambulance service providers but not for these van services.

JEAN LUNDQUIST: Interfacility transports.
LAUARA SNYDER: Oh, no, for interfacility there is.
JEAN LUNQUIST: That's what I'm saying is it seems like to me, we talked about this before, and maybe I'm speaking -- I don't know the answer, but say, for instance, if I am, I am Joe Blow and my ambulance covers this area per the statute or whatever, do I have first dibs on whatever services are in that area?
LAUARA SNYDER: Yes.
GUY DANSIE: If it's a regulated service. And I think that's the issue.
JEAN LUNQUIST: What's the regulated service?
GUY DANSIE: If it fits this criteria, it's regulated. If it doesn't, then it's not.
LAUARA SNYDER: Right.
JEAN LUNQUIST: Okay. So these patients that -- the one question that I have are the medically or mentally unstable patients. So to me if I have a patient who's suicidal and needs to go to another psych facility, for instance, they cannot go by private car because they are a danger to themselves or others. That's why they are being admitted. That's the criteria. So under law they are mentally unstable or they wouldn't be -- need to be admitted somewhere else.

GUY DANSIE: I think you are hitting part of the nail on the head here.
LAUARA SNYDER: And so that's why I guess the determination has been, in the past, they have sent these patients by nonemergent interfacility transports still regulated by the ambulance service industry.
So here's the niche that these folks have come in to do and say, look, these folks really don't make need any medical care during the transport, they just need observation to take them from point A to point B. And they advertise mental health transports. And so that's what they are saying. We only want to take these mental health transports, right, and move them. And then the providers are saying, wait a minute, those are our interfacility transports --
GUY DANSIE: But just to clar- --
LAUARA SNYDER: -- because they are patients still.
GUY DANSIE: Just a point of clarification, too, and then I'll turn it over to Kristy.
JAY DEE DOWNS: I've got something before that.
GUY DANSIE: Oh, you do?
JAY DEE DOWNS: Yeah.
GUY DANSIE: Okay. Sorry I interrupted you.
JAY DEE DOWNS: You're cool.

GUY DANSIE: I don't think that that's what -- the psych patients really aren't -- isn't the lightning rod, even though they are regulated. I think it's -- it probably is more the medical, like, the physiological medical need, and that's South Jordan's issue is --
ALTON GILES: The nonmedical, nonambulance transport is what you are hinting at --
JEAN LUNDQUIST: Nonmedical --
GUY DANSIE: Well --
ALTON GILES: Because that's -- well, like Kristy said, the nonmedical, they don't meet any of that criteria right there.
GUY DANSIE: Right.
JEAN LUNQUIST: So give me an example --
JAY DEE DOWNS: I got a question here.
JEAN LUNQUIST: Okay. We better let Jay go.
JAY DEE DOWNS: First of all, I need to make a point. And I know it's a play on words, Kristy, this is a task force. We're not a committee. We just make recommendations. Okay? Because there is some lettering there that maybe committees do this, but we're a task force.
We've got University of Utah here; is that correct?
COLLEEN CONNELLY: Yeah, I'm here.

JAY DEE DOWNS: Okay. I've got some questions for you because I'm not really clear on what this process is. To me it's pretty simple. All right? To me if the doc signs them out and the doc releases them, they can go whichever way they prefer.
Now, if the hospital arranges that, I don't really -- it doesn't matter to me. If a doc says this patient meets this criteria, they will go by ambulance, that's the way I kind of understand it.
Now coming from a hospital's standpoint, you're saying we've contracted with these individuals. Can you just kind of enlighten me on what your process is? Is it a doc that makes that decision? Is it the hospital? Can you just walk me through that whole process?
COLLEEN CONNELLY: It's just like any other referring physician, right? So the referring physician, if they are making a transfer, the physician determines if they are, right, if they are sick enough to go by air or by ground or whatever, because it's the referring physician who's on the hook until that patient arrives, right? So if something goes wrong in the transport because of the mode or --
JAY DEE DOWNS: Whatever.
COLLEEN CONNELLY: -- whatever, right, that falls to the physician. And so with just the -- that some

of these psychiatric patients, let's say, but they are not -- they can't drive themselves or their families can't drive themselves, drive them to a facility, they need, they need to be transported, but do they need this level -- they are not meeting this criteria that's outlined here. And so we're -- it's a transport mechanism that keeps them safe and keeps their family safe.

So that's -- that's how the decision is made. And so I'll be honest with you, our docs are pretty -- they are pretty cautious, right? I mean, they are pretty --

JAY DEE DOWNS: Their license on the line.

COLLEEN CONNELLY: It's their license on the line --

JAY DEE DOWNS: Right.

