



State EMS Committee Meeting

January 11, 2017

Alpine Court Reporting
Locations in Salt Lake City and Provo
801-691-1000

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State EMS Committee
January 11, 2017 * 1:05 p.m.

Location: Bureau of EMS and Preparedness
Highland Building

3760 South Highland Drive
3rd Floor Auditorium
Salt Lake City, Utah

Reporter: Tamra J. Berry, CSR, RPR

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A P P E A R A N C E S

1
2 Guy Dansie
3 Laonna Davis (by phone)
4 Dr. Hallie Keller
5 Michael Moffitt
6 Jason Nicholl
7 Dr. Kristofer Mitchell
8 Casey Jackson
9 Nathan Curtis
10 Jeremy Hoggard
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1 GUY DANSIE: That's the position, rural
2 evidence provider.
3 JEREMY HOGGARD: Yeah, something like
4 that.
5 JASON NICHOLL: Jason Nicholl, paramedic
6 representative.
7 DR. KRISTOFER MITCHELL: Kristofer
8 Mitchell, I'm the trauma surgeon.
9 MICHAEL MOFFITT: Mike Moffitt, Gold Cross
10 Ambulance, private provider.
11 GUY DANSIE: Laonna, do you want to
12 introduce yourself?
13 LACONNA DAVIS: Laonna Davis, public
14 safety dispatch representative.
15 GUY DANSIE: Okay. Is there anybody else
16 on the phone?
17 Okay. If somebody does join us, then
18 we'll have them introduce themselves.
19 We are supposed to -- in our EMS action
20 and in our statute, it says that January is our time
21 where we hold our election.
22 Before we do that, let me look at -- I
23 better look at the agenda. We'll follow the agenda
24 the best we can.
25 The first item of business, action item,

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P R O C E E D I N G S

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3 GUY DANSIE: Let's go ahead and get
4 started. My apologies a little bit. We had our
5 chair and our vice-chair, both who were planning to
6 attend today, but the weather has made it so they
7 can't travel. One had to go over Sardine Canyon.
8 The other one had to come over Parleys. And they've
9 closed those down or they're having problems getting
10 over here.
11 So anyway, I was going to go ahead and
12 just carry the water on conducting today. And it
13 looks like we just have a quorum.
14 Laonna is on the phone, Laonna Davis.
15 Then we will do introductions and start down there.
16 Just introduce yourself, and then we'll go from
17 there.
18 DR. HALLIE KELLER: Hallie Keller,
19 pediatric emergency representative.
20 NATHAN CURTIS: Nathan Curtis, Sevier
21 County Sheriff and public safety.
22 CASEY JACKSON: Casey Jackson, I'm the
23 consumer.
24 JEREMY HOGGARD: Jeremy Hoggard, rural, I
25 believe. I don't know what the official word is.

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1 is approval of the minutes. And we have actually the
2 transcript from our last meeting, October 12th. I
3 don't know if we have any issues. Suzanne usually
4 takes a list of minutes for motions and votes.
5 However, I don't have that today in front of me.
6 So I guess we can approve the transcript,
7 and then I'll see if I can find the minutes
8 themselves for the next meeting. Would that be
9 acceptable to the committee members? Okay.
10 And so do we have anybody that has any
11 issues with the transcripts that are in front of us
12 in our packet?
13 NATHAN CURTIS: I make a motion that we
14 accept the transcript as presented.
15 GUY DANSIE: Thank you.
16 MR. MOFFITT: Second.
17 GUY DANSIE: Second.
18 Did you get those okay, Jenny?
19 Okay. Then we'll go ahead and take a vote
20 on the motion. All in favor say aye.
21 COMMITTEE MEMBERS: Aye.
22 GUY DANSIE: All opposed say nay.
23 (Silence.) Any abstain? (Silence.)
24 Okay. So the motion carries. I'm not
25 very good at Robert's rules, so bear with me.

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1 The next item of business, action item is
 2 selecting the EMS Committee Chair and the Vice-Chair.
 3 And I know Dr. Kemp said he would be willing to do
 4 this again, and Jay Downs said he would be willing to
 5 be the vice-chair. But I'd also solicit anybody that
 6 would be interested in doing that or any other
 7 nominations. I turn it over --
 8 NATHAN CURTIS: I propose we leave them as
 9 they are and close nominations.
 10 GUY DANSIE: Is that a motion?
 11 NATHAN CURTIS: That's a motion from me.
 12 GUY DANISE: Do I have a second?
 13 DR. KRISTOFER MITCHELL: Second.
 14 GUY DANSIE: Okay. Any comments or
 15 anything? Nobody else wants to do it?
 16 JASON NICHOLL: I move to close
 17 nominations.
 18 GUY DANSIE: Okay. We'll take a vote on
 19 it then. Everybody in support of Dr. Kris Kemp being
 20 the chair and Jay Downs being the vice-chair,
 21 manifest with aye.
 22 COMMITTEE MEMBERS: Aye.
 23 GUY DANSIE: Any opposition? (Silence)
 24 Nay? No opposition?
 25 DR. HALLIE KELLER: There's a comment.

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1 DR. PETER TAILLAC: No opposition. But
 2 are their terms coming up? Would this be a full term
 3 for each of them to be chair and vice-chair?
 4 GUY DANSIE: The terms actually end in
 5 January -- or begin in January. So it coincides with
 6 the chairmanship or chairperson-ship or whatever you
 7 call it.
 8 DR. PETER TAILLAC: You turn it over every
 9 year, the chairperson-ship?
 10 GUY DANSIE: Right. Title 26-8-A says
 11 there shall be an election for chair and vice-chair
 12 every January meeting, for the first meeting of the
 13 year. That's what it says.
 14 DR. PETER TAILLAC: The terms are how
 15 long?
 16 GUY DANSIE: They do it for a year. Oh,
 17 the term is a four-year term.
 18 DR. PETER TAILLAC: Oh, he could be chair
 19 for a long time then.
 20 GUY DANSIE: He could be possibly. But he
 21 seems like he's just getting it down so.
 22 THE REPORTER: Your name, sir?
 23 DR. PETER TAILLAC: Peter Taillac.
 24 THE REPORTER: Spell you last name.
 25 DR. PETER TAILLAC: T-a-i-l-l-a-c.

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1 GUY DANSIE: He'll be talking a little
 2 later too. We have an agenda; we have a name badge
 3 for you in the back.
 4 So the next item of business, we have some
 5 rule updates. Let me just -- I'll kind of explain
 6 those. The first one is rule change 426-3-900. And
 7 we have it listed as automatic aid agreements. And
 8 there is a handout with some new language that was
 9 added in draft form, and it needs to go out for
 10 public comment through the department's approval
 11 process for public comment. But we wanted to get
 12 your opinion on it today and your vote.
 13 And this was a task that was assigned to
 14 the EMS Rules Task Force by this EMS committee in our
 15 last meeting. And this is the language -- draft
 16 language that's in our packet today. And I believe
 17 we discussed this language a little bit in our lunch
 18 meeting, discussing some of this. There were a few
 19 little tweaks.
 20 Does anybody have comment on this?
 21 DR. KRISTOFER MITCHELL: We just had
 22 discussed doing the same with -- saying what the
 23 tweaks were.
 24 GUY DANSIE: Okay. Let me just go ahead,
 25 and I'll explain that. And then we'll look for a

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1 motion on it.
 2 In the first section, toward the end of
 3 the underlined portion, which is the new language, it
 4 says -- I think this is like the third-to-the-last
 5 line. It says, "...during times of unusual demand
 6 inter-facility transports or for standby events."
 7 Can everybody see that okay? And there
 8 was discussion about removing that part and just
 9 leaving it "unusual demand" and end it there and
 10 strike out "the inter-facility transports or for
 11 standby events."
 12 Okay. Is there any comment or any
 13 discussion on that? And the reason is, we wanted to
 14 emphasize that it was just in times for unusual
 15 demand, and that was part of the discussion we had
 16 earlier. So the aid would only be given if there was
 17 an unusual demand. It wouldn't be for these other
 18 types of event.
 19 JASON NICHOLL: Motion to accept with the
 20 modified language.
 21 GUY DANSIE: Wait, there's a little
 22 bit more.
 23 JASON NICHOLL: No.
 24 GUY DANSIE: The other part was there is
 25 confusion a little bit about the term "automatic

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1 aid." So the discussion we had was to change that to
 2 "mutual aid," and I think that word appears in there.
 3 NATHAN CURTIS: It would be the second
 4 sentence.
 5 GUY DANSIE: Down on four it appears
 6 again. Anyway we will change that term to "mutual
 7 aid." The task force felt that mutual aid was
 8 something like aid in kind. So it would be the same
 9 type of aid as they normally provide. But I think
 10 for the intent of this, "mutual aid" is probably a
 11 better choice of words than "automatic." At least
 12 that was the feeling we had in the discussion.
 13 So I'd take a motion if you want to change
 14 it to "mutual aid," strike out --
 15 JASON NICHOLL: Not me.
 16 GUY DANSIE: Okay. We're proposing to
 17 strike out the "inter-facility transport for standby
 18 events" and change the term from "automatic" to
 19 "mutual aid." That would be what you would want to
 20 make a motion for.
 21 DR. KRISTOFER MITCHELL: I'll make a
 22 motion that we make the changes as stated.
 23 JEREMY HOGGARD: Second it.
 24 GUY DANSIE: Any more discussion? Okay.
 25 MICHAEL MOFFITT: I agree. I'm waiting