COLLEEN CONNELLY: -- right? And so that's -- that's --

JAY DEE DOWNS: Are you guys trying to take, like, this kind of attitude? I mean, a lot of times you'll take a -- a person who has a broken bone to the hospital, they don't set it then, they do their emergency procedures, and then they'll say, you need to follow up with your physician on Monday. Is that kind of like what you are doing with that, is saying, here's a referral, you refer to this physician for mental stability, but you need

to go right now and not wait. Is that kind of like what the flavor of this is?

KRISTY KIMBALL: No.

COLLEEN CONNELLY: No. I mean, this -- there's a pretty succinct portion of the patients, right? I mean, and then there are -- the other piece that we have that Guardian is helping us with is so we do -- regardless of whether we discharge a patient from the emergency department, we can discharge them, and if we can't get them home, right, if they are in a -- if they need assistance, if they are in a wheelchair or whatever, and they don't have any resources to get them home, because this happens at 2 o'clock in the night, right, because then we call you guys, right, and we beg you to help us out. And then it's not really what you like to do, right? You have to take a rig off the unit. Then we have to pay you because the patient can't pay, right? So Guardian is able to provide that service for us as well, which has been -- which has been helpful.

JAY DEE DOWNS: So are the patients that's transported by Guardian, are -- have they been discharged from a doc in the hospital, or are they -- just basically do the discharge from the doc? How does that all work?

COLLEEN CONNELLY: So it's two different, different processes, right.

JAY DEE DOWNS: Okay.

COLLEEN CONNELLY: So, like, the patient is discharged, we're taking them home, right, which is -- that's a completely -- completely different thing.

JAY DEE DOWNS: Right.

COLLEEN CONNELLY: But they are not -- they are not discharged. So, like, they need to be in a facility. So again, I'm going to reference the psych patients, right. They need to be admitted. And it's not -- the physician doesn't deem them -- he or she doesn't feel comfortable discharging them because they don't think they are safe to, you know, to make the transport, right? They are a patient. They don't -- even if a patient verbalizes, yes, I'll promise I'll go to UNI, right, but that is, that is something that the physician is not as concerned about. So...

JAY DEE DOWNS: But if the physician says they don't meet this criteria, but I've got to do something with this patient --

COLLEEN CONNELLY: Right.

JAY DEE DOWNS: Okay. Let's go to Kristy and then we'll come back to Lauara.

KRISTY KIMBALL: Will you go up a little bit on the screen?

GUY DANSIE: Yeah. You mean towards the

beginning?

KRISTY KIMBALL: Yes. Go to -- I think it's two. So sub-point there. I just want to be really clear that we're all on the same page, because the statute says this medically or mentally unstable, nobody is saying these patients are mentally unstable, but there's a comma here, it says, "Requiring direct medical observation during transport."

So that's where we want to make this distinction. Everybody needs to reads that in context. Yes, these are mental patients that by definition if they are being cleared from the ED that they need to go inpatient, they are obviously mentally unstable. But they don't require medical observation during transport.

Now, they might require observation to make sure that, you know, they are not trying to jump out of -- because we've had those issues, right, with ambulances, you know, with people taking over the ambulance and causing accidents. So they require observation.

But these people don't require medical observation, and that's the very clear distinction. Nobody on these transportation vehicles for Guardian is providing medical observation. They are there to make sure the patient safely gets to UNI or wherever it is, but there's -- the physician at the ED has medically cleared

that patient to be discharged from the emergency department and to be transferred at that point, let's say in this purpose, to UNI.

And then what Colleen is saying is that a patient may be discharged from UNI, so their -- you know, their treatment, inpatient treatment is finished, and they have no way to get home. From what we've heard usually, you know, most of the ambulance companies are not very happy about having to do that, and it's this serious quandary. In those cases they've been medically cleared, they've been discharged from UNI, and at that point it's a matter of getting this patient who meets none of these in criteria from getting them from point A to point B.

JAY DEE DOWNS: I think, Kristy, what you are getting at too is I think that's what's got the EMS community kind of all geared up, is that we understand the law, and what you are saying there, but advertising that you have paramedics and EMTs gives a connotation of something else.

JEAN LUNQUIST: Yeah, that's my question. What -- if you don't feel like they need medical observation, why do you have paramedics and EMTs?

ALTON GILES: Well, quite honestly, you've been in this industry for quite a while now I'm assuming. I'm also a paramedic. I know the people I work with. You

have a lot of experience dealing with psych patients. That -- that's what I'm getting. I'm getting what's in your head. You know how to deal with it. I mean, it comes down to --

JASON NICHOLL: That's medical observation.