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1 for him to call it.
 2 GUY DANSIE: We'll go ahead and take a
 3 vote on it. Everybody in favor of the motion, please
 4 indicate with aye.
 5 COMMITTEE MEMBERS: Aye.
 6 GUY DANSIE: Everybody opposed indicate
 7 with nay. (Silence.) Any abstain? (Silence.)
 8 Okay. So the motion carries.
 9 The next portion of the rule we wanted to
 10 discuss is R426-8, and there were two things that
 11 were amended in this rule, if I can find it. The
 12 first one being in R246-8-2, and we're proposing the
 13 number be changed to 200 to fit in line with the
 14 other portions of the rule. So we will be changing
 15 the number. But in part 200 or 2, under the first
 16 portion there, we've lined out the 14 percent return
 17 on average assets for a profitability ceiling. The
 18 department is charged with setting the rates, and
 19 we've found that this is a very difficult way to
 20 determine what the rates should be. So it's being
 21 proposed that we take that out of our fiscal
 22 reporting guidance and likewise take it out of the
 23 rule. So we will just be looking at the gross
 24 revenue instead of the return on the assets.
 25 Any comments? Go ahead.

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1 MICHAEL MOFFITT: Based on our discussion
 2 that we had in the executive committee, I'm just
 3 wondering if as we remove the 14 percent on assets
 4 threshold, if maybe we shouldn't change the 8 percent
 5 on gross revenue to 10 percent, at least while we
 6 spend the next year reanalyzing the rate calculation
 7 structure. Because just going to one measurement
 8 might put some people in a bind that were using the
 9 other measurement, and we don't really have -- at
 10 least based on our conversations, there's a lot of
 11 work to do in the next year to come up with a new way
 12 to measure equitable rates throughout the state.
 13 So as we take one measurement away, I
 14 think if we bump the other one 2 percent, it's not
 15 out of this world and it's probably just a good
 16 safety measure to have a little cushion there. I
 17 would just propose that we change the 8 percent to
 18 10 percent of gross and go ahead and strike out the
 19 14 percent return on the average assets.
 20 GUY DANSIE: Any comments on that?
 21 Discussion? Okay. Do you want me to go ahead and do
 22 the other part, and then we'll do the motion to make
 23 those amendments.
 24 MICHAEL MOFFITT: Yeah, because there was
 25 a lot of discussion going in there, and so I didn't

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1 want to get lost.
 2 GUY DANSIE: Very good. I appreciate
 3 that, Mike. So Mike's proposed we change that to 10
 4 percent.
 5 JEREMY HOGGARD: Which one?
 6 GUY DANSIE: 426-8.
 7 JEREMY HOGGARD: Uh-huh, that's why I
 8 can't find it. It's so close.
 9 MICHAEL MOFFITT: It's spelled out.
 10 There's no 8.
 11 GUY DANSIE: Yeah. It's written out,
 12 so...
 13 Okay. And then in this rule, toward the
 14 end of the rule we have added language starting with
 15 the number 12. And this portion relates to our
 16 Medicaid assessment and how we provide the numbers to
 17 the Medicaid office. In the past we have used our
 18 Polaris data or PCR counts and turned those to
 19 Medicaid for your terms for the Medicaid assessment.
 20 We've found that there's been some issues, coding
 21 errors. Some agencies have coded differently or
 22 under counted or over counted. And we report those
 23 numbers to the Medicaid office, they set the
 24 assessment and forward that out to the providers.
 25 And we're finding that those numbers are not always

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1 accurate.

2 So what the department has proposed to do,

3 and it's gone through the rules task force to help

4 develop some of this language, is proposed to have it

5 be a self-reported number at the first part of the

6 year, and we suggest 90 days. So what we would do at

7 the end of the calendar year, you would have 90 days

8 as a provider to report your number. And what we

9 would expect you to do is to look at your patient

10 care reports as submitted and verify that against

11 your billing data. And then we would have a window

12 of time to remedy any problems or issues before it's

13 forwarded on to the Medicaid office for your

14 assessment.

15 It gives us a little more faith in the

16 number, a little more trust in the number if you're

17 providing that number to us rather than having us

18 coming up with a number.

19 So any comments on that? Discussion?

20 DR. KRISTOFER MITCHELL: The only

21 discussion point was we talked about the 90 days.

22 And is everybody okay with that being the length of

23 time? We also brought up possibly 60 days.

24 GUY DANSIE: I think -- maybe I'd ask

25 Felicia, but I think 90 would probably be adequate

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1 for us. Currently we're doing that at the end of

2 July, and then they're making the assessment in

3 October. So it gives us a couple of months. And

4 we've really struggled getting those numbers to be

5 accurate. So we're thinking if it's March, April,

6 sometime in the spring, we'd have until the end of

7 July still to turn those in to Medicaid. And so the

8 length of time at the end of the calendar year is

9 probably -- if it's 60, 90, 120. I arbitrarily chose

10 90. Is there any discussion on that? It probably

11 doesn't matter to us. I think 90 is probably a

12 comfortable time for our concern.

13 ANDY SMITH: Guy, that's the calendar

14 year?

15 GUY DANSIE: Yes.

16 ANDY SMITH: So starting January you have

17 90 days to submit your number for the previous

18 calendar year, and then the assessment process would

19 start -- you said like July is when you typically

20 turn it in?

21 GUY DANSIE: Correct. We've turned the

22 data to the medical office at the end of July, and

23 then they crunch the numbers and they come out with

24 the assessment for the provider in October. I think

25 it's usually in mid October they actually send out

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1 the bill for what you owe for the assessment. So

2 that would roughly give us six months to work with

3 you, to receive the data from you. And then what we

4 would do is look at it and if we saw it was way out

5 of our range on our PCR counts, we would work with

6 you to audit or change or evaluate that data and

7 hopefully work out any of the errors. So it would

8 give us at least a half a year to work out the errors

9 rather than just the two months.

10 MICHAEL MOFFITT: Well, the agency should

11 be able to go in individually and look at your

12 database to see what numbers are shown there, right?

13 GUY DANSIE: Right.

14 MICHAEL MOFFITT: Then they can look at

15 what their actual billings were, and they'd know if

16 there was something --

17 GUY DANSIE: -- out. Yeah.

18 MICHAEL MOFFITT: And maybe could explain

19 it rather than wait for you to catch it.

20 GUY DANSIE: Right. So I think it's a

21 win/win. I think it's something that would benefit

22 the providers. We would have more accurate numbers;

23 we'd have more time. Felicia and I worked together

24 to try to determine what the number is, but it's --

25 as you all know, we've had several providers that had

Page 17

1 numbers that were off in the last two assessments.

2 So hopefully this will remedy that problem.

3 THE REPORTER: This gentleman's name here?

4 GUY DANSIE: Andy Smith in the back.

5 TAMMY BARTON: Guy.

6 GUY DANSIE: Tammy.

7 TAMMY BARTON: Tammy Barton.

8 So since this is just in this role that

9 we're talking about right now, are you wanting us to

10 do that for this year or are you looking at that for

11 next year?

12 GUY DANSIE: Yes.

13 TAMMY BARTON: Yes?

14 GUY DANSIE: And yes.

15 TAMMY BARTON: Okay.

16 GUY DANSIE: What I wanted to do -- this

17 is my goal -- is bring it to the committee, get it

18 voted on, and then the rule process will take us

19 probably through March. So this rule will probably

20 not be in effect. But with that being said, I wanted

21 to go ahead and ask everybody to provide us a number,

22 a run total number for those runs that qualify. Any

23 time a patient is moved that's a billable run, we

24 would ask you that and do it on a voluntary basis

25 this year. And then moving forward, it would be a

Page 18

1 rule requirement.

2 There is some language in there saying

3 that you need to do it, and we could audit it. If

4 it's obviously -- if it's an error, that's one thing.

5 Obviously if it became fraudulent in nature, then we

6 would want to look at it closer and make sure that we

7 verify those numbers, you know if we have any red

8 flags or issues on our end. Because any time a

9 number comes that's wrong, it impacts the rate for

10 everybody else. So it's important that the number is

11 accurate not only for yourself but for all the other

12 providers in the state.

13 TAMMY BARTON: And so you're asking for

14 2016 totals?

15 GUY DANSIE: I will be, yes.

16 TAMMY BARTON: Or two-thousand -- okay.

17 GUY DANSIE: I will be asking for the 2016

18 totals in the next few weeks. Then as this rule

19 takes effect next year, hopefully this rule will be

20 in place and we can go ahead and it will be an

21 expectation at that point.

22 Any more comments? Any motions on this

23 rule, on those amendments?

24 DR. KRISTOFER MITCHELL: I motion to

25 accept the language as we've just discussed and

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1 include to increase the 8 percent of the 10 percent

2 as well.

3 GUY DANSIE: Okay.

4 DR. KRISTOFER MITCHELL: On top of what

5 we've done.

6 JASON NICHOLL: Second.

7 GUY DANSIE: Any more discussion?

8 Also, just as a note before we take a vote

9 on it, this is the rates rule, and we will be

10 amending and looking at your fiscal reporting data

11 that's been submitted for -- and we will amend this

12 again for July 1st if there is a rate change. So we

13 will bring the rate change, a proposed rate change in

14 April to the next meeting. So we might amend this

15 again at the next meeting. But we'll go ahead and

16 take a vote on the amendments that are proposed at

17 this time.

18 Everybody in favor say aye.

19 COMMITTEE MEMBERS: Aye.

20 GUY DANSIE: Everybody opposed say nay.

21 (Silence.) Any abstain? (Silence.)

22 Okay. I think it carried, so thank you.

23 I'm trying to make this as painless as possible.

24 We have two more changes in our rule

25 section R426-5. And for the life of me, I have

Page 20

1 misplaced my version of it. So I will describe what

2 the changes are. The first change -- I'm going to

3 reverse the order slightly on the action items on the

4 agenda. So I want to talk about the 4R -- R438 code

5 moved to R426-5 first, because that comes in the rule

6 first. What is happening here is through our

7 administrative rule process, we -- I have the mic

8 right here.

9 We've identified a rule number that

10 probably should be moved from the state lab set of

11 rules over into our EMS set of rules. So I have

12 agreed to take that on, and this is the language that

13 you see on the first part of the document, R426-5

14 starting with 2700. And this pertains to law

15 enforcement drawing blood and becoming permitted to

16 do that. And what we will do is we will repeal the

17 rule that it's currently in and have this rule

18 enacted on the same day so that we can move it from

19 their section of the rule to ours.

20 I've tried to change -- I've tried to

21 change it as little as possible, but some of the

22 language was changed and the numbers obviously were

23 changed. And in our discussion in the lunch session,

24 we talked a little bit about making it clear that

25 certified individuals such as paramedics do not need

Page 21

1 to obtain this permit first. So I believe, Jason,

2 you talked about adding an exemption or a reference.

3 JASON NICHOLL: Yeah. Taking 2800 and

4 adding a line into 2800 that people that qualify

5 under R426-5-2702 are exempt from R426-5-2800, which

6 is the section about displaying of an individual

7 permit card and that sort of thing. So as long as

8 you have your advanced certification or your

9 paramedic certification meaning you have met 2702,

10 2800 does not apply.

11 GUY DANSIE: Does not apply. You would

12 not need to have that additional permit.

13 JASON NICHOLL: Correct.

14 GUY DANSIE: I believe the rest of this

15 language in here, other than the numbering and

16 titles, is basically in effect now. So I'm -- so

17 we're basically just moving that over.

18 Okay. Any discussion on that agenda item?

19 Okay. I'll go ahead and we'll roll that one in with

20 the other amendments that are proposed.

21 The other amendments are starting with the

22 background screening clearance for EMS certification.

23 And the EMS task force worked with some stake holders

24 on terming some of the language changes. Primarily

25 it was a clean up. There were terms changed from

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1 like "department" to the "Bureau of Emergency Medical
 2 Services and Preparedness" in several places. The
 3 term "compliance" -- "complaint, compliance and
 4 enforcement unit" was added in several places. And
 5 this is just to direct the actual process on how
 6 we're doing it internally so that it's more specific
 7 rather than using the generic term "department" for
 8 identifying who in the department is actually
 9 committing these functions.

10 There is a section being added about
 11 fingerprints, having 14 calendar days to process an
 12 application. That's part 6, if you are following
 13 through there.

14 Dennis, if there's anything on here as I'm
 15 explaining and I'm not doing it properly --

16 DENNIS BANG: I was looking at the blood
 17 draw when you were reading; I worked on that about
 18 three or four years ago. So I wasn't paying
 19 attention. I apologize.

20 GUY DANSIE: No problem. If there's
 21 anything as I describe this, just let me know on this
 22 background clearance.

23 DENNIS BANG: All right.

24 GUY DANSIE: Dennis is actually the one
 25 that works on this directly.

Page 23

1 As we go through, there are some titles
 2 that were added on some of the background clearance
 3 items that we will look at. Some things were taken
 4 out that were either not in statute or were
 5 redundant -- was redundant language with -- they're
 6 found in other places in the rule.

7 And as we get down -- I don't want to read
 8 every change, but if there are any questions down
 9 through -- just scroll down through.

10 Jim Hansen.

11 JIM HANSEN: Jim Hansen, Bureau of EMS. I
 12 have a question on this number 6. "Once the
 13 completed application fees and fingerprints have been
 14 submitted, the bureau has 14 days to complete."

15 So we don't have time to necessarily get
 16 the information back from the fingerprints as submit?

17 GUY DANSIE: Is that going to create a
 18 burden?

19 JIM HANSEN: Well, I'm not sure how we're
 20 going to get fingerprints back.

21 DENNIS BANG: We don't always get them
 22 back in 14 days. We normally do.

23 However, if we do paper prints or anything
 24 like that, it takes more than 14 days to get them
 25 back.

Page 24

1 GUY DANSIE: Could we add the term "if
 2 possible," instead of "shall."

3 JASON NICHOLL: He can fix that by
 4 changing "have been submitted" to "have been
 5 received."

6 DENNIS BANG: Right. That would work.

7 JASON NICHOLL: So 14 days after the
 8 fingerprints have been received back.

9 GUY DANSIE: Okay. I note that change. I
 10 strike the word "submitted" and add "received
 11 back" --

12 NATHAN CURTIS: Bring it up.

13 DR. HALLIE KELLER: Yeah. No, "the
 14 fingerprint results," right, "have been received."
 15 Not the fingerprints have been received.

16 GUY DANSIE: Have been received back.

17 JASON NICHOLL: Fingerprint results. Very
 18 good. Thank you, Hallie.

19 NATHAN CURTIS: Much better.

20 GUY DANSIE: Okay. Is that acceptable,
 21 Jim?

22 JIM HANSEN: Yeah, that will work.

23 GUY DANSIE: Any other comments?

24 TAMMY BARTON: Guy.

25 GUY DANSIE: Yes, Tammy.

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1 TAMMY BARTON: We're not sure back here,
 2 But on the -- what would it be? Section -- I don't
 3 know which one it is. It is -- where it talks about
 4 bestiality, sexual battery, lewdness involving a
 5 child. In both of those, it lists those and then
 6 lists aggravated exploitation and prostitution. But
 7 it has an "and" on the -- between the third and
 8 fourth one that makes it look like it could be those
 9 three "and."

10 GUY DANSIE: When we need to change that
 11 to "or."

12 TAMMY BARTON: Yeah. Because otherwise
 13 it's saying they need to have two of those instead of
 14 just one of them, "lewd and aggravated." Yeah.

15 GUY DANSIE: Good catch.

16 TAMMY BARTON: I don't think it needs to
 17 be there. You've crossed it out on sexual battery,
 18 but it's not crossed out on the lewdness involving a
 19 child.

20 GUY DANSIE: That would be on number iii.

21 TAMMY BARTON: I don't think it has to be
 22 "or" I think it has to have "and" crossed out.

23 GUY DANSIE: Okay. So any discussion of
 24 the committee on that?

25 We'll go ahead and we'll make that change

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1 as parts of our motion.

2 RUSS MALONE: Guy, the same thing about

3 three lines or five lines down. It's listed "and"

4 also.

5 TAMMY BARTON: Yeah, on both of those.

6 RUSS MALONE: Russ Malone here.

7 GUY DANSIE: Yeah.

8 TAMMY BARTON: On both of those.

9 GUY DANSIE: Thanks. Say that one more

10 time, Russ.

11 RUSS MALONE: Just down -- if you look

12 down about a paragraph, the "and" is down below,

13 listed again.

14 GUY DANSIE: Oh, I see it.

15 DENNIS BANG: It's on line 769-702.5.

16 GUY DANSIE: Okay. There's also a couple

17 of things toward the very end that we probably ought

18 to point out. On the second-to-the-last page of the

19 rule in part H, this is about the peer-review board

20 membership. It says "Prior to the appointment, all

21 prospective peer-reviewed board members shall receive

22 a background clearance as required for EMS personnel

23 in accordance with Section 26-8-A-310. So basically

24 what we're saying is, is before you can become a

25 member of the peer-review board, you have to have a

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1 clearance as well. Is that right?

2 DENNIS BANG: Correct.

3 GUY DANSIE: Then if you turn over to the

4 very last page, page 4, because they are dealing with

5 sensitive personal information with criminal

6 histories, there was some wording added. It says,

7 "Prior to the issuance of the peer-reviewed board

8 recommendation, the certified EMS individual shall

9 have an opportunity to respond to the CCU findings

10 and recommendations and provide supporting witnesses

11 and documentation to the peer-review board."