LAUARA SNYDER: So they are --

THE COURT REPORTER: Can't get it.

(Talking at the same time.)

ALTON GILES: Correct, Jason? You've done this long enough.

JASON NICHOLL: Well, okay.

JAY DEE DOWNS: Go ahead, Jason.

JASON NICHOLL: First of all, if they are discharged, they are not patients.

ALTON GILES: Absolutely, right.

JASON NICHOLL: So quit calling them patients if you want to get technical about what committees are saying --

KRISTY KIMBALL: I apologize.

JASON NICHOLL: They are not patients. No, that's a big deal because we are talking about patients.

KRISTY KIMBALL: They are still patients --

JASON NICHOLL: They are not.

KRISTY KIMBALL: -- to somebody.

JASON NICHOLL: They are not patients. They are

passengers.

KRISTY KIMBALL: I'm not saying they are patients of theirs. I'm saying we're talking about the hospital's patients or --

JASON NICHOLL: They are discharged. They are no longer patients.

COLLEEN CONNELLY: But what do I do with them?

JASON NICHOLL: No. No one is arguing --

KRISTY KIMBALL: We're arguing about semantics, but anyway.

JASON NICHOLL: No one is arguing that once a patient is discharged that they need to go home. Hey, they are discharged. They can take a taxi. They can walk. They can take TRAX. They can take Guardian.

JEAN LUNQUIST: Okay. Isn't that --

JASON NICHOLL: I think it's awesome. They are not patients. They are regular people.

You brought up something earlier about, like, carrying oxygen and how rigidly you follow this. Well, when one of your passengers needs oxygen, do you point at the regulator and they do everything? You said you don't carry cannulas. So I'm assuming that they have a cannula on. Does then the passenger hook up and dial the knob on your oxygen? Because on No. 7 it says, "Oxygen that is not patient operated." I hate to, I mean, split hairs,

but if you are operating the oxygen, that's using one of your medical skills, which turns that into not a -- someone riding in the rig, that's someone using their trained EMT skills. And every one of those, according to this, as I read it, it's -- that's not patient operated, that's a violation of the law right there.

So when we boil this all down, I think you get that the majority of people are upset with the advertisement. And you just said, well, I'm a paramedic. I've been doing this for how long. Same thing with me. I've been a paramedic. I've been doing this for how long. That doesn't -- and maybe this is where we need to clarify things. Just because I am a paramedic, doesn't mean that I get to function as a paramedic or use that stuff --

ALTON GILES: Wait a minute.

JASON NICHOLL: -- wherever.

ALTON GILES: I never said that we're not. We know -- we know exactly --

JASON NICHOLL: But you are. You see, that's where you are saying both things. You are taking we're not paramedics --

(Talking at the same time.)

JAY DEE DOWNS: Whoa, whoa, whoa. One person at a time, please. One person at a time.

JASON NICHOLL: So it's advertisement, I think

is where -- is a huge sticking point in -- with this. Because you are advertising that you have paramedics and EMTs. That's great. That's wonderful that you have paramedics and EMTs, but, even not just to the general public, but to lots of people that are even in our industry, you advertise that you have paramedics and EMTs, you are tacitly advertising that you provide that service. You are implying that you provide that service. You are implying. That's where the issue is.

ALTON GILES: Okay. I think Guy answered that question right at the beginning when he said that your Attorney General has said we can put that in --

JASON NICHOLL: And that's why I said according to the current laws and that's -- or the rules. So I said maybe that's where we need to address this. Is that we can regulate certification and we can regulate how people utilize their certification, and that's something that we can look at to change.

JAY DEE DOWNS: Real quick. I don't know your name. What is your name?

COLLEEN CONNELLY: Colleen.

JAY DEE DOWNS: Colleen?

COLLEEN CONNELLY: Connelly.

JAY DEE DOWNS: Colleen Connelly. Okay. Go ahead, please.

COLLEEN CONNELLY: I know some of you, not all. I know, it's a little tongue twister.

JAY DEE DOWNS: She needed it too, also.

COLLEEN CONNELLY: I'm a little Irish. I know my parents, thanks so much.

So one thing that you guys, and I get the -- I get the revenue and certainly sensitive to that, but I guess I was looking at it, too, in a little bit of a different perspective that if we could work together on this, and just that -- you guys know that you have a group of patients that are out there that, that your guys are transporting. They are like, this patient is not -- this patient doesn't need me. I'm a van. I'm a taxi, but they really don't need -- they don't need any medical observation. They don't need any medical intervention. And that's a rig that you guys are having to run. Those are people you are having to staff. That's more dollars that's added to your call volume.