12 My explanation was not right for that, but

13 that language is going to be added.

14 I thought we also had to have a BCI

15 clearance, Dennis.

16 NATHAN CURTIS: It's on the page before.

17 GUY DANSIE: Is that on the page before?

18 NATHAN CURTIS: Yes. Part H.

19 GUY DANSIE: Part H is the clearance

20 review.

21 NATHAN CURTIS: Yes.

22 GUY DANSIE: I get them mixed up. And

23 then you're saying in there we would give them the

24 opportunity to respond --

25 DENNIS BANG: To respond.

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1 GUY DANSIE: -- to the findings and have

2 their witnesses or documentation they need. Any

3 further discussion?

4 So for the rule changes moving the blood

5 draw permitting and the rule changes for the BCI

6 peer-review board and the CCEU, any motions for those

7 proposals?

8 NATHAN CURTIS: I'll make the motion that

9 we accept these as we've presented with the

10 modifications also.

11 MICHAEL MOFFITT: Second.

12 GUY DANSIE: Okay. We'll go ahead. Any

13 more discussion? Okay. Everybody in favor say aye.

14 COMMITTEE MEMBERS: Aye.

15 GUY DANSIE: Any opposed say nay.

16 (Silence.) Any abstain? (Silence.) Okay. The

17 motion carries.

18 Okay. As we move on to the subcommittee

19 reports and action items, Jeri Johnson, who is on the

20 committee normally presents new members' applications

21 and recommendations for subcommittee appointments.

22 However, she was not able to come today. She had a

23 traffic accident down in Scipio because of the

24 weather and so forth. So I don't know, what do you

25 think? Jason is also on the --

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1 JASON NICHOLL: We'll do it, yeah.

2 GUY DANSIE: Do you want to do it now?

3 JASON NICHOLL: Yeah. Let's do it now.

4 We have three applications for subcommittee. We have

5 Robert Stevens, who is a paramedic for Logan City

6 fire department. It is a new application requesting

7 position on either operations or training

8 subcommittees.

9 We also have Mr. Stuart Willoughby, who

10 works for King County Ambulance. This is a new

11 application also and is requesting either the

12 operations or the training subcommittee.

13 Then we also have a third application from

14 Mr. Brit Clark, from Weber Fire District,

15 specifically requesting an operations subcommittee.

16 We've reviewed these applications. They

17 all seem appropriate to us. I'd like to accept these

18 applications as members of our subcommittees and then

19 make subsequent assignments to their committees as is

20 demonstrated.

21 And we had asked at the last meeting for a

22 report on what positions needed to be filled. So I

23 think we approve these, accept them. And then let's

24 let our two subcommittees figure out where they need

25 the help. They're the closest to the ground on this

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1 one. So I would make a motion that we accept these
 2 three candidates for subcommittee appointment.
 3 JEREMY HOGGARD: Second.
 4 GUY DANSIE: All right. More discussion?
 5 No? Okay. We'll go ahead and vote on the
 6 motion. All in favor say aye.
 7 COMMITTEE MEMBERS: Aye.
 8 GUY DANSIE: Any opposed say nay.
 9 JASON NICHOLL: I can't for a second, Guy.
 10 For Chris and Andy, do you guys have those
 11 rosters we talked about at the last meeting about
 12 what you need filled and what the current status of
 13 the subcommittees are?
 14 ANDY SMITH: I don't. I don't know the
 15 number, but I know the positions.
 16 JASON NICHOLL: Okay. Then for the next
 17 meeting let's get that figured out so we can make
 18 sure we get these folks to the right committee.
 19 GUY DANSIE: Just a comment on that, too,
 20 I'll have Jenny work with the committees and
 21 subcommittees on that too.
 22 JENNY ALLRED: Who sanctioned the motion?
 23 GUY DANSIE: Jeremy.
 24 And I think we already voted the ayes and
 25 the nays. Any abstain? (Silence.) Okay. The

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1 motion carries.
 2 Okay. The next item on the agenda is the
 3 grants update. I received an e-mail today from
 4 Ron Morris saying that he did not have any updates
 5 that he felt he needed to present to the group today.
 6 Gay Brogdon is a department staff member
 7 who works with me, and I know she is not able to
 8 attend today as well. But her concern is just to let
 9 everybody know that the contacts have been made to
 10 every licensed agency and designated agency who
 11 qualifies for grants, to let them know that they need
 12 to submit the rosters. The deadline, I believe, is
 13 the 27th. Everybody is nodding their head. So the
 14 27th of January, this month. So I would plead with
 15 everybody that wants grant money to get those in for
 16 the per capita portion. And then the competitive
 17 portion will be coming up in -- I believe it's due
 18 the end of March. I can't remember the exact date,
 19 but it's sometime at the end of March. It's on the
 20 website. So that would be my update on the grants,
 21 on their behalf.
 22 Any comment or questions on that? Okay.
 23 So I keep forgetting that I'm conducting.
 24 Professional development update by Chris.
 25 CHRIS STRATFORD: Sure. The professional

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1 development subcommittee has three items that it's
 2 currently working with. The first one is that we did
 3 a survey with of course coordinators and training
 4 officers for EMT and advanced EMT programs and found
 5 that there is some confusion or some improvements
 6 that can be made with the education regarding
 7 automatic transport ventilators. So the committee
 8 will be working on recommendations and guidelines,
 9 tools to support training officers and of course
 10 coordinators that they can use in order to train
 11 better on automatic transport ventilator use.
 12 It is required in EMT and AEMT education.
 13 Obviously it's included in paramedic education as
 14 well, but we've only focused on EMT education and
 15 AEMT education. So we will develop some objectives,
 16 some resources and some guidelines that they can use
 17 to improve AEMT training.
 18 GUY DANSIE: Thank you.
 19 CHRIS STRATFORD: Any questions by the
 20 committee on that topic?
 21 GUY DANSIE: I have one question, Chris.
 22 Did you have any action items, anything that you
 23 needed to present to the committee for a vote?
 24 CHRIS STRATFORD: No. Just as information
 25 that that's where we're working. Nothing will change

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1 there. Once we have that put together, we'll -- I
 2 think, Jason, you've been attending our meetings.
 3 I'm happy to have you look over that and see if
 4 there's anything specific that needs to be done. So
 5 just an information item that's there.
 6 GUY DANSIE: Okay.
 7 CHRIS STRATFORD: The second item that
 8 we've been working on is with initial certification
 9 at an EMT and EMT at a paramedic level, people
 10 receive National Registry Certification as well as
 11 Utah Certification. There are some people that want
 12 to continue and maintain their National Registry
 13 Certification, which has specific rules that document
 14 what their continuing medical education and
 15 re-certification requirements are.
 16 Nationally -- for the national registry,
 17 Utah is -- the three options that they have to do
 18 that: One is an old traditional DOT refresher
 19 course, one is using the National Continued
 20 Competency Program, the third has been to re-certify
 21 through examination.
 22 The guidelines for the NCCP are clearly
 23 established for national requirements for
 24 re-certification: 50 percent of the CME hours are
 25 required determined by National Registry and EMT,

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1 25 percent of those hours are determined by state and
 2 local requirements, 25 percent of those hours are
 3 determined by individual requirements.
 4 Utah is an NCCP state, meaning that people
 5 that want to re-certify their National Registry need
 6 to use the NCCP requirement. It means that there is,
 7 in that 25 percent from a state regional requirement,
 8 there is nothing that's established in Utah for those
 9 hours. And this again applies only to National
 10 Registry re-certification. So the committee is
 11 working on developing continuing education
 12 requirements for that 25 percent of the required
 13 hours for National Registry re-certification.
 14 In the process of that, we're also
 15 reexamining the Training Officer Manual for Utah's
 16 re-certification, seeing if we can align the National
 17 Registry requirements for re-certification with Utah
 18 more appropriately. Currently in Utah there is no
 19 topic specific hour requirement for re-certification.
 20 So we want to explore, through this next year, what
 21 are possible topics that are current and relevant to
 22 EMS practice today that follows the NCCP guidelines
 23 and that National Registry is using.
 24 As we continue to work with that and
 25 develop that more, when it comes time to make changes

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1 to the Training Officer Manual, we'd be happy to
 2 share that with you. Again, Jason, we'd love to have
 3 your input with that and see where we can go with
 4 that.
 5 Any questions of the NCCP project that
 6 we're working on?
 7 JASON NICHOLL: Could I just make a
 8 follow-up comment on that?
 9 CHRIS STRATFORD: Yes.
 10 JASON NICHOLL: I just want the committee
 11 to understand that this is actually a big issue for
 12 our agencies. Straddling that line meeting the State
 13 re-certification and meeting the National Registry
 14 re-certification is becoming harder and harder. And
 15 so the work that Chris and the Professional
 16 Development Committee are putting into this is to get
 17 our state re-certification to the NCCP standard. And
 18 it's not that we're less than the standard; it's just
 19 different. And it's different enough that it makes
 20 recertifying -- it puts too much difficulty on the
 21 provider to make sure that they're checking all of
 22 the NCCP boxes. So this is a very important piece,
 23 and I hope that within the next year we'll have a
 24 completely new training outline really, or schedule,
 25 that will provide a lot of ease for -- I mean all of

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1 the providers that have national certifications, it's
 2 a pain, I know. We're trying to help with that. So
 3 just be patient with us.
 4 And my applause to Professional
 5 Development for taking this on. It's huge.
 6 CHRIS STRATFORD: Thank you, Jason.
 7 One of the real advantages to the NCCP
 8 program in the way it's set up is current and
 9 relevant things as they change. With medicine
 10 changing as quickly as it is, this will keep us
 11 current and relevant to the changes that are
 12 currently happening with EMS care. So we're excited
 13 about it. It's a good thing for us to be involved
 14 in.
 15 The third item that we're working on has
 16 to do with EMT certification at an initial level in
 17 providing the National Registry Psychomotors Skills
 18 Exam at the EMT level. With the change into National
 19 Registry as being the testing vendor that verifies
 20 written and practical skills competency, the
 21 implementation from the EMT side has been a little
 22 confusing maybe. There's been some questions about
 23 that process and how that's actually done. We're
 24 using of course coordinators currently as
 25 representatives from the Bureau of Emergency Medical

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1 Services to supervise and make sure that that goes
 2 well.
 3 What we want to do is to create a process
 4 that is streamlined that has practical examples that
 5 they can use on efficient ways of administering that
 6 exam in a fair and an unbiased way that meets the
 7 standard of National Registry and verifies true
 8 competency as psychomotor skills go within EMT. So
 9 that's where our time this year is going to focus on
 10 that as well. And we're hoping to get that done as
 11 quickly as we can.
 12 But that would necessitate rewriting,
 13 update -- not rewriting. But perhaps updating the
 14 coordinator manual and some of the requirements there
 15 as far as how to administer efficiently and
 16 appropriately and accurately the EMT psychomotor
 17 skills exam that's recognized by the State and
 18 recognized by National Registry. So that's really
 19 the three focuses of where we're going, where we're
 20 headed in the next year.
 21 GUY DANSIE: Thank you, Chris.
 22 CHRIS STRATFORD: I'm happy to address any
 23 questions.
 24 DR. PETER TAILLAC: Good work.
 25 GUY DANSIE: We appreciate that.

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1 Subcommittees are very valuable to the whole process,
 2 so thank you very much.

3 CHRIS STRATFORD: Sure.

4 GUY DANSIE: Andy, do you have anything
 5 else?

6 ANDY SMITH: I can stand because my tibia
 7 is not broken.

8 So the EMS operations subcommittee met on
 9 November 9th. We had a myriad of topics discussed
 10 there. First we nominated a new vice-chair, Lyndsie
 11 -- is it Hauck. H-a-c-k [sic]?

12 JASON NICHOLL: Hauck.

13 ANDY SMITH: Hauck, okay. I don't know
 14 how to say the last name, sorry. But South Salt Lake
 15 paramedic, she will be the new vice-chair, and that
 16 will automatically roll over to the chair next year.
 17 I'm looking forward to that time.

18 So also we discussed disease testing for
 19 bloodborne pathogen exposure. This is the second
 20 time discussing that in this meeting. I think Guy
 21 pretty much took care of it. It was really hard to
 22 kind of get all the voices heard and make any kind of
 23 conclusions in a meeting with that many people. And
 24 it sounds like we discussed kind of what Guy had come
 25 up with. And also Eric from Ogden City brought their

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1 kind of -- their model of what they're using, and it
 2 fit really well. So that's going to be included with
 3 information that will be available to all agencies
 4 about if you have an exposure, how is that tested?
 5 What's the process? Who pays for it? And all of
 6 those things will be there.

7 GUY DANSIE: Can I add just a little
 8 comment?

9 One of the things, I know Dr. Taillac has
 10 worked on this, and there's information on our
 11 website now. As we reached out to the lab and to our
 12 EPI folks, we wanted to update some of that
 13 information. And I wanted to go through Dr. Taillac,
 14 and it's just been one of those things that I haven't
 15 done all the way. I need to get with him and vet
 16 that through him, but we're -- our updated
 17 information is pretty much there. So thanks.

18 ANDY SMITH: Yep. We discussed cost
 19 quality and access. That's been something that's
 20 kind of come up two or three times in the last year
 21 in our meetings. And a suggestion was made that that
 22 rule should probably be introduced to the Utah
 23 Association of Counties as well as the Utah Leagues
 24 Cities and Towns, however you say that, for them to
 25 review. Because really the purpose is for them to

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1 take some ownership of the system for the county or
 2 the town or the city, whoever owns that licensure,
 3 for them to take some ownership of the system and not
 4 to put an extra burden on the EMS provider. And so
 5 that discussion came up, and I believe that will get
 6 introduced to those to at least review and look at
 7 that rule.

8 But that -- I think that's something that
 9 we'll probably have to keep looking at and talking
 10 about in the committee every once in a while, seeing
 11 where it's at and what we can do to help. I think
 12 Jason made that recommendation, which I think was a
 13 good thing to let them know about it. A lot of them
 14 don't know that it's their requirement to review
 15 their cost, quality and exit poles on
 16 re-certification.

17 Guy explained Medicaid assessment and
 18 self-reporting of numbers which was good. And we
 19 also discussed the epinephrine and anaphylaxis.
 20 Dr. Taillac's information about being able to use --
 21 basically it's being able to draw up their own EPI
 22 and those kind of things, which I thought was great.
 23 Lots of hand-outs that he had that were fantastic.
 24 That's been e-mailed out to everybody I know. I
 25 think everybody has received that information.

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1 And then there's some other things we
 2 wanted to look at. I personally want to take on this
 3 financial assessment process and rate and rules
 4 regulation. Whether that's appropriate for this
 5 committee, I'm not sure. That's up to you guys to
 6 decide, or whether it's not that's fine. I'd still
 7 like to be involved in some way.

8 And then we also discussed state-wide
 9 sexual assault training, and that may not be our
 10 committee. That may be something for the other
 11 committee to look at. But it is something that I
 12 know our providers lack a lot in. In dealing with
 13 sexual assault and the process and handling them and
 14 those kinds of things, that is -- I know my providers
 15 lack in that. And I think all of us would say that.
 16 It's not something we deal with that often, and the
 17 guidelines aren't -- it's not clear. It's not like
 18 you can go to a protocol and say this is exactly how
 19 to handle this situation. So I think it's training
 20 that needs to be had. That might be something for
 21 the Professional Development Committee. But we
 22 discussed that in our meeting.

23 And that's it, unless you guys have any
 24 assignments for us.

25 JASON NICHOLL: We discussed in our

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1 pre-meeting and Mr. Moffitt brought up the need to
 2 potentially put together a task force to look at rate
 3 development -- or look at the FRG in the
 4 calculations. I think that's a good recommendation,
 5 and I think we should entertain that, putting one
 6 together as soon as possible so that it coincides
 7 with the FRG development and the other financial
 8 changes that we've already made today.

9 So what is the -- what's the committee's
 10 thoughts on that? What do you guys think? Something
 11 we should put together?

12 NATHAN CURTIS: Yeah.

13 DR. KRISTOFER MITCHELL: Yep.

14 JASON NICHOLL: Okay. So I think that
 15 that's something that -- I don't think we need an
 16 action item on that, but definitely formulate a group
 17 with that. I think that it would be appropriate to
 18 have John and Andy and Mike, myself -- Nate, do you
 19 want to participate on it too? You can say no.

20 NATHAN CURTIS: I might assign somebody to
 21 do it for me.

22 JASON NICHOLL: Okay. But I think we need
 23 to actively go down that road. And I'd like to
 24 propose that -- not as a motion, but as a --

25 MICHAEL MOFFITT: Well, I think what we

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1 probably want to do, since rates are solely under the
 2 bureau's authority, is direct the bureau to form a
 3 task force.

4 JASON NICHOLL: And that's what I'm
 5 getting at, and you already have some volunteers.

6 GUY DANSIE: Speaking for the bureau, I
 7 will agree to that. I think we actually are actively
 8 seeking out that information and what's best for the
 9 providers. So we did talk about it, that in the
 10 operations subcommittee meeting maybe they could take
 11 it on. And maybe we can bring in some of their
 12 representation, Andy and others if they desire.

13 ANDY SMITH: I think it would be good to
 14 have some other folks, if you looked at it a little
 15 more than just the operational folks. I'm into it
 16 pretty deep. But somebody like Mike right on the
 17 front lines, that would be good.

18 GUY DANSIE: So we'll go ahead and do
 19 that. I'll put together some -- maybe some
 20 membership lists, and we'll look at that. Between
 21 now and the next meeting, I -- we'll seek your input,
 22 and we'll go ahead and we'll develop that. And those
 23 that are volunteering today, we'll go ahead and add
 24 them to the list and then we'll start working on
 25 that.

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1 MICHAEL MOFFITT: I think we could
 2 probably get at least one meeting in before the April
 3 meeting.