So I don't know if there's a way that you could look at it in that way. I mean, we definitely -- the patient always, always comes first with us. We want to make a best decision for them and make the right call for sure, but that's -- that was kind of some way that I was looking at it, is, like, would this be a help to you guys to help reduce in some way that burden, one of the burdens

that you have.

So, and I don't totally understand your business, but I know that long-term ER, long-term ER nurse that -- it's just -- it's out there, right?

JAY DEE DOWNS: Lauara.

LAUARA SNYDER: I'd just like to comment. I appreciate you guys coming from the hospital because it's good to hear your perspective and stuff. But what I heard was you have these people that need to go. They obviously don't need the ambulance. But what you are paying for is that person in the back, that paramedic or EMT, you are paying for that person in the back for observing and assisting with that patient.

So that's, I think, where the big sore spot is, if you would, is as the hospital you can get this service cheaper and they don't need some, you know, advanced stuff, but you are paying for paramedic or EMT services to go with that patient in the back of the van. Otherwise, you would be buying -- cheaper services for any of these other five or six transport vans; is that right? So you are paying to have that person in the back.

COLLEEN CONNELLY: So -- like -- the contracts, the lawyers -- I mean, there's no one, no one in this valley that has less risk adverse than the University Hospital. Right? I mean, they -- so the fine print, you

know, they have -- they've been through, and I can't argue, but they've been given the stamp for the way we've got things right now, that is -- that's --

LAUARA SNYDER: Well, I don't think there's anyone in the state that's saying if you walk out of here they can't be in business anymore. We're not even saying that. What we are arguing is that you are saying Guardian -- Guardian is saying something or not doing something, but they are. You are paying to have that person in the back when they are transported.

KRISTY KIMBALL: They are paying for qualified personnel who know how to handle mental health patients and make sure they get safely transported. They are not paying for a paramedic. They are paying for qualified personnel. They are not always paramedics. They have -- what -- who are some other people --

ALTON GILES: Mental health professionals.

KRISTY KIMBALL: Mental health professionals who sit in the back and kind of talk to the patient, make sure they know how to calm them down and get them where they need to go. But these vans are also not just, you know, little vans, pick on up. They've been specially outfitted for behavioral health patients that have barriers between the front and the back, security measures, very specific for mental health patients to make sure that they are

securely and safely transported.

So they are not paying for a paramedic. They are paying for qualified personnel that understand behavioral health transportation needs and have very specialized, very expensive vehicles that can assure the safety of the patient to arrive where they need to go.

LAUARA SNYDER: So are you only contacted when they do a mental health patient transport? No other transportation, nobody going out to a MRI or to do a CT scan or somebody involved in another, one of your client's service facilities. It's all only mental health patients?

COLLEEN CONNELLY: This is -- right now that -- that -- what's meeting this criteria and that's what -- that's what we've just been doing is the mental health patients. And we've done it just with South Jordan. And I told the guys, as a professional courtesy, you know, certainly there's not been anything that we've tried to hide.

I understand the revenue that they are, that they get from us, and to put it to just, you know, say, hey, this is something we're looking at. And as you are planning for the future, you guys, you know the volumes because you've been doing this for the last four years, so that you can plan accordingly.

So I mean, I -- I hope that you guys -- there's

certainly not been any -- I think, like, type -- cloak and dagger. It's been something straightforward. I went to Wayne and we had the discussion. And understandably he wasn't -- he wasn't happy, and I get it. I get it, but that's -- there was a subset of our patients that we don't need to pay for a paramedic transport. They just --

LAUARA SNYDER: So just one clarification. You are only doing it for the mental health is what they are advertising for, nothing else that is minor?

COLLEEN CONNELLY: That's --

JEAN LUNDQUIST: That's not under this --

COLLEEN CONNELLY: It's under.

JEAN LUNDQUIST: That's not under this, right, transport patients. Anybody can do that, right? Right?

COLLEEN CONNELLY: Right.

JEAN LUNQUIST: They are not under this --

JAY DEE DOWNS: Let's bring this back to -- go ahead, Jean. One more question, that's great. Go ahead, Jean. One more. I think we're kind of getting -- it's getting lost here.

JEAN LUNQUIST: So I understand -- I mean I really like the barrier thing. I didn't know that was -- I really like the safety of that, but the concern I see from these guys is that that's 100 percent reimbursement. Those patients are well-paid. So that's a concern.

COLLEEN CONNELLY: The psych patients?

JEAN LUNQUIST: Well, reimbursement. Medicare, Medicaid, those -- they do get reimbursement as opposed to the 50 percent on the other patients they go to.