4 GUY DANSIE: Yeah, I think that would be
 5 good, start maybe in February.

6 MICHAEL MOFFITT: Start to get ground work
 7 and get back where we're at.

8 GUY DANSIE: Let's shoot for maybe a
 9 February date, if that's okay.

10 MICHAEL MOFFITT: Sure.

11 GUY DANSIE: Have a kickoff meeting. Are
 12 you okay with that, John?

13 JOHN HOUSKEEPER: Yeah, that will be
 14 helpful.

15 GUY DANSIE: Okay.

16 ANDY SMITH: I should also say -- sorry, I
 17 don't know if this is part of my report technically
 18 or not -- but it was a great meeting in Moab. They
 19 brought a bunch of EMS instructors together. We had
 20 some fantastic folks from the bureau that came down.
 21 And we grilled them hard, and they answered all of
 22 our questions and helped us with the new website and
 23 helped us with the FRG. And it was just -- it was a
 24 really great meeting. We really appreciate the
 25 bureau's support with that. A lot of the EMS

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1 directors were able to get questions answered in a
 2 good, appropriate forum, and it worked out really,
 3 really well. So thank you to the bureau for that.

4 GUY DANSIE: You're welcome.

5 Andy, while we're on that topic, and I
 6 know it's not exactly on our agenda, but I just
 7 wanted to -- anybody that's in the room that this may
 8 pertain to, rural EMS. This may not be fire based.
 9 The ones that probably aren't as organized as some of
 10 the fire agencies. But did you set another meeting
 11 date or firm that up?

12 ANDY SMITH: We did. It's in Mr. Curtis's
 13 area in March.

14 TAMMY BARTON: End of March.

15 ANDY SMITH: End of March, and we'll get
 16 an e-mail out to everybody.

17 CASEY JACKSON: Stuff like this, to be
 18 honest, as a committee I'd love to know about it. I
 19 really would.

20 ANDY SMITH: Yeah, I'd be happy to send
 21 out the dates. It's open to anybody that wants to
 22 come. Moab was cold that time of year, so I didn't
 23 invite Jason. Everybody else was going though.

24 GUY DANSIE: And as the department we
 25 would love to help support that in any way possible.

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1 We do have constraints on travel and things like
 2 that. But we'd love to do that, and we appreciate
 3 your support with that.
 4 Okay. Moving on the agenda. Dr. Taillac,
 5 we'll turn the time over to him for his informational
 6 update.
 7 DR. PETER TAILLAC: Hi folks. I'm
 8 Peter Taillac for those who don't know me. I'm the
 9 medical director for the Bureau of EMS. I'm proud to
 10 say we have 2017 EMS Protocol Guidelines. The first
 11 set of guidelines -- the first time we did the
 12 protocol guidelines was in 2013. So this was a good
 13 time for an update. It was effectively three years
 14 later because we started -- we formed the guidelines
 15 committee, re-formed it at the beginning of 2016 and
 16 met throughout 2016 to review each one.
 17 And the goal was to look at the national
 18 model guidelines that have been published by NASEMSO,
 19 see where ours fits against theirs, make
 20 modifications where appropriate. We're not copying
 21 them. But we took some of the good stuff that was
 22 there and incorporated them into our ours, looked at
 23 recent literature relative to EMS treatment in the
 24 field, incorporated recent literature into it.
 25 I think they're -- as a matter of fact I

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1 know, because I'm intimately familiar with them, that
 2 they are updated and state of the art for now. I'm
 3 really proud of them. They were distributed to the
 4 committee ahead of the meeting for review. And I
 5 just might ask, I accidentally gave you doc Word
 6 versions. I would ask please don't share those. We
 7 keep those -- agencies are welcome to the Microsoft
 8 Word versions; we want to use them. But I would
 9 prefer that they ask for them directly so they don't
 10 end up getting excessively modified and they look
 11 like they were the State's. Does that make sense?
 12 We normally send them out in a PDF, and I'll do that
 13 after the committee gives me any input. I appreciate
 14 any input and comments you have on them.
 15 I also wanted to take the public
 16 opportunity to thank the committee. This was a
 17 really big deal to go through each of those, and we
 18 divided them into sections. The committee was
 19 Jenny -- thank you very much, Jenny Allred, who kept
 20 herding the cats and kept us meeting on time and
 21 minutes, et cetera. Minutes that were very arcane at
 22 times I would say.
 23 Annalyn Beers was our public member.
 24 Andy Ostler, Chuck Cruz -- Hilary Hews, who, God
 25 bless her, she and Andy and Tia Dalrymple went

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1 through every single pediatric guideline. So they
 2 had to look at all of them, not just one quarter of
 3 them like most of the committee members did.
 4 Joey Mittelman, Dr. Mark Bair,
 5 Clint Smith, Dr. Russ Bradley, Dr. Scott Youngquist,
 6 Jack Meersman and Dr. Hill Stockline [phonetic]. If
 7 you need spellings after, let me know.
 8 Everybody met and really worked hard and
 9 provided drafts back, and then I took on the job of
 10 sort of putting it all together and then going
 11 through every single one to make sure all of the
 12 formatting was the same and you know the word
 13 verbiage in each section was the same as in every
 14 other section. So we're very proud of it.
 15 Just by way of review of what's new so to
 16 speak, overall they didn't change very much. There
 17 are some highlights that I'll tell you about, but
 18 pretty much they were up to date already and for the
 19 most part remained so. There were some technical
 20 things and some wordsmything here and there to make
 21 them more consistent.
 22 But relative to updates, we had an updated
 23 burn protocol with a simplified fluid for EMS for
 24 burn patients that was reviewed and blessed by the
 25 burn folks at the University. We have a brand new

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1 general trauma protocol which I took from the
 2 national guidelines, which reviews how to look at the
 3 trauma patient as a whole. In addition to the
 4 subsections in trauma, there's a new hemorrhage
 5 control section that's been updated based on recent
 6 literature. And for the committee's information, the
 7 Trauma Systems Advisory Committee has in detail
 8 reviewed the trauma section and blessed it already.
 9 So aside from trauma, there is a allergic
 10 reaction protocol we've rewritten to match an
 11 evidence-based guideline that has actually not yet
 12 been published but will be I hope this year, since
 13 I'm the main author of it. And hopefully the rest of
 14 team will get their shit together -- oh, sorry. Will
 15 make sure it gets published this year finally.
 16 In BLS we mentioned epinephrine. Andy
 17 mentioned epinephrine. The cost as EPI pens, as
 18 everyone knows, has gone through the roof. It's made
 19 national news. And as part of a response to that,
 20 several states, including us, have allowed BLS
 21 providers to be trained by their agency directors and
 22 medical directors to draw up EPI in a syringe. Two
 23 simple doses to choose from: One for big people and
 24 one for little people, and to administer that IM
 25 injection.

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1 The administration of the injection is
 2 really no different than the EPI pen or very little
 3 different. But the drawing up is a new skill that's
 4 not actually taught in most EMT courses, so this is a
 5 new thing.

6 In parallel with that as part of the
 7 response is our opioid epidemic in this state, which
 8 we share with many other states, we have decided to
 9 allow EMT agencies who so desire to use Naloxone in
 10 injectable form as well and draw up the Naloxone dose
 11 as per the training of their medical director or
 12 training officer and administer that intramuscular if
 13 they prefer. It's cheaper to do it that way than to
 14 buy the nasal spray. The nasal spray works too, and
 15 so this is an optional thing for EMT agencies.

16 As a quick side bar, there's a new nasal
 17 spray manufacturer for Naloxone that's been knocking
 18 on my door a lot, and they would like to get their
 19 product out. So after talking to a few of the folks
 20 in the bureau, it looks like it's okay. I have
 21 offered to them to offer to every EMT agency in the
 22 state three -- three to four vials of their Naloxone
 23 product. So an e-mail is going to come out soon to
 24 say if you'd like some, contact these people. They
 25 want to get the product out there. It's cheaper than

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1 what's in the market right now, so I thought it was
 2 an opportunity to get a freebee and introduce another
 3 potential route for managing these opioid epidemic --
 4 or opioid patients particularly for EMT-level
 5 agencies.

6 So those are kind of two big things,
 7 drawing up the medication for the epinephrine and the
 8 Naloxone.

9 Probably the biggest sort of highlight of
 10 new medication allowed will be Ketamine. I don't
 11 think this is new news to a lot of the agency's
 12 directors here. Everyone has been kind of waiting
 13 for this. Ketamine is a -- for layman's terms, a
 14 sedative medication that takes a patient who is going
 15 crazy, who has agitated delirium because they're on
 16 drugs or psychiatrically disturbed or both, and puts
 17 them to sleep in about three minutes, maybe five with
 18 a single IM injection, a single intramuscular
 19 injection.

20 Very much I think it's a safe medication.
 21 It doesn't affect airway or breathing at all, which
 22 makes it very unique. It's been around for about
 23 50 years and has been creeping its way into EMS
 24 nationally. And I think we're ready for it here in
 25 order to protect our providers from these very, very

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1 dangerous and difficult patients and protect the
 2 patients themselves from self-harm.

3 It lasts, by IM injection in an adult or a
 4 kid, about 45 minutes. And after that they wake up
 5 just as crazy as they were before, so keep that in
 6 mind. This isn't the long-acting stuff we use in the
 7 emergency departments to knock them down for six or
 8 eight hours until they metabolize their drugs or
 9 their craziness. But this gives EMS a rapid response
 10 to help prevent injury to themselves and the patient
 11 and 45 minutes to get them to the hospital.

12 I want to make one comment. In all the
 13 literature published, and there's a fair amount in
 14 prehospital use of Ketamine, the patient is
 15 completely unresponsive and this scares people
 16 sometimes. So in other areas of the country where
 17 they've implemented this, initially when they bring
 18 the patients to the hospital, a large percentage of
 19 these patients got intubated by the docs in the
 20 hospital because they were so unresponsive. The GCS
 21 is like 4 or 6, okay. You don't have to do that.

22 And so as part of this roll-out, I'm going
 23 to try and send a message through the medical
 24 association to the ER docs and nurses in the State to
 25 say: Ketamine is coming. Patients will look like

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1 they are obtunded; they do not need intubation.
 2 Because as I said before, Ketamine does not affect
 3 your airway reflexes or your breathing. They will
 4 breathe, and they will protect their airways just
 5 fine even though you could drop a large boulder on
 6 them and they wouldn't notice actually. So it's a
 7 really, really good medication that way.

8 Andy?

9 ANDY SMITH: Just a quick question. Is it
 10 only going to be -- from the State's view, is it only
 11 going to be allowed for chemical sedation or can it
 12 also be used for extreme pain?

13 DR. PETER TAILLAC: Good question.
 14 Ketamine can also be used for pain. It's off label,
 15 not FDA. Nor is it FDA approved for what we're using
 16 it for frankly. So again, this Ketamine is an
 17 optional medication on the State protocols for
 18 paramedic use only on the State protocols. What you
 19 and your medical director decide to do with it will
 20 be up to your agency. So in other words, you'll be
 21 able to stock it. And when the inspectors come
 22 around, you'll get a blessing that you have it or
 23 don't. Either is fine. But if you have it, you guys
 24 can decide what you want to use it for like other
 25 medications. Does that make sense?

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1 But the State guideline is only for
 2 agitated delirium. We did not put it in the State
 3 guideline for pain. But for many reasons I'll be
 4 happy to --
 5 DR. HALLIE KELLER: Including different
 6 doses for pain versus sedation.
 7 DR. PETER TAILLAC: Absolutely. But it's
 8 not in the State guideline for pain at all.
 9 DR. HALLIE KELLER: Right, right.
 10 DR. PETER TAILLAC: My personal feeling
 11 was overall this is a brand new deal. It's going to
 12 be a relatively big deal for the ERS to see this
 13 coming in, and I thought it was better to kind of
 14 crack open the door with this indication from the
 15 State level. Whatever your agencies want to do is
 16 completely up to your medical director as per state
 17 rule and regulation and statute.
 18 JASON NICHOLL: Does it comment on how
 19 many doses may be used as --
 20 DR. PETER TAILLAC: One dose. In the
 21 State guideline -- now keep in mind for those who
 22 don't know, the State protocol guidelines are
 23 completely voluntary. You may use them, not use
 24 them, modify them, do whatever you want with them.
 25 They're there to help. I'm proud to say since we

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1 introduced the first ones, my rough estimate of
 2 75 percent plus agencies are using them in some form,
 3 either verbatim or modified to fit their agency. So
 4 I'm very proud of that because I think it's helping
 5 improve the consistency of care in the field
 6 throughout the state. So the drug and equipment list
 7 will be updated to match the State protocol
 8 guidelines. And all of the optional things in the
 9 drug and equipment list will be reflected in the
 10 guidelines as well, just so you know. And so when
 11 the inspectors come around, Guy and I will make sure
 12 they have the latest information.
 13 And Guy, will they have X number of months
 14 or weeks or minutes to update their rigs based on the
 15 number?
 16 GUY DANSIE: We would need to give them an
 17 implementation period. And I don't know -- actually,
 18 Don might have an opinion on that. Do you --
 19 DON MARRELLI: I don't have an opinion on
 20 that.
 21 GUY DANSIE: -- stay out of it?
 22 DR. PETER TAILLAC: I mean obviously we'll
 23 talk about it.
 24 GUY DANSIE: Six months or something like
 25 that.

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1 DR. PETER TAILLAC: Six months or
 2 something to get your rigs reformatted with any new
 3 things that are in the new drug and equipment list
 4 based on this update. Fair enough?
 5 Any -- I'd appreciate any comments from
 6 the committee about the guidelines, if you have
 7 thoughts or if you have looked through them. I'm
 8 sure you didn't read every single one.
 9 JASON NICHOLL: I read them. They're very
 10 nice and very easy to read. I think in a pinch
 11 they'll work well on a Smartphone or a tablet for
 12 someone who may need to refer to them. I think you
 13 guys did a stellar job.
 14 DR. PETER TAILLAC: Thank you very much.
 15 The committee worked very hard on them.
 16 DR. KRISTOFER MITCHELL: Did the trauma
 17 committee talk about Ketamine issues with head injury
 18 patients if they don't realize there's a traumatic
 19 head injury?
 20 DR. PETER TAILLAC: I would say that they
 21 did not ask that question specifically, no. They
 22 were made very well aware. They got the same speech
 23 about Ketamine that I just gave to them. Although in
 24 the literature, the single-dose Ketamine for a head
 25 injury patient is termed as completely safe.

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1 DR. KRISTOFER MITCHELL: It's just when
 2 they get to the EM, you know what I mean, the trauma
 3 surgeon will need to know. You know what I mean?
 4 Because the GCS is going to change.
 5 DR. PETER TAILLAC: That's a very good
 6 point. That's the only down point is the GCS being
 7 low when the patient gets there.
 8 DR. KRISTOFER MITCHELL: Because I didn't
 9 want the patients to be forced to get unnecessary
 10 procedures done to them because it was thought GCS
 11 showed a head injury versus the other.
 12 DR. PETER TAILLAC: Very good point. I
 13 hope they don't get intubated. I would say in a
 14 trauma scenario, they might get extra CAT scan or
 15 two. But again it wears off in 45 minutes from the
 16 time of administration. So if we just wait it out a
 17 little bit, the patient is going to wake up and need
 18 something else.
 19 DR. KRISTOFER MITCHELL: It is safe, I
 20 agree with you. It's whether they're going to get an
 21 extra procedure.
 22 DR. PETER TAILLAC: That's good point. I
 23 can refer you to my little love note about this
 24 change.
 25 Any other comments or questions from the

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1 committee?

2 JEREMY HOGGARD: What's your roll-out time

3 when they'll go into effect?

4 DR. PETER TAILLAC: As soon as I get

5 around to sending them out to all the agencies. My

6 goal is February 1st, so by then. Okay. That's it.

7 Thank you guys very much.

8 GUY DANSIE: It looks like I'm next on the

9 agenda: The Legislative bill for REPLICIA and

10 dispatch background checks.

11 I just wanted to update the committee and

12 the audience that the Department of Health is

13 pursuing a legislative -- a legislative bill to look

14 at the EMS Act. Last year the REPLICIA bill passed.

15 It was interstate compact for paramedics and EMT's who

16 could practice in other participating states. And as

17 we enacted that legislation last year, we also looked

18 at our Act. And the way it's currently written, we

19 need to change some of the terminology. We need to

20 change the term "certified" to the term "licensed for

21 individuals."

22 So Dean Penovich and myself worked a

23 little bit on the language. We've submitted that to

24 our legislative liaison, and it has received our

25 EDO's blessing to move forward. And we have a

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1 sponsor for that: Representative Gardner. And he's

2 looking at pushing another bill to change the wording

3 in our Act. So be aware of that, and it will be

4 coming out.

5 Also in that change, we also asked for

6 dispatch -- emergency medical dispatchers who were

7 already receiving background checks by the Department

8 of Public Safety to have an exemption for a

9 background check that we would run on them by the

10 Department of Health. So instead of having them have

11 to receive two background checks that they're

12 currently required to do, they would only need to

13 receive the one that the Department of Health and

14 Safety is doing. And that's a cost-savings measure.

15 And we believe that public safety is doing a good job

16 of that, and we don't need to do an additional

17 background check on the same people.

18 So those two things are in the bill that's

19 coming up. I don't think it has a number or anything

20 else, but we'll be sharing that and updating as

21 needed.

22 If you guys hear anything as the

23 legislative session starts, let us know. We'd be

24 happy to discuss the reasons for that and where we're

25 going with that.

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1 John, do you have -- do you want to do an

2 update on fiscal reporting guidelines?

3 JOHN HOUSKEEPER: Yeah, what we've got.

4 I'm John Houskeeper, just for the notes.

5 The first page of the instruction that

6 does have the total assets on there still, that won't

7 be included.