But I guess, I mean, I see that this is a hole that has been there for a long time, to be honest.

COLLEEN CONNELLY: Uh-huh.

JEAN LUNQUIST: The part that I -- I'm struggling with is the we have paramedics and EMTs part. What -- I don't understand what you are gaining from it. I mean, I understand the qualified personnel thing. I get that. And you said, you know, behavioral -- you know, behavioral personnel on board, which is great. That's never happened. You know, people who actually understand how to treat psych patients, that kind of stuff. I just don't understand why you need to say that. I mean, you have qualified -- I love the qualified personnel part because, I mean, that can be your health -- you know, your mental health people or whatever, and it is a hole that's been there that needs to be fixed for --

BROOK BARNES: It's just as much to protect the patients and even your paramedic knows this guy needs an ambulance, and Guardian is using them for that as much as anything. Then you get a level of professionalism, behavior of that person. I mean, it's just --

JEAN LUNQUIST: And trying to balance --

JAY DEE DOWNS: Excuse me, for the recorder, what's your name, sir?

BROOK BARNES: Brook Barnes.

JAY DEE DOWNS: And you represent?

BROOK BARNES: I'm just interested. My brother is one of the owners of Guardian.

JAY DEE DOWNS: Okay. That's cool.

JEAN LUNQUIST: So just I think that paramedic part is where it muddies this. And that's the paramedic EMT. It muddies this part.

DEAN YORK: That's the only issue I hear is just calling themselves paramedics and EMTs. Does it have to be there? Not just saying medical professional?

UNKNOWN: Sure.

JEAN LUNDQUIST: Or qualified personnel.

ALTON GILES: This came up before, and Guy and I have talked. I agreed to redo our website and just take out the words, because really all it is two words in there.

JEAN LUNDQUIST: Right.

ALTON GILES: I think the website is being revamped. So it will go away because I want to avoid this argument.

LAUARA SNYDER: And do you -- on your website do

you --

JIM GUYNN: Jim Guynn --

JAY DEE DOWNS: Just a minute, Jim.

ALTON GILES: No, the one has gone away --

THE COURT REPORTER: I can't hear.

JAY DEE DOWNS: Jim.

JEAN LUNQUIST: It's gone away in Select Health and PHP.

JAY DEE DOWNS: Hey, Jim.

JIM GUYNN: I just have to go back to what our legal from the Attorney General has stated that that, that that really isn't an issue. And going in and looking at some of the different transportation companies that are there, whether they are -- whether they are regulated by the commerce department or not regulated, these are nonemergency transports. It's very clearly stated on their nonemergency transport.

I can't help but think we're getting a little bit derailed here on, you know, voir diring their business model to find out what it is that they are really doing. I don't think that's within our scope as an advisory committee. I think that if they are not regulated by the Bureau of EMS and determined by our legal folks that they are not providing services that are within the scope of that, I really think that we are headed down a road that's

not somewhere where we want to be. That's just my opinion.

JAY DEE DOWNS: Well, I was just going to say, can we address --

TERESA BRUNT: I agree with that.

JAY DEE DOWNS: Thank you -- can we address anything with ten or is it all -- I mean, we're basically -- we've gone 360. We've gone around two or three times. I don't think we can. I think to be honest with you I think we're about there.

JEAN LUNQUIST: I think 10 is addressed in the ones above.

JAY DEE DOWNS: Absolutely.

JEAN LUNDQUIST: I think you are opening up a whole other can of worms if you broaden that out. I think as far as my experience is that I think your people are covered in the top nine.

JAY DEE DOWNS: So I -- I -- if anybody has any more, I say we close this issue and we're done with -- the next item is adjournment. So if anybody else has anything else.

JASON NICHOLL: Motion to adjourn.

JEAN LUNQUIST: Do we need to make a motion about this at all?

DON MARELLI: We didn't change anything.

JEAN LUNDQUIST: Because we didn't change it?

JAY DEE DOWNS: It just got dropped by the committee or the task force.

GUY DANSIE: It was just something to discuss. It's more. It needed to be.

DEAN YORK: I will second.

JAY DEE DOWNS: Second adjournment. Okay. All right. We're adjourned.

GUY DANSIE: Meeting will be April 27th.

JAY DEE DOWNS: Next meeting April 27th.

(Meeting was concluded at 3:11 p.m.)

C E R T I F I C A T E

STATE OF UTAH)
)
COUNTY OF SALT LAKE)

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 proceedings so taken and transcribed is set forth in the foregoing pages, inclusive.

DATED this 13th day of April, 2016.

SUSAN S. SPROUSE, RPR, CSR
LICENSE NO. 5965543-7801