8 GUY DANSIE: Yeah.

9 JOHN HOUSKEEPER: This is what we want the

10 entities that are reporting on a calendar basis to

11 use. So that those will be reporting in March.

12 Some of the changes to it, there was a

13 section there under the revenues, a big section that

14 had revenues billed and adjustments. And that's just

15 being collected by ambulance collections. So we're

16 trying to simplify the form so it's more --

17 simplifying things down for everybody.

18 With the committee this morning, we did

19 talk a little bit about some of the in kind. I don't

20 know if there's a place on here to include that, but

21 I would think under "other" they could include

22 in-kind payments.

23 GUY DANSIE: I think maybe the committee

24 members -- we talked about this openly in our lunch

25 meeting about using this current fiscal reporting

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1 guide this year and collecting the data with this

2 year. And then as we move into 2018, we revamp it

3 based on the new ad hoc committee that we're going to

4 put together in February.

5 JOHN HOUSKEEPER: Right.

6 GUY DANSIE: So...

7 JOHN HOUSKEEPER: So those are basically

8 the changes. I don't know if there are any questions

9 on this. I mean I'm welcome to help anybody who has

10 questions as they fill out the forms, work with your

11 accountants, whatever, so that the information

12 provide applies to your financial statements.

13 GUY DANSIE: Any questions or discussion?

14 Okay. And then we'll be looking forward to our next

15 meeting. We'll actually present some of those

16 findings and the recommended rates in our next

17 meeting. So that will be an action item -- action

18 item in the next meeting. That moves us to the round

19 table discussion.

20 DR. PETER TAILLAC: I apologize. I have

21 one alibi, so to speak. So in the new protocol

22 guidelines, there's another whole protocol I should

23 mention. There's a brand new cardiac arrest protocol

24 that goes kind of from soup to nuts and follows the

25 kind of best practice high performance CPR

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1 guidelines. Which is a good dovetail to me
 2 announcing publicly that we will hold either four or
 3 five high performance CPR training sessions based on
 4 the Seattle model around the state, and the dates of
 5 those will be published, Chris Stratford is in charge
 6 of the project.

7 We held two in Salt Lake City in the fall.
 8 Many folks participated in it from around the state,
 9 and we intend to use the folks who participated in
 10 that to be the trainers in each of their respective
 11 regions when we come around for this. So look for
 12 that, and we'll be holding classes. They'll be one
 13 day long for high performance CPR. I will be with
 14 each one, along with another medical director or two
 15 and paramedics, EMTs to use and train. We're doing
 16 this with the support of the Heart Rescue Foundation
 17 and the Seattle Resuscitation Academy and using their
 18 model.

19 We're really proud of this. And Blair
 20 Doll is contributing high-performance mannequins and
 21 shipping them into each one for us at no cost, which
 22 is very cool also. So look for that in these other
 23 announcements.

24 GUY DANSIE: Any other round table items?
 25 I have a couple. One of them, actually before I get

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1 started down that path, is the subcommittees. We
 2 didn't specifically assign them anything. I think we
 3 talked about it loosely. Do we want to go ahead and
 4 make sure there's any assignments. We talked about
 5 the rate setting and some of that. And then Chris,
 6 we talked a little bit about what your projects were.

7 Are there any other things we need to
 8 specifically assign to the subcommittees?

9 JASON NICHOLL: We need to get a report
 10 back on their makeup.

11 GUY DANSIE: Okay. And that's probably
 12 between the chairs and the bureau, and we'll get that
 13 hammered out. Also, just so you guys know, there has
 14 been a concern the last year or two with behavioral
 15 health transports, particularly with weather-related
 16 situations. We brought that to the committee two or
 17 three years ago talking about weather conditions, and
 18 today is probably an appropriate day to talk about
 19 that. This is kind of developing into something
 20 else.

21 We've found that Ogden and Logan have
 22 approximately doubled their number of behavioral
 23 transports that they're doing in the last five years,
 24 and they want to look at it a little more closely as
 25 a region. And I met yesterday with their health care

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1 coalition coordinator, Kevin Christensen, and also
 2 the fire union representative for the northern part
 3 of the State. And they want to try to alleviate or
 4 discuss some of these transports and bring the
 5 hospitals to the table and try to work out some
 6 things to make it a little more efficient, more cost
 7 effective and possibly change how we do business with
 8 moving some of these patients.

9 I just wanted to have you be aware of
 10 that. And we anticipate that the things that come
 11 out of there, we'll share with the group and with the
 12 state as a whole. So I just wanted to make sure
 13 you're aware of that.

14 Also on dispatch, the last meeting we had
 15 an action meeting and we said we probably didn't
 16 really need it as an action item. We talked about
 17 dispatch centers. And I've been working closely with
 18 the 911 advisory committee. And I know that it's
 19 probably creating a little friction or maybe some
 20 anxiety with some of the centers. And I just wanted
 21 to make sure you all knew that we have -- the 911
 22 committee has had some directives from a legislative
 23 audit, and they're trying to work through some of
 24 those. Basically they're looking at consolidation
 25 for dispatch centers and standardization.

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1 Dr. Taillac and I have actually talked a
 2 little bit with some of the people from UCAN, who are
 3 part of that committee, and looked at possibly having
 4 a contract for a protocol -- or a dispatch system
 5 provider and offer some kind of a low-cost
 6 alternative for things they're doing now. That
 7 hasn't really gone very far at this point because
 8 some of the concerns on the 911 advisory committee
 9 side of things. I just want to let you know that
 10 we're looking at that. And anybody that has any
 11 concerns, we don't want to rock the apple cart too
 12 hard. If there is anything that anybody has
 13 positive, negative or otherwise, please let us know
 14 so we can look at that and take that into
 15 consideration.

16 ANDY SMITH: Rocking the cart.
 17 GUY DANSIE: What's that?
 18 ANDY SMITH: Rocking the cart.
 19 GUY DANSIE: Rocking the cart. But as we
 20 change things, sometimes it creates negative
 21 repercussions. We don't want to do that. We want to
 22 look at it from the whole to make sure it's an
 23 advantage or something that's beneficial to the group
 24 at large. So we just wanted to make sure that that's
 25 understood.

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1 Also Kevin left the room. We have a new
 2 contract employee, and maybe Scott -- I guess I was
 3 going to introduce him. But maybe Scott could update
 4 us a little bit on who Kevin is and what he'll be
 5 doing. I threw you under the bus a little bit,
 6 Scott.

7 MR. MUNSON: Scott Munson, M-u-n-s-o-n.
 8 So we've brought on Kevin Holts, who's
 9 actually a full-time firefighter/paramedic with Sandy
 10 Fire Department. He's a part-time employee with the
 11 bureau now. Kevin has extensive experience with the
 12 Image Trend solutions, and so he's kind of -- he's
 13 going to be our trainer so to speak. So he'll be
 14 traveling around the State training the agencies that
 15 are going to use the State's three hospital system on
 16 how to utilize the application.

17 We feel that Kevin brings a lot of value
 18 to the bureau because he's had experience with it,
 19 hands-on in the field. And so we're excited he can
 20 be part of our team and help us roll out that system.

21 GUY DANSIE: Thanks. Anything else?
 22 ANDY SMITH: Guy, can I say one thing?
 23 Sorry. I just don't know if the bureau or if this
 24 committee would be appropriate, but has there been
 25 any consideration of committing some letter or

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1 something to our federal legislators about the
 2 Emergency Access to Medication Bill that has not
 3 passed the Senate. It's passed the House, but it
 4 hasn't pass the Senate, dealing with the DEA issue
 5 and controlled substances. I would just encourage
 6 you -- I've written letters. My county has written
 7 letters. I would encourage you guys to get some
 8 letters to your federal legislators to get their bill
 9 through this session and passed. Because that could
 10 be a serious negative impact to our patients if it
 11 doesn't, so...

12 GUY DANSIE: Okay. Good point. Anything
 13 else? All right.

14 Our next meeting will be on April 12th of
 15 this year, and I guess we can entertain a motion to
 16 adjourn if --

17 JEREMY HOGGARD: So moved.
 18 NATHAN CURTIS: Second.
 19 JASON NICHOLL: Second.
 20 GUY DANSIE: Okay. All in favor?
 21 COMMITTEE MEMBERS: Aye.
 22 GUY DANSIE: All right. Thanks.
 23 (Concluded at 2:28 p.m.)
 24
 25

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1
 2 REPORTER'S CERTIFICATE
 3
 4 STATE OF UTAH)
) ss.
 5 COUNTY OF SALT LAKE)
 6

7 I, Tamra J. Berry, Registered Professional
 Reporter in and for the State of Utah, do hereby
 certify:
 8

9 That on January 11, 2017, the foregoing
 proceeding was reported by me in stenotype and
 thereafter transcribed, and that a full, true, and
 10 correct transcription of said proceeding is set forth
 in the preceding pages numbered 3 through 67;
 11

12
 13 WITNESS MY HAND AND OFFICIAL SEAL this
 23rd day of January, 2017.
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Tamra J. Berry

Tamra J. Berry, RPR, CSR

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